

PD-ABX-405

MILESTONE COMPLETION REPORT
CONTRACT NUMBER : 263-C-00-99-00017-00

To : Brenda Doe
Cognizant Technical Officer
USAID Mission to Egypt

CC : Gary V. Kinney
Director, Contracts Division
USAID Mission to Egypt

From : Jestyn Portugill 
Chief of Party

Date : August 27, 2000

Task Number : 2
Task Description : *Service Volume Increased and Client Load Expanded*

Milestone No.: 2.9

Milestone Description: Strategic Plan for strengthening nursing schools and curriculum developed

Source of Verification: Assessment report recommendations strategic plan for nursing schools

Planned End Date: April 30, 2000

Status : Completed

Comments: The 2000/2001 AIP included the establishment of one classroom nursing schools in the areas recommended by the report. It is suggested that the report be discussed with the SDP staff and the staff from the Directorate of Nursing MOHP.
Future steps to be considered include:
- Review of the RH/FP curriculum for the secondary schools of nurses.
- Needs assessment for these schools in other areas.

A

One Classroom Nursing Schools
Assessment Report

POP IV Project
USAID Project # 263-98-P-005
Pathfinder Contract # 263-C-00-39-00017-00

August 2000

Table of Contents

	<i>Page</i>
1. Background	1
2. The One Classroom Nursing School	3
2.1 Assessment	3
2.2 Findings	
2.2.1 Set up of the schools	4
2.2.2 Sites for clinical practice	6
2.2.3 Equipment and Supplies	6
2.2.4 Financial resources	6
2.2.5 Human resources	6
2.2.6 Graduates and students	7
2.2.6.1 Reasons for entering nursing schools	8
2.2.6.2 Graduates in the work place	8
2.2.7 The need for new schools	10
3. Successful Story	11
4. Curriculum	12
5. Strategic plans for one classroom nursing schools	14
6. Appendices	

One Classroom Nursing Schools Assessment Report

1. Background

Nurses are in the heart of the health team. The ratio between personnel in the health team is based on the need of each specialty. There is no definite international standard ratio of each specialty; it depends on different factors, such as development of the community, components of the health program, and the job description of each member of the health team.

In Egypt there are three main categories of nurses:

- University graduates, four years education after the high school plus one-year internship (11 faculties of Nursing).
- Technical institute graduates, two years after high school (11 institutes affiliated to MOHP and 14 affiliated to faculties of medicine).
- Secondary schools of nurses, three years after 9 years basic education (233 nursing schools).

To date, graduates of the secondary schools of nurses are the main category working in primary health care facilities and RH/FP services.

The policy of MOHP is to increase the share of university nursing graduates from 3% to 20%; as well as to gradually transform secondary nursing schools to technical institutes.

Number and distribution of nurses:

- In 1997 the nurses' ratio was 17 per 10,000 of population (see appendix 1).
- The MOHP target is 24 per 10,000 population; this reflects a shortage of 42,332 nurses in 1997.
- An important issue is the distribution of nurses in different governorates. Appendix 2 reflects deficiencies in several governorates, especially in Upper Egypt. Within the governorate, there is still inequity in distribution with few nurses available in the remote areas (see appendix 3 for Aswan governorate).
- In Egypt, the majority of nurses are females with very few male nurse secondary schools.

The expected shift is for technical institutes with more male presentation evolving. Examples are noticed in the National Cancer Institute and El-Kasr El-Ainy Technical Institutes.

- Male nurses were at one time thought of as a solution to cultural barriers limiting the number of female nurses going to nursing secondary schools, especially in Upper Egypt; however this didn't work well. Another solution was to bring nurses from Lower Egypt to work in Upper Egypt. This is hard for them and is always associated with a rapid turnover rate.
- The need to have female nurses from the local community was behind establishing more secondary nursing schools in Upper Egypt, e.g., in Edfo, Aswan, and in AbouTesht in Gerga in Qena.

Even they couldn't completely solve the problem, as the nurses will come from areas near to the schools and serve later in more remote areas. These constraints were behind the establishment of one-classroom nursing schools in Upper Egypt.

Table 1 shows the distribution of nurses in Upper Egypt by required and the available numbers. The table reflects a deficit in both the curative and the preventive sections.

