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**PROJECT TO PROMOTE THE  
DEVELOPMENT OF  
THE HIGH INSTITUTES OF NURSING  
IN EGYPT**

and

Supplemental Program to Extend the Development of  
The High Institute of Nursing, Assiut University

Final Evaluation Report

[Grant NO. 263-0102-G-00-0022]

by

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## EXECUTIVE SUMMARY

At the request of USAID/Cairo, a two-person team conducted a final evaluation of Project HOPE. The evaluation started on June 11, 1993 and ended on June 30, 1993. The International Health and Development team consisted of Drs. Judith Fullerton, and Soheir Sukkary-Stolba. The main objectives of the evaluation were as follows:

1. Assess how well project objectives have been achieved,
2. Assess, as feasible, the impact of the project to date, and its probable impact, in strengthening the role of nursing in Egypt,
3. Provide concrete and actionable recommendations for improvement and for follow-on projects.

### **Project Hope**

Project Hope was a three-year project (No. 263-0102-G-00-0022) of USAID/Cairo. The main purpose of the project has been to establish a High Institute of Nursing (HIN) Consortium that will promote the development of university nursing education in Egypt through technical assistance from Project HOPE. The project started on January 1, 1990 and ended on Dec. 20, 1992. A no-cost extension was granted until June 30, 1993.

The project has been funded through a grant of \$645,000 and 1.384 million Egyptian pounds for a total budget slightly above one million dollars. Relatively speaking, this is a small budget for an AID project which had many ambitious objectives including improving the image of nurses in Egypt.

### **Evaluation Methods**

Data for this evaluation was collected by a) reviewing documents and reports prepared by Project HOPE personnell; b) conducting personal

interviews of project principals, HIN faculty, physicians, staff, etc. (see appendix A); and c) visiting four selected Demonstration Clinical Units (DCUs). The evaluation team visited the HINs of Ain Shams, Alexandria, Cairo and Suez Canal. The sample represented HINs at various stages of development, from the oldest to the more recently established. Telephone interviews were conducted with several HIN directors and DCU coordinators. A structured interview schedule was developed by the team and used in conducting the interviews (see Appendix E).

### **Major Findings and Conclusions**

**Project Objectives.** Project HOPE has made remarkable progress in achieving its goal and objectives. Despite the very ambitious nature of project objectives, a great deal of effort, enthusiasm and energy was generated by project activities. Interviews with HIN Directors, participating physicians, and others, confirmed the positive impact of the project on the image of nurses in Egypt. Project HOPE staff in the local/Cairo office and in the U.S. made serious efforts to implement project objectives. The good-will and cooperation of many Executive Board members facilitated the implementation of this project.

Intensive efforts were made by all concerned, nevertheless, not all project objectives were achieved. In retrospect, there were many unrealistic, non-attainable and ambitious objectives. The life of the project was to last for three years only. Project budget was limited. All of these constraints put undue burden on Project staff.

### **Project Accomplishments.**

Our interviews, site visits and observations indicated that the most significant achievements of the project were as follows:

1. In the opinion of many HIN Directors, the number one most significant accomplishment has been the establishment of a strong and effective Executive Board. The Board meetings created a forum for the exchange of ideas, and professional growth for participating members and their institutions. The Executive Board was an excellent mechanism for dialoging between different HINs, Ministry of Health, serve as Nursing Syndicate, etc.. Board members stated that they will continue to meet even after the Project ends.
2. The establishment of the Demonstration Clinical Units (DCUs) to model clinical educational units was a significant contribution of Project HOPE. Each HIN Director was creative in establishing units well-linked to either hospitals or primary health care facilities. Many of these DCUs will be sustained through local efforts beyond the life of the project.
3. The development of the nursing standards was not an easy task. All HIN Directors are proud of producing a document which can be modified, up-graded and elaborated upon in the future. A great deal of work and consensus-building effort went into the process of writing the standards.
4. Sharing of educational resources and technical expertise between HINs helped newly established HINs develop their junior faculty. HINs established procedures for sharing videos and other educational materials. Consultants from well-established HINs were hired to develop the faculty of newly established HINs (e.g., faculty from Alexandria were hired to teach in Assiut, etc.).

5. Participant training in the U.S. created opportunities for professional growth for HIN Directors, DCU Coordinators and physicians. Including physicians in the U.S. training resulted in improving collegiality between HIN Directors and physicians. Participant training enabled some HIN Directors to network with U.S. nurses.
6. Project workshops helped raise consciousness about nursing issues in Egypt. Junior faculty stated that they try to use what they learned from the workshops in offering in-service training activities to other health care providers.

**Areas Which Needed Improvements:**

This project brought together nurses and physicians, professionals from the Ministry of Health and the Ministry of Higher Education, Nursing Syndicate, The Medical Supreme Council, HOPE, AID/Cairo staff and others. There were many players, many agendas, and many objectives. One would not expect total harmony between all players, particularly in a complex environment.

Interpersonal communication problems plagued this project, and at times, created an unhealthy work environment. Undoubtedly, there were some areas which needed improvement. These areas are as follows:

1. Lack of clarity regarding the roles of HIN Directors, status of the Executive Board (advisory *vis a vis* policy-making), management practices and rules and regulations led to many confrontations with some HIN Directors.
2. Lack of clarity about project outputs among HIN Directors lead to frustrations. HIN Directors expected more up-to-date books, more sophisticated equipment, and so forth.

3. Including too many ambitious and unrealistic objectives was frustrating to Executive Board members and Project staff. Around the time of the mid-term evaluation, Project objectives should have been reexamined and refocused to address the most feasible and sustainable ones.
5. Overall interpersonal communication between Project Hope staff and some HIN Directors was an area of concern which should have been handled sensitively by Project staff. Having a team-building workshop to clear the air might have helped create a healthy Project work environment. Several teambuilding workshops might have been strategically built into the project design.

#### **Major Recommendations**

**Recommendation #1:** This Project made many significant contributions toward improving the status and the image of nursing in Egypt. Project outcomes were of significant benefit to HINs. These gains must be sustained by the HINs, and the benefits must be advanced to all levels of nursing education and clinical practice. It is recommended that follow-on projects be developed and funded in order to sustain the achievements of this project, and extend HIN influence into secondary/technical nursing education. (Responsible Individuals: HINs, Ministry of Higher Education, Ministry of Health, Interested NGOs, AID).

**Recommendation #2:** Projects which include many professionals and individuals in positions of authority in participant-activities must be designed to include role clarification and clear rules and regulations. During the project life, rules should be restated and institutionalized. (Responsible Individuals: Implementing agency staff, AID Project Officer).

**Recommendation #3:** The HINs need to sustain the internal networks which were modelled during the short-term faculty consultations, and translate them into a process for long-term faculty development, and the advancement of faculties at the lesser developed Universities. (Responsible Individuals: HINs, Ministry of Higher Education).

**Recommendation #4:** The standards developed by the Executive Board should be up-dated and operationalized. Criterion indicators need to be developed for each individual nursing standard. (Responsible Individuals: HINs and MOH).

## LESSONS LEARNED

**Lesson One:** In projects where major institutional changes are desired, a great deal of attention should be given to the formation of Advisory/Executive Boards. Executive boards should consist of representatives from all policy-making organizations especially those which impact project outputs.

The Executive Board of this Project included Directors of all participating HINs, Deans of the Faculties of Medicine, the Director General for Nursing of the Ministry of Health, the President of the Nursing Syndicate, representatives from the Ministry of Higher Education, and the Supreme Council of Universities. The inclusion of the Ministry of Health (MOH) in this project was stated, by the Director of Nursing, of MOH, to be particularly wise. Her opinion is that projects which have included nursing education, but have not included the MOH in their activities, have not had the opportunity, through policy integration, to advance nursing standards or to sustain long-term impact.

**Lesson Two:** Project policies, rules, and regulations governing the status and the relationship between cooperating organizations have to be clearly identified, formally articulated and disseminated among members of participating organizations.

Many of the misunderstandings and conflicts experienced in this project could have been avoided if rules and regulations were clearly explained to members of participating organizations. On the one hand, many of the Demonstration Clinical Unit (DCU) staff have expressed their frustration with the type of equipment the project has provided. They expected washers, dryers, clinical equipment, etc.. Also, they expected more up-to-date books than what they have received. Why should the directors have such high and varying expectations? High expectations and unfulfilled promises led some HIN Directors to undermine the contributions of the project.

Role clarifications would have helped all individuals involved avoid confrontations, and frustrations. Perhaps several team-building workshops, including a start-up workshop, should have been built into the project design.

**Lesson Three.** The success of a curriculum development effort depends to a large extent on the mobilization of human resources, effective technical assistance and amount of time and financial resources allocated to the effort.

In Egypt, HINs do not have a unified curricula. There are variations both at the levels of core and supportive courses. Students have difficulty transferring from one HIN to another. Serious curricular developments or revisions require the establishment of processes to involve faculty members in reexamining their curricula. Curricula should be developed with maximum participation of faculty members to ensure ownership of materials. The process of curriculum development is usually a slow process which includes many modifications. Enough time and resources should be allocated to projects which aim at developing or modifying curricula.

**Lesson Four.** The development of a set of agreed-upon and appropriate nursing standards is crucial for the success of a project which aims at improving the image of nursing. However, these standards should be up-dated and put into practice to truly impact the quality of nursing.

A major accomplishment of the project has been the development of a set of standards for nursing. These standards should be viewed as a beginning step. They should be up-dated to reflect changes in the practice of nursing. Moreover, measurable indicators/criteria should be developed.

## **1. INTRODUCTION**

### **1.1 Project overview**

Project HOPE was a three-year project (No. 263-0102-G-00-0022) of USAID/Cairo. The main purpose of the project has been to establish a High Institute of Nursing (HIN) Consortium that would promote the development of university nursing education in Egypt through technical assistance from Project HOPE. The project started on January 1, 1990 and was to terminate on Dec. 20, 1992. However, a no-cost extension was granted and the project ended on June 30, 1993.

The project has been funded through a grant of \$645,000 and 1.384 million Egyptian pounds for a total budget slightly above one million dollars. Relatively speaking, this is a small budget for an AID project which had many ambitious objectives including improving the image of nurses in Egypt.

### **1.2 Evaluation Objectives**

At the request of the United States Agency for International Development Mission in Cairo (USAID/Cairo), International Health & Development Associates organized a two-person team to conduct a final external evaluation of Project HOPE. The evaluation team consisted of Dr. Judith Fullerton, team leader, and Dr. Soheir Stolba, team member. Dr. Fullerton, a Registered Nurse, is an Associate Professor of Clinical Family Medicine at the University of California San Diego, School of Medicine. Dr. Stolba is a medical anthropologist with extensive experience in the areas of project design, implementation and evaluation. The evaluation report was written for the following audience: (1) USAID/Cairo. (2) managers in Project HOPE, and (3) Members of the Executive Board.

The main objectives of the evaluation were listed as follows:

1. Assess how well project objectives have been achieved,
2. Assess, as feasible, the impact of the project to date, and its probable impact, in strengthening the role of nursing in Egypt,
3. Provide concrete, actionable recommendations for improvement and for a follow-on project.

### 1.3 Scope of work

For the team leader the scope of work included the following tasks:

1. Conduct a briefing session at AID Cairo.
2. Read and analyze project seminal documents.
3. Design an evaluation workplan.
4. Design an assessment instrument for outcome indicators.
5. Conduct interviews with key staff and personnel.
6. Assess overall project impact.
7. Assess the inputs of HIN consortium (e.g. leadership, faculty participation, preparation of clinical sites).
8. Assess project management (e.g., personnel procedures, management systems, financial management and cost effectiveness).
9. Participate in site visits.
10. Assume overall responsibility for writing and finalizing the evaluation report.

For the team member the scope of work included the following:

1. Participate in a briefing session.
2. Conduct interviews with Project staff.

3. Participate in field visits.
4. Write a short case study to illustrate project impact.
5. Assess the inputs of Project HOPE on HINs (e.g., technical assistance, commodities, participant training, and educational materials).
6. Assess project management (e.g., personnel, management systems, financial management, and cost effectiveness).
7. Write sections of the final report and assume overall quality control responsibilities.

#### 1.4 Key issues and questions for the evaluation

The evaluation will answer, but not be limited to, the following questions:

##### 1. Achievement of project objectives:

- a. How well have project objectives and purpose been achieved?
- b. What have been strengths and weaknesses in moving toward these objectives?

##### 2. Impact:

- a. What has been the overall impact of the project and what is the likelihood of future impact as a result of this project?

##### 3. Inputs by Project HOPE:

- a. **Technical assistance.** Has Project HOPE been effective in providing technical assistance in terms of both the initial project design and needs as they have arisen during the course of the project? What have been the strengths and weaknesses?

- b. **Commodities.** Has purchase and delivery of commodities been adequately handled?
- c. **Participant training.** Have the selection of personnel for training, the selection of training programs, and the match between participants and programs been appropriate? What has been achieved as a result? Have training logistics been adequately handled?
- d. **Educational materials.** Have appropriate educational materials been purchased? Have they been appropriately distributed among the HINs and Demonstration Clinical Units?

4. **Inputs by High Institutes of Nursing:**

- a. **Staffing patterns.** Have the HINs provided the planned inputs (support staff, counterparts and released time for counterparts?)
- b. **Office space allocation.** Has HIN provided adequate office space to the staff?
- c. **Policy guidance.** Have HINs provided proper policy guidance and support? Has this been provided in a timely way?