Table 1
Distribution of nurses in Upper Egypt governorates 1998

Governorate	Curative		Preventive		Total Req.	Total Pres.	Balance
	Req.	Pres.	Req.	Pres.			
Aswan	991	481	733	686	1724	1167	-557
Luxer	431	122	278	70	709	192	-517
Qena	1513	101	1153	287	2666	388	-2278
Sohag	2717	745	1513	613	4230	1358	-2872
Assuit	1626	1198	1543	1762	3169	2960	-209
Menia	2937	1409	2013	1073	4950	2482	-2468
Beni Suef	2507	1172	928	944	3435	2116	-1319
Fayoum	1649	1280	974	909	2623	2189	-434
Total	14371	6508	9135	6344	23506	12852	-12063

2. The One Classroom Nursing School

Research studies have determined a shortage of nursing staff in Upper Egypt. The one-classroom nursing school system was used to respond to this shortage. In 1995, the Ministry of Health and Population through the population project supported by USAID, opened 14 one-classroom nursing schools in the following governorates:

- 2 in Aswan,
- 6 in Qena,
- 3 in Sohag,
- 2 in Menia, and
- 1 in Beni-Suef.

Only Nagaa Hamadi School in Qena was opened in 1994. Each school consisted of one class, lab and administration room. The SDP provided the same lab equipment for all the schools. Some of the schools are affiliated with MCH, others with a District Hospital or Rural Hospital as a temporary solution.

2.1. Assessment

Assessment was conducted through:

- Meeting with the key personnel in the FP project in MOHP.
- Review of documents obtained from the FP project and the nursing department.
- Field visits to four Governorates : Aswan, Qena, Menia and Beni-Suef. Prior permissions for visits were taken. Six one-classroom nursing schools were visited. The field visits included the following:
 - Meeting with the directors of the Training Departments, Nursing Departments and the school supervisors in the visited Governorates (List of principal personnel in the visited governorates are attached as appendix 4) to discuss the present situation of the one-classroom nursing school, its advantages and limitations. Gaps were explored from this point of view, as well the shortage of nursing staff and the areas most in need of new schools to help solve the problem.
 - Assessing physical setup of the school.
 - Discussing future plans for extension.
 - Ask about community contribution.
 - Assessing human resources of each school.
 - Assessing equipment and supplies of each school.
 - Assessment of financial resources.
 - Meeting with some of the school students.
 - Assessing the clinical practice area and how it fulfills the training.
- Field visits to nine sites where graduates are now working to identify their role and needs.

2.2 Finding

2.2.1 Setup of the schools:

The original plan was that each school would consist of one classroom, a lab and an administration room. Field visits revealed that some of the schools have been extended to increase the number of rooms, others have been transferred to other buildings for more rooms and facilities, while some remained unchanged.

In **Beni-Suef** Sumusta School has two classrooms, an administration room, a lab and a room for changing clothes. There is also a wide playground with three bathrooms. The preparation of the new classroom and the cost of the building were provided by the Governorate Health Directorate.

In **Menia**, Dermous School was closed due to the renovation of the building, while in Abou-Korkas School, two classrooms were built over the roof of MCH center beside the old classroom, which was supported by the community contribution. The desks were bought from the services improvement funds.

In **Qena**, two schools were visited;

- Kouse nursing school was transferred from the MCH to the fever hospital. The school is at the fourth floor. It consists of three classrooms, a lab, an activity room, a changing clothes room, a kitchen, an administration room and three bathrooms. It is well equipped through the community and MOHP contributions.
- Armant Nursing School has an extension of another classroom with its seats and two extra rooms for lunch and changing clothes. They plan to increase to another two rooms as classrooms.

The previous extension is from the community contribution.

In **Aswan**, Kom Ombo nursing school is still one class with very narrow rooms, where lab equipment is stored. But Daraw nursing school has been extended by an additional classroom (see table 2).

Table 2

Affiliation, extension and source of funding for the fourteen one-classroom nursing schools

Governorate	Affiliated to	Extension	MOHP hospl. contribution	Community contribution
Beni-suef Sumusta	Sumusta Dis.hospital	2 classes	Yes	_____
Menia Abuokorkas Der Mowas	Elfekria Medical center Der Mowas MCH center	2 classes Closed	Yes	Yes
Sohag Sakulta Elmonshaa Tahta	Sakulta Dis. Hosp. Elmonshaa Dis.Hosp. Tahta Dis. Hosp.	One class Transfer from MCH One class		
Qena Esna Armant Kouse Deshnna Farshout Nag Hammadi	Esna MCH Armant Dis. Hos. Elhomiate Hos. Deshnna Dis. Hos. Dis. Hosp. Dis. Hosp.	Transfer from Dis.Hos. One class Transfer from MCH One class One class 3 classes	Yes Yes	Yes Yes
Aswan Daraw Kom Ombo	Daraw Medical center MCH Kom Ombo	One class No, lab	_____ _____	_____ _____

2.2.2 Sites for clinical practice:

- All the one classroom-nursing school students have clinical practice in affiliated hospitals; Kouse in Fever hospital; Armant in Armant District hospital; Qena and Daraw in Daraw rural hospital.
- The students are also trained in the nearby PHC facilities. El- Fekria nursing school students are trained in El- Fekria MCH and Aby Abeam Rural Hospital.
- The students have days for field trips to different health facilities in their governorate as part of the clinical practice included in the nursing school curriculum.

2.2.3 Equipment and Supplies:

Lab equipment is the same in all schools, as it was provided by the SDP (list of equipment in the appendix 5). However, in some schools more models and equipment are available, such as Armant, Kouse in Qena; Sumusta in Beni-Suef; and Abou Korkas in Menia. These extra supplies are obtained from the governorate stores.

2.2.4 Financial Resources:

At the beginning of the project, each school took LE 5000 for preparation of seats for one classroom and the furniture for the administration room. Monthly salaries for all the working staff of these schools is paid by MOHP. The SDP/USAID project provides 100% of monthly salaries for two teachers and the headmaster. A Quarterly Bonus Award is given to 5 schools four times a year according to the following criteria:

School building, equipment, human resources, general appearance of teachers and students, culture and social activities, follow-up of education process, supplement of school from several sectors of the governorate and evaluation of the students skills. The total bonus amount of L.E. 1000 is distributed to students and personnel (see appendix 6).

2.2.5 Human resources:

Working staff started with one headmaster, two teachers, and one secretary. But today, the staff has increased in number and quality. Teachers ranged from 2-3 in addition to one supervisor and one social worker. Auxiliaries are 1-2 in each school.

All headmasters had a training program in school management. Some of the teachers had a training course in teaching methodology and /or maternity care. In Sumusta nursing school in Beni-Suef, there are five teachers, one social worker, one employee for storage and one secretary. In Armant nursing school, the present staff consists of two teachers, two supervisors, one social worker, a secretary, two employees for storage and finance, and two workers.

2.2.6 Graduates and Students

According to the system of one-classroom nursing school system, the students will be graduated every three years, but due to the extension which was mentioned before, graduation may be every one or two years. *Table 3* shows the students distribution in the fourteen schools in Upper Egypt and the number of graduates of each.

Table 3: Distribution of the students and graduates

<i>School</i>	<i>First year</i>	<i>Second year</i>	<i>Third year</i>	<i>graduated</i>
Aswan				
Daraw	----	17	24	23
Kom Ombo	----	23	----	15
Qena				
Esna	----	16	13	31
Armant	----	19	23	43
Kouse	20	20	18	24
Deshna	----	18	---	28
Farshout	19	18	15	35
Nag Hamadi	27	22	21	24
Sohag				
Sakulta	20	22	23	54
Elmonshaa	20	9	----	36
Tahta	21	20	29	59
Menia				
AbuoKorkas	----	22	22	18
Der mows	----	----	----	26
Beni Suef				
Sumusta	20	20	23	66
Total				482

2.2.6.1 Reasons for entering nursing schools:

Students of the visited school were asked about their reasons for entering nursing schools, family acceptance and FP/RH content.

Many of them obtained the score of entering general secondary school of education, but they preferred nursing education instead because:

- Most of them see that nursing is one of the best jobs for females and it will help them in the future.
- The majority of them mentioned that they will join a job immediately after graduation in their areas for residence and they will help their families financially.
- Others said that they hope to further their education in the Faculty of Nursing.

Student's families' acceptance of nursing career was quite good, as most of them have relatives in the same career.

Regarding FP/RH, students replied that in practice they observed new methods of FP (injection and capsules) and new skills (counseling and infection control in MCH) which were not present in their curriculum.