4. **Input by HIN Consortium:**

- a. **Leadership necessary for achieving project purpose.** Has the Consortium provided the leadership required to develop national standards for nursing education, practice, and research?
- b. **Facilitation of faculty development programs.** Have HINs done a good job in facilitating faculty development programs?
- c. **Preparation of clinical sites.** Has the HIN Consortium prepared demonstration clinical sites? How effective are the clinical sites?

**6. Inputs by the Universities and Faculties of Medicine.**

- a. **Degree of collaboration to the HIN Consortium.** Have the Universities and Faculties of Medicine provided the necessary support and collaboration to the HIN Consortium as anticipated in the project design? What have been the successes and shortcoming? Given that collaboration is always problematic, how might shortcomings be overcome in a future project?
- b. **Lessons learned.** What are the lessons learned from collaboration efforts?

**7. Project Management:**

- a. **Personnel.** Were appropriate personnel selected for management and technical positions? Were they able to handle changes and crises in an effective manner? Were appropriate choices made for: Demonstration Clinical Unit Coordinator, clinical consultants, research coordinator, Egyptian short-term consultants and workshop coordinators and faculty consultants?
- b. **Management systems.** Were adequate systems established for managing operations and documenting decisions, plans, and progress?
- c. **Financial management.** Have financial management systems been established and do these appear to be in order?
- d. **Cost effectiveness.** Has Project management been concerned about cost-effectiveness? (Detailed financial analysis is not expected from this evaluation).

## **1.5 Evaluation methods**

Data for this evaluation was collected by a) reviewing documents and reports prepared by Project HOPE personnel; b) conducting personal interviews of Project principals, HIN faculty, physicians, staff, etc. (see appendix A); and c) site visiting four selected Demonstration Clinical Units (DCUs). The evaluation team visited the Universities of Ain Shams, Alexandria, Cairo and Suez Canal. The sample represented various stages of development of HINs, from the oldest to the more recently established. Telephone interviews were conducted with several HIN Directors and DCU Coordinators. A structured interview schedule was developed by the team. The same questions were asked to all respondents (see Appendix E).

## **2. Project background**

### **2.1 Nursing in Egypt at the time of the development of the project proposal**

Unlike many developing countries, Egypt graduates more physicians than nurses. The great majority of nurses are not University educated, but rather are trained in post-secondary, technical programs. The Government and the People of Egypt have long recognized the need for developing a cadre of nurses trained at the University level in addition to those trained in the technical nursing training programs. Information provided by the Ministry of Health in 1985 revealed a disparity in the numbers of medical and nursing personnel currently registered to practice. Practicing registered physicians numbered 86,296 and practicing registered nurses numbered 51,326. Only 2,000 of these nurses were prepared at the baccalaureate level at the High Institutes of Nursing (HINs). Enrollment figures for programs of nurse education indicated

that students were being prepared for the profession in secondary/technical schools at a ratio of 8:1, when compared to baccalaureate enrollment.

At the time the project paper was being developed only six HINs were functioning, and an additional three were in the early stages of development. The faculty of baccalaureate programs were organized as High Institutes of Nursing, reporting to the Medical Dean. Project HOPE was funded by AID/Cairo to offer technical assistance to the HINs. This project was designed to address some of the problems of nursing in Egypt. These problems included a poor image of nursing, lack of collaboration between the various faculties of nursing, and the need for nursing curricula to be examined.

In 1987, several HIN Directors requested technical assistance from Project HOPE to enhance their nursing programs. The concept of an HIN consortium was developed in order to facilitate sharing resources, supporting faculty development, and formulating professional standards for nursing education and practice. In addition, the Directors decided to explore the concept of developing clinical demonstration units to be used as models of excellence in clinical training. The Directors also expressed interest in establishing a professional standard setting organization that would have the authority to set standards for nursing education, practice and research.

## **2.2. Project goal**

The project goal, as stated in the proposal was "[to form] a consortium of representatives of HINs and other selected institutions...that will promote the development of University nursing education in Egypt."

## **2.3. Project purpose**

The purpose of the project was to establish a High Institutes of Nursing Consortium (a term later deleted from discussion, because of its adverse legal

and social reference) composed of representatives from each institution from the Faculties of Medicine, and from the Supreme Council of Universities, Ministry of Health, Ministry of Higher Education and nursing leaders. Participating nursing institutions included the Universities of Ain Shams, Alexandria, Assiut, Cairo, Menoufia, Suez Canal and Tanta.\*

The HIN faculties were to assess, plan, implement and evaluate activities in curriculum design, teaching strategies, media design/production, and evaluation methods, including the development of model nursing care units. The HINs were to facilitate collaborative efforts between the HINs for faculty and clinical exchange (ideas, programs and personnel).

The HINs were also to work collaboratively to develop a professional nursing organization and to set standards of practice for the profession. A particular focus of this work was to advocate for full faculty status and representation for the HINs within the respective institutions.

### **3. Project objectives**

#### **3.1. Evaluation matrix**

Fourteen (14) objectives were developed for the primary project. An additional 6 objectives were stated for a supplemental project at Assiut University. The Assiut project had begun several years prior to the Project HOPE activity, and had been suspended. The initiative was reinstated and incorporated into Project HOPE activities during the term of the project, since the objectives were related.

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\* Physician-supervisors of HINs are called HIN Directors in this report, for clarity.

Evaluators developed an evaluation matrix to indicate the relative importance of accomplishment of each objective, and the outcome indicators. For the sake of clarity, project objectives will be presented within the context of the evaluation matrix which follows. Actions taken to achieve each objective are described. The documentation data source is stated.

Supportive data, which expands the discussion of each objective follows in subsequent sections of the report. The discussion will also indicate the contributions of the various participants to the accomplishments of this project, or indicate sources of difficulty which should be considered in the planning of future efforts.

### EVALUATION MATRIX

- |   |   |
|---|---|
| <b>(A) Accomplished/Critical:</b>         | <b>Achievement of this objective had a positive impact on the status of nursing in Egypt.</b>   |
| <b>(B) Accomplished/Important:</b>        | <b>Achievement of this objective was important to the management of the project and indirectly impacted the status of nursing in Egypt.</b> |
| <b>(C) Not Accomplished/Not Critical:</b> | <b>Failure to achieve this indicator did not adversely impact program success.</b>  |
| <b>(D) Not Accomplished/Critical:</b>     | <b>Failure to achieve this indicator limited the success of the program.</b>  |

### 3.2. Outcome indicators

#### Objectives of the Primary Project:

**Objective A:** To determine the collaborative processes necessary for the functioning of the Executive Board, whose purpose is to promote the development of University nursing education.

#### Outcome Indicators:

- a: An Executive Board was formed. It consisted of the Directors of the High Institutes of Nursing, the Deans of the Faculties of Medicine of their Institutions, and representatives from the Ministry of Higher Education, Ministry of Health, Supreme Council of Universities, and the Nursing Syndicate. [Quarterly reports] (A)
- b: A plan was developed by an Ad Hoc Committee of the Executive Board, describing the rules for operation of the Executive Board. [Quarterly reports] (A)

**Objective B:** To develop strategies that enhance collaboration among the members of the Executive Board - the High Institutes of Nursing, Faculties of Medicine, Ministry of Higher Education, Ministry of Health, Supreme Council of Universities, and the Nursing Syndicate.

#### Outcome Indicators:

- a: Areas of needed collaboration were specified. Two subcommittees were formed: Nursing Standards, and Faculty and HIN Development. [Quarterly reports, interviews of HIN Directors] (A)
- b: Strategies to enhance collaborative processes among the member groups of the Executive Board were not fully developed. However, two subcommittees were formed to attend to work tasks [Annual reports, interviews] (Partially Accomplished - C)
- c: Strategies were not articulated in any formal manner. The two subcommittees independently defined their manner of work. [Annual reports, interviews] (Partially Accomplished - C)
- d: Strategies were not assessed for effectiveness. This indicator was never sufficiently specific to assist the Board to outline a plan of action. [Quarterly and annual reports] (C)

**Objective C:** To develop a plan to conduct a needs assessment study, concerning institutionalizing the High Institutes of Nursing within the University structure.

**Outcome Indicators:**

- a: The Executive Board hired two research consultants who developed the research proposal to conduct an HIN Needs Assessment Study. The time-frame for this proposal was extended. [Quarterly and annual reports] (A)
- b: The Final Report [Reizian, A. "Descriptive Study of Seven High Institutes of Nursing in Egypt", 1991] of the HIN Needs Assessment Study was completed. (A)
- c: The study findings were presented to the Executive Board. [Annual report] (A)
- d: The Board determined that the tools developed for the study could be used to monitor continued needs of faculty in the HINs. [Quarterly report] (A)
- e: A plan, based on the recommendations of the HIN Needs Assessment Study, to institutionalize the High Institutes, was not developed. (Tabled by the Executive Board) (D)
- f: Only the Alexandria HIN was institutionalized as a Faculty of Nursing. (Tabled by the Executive Board) (D)

**Objective D:** To develop standards for nursing education, addressing clinical practice, research, and curriculum content of the High Institutes of Nursing.

**Outcome Indicators:**

- a. Standards for nursing education, including clinical practice and research were developed by the Nursing Standards subcommittee of the Executive Board. The timeframe was extended. ["Standards for Nursing in Egypt", 1991] (A)
- b. A plan to revise the curricula of the High Institutes of Nursing was not developed. [Annual report, interviews] (D)
- c. The curricula of the High Institutes of Nursing were not revised according to the Standards. [Annual report] (D)

**Objective E:** To implement the recommendations of the HIN collaborative research project.

**Outcome Indicators:**

- a. A study of supportive nursing courses was identified as an area for collaborative research. This was based on a finding from the HIN Needs Assessment. [Annual report] (A)

- b. A study of supportive nursing courses was designed by the Research Consultant, with the consultation of the Executive Board. [Annual report] (A)
- c. Data for the study was collected. [Quarterly report] (A)
- d. The research findings and recommendations of the HIN Collaborative Research Study was presented to the Executive Board. [Reizian, A. Study of Supportive Courses, 1991] (A)
- e. A workplan to implement some of the recommendations (specifically, the faculty-participant activity and workshops) of the HIN Collaborative Research Study was developed by the Executive Board members. [Annual report] (Partially Accomplished - B)
- f. Not all recommendations of the HIN Collaborative Research Study were implemented. [Annual Report, interviews] (Partially Accomplished - C)

**Objective F: To implement five faculty development workshops.**

- a. Five content areas for faculty development workshops were identified from the recommendations of the HIN Needs Assessment [Quarterly and annual reports]. (A)
- b. A plan for five faculty workshops was completed, including site selection, number of participants, dates, etc. [Quarterly reports] (A)
- c. Five faculty workshops were presented. [1. Curriculum content: nursing theory, nursing process, and trends in nursing, 2) Clinical teaching, 3) Student selection tools, 4) Student evaluation, 5) Education programs for BSN Interns - Project documents] (A)
- d. Workshop proceedings were published, distributed among HINs in Egypt, and presented to the Executive Board. [Project documents, annual report] (A)

**Objective G: To implement a plan to provide qualified faculty in adequate numbers to meet nursing educational needs of the developing HINs in Egypt.**

**Outcome Indicators:**

- a. A list of anticipated faculty positions, based on short-term needs was developed by each HIN Director. This list did not address HIN's long-term (5 year) needs. [Annual reports] (Partially Accomplished - A)
- b. Lists of potential faculty members who were available for assignment to other HINs over the forthcoming academic terms and/or courses were provided by HIN Directors on an "as needed" basis, and not always in a timely fashion. [Quarterly reports, Project documents] (Partially Accomplished - B)

- c. Policies and procedures for appointment of short-term faculty consultants to HINs in need of short-term assistance were developed. [Quarterly and annual reports] (A)
- d. A plan to address the long-term faculty needs of all HINs was never developed. The project never provided for a long-term budget to address this issue. [Annual reports] (D)
- e. A plan to meet the faculty needs of all HINs was never implemented. This was a very ambitious objective. No resources were allocated in the project budget to meet this objective. Therefore only short-term solutions were sought. [Quarterly and annual reports, Project budget documents] (D)

**Objective H:** To develop a process by which educational resources can be shared among HINs.

- a. A list of resources available at each HIN was developed by December 1992. [Project documents] (A)
- b. Procedures for sharing resources among the HINs were developed. [Annual reports, Project documents] (A)
- c. There is evidence that some HINs have shared resources when requested. [Quarterly and annual reports, interviews, Project documents] (A)

**Objective I:** To develop and implement a plan to promote the image of nursing.

**Outcome Indicators:**

- a. Several ideas were proposed (videotapes and brochures to describe nursing, a book on nursing history, interviews of nursing pioneers), but not implemented because it was believed that achievement of other project objectives would improve the image of nursing. [Interviews] (C)
- b. A plan to promote the image of nursing which includes objectives, methods, budget, resources needed, time-frame, and personnel was not designed. [Annual reports, interviews] (C)
- c. The proposed actions to promote the image of nursing were not implemented. [Annual reports, interviews] (C)

**Objective J:** To form a Scientific Committee that establishes standards for University nursing education, including clinical practice and research.

**Outcome Indicators:**

- a. No plan was proposed for formation of a Scientific Committee which sets standards for University nursing education, including clinical practice and research. [Annual reports, interviews] (D)

- b. A plan for a Scientific committee of HIN Graduates was not implemented because of lack of agreement. [Annual reports, interviews] (C)

**Objective K:** To establish clinical units that serve as demonstration units for nursing practice and quality clinical education.

**Outcome Indicators:**

- a. Clinical sites were identified in six HINs. [Project documents, annual reports] (A)
- b. Four documents were generated to guide the development of the DCUs. [Project documents, annual reports] (A)
- c. The Executive Board approved the guidelines. [Quarterly reports] (A)
- d. Demonstration Clinical Units were established at all Project sites. [Project documents, annual and final reports] (A) (\*\* Two DCUs have subsequently ceased operation.)
- e. Each Demonstration Clinical Unit was evaluated using the "Standards" as criteria for evaluation. [Project documents] (A)

**Objective L:** To develop a plan for HIN Directors and Medical Directors to attend national conferences and participant training in U.S. nursing institutions.

**Outcome Indicators:**

- a. Objectives for faculty development activities were identified. [Quarterly and annual reports, interviews] (A)
- b. A plan for faculty development activities was designed. [Interviews] (A)
- c. Criteria for selection of candidates were developed and submitted to HOPE headquarters for consideration. [Interviews] (A)
- d. The plan for faculty development was implemented. [Annual reports, interviews] (A)

**Objective M:** To evaluate the implementation of each of the Project objectives.

**Outcome Indicators:**

- a. The Executive Board evaluated each project objective. In addition, an internal evaluation was completed by the Project staff. [Annual reports, Project documents] (B)
- b. An external evaluation of the Project was completed. [Project document] (B)

- c. Project objectives were modified to reflect recommendations of the evaluation. [Annual reports] (B)

**Objective N:** To communicate the recommendations which have resulted from the implementation of this Project to appropriate health care personnel through a symposium and monograph.

**Outcome Indicators:**

- a. A proposal for a symposium including date, time, place, program content, speakers, audience, budget and resources needed was developed. [Interviews] (B)
- b. The proposal for a symposium was approved by the Executive Board, however the topic of the symposium changed from a focus on the image of nursing to quality assurance. [Interviews] (B)
- c. A symposium was presented. [Project documents] (A)
- d. An outline of a monograph was developed. [Interviews] (B)
- e. A draft of a monograph was completed. [Interview] (B)
- f. A monograph was completed [Project document, annual report]. (A)

**Supplemental Objectives for Assiut University:**

**Objective 1:** To provide financial support for 7 HIN Nurses to pursue doctoral studies. [Annual and final reports] (Partially completed - A)

Fellowship funds were provided to 9 students to pursue doctoral studies. Two (2) of these students who had received Project HOPE support had completed their programs at the end of the project period. An additional 20 (7 of whom had received funding) were enrolled in doctoral study.

**Objective 2:** To provide financial support to 12 HIN nurses to pursue their masters degrees. [Annual and final reports] (Partially completed - A)

Twenty nurses completed their Masters degree during the project period, three (3) of whom had received Project HOPE fellowship funds. An additional 72 nurses are enrolled from six (6) nursing specialty Departments.

**Objective 3:** To provide a Continuing Education/In-Service Program for all HIN nurse teachers and faculty, focusing on various areas of nursing specialty practice. [Interview, annual and final reports] (B)

Four continuing education workshops were conducted at Assiut University on the topics of community health, rehabilitation, infection control and AIDS, and leadership. The workshops were attended by Assiut HIN faculty.

**Objective 4:** To establish an English Language Laboratory and Program for students, faculty, and support personnel. [Final report] (A)

A teacher provided English language instruction at Assiut University. English language materials were left at Assiut University, for self-study purposes. A language laboratory was not constructed, as the method of instruction did not include the use of audio-tapes, and Assiut did not want to establish one.

**Objective 5:** To prepare a support staff member as a Certified Librarian to direct the Nursing Library by December 1992. [Final report] (C)

A certified librarian was not trained. Project HOPE and Assiut University personnel were unable to recruit an applicant for this training. The training required 2 - 4 months residence in Cairo.

**Objective 6:** To equip a room for all nursing students for informal study and meetings. [Final report] (B)

The University allocated a large room for HIN-student use. The room was modestly equipped by the University and the HIN.

### 3.3. Feasibility, integration and sustainability of project objectives

**Objective A:** To determine the collaborative processes necessary for the functioning of the Executive Board, whose purpose is to promote the development of University nursing education.

This objective represented one of the project's best successes. Members of the Board represented key stakeholders in the issue of nursing education and clinical practice.

This was the first objective to be achieved, and fundamental to the success of the rest of the project. Although it had not been attempted previously (according to several members), it was obviously *feasible* to do so. Most members also indicated that they believed that serving on the Board has helped them establish a collaborative relationship among themselves which will be *sustained* through informal communication, visits, etc..

Several members indicated that they had made direct contact with other members on non-project issues, and felt free to do so because of the relationships which had developed. Two informal meetings of Board members have already taken place, at Port Said and at Ain Shams, and a third is being planned at Assiut.

The Dean of the Faculty of Medicine of one institution stated "...to get together was excellent...I think these sittings and exchanges of opinions [were] reflected back on the field of health. We sat together one day; the next day we would meet in the work setting, and the interchange would continue."

The Director of Nursing in the Ministry of Health said that establishment of this board was an example of good planning. She spoke of several projects in nursing education which have been conducted without including the MOH in the planning "...therefore I do not have an opportunity to integrate the successes into the larger nursing community. Including the MOH not only improved the HINs, it also improved nursing in Egypt."

**Objective B:** To develop strategies that enhance collaboration among the members of the Executive Board - the High Institutes of Nursing, Faculties of Medicine, Ministry of Higher Education, Ministry of Health, Supreme Council of Universities, and the Nursing Syndicate.

This objective was not achieved according to the way indicators were written. An Executive Board was formed. The Board established two subcommittees: a committee on faculty development, and a committee on standards. No assessments of alternative forms of collaboration were formally articulated, and the Board did not evaluate whether its strategies were effective.

Two studies were done by the Faculty Development Subcommittee and the Research Consultant. A directory of resources present in each HIN, entitled Directory of Faculty and Teaching/Learning Resources of The High Institutes of Nursing of Ain Shams, Alexandria, Assiut, Cairo, Menoufia, Suez Canal, and Tanta University was compiled. This study, served as a "lending library" index. A few HIN Directors indicated that they had used this list to make loan requests. A second study Descriptive Study of the Seven High Institutes of Nursing in Egypt, indicated that "student selection" and "student recruitment" were issues common to all HINs. The Board selected these two topics for workshops, stating that sharing information on these subjects was a way of collaborating.

The Board did develop general rules of procedure, including voting privileges. Each subcommittee determined its own rules of procedure. There was at least one instance when a difference of opinion concerning voting privileges on the Board and subcommittee led a Committee Chair to resign that role.

In fact, the lack of clarity of rules and procedures was a source of conflict over various issues, and over time. Similarly, a lack of clarity concerning the role of the Board as a policy-making body, or as advisory to Project HOPE staff, also led to misunderstandings and misperceptions. For example, control over the project budget (what educational or patient care

items could be purchased with project funds, who had authority to approve hiring of faculty consultants) was viewed differently by Project HOPE staff and some Board members. It was *important* to achieve clarity on this issue at the earliest stages of the project, and to be consistent in applying the rules. In this project it was crucial to create an atmosphere of collegiality, and to be inclusive. Unfortunately, the failure to achieve clarity, and subsequent misperceptions, led some members to withdraw from active participation in project activities, although the majority of members continued to *sustain* collaborative efforts.

**Objective C:** To develop a plan to conduct a needs assessment study, concerning institutionalizing the High Institutes of Nursing within the University structure.

The Faculty Development subcommittee and the Research Consultant did complete the "needs assessment" study (The Descriptive Study of the HINs). The study document provided a profile of faculty status and faculty/student ratios. The Director of Nursing of the Ministry of Health stated that documents of this sort are "useful at the central level" for national planning and policy development. The study did not report on the criteria for qualifying HINs to be independent faculties. The criteria, in any event, are set by the Supreme Council of Universities. It was not within the authority of the Board to develop these criteria. The minutes of meetings of the Executive Board indicated that a presentation concerning these criteria was made to the Board by the Secretary of Technical Administration of the Supreme Council.

Two HIN Directors and one Medical Vice-Dean made reference to such criteria as standards of which they were aware. Another HIN Director indicated that these criteria were only recently articulated by the Supreme

Council, and that similar criteria have not been published for medical faculty.

The needs assessment study was, therefore, of lesser *importance* as a project objective, but *feasible* to accomplish. The document will decrease in value over time as faculty and student profiles change. The more *important*, and ambitious goal of institutionalization of HINs as Faculties of Nursing was *not feasible* for the Board to accomplish. It is the responsibility of HINs to *sustain* faculty development efforts, in accord with University criteria. The faculty at Alexandria did, in fact, meet each of the criteria, and were advanced to faculty status in 1993, setting a precedent for nursing. The faculty at Cairo expect to meet these same criteria in the near future.

**Objective D:** To develop standards for nursing education, addressing clinical practice, research, and curriculum content of the High Institutes of Nursing.

This objective was of major *importance* to improving the status of nursing in Egypt. A standards document was, in fact, produced. The Executive Board approved the English version of the document. However, the faculty of at least one HIN believes that modification of this version is needed, and several Board members agree that clinical indicators need to be written, if the document is to be useful as an evaluation tool. Some Board members have indicated an interest in continuing to work on the document, and to use it as a policy document.

Given the expressed interest of major stakeholders in continuing to work on this project (*sustaining* effort), it should be *feasible* to upgrade the document. However, Directors and faculty of all HINs must be drawn back into the process, and representatives of the technical schools (the major nursing workforce) must be included in the development effort. Consensus needs to be

achieved among all sectors whose professional status would be affected by adoption of the standards.

**Objective E:** To implement by June 1992 the recommendations of the HIN collaborative research project.

A research topic was identified. The study (Reizian, A. A Study of Supportive Courses) was conducted. It focused on the non-nursing, general educational courses in the curricula of each of the 6 HINs. This study of allied courses was *feasible*, but of less *importance* because it would have no influence or impact on the essential components of nursing education. There is no national nursing core curriculum in Egypt. Several HIN Directors indicated that the schools develop different curricula because of variations in local and regional needs. Nevertheless, if standards of nursing are to be developed and implemented, then certain core nursing clinical theory and content, which will be the source of data for the clinical indicators for these standards, would also have to be developed. Development of a core curriculum would, again, necessarily have to include faculty of the technical schools as members of the working group.

This research study was not well-integrated with the project purpose, since it had only an indirect relationship with issues such as nursing standards and faculty development. Findings of this study will be outdated as curricula are modified.

**Objective F:** To implement five faculty development workshops.

Five topics were selected: 1) Curriculum Content: Nursing Theory, Nursing Process, and Trends in Nursing; 2) Clinical Teaching; 3) Student Selection Tools, 4) Student Evaluation, 5) Education Programs for BSN Interns. The chosen topics were of value to younger members of the academic and clinical faculty. The written reports were widely disseminated to the HINs,

but not (according to HIN Directors and Project staff interviewed) to the faculty of the technical schools. These workshops created a forum for the exchange of ideas and are likely to further staff development efforts. A junior nurse-faculty stated that "the workshops were the best accomplishment of the project from my own point of view."

**Objective G:** To implement a plan to provide qualified faculty in adequate numbers to meet nursing educational needs of the developing HINs in Egypt.

This was a very ambitious objective, which was of critical *importance*, but never *feasible* to attain. The project time-frame was short, while faculty development is a long-term process and requires ongoing activities. The project budget was sufficient only to address the very immediate (current academic year) needs of the developing HINs.

The Directors of the more developed HINs reserved to themselves the right to assign faculty-participants (since they had to approve the leaves-of-absence). Project HOPE office became only a conduit of funds. The HOPE staff insisted on development of rules (submission of an academic biography so that the academic "fit" could be reviewed, submission of copies of course materials developed for the consultancy, and evaluation of the faculty-participant by the HIN), but had no other control over this process.

Directors of the developed HINs were generally favorable in their opinion of the overall value of this activity, even though they did not receive much value from it for their own institution. They acknowledged that they used the short-term consultancies as "rewards" and "incentives" for their junior faculty. One HIN Director (who received many consultant services) was concerned about the manner in which these were funded. She believed that salary and travel expenses should have been variable (more difficult work and

longer travel rewarded more highly), making the incentive more attractive to more senior faculty, rather than the junior (i.e. also themselves "developing") faculty who requested and accepted assignments.

Project HOPE staff felt, on the other hand, that this objective fostered continued dependency on external sources of faculty support. They felt that this activity could have been more valuable if it had been conceived as a "mentorship" (a "training the trainer" activity), developing linkages and relationships which might even result in recruitment or retention of faculty for the developing HINs.

On the other hand, Directors of developing HINs did see these consultancies as opportunities to initiate graduate programs at their institutions, with the objective of educating their own faculty. One school had to close graduate admissions, and another never admitted a first group, as planned, when Project HOPE funding was withdrawn. These Directors are very discouraged about the amount of effort in establishing these important, but short-lived programs. Given the constraints of time and budget, this objective was unrealistic.

**Objective H:** To develop a process by which educational resources can be shared among HINs.

The HIN Directors and Project HOPE staff developed procedures for requesting the loan of materials that were indexed in the Directory of Educational Resources. HIN Directors also developed a book request list which was sent to HOPE Center. It was intended that these books would be added to the resource index, and shared according to the procedures which had been developed.

The book donation which was sent by HOPE Center was an "in-kind" contribution. Although several thousand volumes were shipped to Egypt, they

were diverted elsewhere at the time of the Gulf War. Only a few volumes were received, many were duplicate titles, and some were more than 20 years old (data obtained during interview). HOPE project staff indicted that they had no control over this process, but were also of the opinion that the volumes which had been received were more recent editions.

The objective of sharing resources was integrally related to the project purpose, and current textbooks are critical to student education and faculty development. The HIN faculty had expectations that they would receive the volumes which they had selected. Project HOPE staff should have been more explicit in clarifying the nature of this voluntary contribution of textbooks, and the circumstances which prevented HINs from acquiring what they expected to receive. At the same time, out-of-date (greater than 10-15 years old) textbooks are of limited value, and their distribution should be reconsidered.