2.2.6.2 Graduates in the workplace:

The total number of graduates is 482 (Table 3), distributed in PHC facilities and District Hospitals. Although the original intent was to distribute them to PHC services, especially in remote areas, the actual situation was that 51.1% were assigned to District Hospitals. This ratio was 90% in Beni-Suef (Table 4).

Table 4

**Distribution of students graduated from
one-class room nursing school as for July 2000**

Governorate	PHC	District Hospital
Beni Suef	6%	90% *
Menia	38.8%	61%
Sohag	57%	42.9%
Qena	56.2%	43.2%
Aswan	55.3%	44.7%
Total	48.9%	51.1%

*Missed cases due to joining higher education

Samples of graduates were visited in their workplace according to their availability on that day. They were asked about their roles and responsibilities; and were observed during work. The records of the same day were also assessed. Table 5 shows the names of the nurses met, their present responsibilities, and the visited work places.

Their replies revealed that:

- The daily activities for nurses who work in hospitals depend on the assignment in the section in which they work.
- Most of the interviewed nurses had maternal and child health responsibilities (highly related to RH). Only two have direct FP responsibilities in Twasa Rural Unit in Daraw in Aswan.
- In some units the nurse is responsible for the entire clinic, as in El-Nubirat rural unit and in Karmen rural unit in Menia.
- Nurses' performance in some places is of high quality, as in FP clinic in Armant District hospital in Qena, but in other places it has many defects, as in Twasa rural unit in Daraw in Aswan.

Table 5

One-Classroom Nursing School Graduates samples by work place and type of service

School name	Graduate name	Work place	Type of service
Aswan Daraw	Salwa Gomma Hussein Sanaa Hussein Ahmed Mansoura Mahmoud Yassein	Daraw rural hospital, Maternity section	Maternity care
Kom - Ombo	Sabah Mansour Ahmed Hanaa Hamed Ali	Twasa rural unit in Daraw	MCH care
Qena Armant	Hanan A/Atty El-Shazly Hend Ali Ahmed Salwa A/Fattah El-Taher	Armant rural unit Armant rural unit Armant District hospital	MCH care MCH care FP services
Kouse	Bekheta Mohamed El-Maghraby Sharbat Ahmed Zidane Rasha Youssri Ahmed	Hella rural unit in Kouse Hella rural unit in Kouse Kouse nursing school	MCH care MCH care School supervision
Menia AbuoKor -kas	Fatma A/El-Salhen Doaa Saad Mahmoud	Karmen rural unit El-Nubirate rural unit	MCH care Maternity care and FP services
Beni- Suef Sumusta	Abeer Ali	Sumusta District hospital	Maternity section

2.2.7 The need for new schools:

Opening these schools would help the Governorate to substitute the shortage in both the curative services and preventive services sectors, e.g., in Beni-Suef 90% of the graduates were distributed in Sumusta District Hospital to which the school is affiliated. The personnel met in the field visits identified needs for existing schools or new ones.

In **Beni-Suef** they recommended to ^{obtain} ~~prepare~~ the equipment and supplies of Ehansia nursing school which was recently opened in 1999-2000 but it has only one classroom and its seats are borrowed from the Ministry of Education.

In **Menia** they recommended opening a new school in EL-Edwa as there is no nursing school there, it is far from Menia city, and there is a shortage in the nursing staff in that area.

In **Qena** they want to open a new school in Nakada.

In **Aswan** they prefer to open a new school at the West Side of the Nile River as it will serve three areas (Daraw, Kom Ombo and Aswan).

3. Success Story:

One of the places visited was Hella Rural Unit in Kouse Qena. A part-time doctor runs the unit three days weekly. On the day of the visit the doctor wasn't present. Two nurses, who were newly graduated, from one classroom nursing school in 1998 and 1999 were in charge of the unit. The unit is new and well equipped. It was very clean.

The consultant asked them about their duty on that day. The first one said that she has signed in the attendance book. She has prepared her equipment then she reviewed the attendance of unit. After that she made two home visits. The first visit was for a pregnant woman to encourage her to come to the unit for toxoid vaccine and she gave vitamin (A) for her baby. The second visit for another woman was to remind her about her next injection for FP.

The second nurse said that she went in a campaign for the national project of Bilharzia. She participated in presenting the medicine to people and she taught them about the harm and methods of prevention of Bilharziases. Afterwards the two nurses went back to the unit to pursue their duties.