**Objective I: To develop and implement a plan to promote the image of nursing.**

Although the image of nursing is crucial to the development of the profession, this objective was ambitious, ambiguous, and not *feasible*. The image of nursing in Egypt is linked to cultural factors which cannot be easily changed in a three year period. The Chairman of the Medical Education Center related, in an interview, that raising the general and technical educational standards for nurses during the 1970s had a positive impact on the nursing image. He stated "This [type of] reform improved both the education of nurses and the social and economic status of nursing."

The Executive Board explored several strategies, such as producing videotapes, and writing books on the history of nursing in Egypt, but decided that writing a plan was not important, and hoped that the overall implemen-

tation of project objectives would result in improving the general image of nursing in Egypt.

**Objective J:** To form a Scientific Committee that establishes standards for University nursing education, including clinical practice and research.

This objective was interpreted in the earliest years of the project to mean development of a strategy to create a professional organization which would represent the interests of nursing in professional affairs. There was disagreement among Board members on this issue. One HIN believed that nursing alumnae associations were the appropriate forum. The representative of the Nursing Syndicate believed that they should retain authority to speak for nurses in Egypt.

No further action was taken on this objective because of the disagreement among Executive Board members. One HIN Director suggested, during an interview, that nurses seek representation on the Supreme Council of Medicine, in order to have a voice in their own affairs.

Establishing a professional organization for nursing would be *important* to improve the image of nursing. Achievement of this objective was directly related to the project goal. The professional association would have been an excellent mechanism through which the Executive Board members could have continued to pursue project goals. This was one example of the failure of the Board members to identify collaborative strategies to advance the status of nursing.

**Objective K:** To establish clinical units that serve as demonstration units for nursing practice and quality clinical education.

The establishment of the DCUs was widely acknowledged by HIN Directors, faculty, most Medical Directors and the Project HOPE staff as one of the most important accomplishments of this project. The development of demonstration

clinical units enhanced "both the image and status of nursing because it decreased the gap between theory and practice" (Dr. Elliott).

The demonstration clinical units were defined as patient care units on which HIN nurse-faculty and HIN nursing students would work in collaboration with the hospital or clinic nursing staff, and the hospital physicians, to provide clinical patient care. The HIN nurse-faculty would use the clinical setting as a teaching laboratory. She would act as a role model, demonstrating how nursing theory could be applied to patient care, and helping all health care personnel on the unit to upgrade their standards of practice.

DCUs were successfully established in each of the six participating HINs. To accomplish this objective, there necessarily had to be a successful process of negotiation and linkage with the medical faculty, and also with the nursing staff of the designated clinical unit. Each had to perceive some value in expending the effort to make needed changes. Each of units was established on a different medical specialty floor (for example, a liver unit, a surgical recovery room, a general medical unit). One unique unit was established in a community-based primary care clinic. In some institutions, the DCU was in a different practice specialty than that of the Medical Director-Executive Board member, indicating that support for establishment and maintenance of the unit had to be broader.

Four of the six units are currently functioning. The DCU Coordinator, nursing staff, and all of the physicians (Medical Directors and Resident house-staff) in these units indicated that the DCU will be *sustained*. One institution has already expanded the DCU from the original 26 beds to 56. Another institution plans to replicate the DCU as a model unit in each of the specialty practice hospitals (maternity, pediatrics, and medicine). The

Director of the primary care DCU indicated that replication in other outpatient settings was very likely in the near future.

DCU Coordinators were enthusiastic about the professional pride that they derived from establishing the units, about the value of the participant training experience to clinical settings in the U.S. (where they viewed other clinical models), and about the better standard of nursing care which they were able to deliver (for example, implementation of primary nursing and case management as a system of care, use of the Kardex system for documenting patient care orders, and a new vital signs flow sheet developed for the units).

On the other hand, there was much concern expressed, by HIN Directors and DCU Coordinators in each setting, that they had not received everything (meaning clinical patient care equipment) which they had believed had been "promised" in return for (and to assist with) the establishment of the unit. Two units have closed, one because the Coordinator indicated that she could not continue to receive the special allocations of hospital funds which were needed to sustain the unit.

Project HOPE staff acknowledges that clinical equipment request lists were solicited. HOPE staff told HINs that HOPE could only provide those items (including certain clinical supplies) which had an application to student education. Conflicting expectations, and lack of clarity about this budget issue, continues to generate some ill-will. The DCU Coordinator in one institution says that the technical nurse-graduates in the unit are now highly suspicious of the HIN nurse-graduates, because they believe that clinical equipment has been received, but not shared, as promised, and consequently "our relationship has deteriorated."

**Objective L:** To develop a plan for HIN Directors and Medical Directors to attend national conferences and participant training in U.S. nursing institutions.

This objective was well integrated with the project goal. Eighteen physicians, HIN Directors and DCU Coordinators went to the U.S. for a month-long conference on nursing leadership, and tour of clinical practice settings. Several of those who participated in this training indicated that involvement of physicians in activities focused on nursing educational and clinical issues was very important for soliciting physician support. For example, it served to raise the consciousness of the physician colleagues about the image of nursing in the U.S., and the respect which was afforded the nurse-faculty in their status as nurses.

The DCU Coordinator-participants were unanimous in the opinion that they had received new clinical information which they could use in their own practices. HIN Directors stated that they received information about nursing practice models, such as the role of the nurse-practitioner. The HIN Directors at Suez Canal University received information about the U.S. associate-to-baccalaureate degree curricula (called the RN "step-up program"), which is a close parallel to the curriculum design which they have implemented in their setting.

At the same time, there was concern expressed by several HIN Directors that more nurses (and less physicians) should have been selected for this participant training. The HIN Director of one institution indicated that the Medical Dean has "taken" one of the places which she had originally assigned to nursing.

Participant-trainees have benefitted from this experience in several ways. Both HIN and Medical Directors made several professional contacts with

U.S. colleagues. Some of these individuals will attend the national conference being sponsored by the Alexandria faculty. The HIN Director at Ain Shams has been selected as a member of the planning committee for an international conference on nursing practice.

**Objective M:** To evaluate the implementation of each of the project objectives.

Two formative evaluations were conducted. An internal and a mid-term evaluation were done to assess the progress being made, and to identify modifications which should be made in project objectives.

The mid-term evaluation solicited input from all players in the project. Two consultants were in charge of conducting the evaluation. The evaluation created a great deal of controversy. HIN Directors did not accept some of the recommendations of the evaluation.

The mid-term evaluation recommended that all objectives be implemented regardless of feasibility or sustainability issues. The Executive Board had already decided not to take further action on at least two items (the establishment of a professional organization and creating a plan to promote the nursing image). We believe that this was a critical point in time where project efforts should have been focused and redirected toward feasible and sustainable objectives.

**Objective N:** To communicate the recommendations which have resulted from the implementation of this Project to appropriate health care personnel through a symposium and monograph.

The topic of quality assurance (QA) was selected. A symposium was held to discuss quality assurance processes as they apply to the DCUs. Fruitful discussions resulted and some DCU Coordinators expressed interest in applying what they learned from the symposium.

A monograph was written and distributed to HINs. Quality assurance as a topic is appropriate for this project; however, we feel that it should have been discussed earlier in the project so participating HINs would gain experience for applying QA procedures to the DCUs.

**Objectives for the Assiut supplement:**

**Objective 1:** To provide financial support for 7 HIN Nurses to pursue doctoral studies.

Project HOPE was granted funding for 5 years to assist in the establishment and implementation of a High Institute of Nursing in Upper Egypt. This project had been suspended. Responsibility for administering the budget, and completing the objectives of the Assiut University grant was assumed by the Director of the Project HOPE/HIN grant. The Director stated that she took great care to explain to all Executive Board members, and, in particular, the other HIN Directors, why Assiut seemed to be receiving extra financial support and attention from the Project staff.

Several nurses received fellowships and did enroll in doctoral programs of study in other HINs in Egypt. The pace of academic progress was varied. However, all those who have not yet completed their program have indicated that they intend to continue with doctoral studies.

**Objective 2:** To provide financial support to 12 HIN nurses to pursue their masters degrees.

Several nurses were enrolled in masters degree programs of study. Their academic progress was also variable. It was reported, during an interview, that some few of these nurses had decided to interrupt their programs of study, and that their intention to reenroll was unknown.

**Objective 3:** To provide a continuing education/in-service program for all HIN nurse teachers and faculty, focusing on various areas of nursing specialty practice.

A continuing education program was conducted. The topics were chosen after consultation with the Assiut faculty. The Assiut HIN faculty were also encouraged to attend the five Project workshops. However, many stated that it was difficult for them to travel that distance. The topics of the two workshop series were different. Materials from these workshops are available as resources.

**Objective 4:** To establish an English language laboratory and program for students, faculty, and support personnel.

A member of the British Volunteer Service Organization, assigned to the Faculty of Education at Assiut University, contributed her services to achieve this objective. The teacher chose to introduce a method of English instruction which did not include use of audio-tapes, and did not, therefore, require a language laboratory.

**Objective 5:** To prepare a support staff member as a Certified Librarian to direct the nursing library by December 1992.

Despite several advertisements and recruitment efforts, no Assiut-resident could be identified who was willing to relocate to Cairo to undertake this training. There was no attempt to recruit from residential areas outside of Assiut, since it was assumed that, once trained, a non-local might be unwilling to move to Assiut to assume these duties, and, therefore, that the money would not have been well spent, at least for Assiut University's purpose.

**Objective 6:** To equip a room for all nursing students for informal study and meetings.

The room which was designated for student use is reported to be roomy, well-lighted and ventilated, and comfortably furnished. It contains computers

and a photocopier, and is located near the library. This may be the ideal location for placing the nursing textbooks recently donated by Project HOPE, expanding the use of this room to include a learning resource center.

#### **4. Project HOPE**

##### **4.1. The role of Project HOPE in providing technical assistance**

###### HOPE Central Office

The HOPE Central office in the U.S. backstopped and provided general administrative direction to local/Cairo office staff. The U.S. Project Director consulted with AID/Cairo and HOPE/Cairo during the development and implementation phases of the project. She made periodic site visits to project sites in Egypt.

HOPE Central participated in negotiations for budget revisions, assisted in arranging the logistics for the participant-training, and assisted in decision-making, when requested to do so by the HOPE/Cairo Director. The evaluators could not assess the degree of support the HOPE Central office staff have given to the Cairo staff and Project Director. Some HIN Directors communicated directly with the Central office which compromised the position of the Project Director.

###### HOPE/Cairo

The Project HOPE/Cairo office provided (1) the administrative backstopping and (2) technical assistance for this project. The job description for the Project Director stated that she would perform the following:

- coordinate all aspects of the project
- oversee administrative responsibilities
- assist the HIN Consortium
  - ▶ to develop HIN programs within the University system

- ▶ to plan and implement faculty development programs
- ▶ to establish national standards for nursing education and practice.

The Assistant Coordinator's responsibility is "to function as an assistant to the Project Coordinator in carrying out the goals of the project." The position descriptions provide further details of responsibilities, specific to project objectives.

There have been two Directors during the project period. The current Project Director, Dr. Elizabeth Elliott, assumed her responsibilities just prior to the mid-point of the project term. The first Assistant Coordinator, Dr. Arline Duvall, served for two years. It was planned that an Egyptian national would be hired in this role during the final year of the project.

The current Assistant Coordinator, Dr. Hoda Zaki Khalil, conducted the activities related to the development of the Demonstration Clinical Units prior to her appointment at Project headquarters. She worked actively to support HIN Directors and DCU Coordinators in their efforts to implement project objectives. She is perceived as having been very effective in the role of DCU Consultant, and has also received strong support for her performance in the role of Assistant Coordinator, despite some concerns which were raised at the time of her selection.

#### **4.2. Summary of contributions made by Project HOPE**

Project HOPE provided technical and administrative assistance to the Project at both central (U.S.) and local (Cairo) levels. HOPE central office assisted in development of the project paper and the project budget, in collaboration with USAID. HOPE central office recruited and appointed three of the four Project administrative personnel. They provided in-kind contribu-

tion of nurse-education textbooks, and purchased academic teaching materials, and clinical equipment for distribution to the HINs. They provided logistical support for the participant-training activity to the U.S..

The Project HOPE/Cairo office administered the technical aspects of the grant. This included establishing and maintaining a local office setting, employing and supervising local staff, and monitoring project expenditures. The Project Directors worked with all members of the Executive Board, and consultants, to implement project activities.

#### **4.3. Difficulties experienced during the project period**

Some HIN Directors expressed concern about leadership and decision-making styles demonstrated by the two Project Directors. Similarly, the current Project Director felt that her authority was questioned and often undermined. This was, perhaps, because of previous loyalties which had been developed, and perhaps because of the perception that she was young and not experienced as a project director. A single encounter with one HIN Director over an issue of interfering in office management was mutually unsatisfactory, and created an atmosphere of tension between the two, which has never been fully resolved.

There was some disagreement among HIN Directors concerning the recruitment and selection process for the position of Egyptian Assistant Coordinator. Some Directors felt that Dr. Khalil was doing an excellent job in her position as DCU Consultant, and should continue in that role, rather than apply for the Assistant Coordinator position. Further, the names of two candidates were submitted after the closing date for advertisement of the position. The Executive Board agreed to extend the date for one week, in order to receive these applications. The job had to be readvertised to comply

with local laws. All current applicants were retained as active candidates. Dr. Elliott chose to seek the assistance of HOPE central office in making the final selection. A few HIN Directors are not yet convinced that correct policy was followed at each step of this process.

There was disagreement between some members of the Executive Board, HOPE Central, and the AID Project Officer at the time of the mid-term evaluation. There was disagreement about the composition of the evaluation team, and the degree of participant-interaction which internal evaluators (those involved in project activities) would assume. Some HIN Directors did not accept all of the recommendations, and, although it was recommended that all project objectives be pursued, the Executive Board had already decided not to continue planning and implementation of some of them.

Finally, there was some concern among project participants about budget and financial issues. Participants reported receiving mixed messages about the amount of money which was available to be spent on equipment, and on certain logistics of the participant training. Some DCU Coordinators had submitted requests for major equipment items (e.g., an ultrasound machine, a washer and dryer) to support the Demonstration Clinical Units. Those requests which could not be justified as educationally-related were not funded. The explanation of this decision has never been clearly understood by some individuals, and a sense of disappointment continues.

There was also some concern about the way the logistics of the participant-training were arranged. Again, this seemed to be a result of different perceptions, resulting from mixed messages. Project HOPE staff stated that they followed established procedures from Handbook 10, while some participants stated that they had been led to expect other arrangements. At least one HIN

Director continues to focus on these logistics as more important than the training experiences which were received.

Clarity of rules and procedures continued to plague the project. Many of the misunderstandings could have been avoided by clarification of rules and regulations, and by correcting misconceptions.

## **5. High Institutes of Nursing**

### **5.1. The role of the HINs in implementing this project**

The HINs at each of the participating Universities were key stakeholders in this faculty and clinical development effort. Directors of the HINs in each institution (1) identified faculty (for personnel development and inter-institutional assistance), (2) selected the Coordinator of the DCUs, (3) participated as members of the Executive Board and (4) served as members of the committees which developed the national standards for nursing education, practice and research.

All HIN Directors worked hard on implementing project activities. A great deal of effort was extended to make this project a success. However, these very positive contributions were offset by a limited vision which focused on implementing short-term objectives.

### **5.2. Summary of contributions made by HINs**

This section will deal only with the HINs visited by the two evaluators.

#### Ain Shams

The faculty at Ain Shams University are responsible for the education of approximately 500 baccalaureate, 17 Masters and 7 Doctoral students (1993 academic year). There are 6 faculty in the professorial ranks, assisted by 53 Faculty at lesser appointment titles. Three of the Assistant Professors are also responsible for student teaching in the Demonstration Clinical Unit.

The DCU at Ain Shams University is well-established and is likely to be sustained. The unit has been expanded from the original 8 beds, to include a recovery and intensive care unit. The model is poised for replication in each of the other three specialty hospitals (children, maternity, and medical).

The DCU Coordinator has attempted to institute a "unification model" of nursing administration and education. This model is one in which administrative responsibility for nursing education and nursing clinical practice are integrated, often with a single individual filling both roles. The objective of the model is to extend the benefits of education to nurses in day-to-day practice, while at the same time, ensuring access of students to clinical settings. The DCU Coordinator selected this model after consultation with the HOPE short-term DCU consultant, and review of literature.

The HIN Director has benefitted from participant training to the U.S. She has made which contacts which allowed her to join the planning committee for an important international conference.

### Alexandria

The nursing education program at the University of Alexandria was founded in 1952. It is the oldest and most well-established HIN in Egypt. The HIN advanced to the status of a Faculty of Nursing in 1993. There are 27 Professors, 19 Assistant Professors, 22 Lecturers, 36 Assistant Lecturers, and 22 Clinical Demonstrators (126 total) for 1048 baccalaureate, 64 masters, and 27 doctoral students.

The Dean of the Faculty of Nursing (FON) participated in the meetings of the Executive Board. She was a Board Chairperson in the first project year, and a member of the Standards Committee. She actively promoted the faculty-consultant activity, sharing her faculty resources generously. The Dean was

involved in participant training to the U.S., but was critical of the logistic arrangements of the tour.

The nurse-faculty Coordinator of the Demonstration Clinical Unit was an active participant in faculty development activities, including attendance at workshops and seminars, and the participant-training experience to the U.S.. The DCU at Alexandria is a surgical recovery unit. The nurses on this unit have implemented a Kardex system for recording patient care orders. The short-term American consultant, and the DCU Consultant (Dr. Hoda Zaki Khalil) assisted in developing this innovation for the unit. Nurses indicated that they will continue to use this system of documentation.

### Cairo

The faculty at Cairo University are responsible for the education of approximately 400 baccalaureate, 23 Masters and 7 Doctoral students (1993 academic year). There are 2 Professors and 18 Assistant Professors, assisted by 90 Faculty at lesser appointment titles. Several of the Faculty are responsible for student teaching in the Demonstration Clinical Unit.

The HIN at Cairo University is the HIN next most likely to advance to the status of a Faculty of Nursing. The Vice-Chair of the Faculty of Medicine has set several criteria which, if demonstrated by the HIN Faculty, would indicate to him that the HIN faculty had attained professional stature. He indicated that he held a favorable opinion of the faculty, with respect to these several criteria.

The Acting HIN Director and the Vice-Dean of the Faculty of Medicine were active participants in the work of the Executive Board, and establishment/maintenance of a Demonstration Clinical Unit, throughout the term of the project. The current Director of the HIN, who was on a leave of absence

throughout the time of the Project, actively supports the project achievements, and is enthusiastic about the expansion of academic and clinical developments.

The DCU at Cairo University is a medical unit, under the clinical directorship of the Vice-Dean of the Faculty of Medicine (FOM). Resident physicians, and DCU HIN-graduate nursing staff were unanimous in their praise of the high quality of nursing practice in the unit. Resident physicians were particularly vocal in supporting expansion of this demonstration unit (and the standard of practice demonstrated by the HIN-graduate nurses) throughout the institution. This unit is very likely to be sustained, and also likely to be expanded or replicated.

#### Suez Canal

The HIN at the University of Suez Canal is headed by two medical physicians. There is a single nurse-faculty, currently on leave of absence to complete her Ph.D.. There are 22 Clinical Demonstrators, currently completing study for the masters degree. The Suez Canal HIN is unique because its curriculum is designed on the basis of problem-based learning. This HIN is also the only one which has been allowed to limit enrollment to 50 students in each academic year because of the intense nature of faculty/student mentoring which is needed for this type of curriculum.

The HIN Directors were very active participants in all Executive Board meetings, faculty development activities and the participant training tour. They have independently submitted proposals to AID to continue faculty development activities.

The Demonstration Clinical Unit is located in an ambulatory, primary-care setting, which is also unique. The Coordinator and Directors feel that

establishment of the DCU in this setting is particularly well-suited to the community health focus of the nursing curriculum. The HIN received computers and audio-video equipment from Project HOPE. The Directors have plans to use this equipment to teach students how to manage patient information, and in health education instruction, in addition to its application in the educational setting.

### **5.3. Difficulties experienced during the project period**

All of the Directors involved in the project had hoped to continue playing their roles to improve the quality of nursing in Egypt. Many of them felt that a 3 year project is a short timeframe for a project with these ambitious objectives. Many of the Directors expressed their frustrations with the termination of the project. They believe that the efforts which were invested in these professional development activities will not be sustained with the termination of the project.

Menoufia University, one of the more recently established University schools of nursing, was in particular need of technical assistance. There is a single full Professor, 1 Assistant Professor and 3 Lecturers. Twenty-five (25) faculty with Masters or Baccalaureate degrees assist in the clinical setting. There are over 400 baccalaureate students. Despite the few faculty who work at Menoufia the HIN established one of the more unique clinical demonstration units, modelled on "primary care nursing" (a model in which a single nurse assumed 24 hour responsibility for direction of patient care), and initiated a masters-degree, graduate education program.

The HIN Director opted to begin faculty development by establishing a graduate program. This strategy was described by Faculty of another HIN as particularly wise, since graduates were likely to remain in the local area.

Neither of these efforts could be sustained, the DCU because of inter-institutional conflict, and the graduate program because of lack of long-term faculty resources. The HIN Director remains an active advocate for faculty development and the implementation of standards for the practice of nursing.

A major objective, i.e., to promote HINs to Faculties of Nursing, was determined by Executive Board members to be outside of the political power of HINs. Nevertheless, in interviews with key stakeholders (members of the Executive Board) the elements of Faculty development and the components of professional stature which would be recognized as sufficient for an application for change in status were identified. The HIN at the University of Alexandria has achieved this recognition. Faculty of the University of Cairo are poised to assume Faculty status in the near future.

Two institutions experienced significant turnover in clinical faculty assigned to the Demonstration Clinical Units, and discontinued their participation in that effort. The very successful unit at Cairo University, which wished to expand to include an Intensive Care Unit, was limited by lack of clinical patient care equipment which Faculty had believed would be provided from Project HOPE resources.

The University at Mansoura established an HIN during the period of the Project HOPE activity. There is one doctorally prepared faculty member, and students have not yet been admitted. The HIN Director elected not to engage in project activities. The University at Benha has recently initiated its efforts to establish an HIN. The physician Director of the University at Zagazig indicated that the HIN was not interested in participation in the project.

Another source of difficulties for the HINs was the interpersonal relations between some HIN Directors and Dr. Elizabeth Elliott. These relations were not optimal which led to an unhealthy project environment. Perhaps a team-building workshop would have assisted project participants to overcome these difficulties.

## **6. Universities and the Faculties of Medicine**

### **6.1. The role of Universities and the Faculties of Medicine in this project**

The project was designed so that Faculties of Medicine would act as integral partners in the advancement of the status of nursing, in service and in education. Their membership on the Executive Board appeared to raise their consciousness concerning the advancement of nursing, and increase their role as stakeholders in the process.

Physicians travelled to the U.S. with HIN Directors. Many of them enjoyed the collegial relations. The HIN Director at Suez Canal, a physician, is now an advocate for including a nurse representative on the Medical Supreme Council.

### **6.2. Summary of contributions made by the Universities and the Faculties of Medicine**

Evaluators were unable to speak with the Dean of the FOM at Ain Shams. The HIN Director, and the DCU Coordinator have reported that he is very supportive, but has not deeply invested himself either in project activities or in nursing faculty endeavors. The Demonstration Clinical Unit is not in his clinical practice area.

The Director of the FOM at Cairo University is an active participant in nursing faculty development activities, and supports the expansion of the

Demonstration Clinical Unit. The Director has participated in weekly medical/nursing clinical seminars, and actively encouraged leadership and initiative on the part of the HIN faculty in proposing continuing education and clinical seminars for nurses, nursing and medical students, residents and faculty. He has promised that if elected Dean of the FOM, one of his first actions would be to approve the request of the HIN to advance to faculty status.

The Director of the FOM at Menoufia stated his support for the advancement of nursing, although he has set particular standards prior to nursing's advancement in the institution. He is not involved in the activity or promotion of the DCU. However, he has maintained active participation in the work of the Executive Board, and in faculty development activities.

### **6.3. Difficulties experienced during the project period**

Negotiating the establishment of DCUs in University hospitals was not very easy. HIN Directors worked hard to convince physicians of the importance of the DCUs. The idea of including physicians in the U.S. participant training and having them serve on the Executive Board was a good one. Fostering good relations between physicians and nurses helped facilitate project outputs.

## **7. Ministry of Health, Supreme Council of Universities, Ministry of Higher Education and the Nursing Syndicate**

### **7.1. The role of the Ministries, the Council and the Syndicate in this project**

Including the Ministry of Health (MOH) (both medical and nursing) and the Supreme Council of Universities contributed to the success of the project. Their role on the Executive Board was advisement, counsel, assistance (but

without voting privileges). The MOH and the representatives of higher education assisted in the development of standards of nursing, development of workshops and seminars, and most importantly, received and disseminated recommendations from the project. The recommendations and project documents were distributed to policy-making sectors under their influence.

The Executive Board also included a representative from the Nursing Syndicate. Nursing in Egypt currently has no professional organization (development of such a body, which would focus on issues such as certification, continuing education and professional standards, was an intent of the project), but it does have a "trade union" which is concerned with personnel employment issues. All nurses are required by law to be members of that union (effectively yielding a "count" of the workforce). Ms. Nazly Kabil, the former President of the Syndicate, was the Executive Board member. She participated in the work of the subcommittee on standards, advocating, on behalf of the syndicate, for national certification, specialty certification examinations, and continuing education requirements.

#### **7.2. Contributions made by MOH, Supreme Council of Universities, MOE and the Nursing Syndicate**

The Chairman and Secretary of the Supreme Council of Universities, and the Director of the Nursing Sector of the Ministry of Health, were active participants as members of the Executive Board. They promoted dissemination of the Standards document, and have advocated for adoption of these standards, through policy and legislative initiatives. Appendix H contains copies of two letters received by the Supreme Council of Universities, in response to these efforts.

### 7.3. Difficulties experienced during the project period

Attendance at the early meetings of the Executive Board was reported (see minutes of meetings and quarterly reports) to be sporadic. Attendance improved over time through a) continued personal contact by Project HOPE personnel and b) participation by members in the development of the agenda.

## 8. Project Management

### 8.1. Management systems

#### Personnel management systems: policies and procedures

The staff of Project HOPE are governed by two systems: the Project HOPE personnel management policies and procedures, and Egyptian labor law. Evaluators noted that Project HOPE's Policy and Procedure Manual was available in the HOPE/Cairo office. The Director stated that the Egyptian labor law book is written in Arabic, and she did not keep a copy of the rather weighty volume on site. She had a legal contact to whom she referred monthly, or more often if indicated, for consultation concerning changes in the legislation. Project HOPE allowed 14 annual holidays, only four of which were to be American holidays.