The two nurses are from the same community. They have very good relations with all people in the village. Sometimes one of the nurses may have to stay and sleep alone in the unit. Because the people of the village love and have trust in the two nurses, some families send their daughter to sleep with the nurse so as not to be afraid alone.

4. Curriculum:

The one-classroom nursing school applies the curriculum of MOHP secondary schools of nursing.

- Teachers' quantity and quality were mentioned previously.
- A student should have basic education (9 years) before entering the nursing schools, living in and agreeing to work in the school area.
- The policy of the MOHP secondary nursing education is followed. This policy includes number of students, students' uniforms, course syllabus and timetable.
- Supplies and facilities were mentioned previously.
- Teaching strategies are not documented.

Reviewing the content related to RH and FP in nursing secondary school curriculum revealed that:

- Second year students study the subject of over population, (definition, causes, effect and means of facing the problem). FP is emphasized as the main theme. FP identification, national program components of FP, successful factors of FP program and the role of the health team in it are included in the curriculum. FP methods also were mentioned, but the nursing role is vague and not clear. This covers four hours theory among the community health-nursing course. The clinical hours are not determined for this area of practice, but it is covered within the total 120 clinical hours for community nursing practice.
- Third-year students study FP methods through the course of maternity and gynecology course but they study only the definition of FP methods, its advantages and disadvantages and receive few instructions on each method. Some methods, such as injectibles and capsules (NORPLANT) are not mentioned.
- They also study maternity care and childcare in a community nursing course. This covers short notes about preconception, antenatal and postnatal care. It consists of two hours of theory. Again, clinical practice is not determined but is included within the total 120 hours of community health nursing practice.
- Objectives of these subjects are not written in second year and third year.
- Nursing skills needed in each clinical area are not included.

Suggestion for curriculum development

- Global definition of reproductive health (RH) and its components should be included.
- Nursing role and skills for RH components in PHC facilities should be clear and parallel to national development in service areas.
- Counseling as a crucial role for the nurse in the FP clinic should be emphasized.
- Competency-based curriculum (CBS) need to be developed from job analysis and implemented. The emphasis of the curriculum should be more on what the learner can do, and not only on what the learner must know.
- The MOHP “Standard of Practice for Nurses in RH/FP” should be the base for curriculum development of RH/FP.
- Core skills, which must be mastered first, should be focused on, e.g. infection control.

5. Strategic plan for one-classroom nursing schools:

The SDP should work with the MOHP Nursing Department to enhance the role of the one-classroom nursing schools through:

- Encouraging the building of new one-classroom nursing schools in governorates in urgent need of its services. In the visited governorates, the needs are defined in page10. Identification of the needs in other governorates can take place during supervisory visits from central staff or during governorate or district meetings. The presence of an apparently adequate number of nurses in a governorate does not mean that there is no need. In Fayoum governorate, though the deficiency in total is only 22 nurses (appendix2), the distribution within governorate is uneven, and remote areas suffer from shortage in nursing staff.
- Enhance and strengthen community contribution. Communities have already contributed to the existing one-classroom nursing schools (Table 3). Sharing of these experiences with potential areas for establishing nursing schools will encourage other communities to develop their own initiatives for appropriate community involvement
- The present system of supervision is not regular or standardized. To improve performance of these schools and quality of the graduates, a standardized system of supervision need to be developed and implemented.
- Unify the teaching strategies, content, clinical areas of practice and hours which are related to FP/RH in all nursing schools. This is discussed with curriculum development.
- Training program for new teachers should be implemented concerning the national policy and standard of FP/RH, as well as refreshing training for all teachers.
- Bonus Award budget and list of distribution should be reviewed annually and adapted according to changes in these schools. The approaches for sustainability after the life of SDP/USAID project should be worked out.
- Strengthen the nurses' position in their work place through a clear job description supported by official agreement. This job description should form the basis for curriculum development.

Appendix 1

Table (1)

Number of nurses available and needed to reach a ratio of 24/10,000 population.