The office staff consists of 7 people. The Director and Assistant Director have had 2 to 3 years experience with Project Hope. The office manager and driver have been employed by Project HOPE for the 17 years of its activities in Egypt.

The office manager has been responsible for general office operations, maintenance of equipment, supervision of the driver and the messenger, and facilitation of communication with official Egyptian authorities as directed by the Director. The accountant has been responsible for maintaining the financial records, in accordance with USAID policy and grant provisions, under

the approval of the Director. The administrative assistant has been responsible for communications both local, international, print or telephone, correspondence, and other related secretarial activities working in close coordination with the office manager and the rest of the office staff. The driver and messenger worked under the supervision of the office manager to perform standard office errands, such as mail pickup, and also to transport HOPE professional staff to appointments, site visits, etc.. Job descriptions were available for review by the evaluators.

Project HOPE offices are located in a mixed business-residential neighborhood, in a converted apartment. There are single offices for five personnel, and additional space equipped with a conference table, and a photocopy machine. The physical environment is sufficient for the needs of the project.

Major equipment purchased during the project included an automobile and certain office furniture, a photocopier, computer, printer and fax machine. The latter items were purchased partly in response to a recommendation made during the mid-project evaluation. All expenses of communication are documented and records are kept by the accountant. There are policies which limit access to the international telephone line and fax machine.

The Director and Assistant Director begin each day with a meeting at which they review the work to be accomplished, and direct the specific activities of the office staff, if work "out of the ordinary" needs to be accomplished. The office manager is also briefed on the work of the day. General staff meetings are held as often as weekly. Official monthly progress and certain financial reports are prepared by the Assistant Director.

All staff seemed enthusiastic and knowledgeable about their roles and functions. Each seemed willing to assist the other in any task needing

attention, but otherwise, proceeded with their work with little need for direct supervision in the tasks, and little need for extraneous incentive to achieve work objectives. The Director has accommodated the need of the secretary for a flexible work schedule in light of family responsibilities. She demonstrated initiative in securing contributed resources to assist the driver during a period of recent personal need.

#### Project professional staff and consultants

- Project Director

There were two Project Directors. They were selected and appointed by Project HOPE. The Directors were Registered Nurses, with nursing administrative and education experience. The current Director has previous experience with project management in Egypt and other Middle Eastern countries. Both Directors had different management styles. The second Director encountered resentment from some HIN Directors because of her young age, and out of loyalty to the first Director. Dr. Elliott is uniquely qualified to work in Egypt because of her linguistic capabilities in Arabic. Managing a project like the HOPE Project is a major undertaking, especially in a complex environment like Egypt. Dr. Elliott worked hard to achieve the objectives of the project. She has indicated to the evaluators that interpersonal communications could have been improved. She seems willing to learn from past experiences.

- Project Assistant Directors

An American Assistant Director was appointed by Project HOPE for the first two years of the project. The individual was a career nurse-educator. HIN Directors indicated that they chose to interact with the Project Director

on most issues, as they viewed the first Assistant Director to have limited effectiveness.

The selection of the second Assistant Director for the third year of the project created some conflict. The position was publically advertised in newspapers in the various local areas. Applications were received over a 15 day period, in accord with Egyptian labor law. Fourteen individuals (all those who applied within the standard time period) were interviewed by the Executive Board. Two additional names were suggested by Executive Board members at the time of the interview (i.e., after the application period had closed). Project HOPE central office received phone calls expressing concern about the process. In order to consider the new applicants, the job had to be readvertised, to comply with local laws. All previous candidates were retained under active consideration. The local HOPE Director invited the HIN Directors to rank the applicants, but clearly stated their position as advisory only. She submitted the HIN rankings along with her independent ranking, and deferred the final decision to HOPE central office. The Egyptian nurse selected for the position is fully qualified, and has been accepted by the project participants in that role, albeit they were resistant to the process. She is a dynamic and dedicated nurse who has responded well to the needs of many HIN Directors and DCU Coordinators.

- Clinical Consultants and Demonstration Clinical Unit Coordinators

A short-term American consultant worked with the Faculty and HIN Faculty Development Committee to develop four documents to guide the development of the DCUs. These documents included position descriptions for the Egyptian clinical consultant and DCU Coordinators. The consultant was selected by HOPE

central office. The consultant had previous experience in clinical development, and with Project HOPE.

The long-term Egyptian Coordinator was selected after advertisement (posted in each nursing institution). Ten applications were received and reviewed by the HIN Directors. Four interviews were held. Final selection was made collaboratively by the HIN Directors and the Project HOPE Director. The Project HOPE Director felt it to be important to include HIN Directors in this selection process, since the responsibilities of the position extended to each of the clinical affiliates, and involved nursing faculty and students. It was reported to evaluators that the individual selected was met with approval by all those involved in the process.

The DCU Coordinators in each of the clinical institutions was selected by the HIN Directors. Project HOPE staff did not involve themselves in these decisions, since these were clearly local issues and concern.

- Research Coordinator

The Research Coordinator was selected by the HIN Directors from among their own faculty. Two members of the Alexandria University faculty were selected to share the position, but one member resigned after 6 months for personal reasons.

- Faculty-Participants (Consultants)

Objective G focused on faculty development in order to meet long-term needs. This objective was pursued, in the short-term, by faculty resource sharing among the HINs. Six HINs provided faculty for periods ranging from one month through one academic term to teach specific course content, at both undergraduate and graduate levels (Appendix F). The consultants were selected

by the HIN Directors and the Faculty Development Subcommittee. Leaves of absence for this activity were approved by the HIN Directors.

Faculty resource sharing was an important objective and activity of the project. Project HOPE staff reviewed each application to ensure that faculty were qualified to teach in the area, and that all conditions of service had been met (i.e, there was approval of service from the home institution) and there was an invitation to serve (in the event that the faculty-participant had previously taught at the receiving institution, and that all evaluations of that service were satisfactory). An evaluation of service was conducted, but no feedback mechanism has been developed.

- Workshop and Seminar Consultants
  - ▶ Workshop Consultants

The consultants hired to present the workshop topics were selected from among those who applied to Project HOPE for consideration. Academic qualifications and accomplishments of each applicant were matched to content areas of the workshops. Review of these materials would indicate that appropriate selections were made in each instance.

Some HIN Directors were in conflict with Project HOPE staff in this matter. They wished to have the authority to make these selections (which were paid positions, and could have been used as incentive rewards), stating that they best knew the actual performance effectiveness of faculty (as opposed to that which is presented in biographical data). Nevertheless, the Project HOPE Director retained this authority, and made the final selections.

- ▶ Seminar Consultants

Two consultants were hired by the Project HOPE Directors to present the final project seminar, on the topic of quality assurance. Dr. David Nicholas

was recommended by HOPE central office, on the basis of previous presentations he had made in the topical area. An Egyptian consultant, Mr. Hassan Sharawy, was nominated by faculty of the American University of Cairo, following some phone inquiries by Project HOPE office personnel. An interview indicated that the presentations were helpful to junior faculty.

## 8.2. Analysis of the "fit" between person and project

- Faculty Consultants

Project HOPE established policies and procedures for receiving requests for faculty-participants, reviewing the applications and monitoring the work of the faculty-participants and evaluating their effectiveness. Therefore, while control of selection of these faculty members remained with the HIN Directors, Project HOPE did have a mechanism to determine the appropriateness of selection and assignments. A final "quality control" was the requirement that an evaluation of service be completed by the HIN Director at the receiving university, before the faculty-participant could receive compensation for her service. Complete documentation of personnel issues, and copies of all course materials developed by the faculty members during their term(s) of service are maintained at Project HOPE headquarters.

The curriculum vitae of each faculty consultant was reviewed in context of the service which she was requested to provide. In every instance the Faculty Consultant was well qualified in terms of academic preparation and area of clinical concentration to teach the course content. The evaluations of service were uniformly positive.

- Research Consultant

The Research Consultants were selected by the HIN Directors, on the basis of academic qualifications for the research role. Review of the

academic biographies of these individuals would indicate that the faculty were well qualified for this position.

- DCU Coordinators

Selections of initial appointees, and replacement personnel for these positions occurred in compliance with the policy and procedure suggested in the documents developed for this purpose.

### 8.3. Documents and Data

- Documentation of project

Documentation of this project is of superior calibre. Major project "outputs" are noted in Appendix D, entitled "Documents Reviewed." Each was reviewed for this final evaluation. Annual implementation plans, quarterly and annual progress reports, and internal and external evaluation documents were also available.

It would seem important to comment on the "form of documentation" because documentation was a particular point of strength of the project. The Project HOPE office is equipped with state of the art computer technology, used exclusively for word processing. The complex financial managements procedures, and project documents (such as the procedures for reviewing and approving faculty consultants) were hand-entered. The use of spread-sheet and data-based management systems would greatly reduce the workload, increase efficiency, likely ensure more accurate documentation (and longer-term, less costly, storage). Data-based documentation could also be used as an exemplar to HINs, as another example of "technology transfer."

- Dissemination of project reports and documents

The major "outputs" of this study have been widely disseminated within the country, in the medical and nursing sectors. Faculty interviewed at

various HINs indicated knowledge of the existence of these resources (e.g., the Standards for Nursing in Egypt, and Directory of Educational Resources), and knew how to access these materials. Dr. Mahfouz, Chairman of the Medical Education Center, also made reference to these materials, noting, in particular, the wide dissemination of the Recommendations concerning the status of nursing in Egypt, and the acknowledgement which that document had received from the health, education and legislative sectors (see Appendix H for copies of these letters of acknowledgment and support).

- Commodities

HOPE center made a large contribution of nursing textbooks to this project. Only a small number of books were received, because the largest portion of the shipment was diverted during the Gulf War. A second shipment of substantial quantity has recently arrived at the Alexandria port, and will be distributed as soon as possible.

Other equipment and office machines were purchased and delivered to the Project sites. Evaluators confirmed the presence of these items in the settings that were site-visited.

- Fiscal management systems and cost-effectiveness

Fiscal management of this project was in accord with Project HOPE policies and procedures. A hand-entry (paper and pencil) audit system was used to document day-to-day expenditures. Books were balanced twice monthly. Project HOPE allowed a limited excess expenditure (cost-shifting) within categories. The fiscal materials were at hand, and readily available for review. At the time of this final evaluation a full 11 months of expenses had been liened. Budget balances indicated that there was significant underexpenditure in travel and related expenses, which easily offset the

(within policy) overexpenditure for faculty-participants, indicating a priority emphasis on project-focused issues.

An external financial audit was completed two weeks prior to this final product evaluation. The evaluation consultants respectfully defer to that report, and made no attempt to assess financial documents.

#### **8.4. Monitoring by AID/Cairo**

The role of AID/Cairo was to work with Project HOPE as a non-governmental organization to develop the project paper, to evaluate the potential for impact of the proposed project, and to fund the Project HOPE activities. Madame Fawzia Tadros later assumed the responsibility for monitoring the project, as Project Officer. She reviewed annual reports and year-to-year implementation plans. She assisted in arranging the mid-term evaluation, and ensured that the recommendations of that evaluation were implemented. The evaluators have read the mid-term evaluation report, and, through review of Project documents, have determined that attention was paid to each of them.

Evaluators learned from one interview that Madame Fawzia was deeply involved in making some major decisions. Many HIN Directors lauded her contributions. However, some HINs attempted to gain direct access to AID by bypassing HOPE local office staff, which contributed to some of the misunderstandings. Madame Fawzia's problem-solving skills and genuine concern about the successful progress of the Project, led to its overall success.

### **9. CONCLUSIONS**

#### **9.1. The Executive Board**

Creation of an Executive Board was a thoughtful and effective strategy. The inclusion of physicians in project activities that focused on the nursing role and status was important in fostering collaboration between the two

professions. The inclusion of the Ministry of Health in this project was stated, by the Director of Nursing, of the MOH, to be particularly wise. Her perspective is that projects which have included nursing education, but have not included the MOH in their context, were not successful in advancing nursing standards in Egypt.

### **9.2. Clarity of rules and procedures**

Progress toward project objectives was sometimes inhibited because of the lack of clarity about roles, rules and procedures. At the onset, the role of the Executive Board as "policy-making" or "advisory" should have been clearly stated. These rules could have been restated at the time that the new Project Director was appointed, and HOPE center could have assisted to make this time of role transition proceed smoothly.

Future projects might also be designed with Egyptian nationals in major project administrative roles from the onset. This might lessen the "confusion" created in the project about delegation/retention of local authority for decision-making, and would certainly advance the goal of development of Egyptian national leadership manpower.

### **9.3. Use of faculty-participants**

Project HOPE staff, the Director of the Medical Education Unit, and the external evaluators agree that the project objective to solve the faculty needs of the HINs was a worthy one. That stated, the mechanism used to solve the short-term needs of developing HINs did not advance the long-term agenda. The short-term consultancies were an attractive financial (and, hopefully, professional) incentive to faculty, and because the selection of consultants was reserved by the Directors of the HINs, there was the potential to use these as "rewards."

The short-term consultancies were on the order of "substitute teaching." There was no effective strategy identified which linked a Faculty member with the site of need, either through recruitment, or through linkage to a Junior faculty member (as in a mentorship/facilitator...a "training the trainer"...relationship). This likely had the effect of fostering continued dependence on Project HOPE, rather than fostering sustainability by encouraging independence in the institution.

The method of faculty evaluation was also less than helpful. While respecting the quality of faculty-participants, nevertheless, uniformly positive evaluations of every faculty, and every effort, leads one to suspect the depth of evaluative perspective. External evaluations of faculty performance, and a method for providing feedback, leading to faculty growth and development, would have been far more useful both to the individual, and to the HINs. Similarly, the evaluations of the consultancy experience offered by the faculty consultant, if utilized, might have been of benefit, since similar concerns were expressed over the term of the project.

#### **9.4. Misconceptions about making and breaking promises**

A theme which recurred throughout this evaluation was the lingering disappointment that "clinical equipment" had not been delivered. At a point early in the project it had been suggested that certain patient care products might be forthcoming (particularly for use in the DCU). Later, it was determined that only educational materials could be given. While it can never be known what exactly was stated, it was quite clearly "heard" as a promise, by different individuals at several institutions. A "feeling-tone" remains; albeit it is expressed as disappointment, and certainly not as resentment or anger. It is also quite clearly communicated, albeit subtly and indirectly,

that as long as the equipment is still needed for improvement of patient care on the units, then delivery of at least some of the equipment is the only thing that would bring closure to the issue. Perhaps, clarification of project outputs would have solved this problem.

## 10. SUMMARY AND RECOMMENDATIONS

This final section of the evaluation report will be organized according to a framework for health policy analysis suggested by Donabedian:

**Structure:** Effective elements of structure were: inclusion of the Ministry of Health within project activities; inclusion of an Egyptian national in an administrative role; clear delegation of responsibility for post-project activities to HINs and Faculties of Medicine.

**Process:** Effective elements of process included: creation of a forum for deliberation and discussion among HINs and FOMs; role modeling of faculty clinical practice. Less effective processes included: failure to clearly designate the role of the Executive Board as a policy-making body, or as an advisory council; loss of central control over the faculty consultancies, allowing their use as short-term rewards and incentives (a secondary benefit), as opposed to focusing on their use as a solution to long-term needs;

**Outcome:** Successes of this project include production of workshop and seminar reports which can be utilized as teaching/learning resources. Very positive outcomes, which will have long-term impact on the status of nursing in Egypt include the establishment of several very creative demonstration clinical units, which have been institutionalized within some settings; the development of standards for nursing, which are poised for advancement and integration into national health policy; the establishment of a network of HINs, FONs and FOMs, which has greatly improved the image and status of

nursing at least at high University levels. The objective of long-term faculty development was only partially achieved.

These things remain to be accomplished:

**Recommendation #1:** The primary goal of the Project HOPE project at the outset was a vision of promise for nursing in Egypt. The outcomes which were achieved were of significant benefit. The gains must be sustained by the HINs, and the benefits must be advanced to all levels of nursing education and clinical practice. The successful elements of this project are worthy of replication. The active support of the Ministry of Health for the dissemination and utilization of the nursing standards makes this effort particularly timely.

Therefore, it is recommended that follow-on projects be developed and funded in order to sustain the achievements of this project, and extend HIN influence into secondary/technical nursing education. (Responsible Individuals: HINs, Ministry of Higher Education, Ministry of Health, Interested NGOs, AID).

**Recommendation #2:** Projects which include professionals and individuals in positions of authority in participant-activities must be designed to include role clarification and clear rules and regulations. During the project life, rules should be restated and institutionalized. (Responsible Individuals: Implementing agency staff, AID Project Officer).

**Recommendation #3:** The HINs need to sustain the internal networks which were modelled during the short-term faculty consultations, and translate them into a process for long-term faculty development, and the advancement of faculties and faculty status at the lesser developed Universities. Further, the HINs need to "seed" their graduates into the technical schools, and,

wherever possible, integrate the technical school students into the teaching/learning process of the Demonstration Clinical Units (Responsible Individuals: HINs, Ministry of Higher Education).

**Recommendation #4:** The standards developed by the Executive Board should be up-dated and operationalized. Criterion indicators need to be developed for each individual nursing standard. (Responsible Individuals: HINs, MOH).

## APPENDICES

- A. Persons Contacted and Sites Visited
- B. Acronyms
- C. Scope of Work
- D. Workplan
- E. Documents Reviewed
- F. Number of Consultant Months Received by each HIN
- G. A Case Study: Project Impact on the Suez Canal HIN
- H. Letters Received Indicating Project Impact

## APPENDIX A

### Persons Contacted and Sites Visited

#### USAID/Cairo:

Joy Riggs Perla, Director of Health, USAID/Cairo  
Madame Fawzia Tadros, Project Officer, USAID/Cairo

#### HOPE Staff: Cairo office:

Dr. Elizabeth Elliott, RN, Project Director  
Dr. Hoda Zaki Khalil, RN, Project Assistant Director  
Mrs. Nirvana Al Korey, Accountant

#### Executive Board Members:

##### Directors of High Institutes of Nursing:

Dr. Ferial Abdel Aziz, Dean FON; Alexandria University  
Dr. Dalal Eshra, Director, HIN, Menoufia University  
Dr. Tereza Habib, Acting Co-Director, HIN, Tanta University  
Dr. Zeinab Loutfi, Director, HIN, Ain Shams University  
Dr. Eman Murad, Director HIN, Cairo University  
Dr. Shadia Sharaf, Former Director, HIN Cairo University

##### Supervisors of High Institutes of Nursing:

Dr. Hoda El Gawly, Co-Supervisor, HIN, Suez Canal University  
Dr. Safia El Tohamy, Supervisor, HIN, Assiut University  
Dr. Moussa Abdel Hamid, Co-Supervisor, HIN, Suez Canal University

##### Deans of the Faculties of Medicine:

Dr. Mohamed El Fiky, Vice Dean, FOM, Cairo University  
Dr. Mohamed Shoeib, Dean, FOM, Menoufia University

##### Ministry of Health:

Mrs. Effat Kamel, Director, General Nursing Department

##### Supreme Council of Universities:

Dr. Haider Ghaleb, Secretary, Medical Sector  
Dr. Mahmoud Mahfouz, Chair, Medical Sector

##### Nursing Syndicate:

Mrs. Nazli Kabil, President, Nursing Syndicate

## Persons contacted and sites visited (cont.)

### Coordinators of Demonstration Clinical Units:

Dr. Aisha Awad, DCU Coordinator, HIN, Cairo University  
Dr. Tahany El Senousy, Director, DCU, Ain Shams University  
Ms. Ehsan Gaber, DCU Coordinator, Assiut University  
Ms. Aiyda Gamiel, Coordinator, DCU, Alexandria University  
Ms. Redda Ibrahim, Coordinator, DCU, Suez Canal University

### Nursing Faculty:

Dr. Nadia Taha, Head, Medical-Surgical Department, FON, Alexandria U.

### Universities and Demonstration Clinical Units site visited:

Ain Shams University  
Cairo University  
Alexandria University  
Suez Canal University

## APPENDIX B

### Acronyms

<b>AID</b>	Agency for International Development
<b>DCU</b>	Demonstration Clinical Unit
<b>FOM</b>	Faculty(ies) of Medicine
<b>FON</b>	Faculty(ies) of Nursing
<b>HIN</b>	High Institute of Nursing
<b>MOHE</b>	Ministry of Higher Education
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-governmental organization
<b>QA</b>	Quality assurance
<b>USAID</b>	United States Agency for International Development

## APPENDIX C

### PROJECT TO PROMOTE THE DEVELOPMENT OF THE HIGH INSTITUTES OF NURSING IN EGYPT

#### Final Evaluation Workplan

Dr. Judith Fullerton and Dr. Soheir Sukkary-Stolba

Sunday, June 13, 1993

- JF: Meet with AID project office, Madame Fawzia Tadros
- JF: Meet with Project Hope Director and Assistant Director  
Drs. Elizabeth Elliott/Hoda Zaki Khalil
- JF: Collect/review selected documents
- JF/SS: Determine personnel/sites for interviews

Monday, June 14, 1993

- JF: AM: Project Hope Offices - Review/summarize documents retained  
at Project Hope offices  
Establish appointments for sites/personnel to be visited
- 3 PM: AID office - briefing with Evaluation Officer/Madame Fawzia

Tuesday, June 15, 1993

- JF: 9 AM: Site visit: Ain Shams University  
Dr. Zainab Loutfy, Director, HIN  
Dr. Tahany El Senousy, Director, DCU
- PM: Project Hope offices: Continue document review and summary

Wednesday, June 16, 1993

- JF: 9:30 AM: Medical Education Center  
Dr. Mahmoud Mahfouz, Chairman,  
Dr. Haider Ghaleb, Secretary,
- PM: Project Hope Offices - Continue document review and  
summary (Personnel systems, Fiscal systems)

Thursday, June 17, 1993

- JF: In-person Interview: **AT PROJECT HOPE OFFICE**  
8:30: Dr. Mohamed Shoeib, Dean, FOM, Menoufia U  
10: Dr. Dalal Eshra, Director, HIN, Menoufia University

Telephone interview:

- 10:30: Mrs. Effat Kamel, Director, General Nursing Department,  
Ministry of Health

Friday, June 18, 1993: OFF

## Workplan (cont.)

Saturday, June 19, 1993:

JF: Draft text of Report to date;  
Prepare document summaries for briefing of Dr. Stolba

Sunday, June 20, 1993

JF: 9 AM: Project HOPE offices - continue document review  
11 AM: Site Visit: Cairo HIN and DCU  
Dr. Eman Murad, Director HIN, Cairo University  
Dr. Mohamed El Fiky, Vice Dean, FOM, Cairo University  
Dr. Shadia Sharaf, Former Director, HIN Cairo University  
Dr. Aisha Awad, DCU Coordinator, HIN, Cairo University

Monday, June 21, 1993

JF/SS: (Egyptian holiday): Briefing of Dr. Stolba  
Continue with drafting of report

Tuesday, June 22, 1993

JF/SS: Site visit to Alexandria University  
11 AM: Ms. Aiyda Gamiel, Coordinator, DCU  
12 N Dr. Ferial Abdel Aziz, Dean FON;  
Dr. Nadia Taha, Head, Medical-Surgical Department, FON

Wednesday, June 23, 1993

JF/SS: Telephone interviews:  
10 AM: Dr. Safia el Tohamy, Supervisor, HIN, Assiut U.  
10:30: Ms. Ehsan Gaber, DCU Coordinator  
11 AM: Dr. Tereza Habib, Acting Director, HIN, Tanta U.  
2 PM: Progress report to Dr. Joy Perla, Dir. Health: AID offices

Thursday, June 24, 1993

JF/SS: Site visit to Suez Canal U., Point Said  
Dr. Moussa Abdel Hamid and Dr. Hoda El Gawly,  
Supervisors, HIN,  
Ms. Redda Ibrahim, Coordinator, DCU

Friday, June 25, 1993: OFF

Saturday, June 26, 1993: JF/SS: Edit Report (text)

Sunday, June 27, 1993: JF/SS: Edit Report  
Telephone Conference with Mrs. Nazli Kabil,  
President, Nursing Syndicate

**Workplan (cont.)**

Monday, June 28, 1993

JF/SS: 9 AM: Debriefing with Project HOPE and AID personnel  
PM: Revise Report

Tuesday, June 29, 1993

JF/SS: Production/submission of final report to AID

## APPENDIX D

### Documents Reviewed

Directory of Faculty and Teaching/Learning Resources of the High Institutes of Nursing of Ain Shams, Alexandria, Assiut, Cairo, Menoufia, Suez Canal & Tanta Universities. Project HOPE/Egypt, 1991.

Faculty Consultant File (An internal document containing biographical information and a record of consultancies served).

Fouad NA. Report on Workshop: Student Selection Tools, 1992.

Gfhazi DMK. Report on Workshop: Curriculum Content: Nursing Theory, Nursing Process & Trends in Nursing, 1992.

Guimei M. A Report on the Two Workshops for Higher Institute of Nursing Staff: Student evaluation, 1992.

Ismail M. Report on Workshop: Education Program for B.Sc.N. Interns, 1992.

Kamel L, Holzemer W. External Mid-Term Evaluation Report of Project to Promote the Development of the High Institute of Nursing in Egypt and Supplemental Program to Extend the Development of the High Institute of Nursing, Assiut University, 1991.

Minutes of Meetings: Project HOPE (Internal documents).

Sharawy H, Nicholas D. Quality Assurance, 1992.

Project HOPE Administrative Policies and Procedures.

Project HOPE grant proposals: 1) Egypt Consortium of High Institutes of Nursing; 2) Supplemental Program to Extend the Development of the High Institute of Nursing, Assiut University.

Project HOPE Egypt Report to Matching Grant, Year Two Evaluation Team (internal document), 1991.

Project to Promote the Development of the High Institutes of Nursing in Egypt, Process of Development Demonstration Clinical Units (Internal document).

Project to Promote the Development of the High Institutes of Nursing in Egypt, Project Implementation Plans (3 annual).

Quarterly Reports of the Project to Promote the Development of the High Institutes of Nursing in Egypt, (Internal documents).

Reizian A, Mermel V, Duvall A, El Hawashy Z. A Descriptive Study of Seven HINS in Egypt, Project HOPE, 1991.

**Documents Reviewed (cont.)**

Reizian A. Study of the Supportive Courses in the BSN Curricula of the High Institutes of Nursing in Egypt, 1992.

Standards for Nursing in Egypt, Project HOPE, 1991.

Youssef N. Report on Workshop: Clinical Teaching, 1991.

## APPENDIX E

### Structured Interview Questions

#### FOR ALL INTERVIEWEES:

What do you see as the major accomplishments of the project?

What do you think still remains to be accomplished?

How do you think that this project has been of benefit to (name of site)?

How helpful were the Project HOPE staff in assisting you to achieve (name of benefit in previous question)?

Please tell me about the other (HINs) (FOMs) (DCUs). What sort of interaction occurs between your institution and any/all of the other University nursing units?

**Via phone**                    What equipment have you received from Project HOPE?  
**At site visits:**        Please show me the equipment which you have received from Project HOPE?

#### FOR PHYSICIANS (Other than Alexandria):

What needs to be accomplished before the HIN at this University could possibly become a Faculty of Nursing?

#### FOR PHYSICIANS (at Alexandria):

What were the accomplishments of Project HOPE?

#### FOR NURSING FACULTY (other than Assiut)

Please provide a listing of faculty, by academic degree.

Are any of these faculty currently studying for an advanced degree? How near to accomplishment are the programs of study?

What negotiations are in progress to change the status of the HIN to a FON?

Please cite the number of undergraduate, masters and doctoral students enrolled in your institution?

Please list all incidences of sharing of faculty between HINs over the previous three academic years.

## Structured Interview Questions (cont.)

### FOR NURSING FACULTY (Assiut)

Please provide a listing of faculty, by academic degree.

How many faculty are currently studying for an advanced degree? How near to accomplishment are the programs of study?

How many faculty are currently studying for the master's degree? How near to accomplishment are the programs of study?

What do you think would need to happen before the HIN could begin to negotiate for a change in status to a FON?

Please cite the number of undergraduate, masters and doctoral students enrolled in your institution?

Please list all incidences of sharing of faculty between HINs over the previous three academic years.

### FOR DIRECTORS OF DCUS

How firmly is this unit established in this hospital?  
(Alternative wording:) If Project HOPE no longer contributes to this unit, do you feel that the hospital and nursing department will sustain this unit?

Have any other units been modelled after this demonstration unit?

In your hospital?

In other hospitals (i.e, have there been visitors?)

**APPENDIX F**

**Number of Consultancy Months Received By Each HIN**

<u>HIGH INSTITUTE OF NURSING</u>	<u>NUMBER OF CONSULTANCY MONTHS</u>		
Ain Shams		2	
Alexandria		-	
Assiut		17.5	1991
		68.5	1992
		14.5	1992
	Total:	100.5	
Cairo		-	
Menoufia		9	1990
		18	1991
		11	1992
	Total:	38	
Suez Canal		4	1991
		17	1992
	Total:	21	
Tanta	3	1990	
		18.5	1991
		3	1992
	Total:	24.5	

## APPENDIX G

### Case Study

#### A CASE STUDY: PROJECT IMPACT ON THE SUEZ CANAL HIN

"This Project helped us feel proud of being a nurse. Look at our clinic..it is organized, beautiful and clean." (The DCU Coordinator)

In 1991, the HIN at the University of Suez Canal was established. In 1988, the processes of planning, site selection and curriculum development started. It was determined that this HIN would use a community-based model and maximize critical thinking skills in teaching. Currently, the Suez Canal HIN offers an educational program which consists of two years of studying topics related to maternal and newborn health, and child health. Then, students have to spend one year as interns in clinical nursing practice. The last two years focus of adult care skills, research and a clinical practicum.

Now, the HIN is headed by two physician Supervisors, Drs. Moussa Abdel Hamid and Dr. Hoda El Gawly. The DCU coordinator is Ms. Redda Ibrahim. This HIN has not developed a cadre of senior faculty yet. There is a one nurse-faculty, currently on leave of absence who is completing her Ph.D.. There are 22 Clinical Demonstrators, currently completing study for the masters degree.

The Suez Canal HIN is unique in the sense that its curricula is designed as a community-based curricula. The HIN is also the only one in Egypt which allows only 50 students in each academic year. The limitation on enrollment is necessitated by the nature of the curricula which requires a low student/faculty ratio. The HIN has 50 students enrolled in the first year class and 40 students in the second year class.

The two HIN Supervisors were very active participants in all the technical activities of the Executive Board, faculty development and participant training experiences. They have independently submitted proposals to AID to continue faculty development activities.

The Demonstration Clinical Unit is located in an ambulatory, primary-care setting, which is also unique. The Coordinator and Supervisors feel that establishment of the DCU in this setting is particularly well-suited to the community health focus of the nursing curriculum. The HIN received computers, and audio-video equipment from Project HOPE. The Supervisors have plans to use this equipment to teach students how to manage patient information, and in health education instruction, in addition to its application in the educational setting.

## Case Study (cont.)

In interviews with the Supervisors and the DCU coordinator, the key message given to the evaluators was "This was a good project...we wish the activities would continue." In listing the main accomplishments of the project, the Suez Canal HIN Supervisors stated that "The financial support the Project has given the HIN to hire consultants to teach and mentor our students was the best part for our HIN." They indicated that without the Project's financial support, the Suez Canal HIN would have had difficulty offering quality education to its students.

A second accomplishment, is the establishment of the DCU. The evaluation team visited the unit accompanied by the DCU coordinator who proudly shared with us some of the data she has collected. The Ambulatory Primary Health Care Center offers antenatal, vaccination and well-baby services to mothers and their infants. She mentioned that through an intensive home visit program, the DCU offered vaccination to 2000 babies in 1992. This figure compares with only 39 vaccinations in 1991 before the establishment of the DCU. The well-baby clinic has offered services to 1246 babies.

The DCU Coordinator spoke with pride about the quality of clinical services, and the opportunities in the DCU for students to gain practical experience in participating in primary health care services. She mentioned that she has attended many of the workshops offered under the sponsorship of Project HOPE. She said that she tries "to duplicate the workshops" by offering in-service training activities similar to the ones Project HOPE had offered.

The HIN Supervisors emphasized the importance of serving on the Executive Board. Dr. Abdel Hamid stated that he favors the idea of nurses being represented on the Medical Supreme Council. He attributed this level of awareness as a result of being involved in discussing nursing issues in Egypt when he served as a member of the Executive Board. He enjoyed and learned a great deal from the U.S. Participant Training Tour. He explained, "I am impressed with the idea of having Nurse Practitioners...I saw that in Ohio. I would like to implement this idea in Egypt."

Dr. Hodda El Gawaly mentioned that the U.S. module on leadership was very good. This was part of the Participant Training Tour. She commented on her experience as an Executive Board member positively stating that "The opportunity to meet other HIN directors and discuss professional issues was very good for us." She believes that Project Hope has helped the development of young nursing faculty at the Suez Canal HIN. She had hoped the books that the HIN has received from the Project would have been more up-to-date. Also, she felt that subscription to nursing periodicals would have been important for overall academic faculty development.

## APPENDIX H

### Letters Received Indicating Project Impact

- 1) Letter to Dr. Mahmoud Mahfouz, Chairman, Medical Sector, Supreme Council of Universities, from Professor Dr. Amina El-Ginday, Secretary General, The National Council for Childhood & Motherhood.

(Copy of original letter in Arabic, and English translation).

- 2) Letter to Dr. Mahmoud Mahfouz, from Dr. Hussein Kamel Bahaa El Din, Minister of Education.

(Copy of original letter in Arabic, and English translation).

الأستاذ الدكتور محمود محفوظ  
رئيس لجنة قطاع التعليم الطبي بالمجلس الأعلى للجامعات

حياة طيبة وبعد ..

تلقيت بمزيد من التقدير كتاب سيادتكم المؤرخ ١١/٢/١٩٩٢ المرفق به الاستراتيجية  
للتعليم وممارسة التمريض فى مصر، وإلتى تم استخلاصها على ضوء حلقات العمل التى  
اللجنة بالتعاون مع منظمة الصحة العالمية وبمشاركة من جميع القيادات التمريضية  
المسئولة.

لقد طالعت باهتمام الظروف العريضة لهذه الاستراتيجية وما تضمنته من أهداف مرحلية  
التنفيذ الممكنة لتحقيقها، والتى عكست ما توخته اللجنة من حرص على مراجعة الوضع  
لتعليم وممارسة مهنة التمريض وما يعترضها من مشاكل ومعوقات، وما تحتاج اليه من  
ودعم.

نى اطار تكامل الجهود بين القطاعات المعنية فقد تم ارسال هذه الاستراتيجية الى وزارة  
مع ابداء استعداد الجامعات ووزارة التعليم العالى لتلقى أية مقترحات أو آراء من أجل  
على تطوير تعليم وممارسة مهنة التمريض على ضوء التوصيات التى تضمنتها هذه  
تجيبية.

ما تمت الكتابة للجامعات المعنية للافادة باقتراحاتها فى صدد وضع ما تضمنته هذه  
تجيبية موضع التنفيذ، وبصفة خاصة فيما يتعلق بالنواحى التعليمية المتصلة بالتغييرات  
المقترحة لتعليم التمريض وفتح قنوات التعليم المستمر لهيئة التمريض واستكمال  
الكمى والكيفى فى أفراد هيئة التمريض ليصل المستهدف الى ٢٠ ممرضة لكل ١٠٠٠٠ من

استكمالاً للجهود الكبيرة التى بذلتها اللجنة فى هذا الاطار، فقد ترون سيادتكم أهمية  
القطاع بمراجعة اللوائح الداخلية للمعاهد العليا والفنية للتمريض القائمة فى الجامعات،  
ح التعديلات التى قد يتطلب الأمر اجراؤها على ضوء التوصيات التى تضمنتها هذه  
تجيبية، وذلك تمهيدا لاحالتها الى الجامعات المعنية لأقرارها.

واننى اذ أود أن أعرب لسيادتكم عن امتنانى البالغ لهذه المبادرة الطيبة من أجل العمل  
وير تعليم وممارسة مهنة التمريض بما يساعد على تكامل الخدمات الصحية سعياً وراء  
الصحة للجميع بحلول عام ٢٠٠٠، لأود أن أعبر لكم وللشادة الزملاء أعضاء اللجنة عن  
لشكر والتقدير على هذا الجهد الرائع الذى استهدف تحقيق ما نصبو اليه جميعاً للارتقاء  
تمريض تعليمياً وممارسة.

وتفضلوا بقبول فائق الاحترام ..

وزير التعليم  
١٩٩٢

محمود محفوظ

Translation of letter forwarded by Dr. Haider Ghaleb, (Secretary, Medical Sector, Supreme Council of Universities), to Dr. Judith Fullerton, (Final Evaluation Team Member), after meeting with him and Dr. Mahmoud Mahfouz, (Chairman, Medical Sector, Supreme Council of Universities).

Professor Dr. Mahmoud Mahfouz  
Chairman, Medical Sector  
Supreme Council of Universities

Dear Dr. Mahfouz,

Thank you for your correspondence dated 11/2/93 on suggested strategy for nursing education and practice in Egypt as seen from workshops held by the committee in collaboration with the World Health Organization, and co-participation of responsible nursing and medical leaders.

Review of strategy outline, phases of objectives, possible implementation method, reflected the committee's intent examination of the current state of nursing education, practice, development and support needs.

Based on the strategy's recommendations and in conformity with integrating efforts between concerned parties, the strategy has been sent to the Ministry of Health, expressing the readiness of the Ministry of Higher Education and Universities to receive their input, suggestions and/or opinions to promote the nursing profession education and practice.

Contacts have been made with concerned universities to benefit from their input in implementation, particularly in educational aspects related to basic changes suggested for nursing education, opening channels for continuing education for nursing staff, relieve the deficiency in number and quality in the nursing field to achieve 20 nurses for every 1000 population.

To integrate the committee's great efforts in this respect, I believe that you can perceive the need to study internal by-laws and regulations of both high and technical institutes of nursing, suggest modifications based on strategy recommendations prior to submitting it to universities for approval.

I would like to express my deep gratitude to you for initiating work to promote nursing education and practice which integrates the health services as a whole and leads to the final aim of achieving health for everyone by the year 2000.

Respectfully,

Dr. Hussein Kamel Bahaa El Din  
Minister of Education

With my best  
wishes

الأمين العام

  
16.6.1993

الأستاذ الدكتور / محمود محفوظ

رئيس لجنة قطاع الدراسات الطبية  
بالمجلس الأعلى للجامعات

تحية طيبة .. وبعد ،

تلقينا بمزيد من الشكر والتقدير الاستراتيجية المقترحة لتعليم وممارسة  
التمريض في مصر .

ونحن اذ نقدر جهدكم الدائب وسعيكم وراء التكامل في الخدمات الصحية  
خاصة في هذا القطاع - قطاع التمريض - بالغ الأهمية والذي يحتاج لتطوير جاد  
فعال . نتمنى لكم دوام الصحة وللجنة الموقرة دوام التقدم والتوفيق وسوف تكون  
هذه الاستراتيجية موضع اعتبار في اعمال القطاع الصحي بالمجلس . وفقنا الله  
جميعا لما فيه خير مصر .

وتفضلوا بقبول وافر الاحترام ، ، ،

الأمين العام

( أ.د / أمينة الجندى )

٨٨ / ٨٨٥

Translation of letter forwarded by Dr. Haider Ghaleb, (Secretary, Medical Sector, Supreme Council of Universities), to Dr. Judith Fullerton, (Final Evaluation Team Member), after meeting with him and Dr. Mahmoud Mahfouz, (Chairman, Medical Sector, Supreme Council of Universities).

Professor Dr. Mahmoud Mahfouz  
Chairman, Medical Sector  
Supreme Council of Universities

Dear Dr. Mahfouz,

Thank you for forwarding your suggestions on strategies for nursing education and practice in Egypt.

We appreciate your persistent efforts in pursuit of integrating health services, particularly in this sector. The Nursing Sector is of major importance, in earnest need of effective development.

The strategy will be taken into consideration in the Council's Medical Sector agenda.

We wish you and your respected committee progress and success ever.

May God help us all succeed for the benefit of Egypt.

Sincerely,

Professor Dr. Amina El-Gindy  
Secretary General  
The National Council for Childhood & Motherhood

Attach.<sup>52</sup> (Arabic letter)