Total population in 1997			Number of nurses	The present nurses ratio per 10,000	Expected number of nurses if 24/10,000	Shortage
1997 population	3% Emigrants	In country population				
60,621,000	1818	58,803,000	98,296	17	140,628	-42,332

جدول يبين نسبة الممرضة لكل ١٠,٠٠٠ من السكان
على مستوى الجمهورية لعام ٩٧ وكذلك المستهدف للوصول إليه
لـ ٢٤ ممرضة لكل ١٠,٠٠٠ نسمة

=====

الموقف	المستهدف ٢٤ ممرضة لكل ١٠,٠٠٠ من السكان	نسبة الممرضة لكل ١٠,٠٠٠ من السكان	الموجود من هيئة التمريض لعام ١٩٩٧	تعداد السكان			المحافظة
				تعداد السكان بعد الهجرة بالآلاف	نسبة ٢٪ للحجرة بالآلاف	تعداد السكان في ١٩٩٧ بالآلاف	
٤٢٣٣٢ -	١٤٠٦٢٨	١٧	٩٨٢٩٦	٥٨٨٠٣	١٨١٨	٦٠٦٢١	الاجمالي

د. محمد الشاذلي
٩٩/٤

Appendix 2

وزارة الصحة
الإدارة العامة للتمريض

جدول يبين موقف محافظات الجمهورية من حيث الموجود والمستهدف من أفراد هيئة التمريض بكل من قطاعي الرعاية الصحية العلاجية والرعاية الأساسية والموقف النهائي بالنقص أو الزيادة عن عام ١٩٩٥

=====

الموقف النهائي	إجمالي المستهدف	إجمالي الموجود	قطاع الرعاية الأساسية		قطاع الرعاية العلاجية		المحافظة	مسلسل
			الموجود	المستهدف	الموجود	المستهدف		
٢٨٠٠ - نقص	٦٦٧٢	٣٨٧٢	١٢٧٨	٢٥٠٦	٢٥٩٤	٤١٦٦	القاهرة	١
٤٨٦ +	٢٣٩٠	٢٨٧٦	١٠٩٤	٦٦١	١٧٨٢	١٧٢٩	الأسكندرية	٢
٣٧٠ -	١٢١٨	٨٤٨	١٩٧	٢٧٨	٦٥١	٩٤٠	بور سعيد	٣
٣٦٠ -	٩٨٦	٦٢٦	٢٦٨	٣٢١	٥٢٩	٩٩٧	السويس	٤
٥٢١ -	١٣١٨	٧٩٧	٢٦٨	٣٢١	٥٢٩	٩٩٧	الإسماعيلية	٥
٨٣٣ -	٢٤٧٨	١٦٤٥	٦٠٢	٦٧١	١٠٤٣	١٨٠٧	دمياط	٦
٢٠٥ -	٤٣٠٧	٤١٠٢	٢٢٥٣	٢٠٤٦	١٨٤٩	٢٢٦١	الدقهلية	٧
					١٢٨٩	٢٥٥٠	الشرقية	٨
٥٢٧ +	٣٠٠٧	٣٥٣٤	١٧٩٣	١٤٥٢	١٧٤١	١٥٥٥	القليوبية	٩
١٧٤ +	٢٤٤٦	٢٦٢٠	١١٧٩	١١٩٧	١٤٤١	١٣٤٩	كفر الشيخ	١٠
٢٤٧١ -	٤٣٨٩	٦٨٦٠	٣٧٨٨	١٦٩٤	٣٠٧٢	٢٦٩٥	الغربية	١١
٥٤ +	٣٠٩٩	٣١٥٣	١٧٧٦	١٦٧٢	١٣٧٧	١٤٢٧	المنوفية	١٢
٩٤٢ +	٣٨٩٤	٤٨٣٦	٣٠٠٧	٢٠٥٢	١٨٢٩	١٨٤٢	البحيرة	١٣
٢٢ -	٢٢١٦	٢١٩٤	١١٩٣	١٠٠٧	١٠٠١	١٢٠٩	الفيوم	١٤
١٠٧٧ -	٤٠٥٨	٢٩٨١	١١١٦	١٢٤٨	١٨٦٥	٢٨١٠	الجيزة	١٥
٤٩ +	٢١٤٨	٢١٩٧	١٠٥٣	٩٢٨	١١٤٤	١٢٢٠	بنى سويف	١٦
١٨٨٧ -	٣٨٦٤	١٩٧٧	٨٥٢	١٧٧٥	١١٢٥	٢٠٨٩	إمنيا	١٧
١٤٢ -	٢٩٤٢	٢٨٠٠	١٤٧٤	١٣٧٨	١٣٢٦	١٥٦٤	أسيوط	١٨
٢٣١٨ -	٣٣٢١	١٠٠٣	٤٥٥	١٥٩٦	٥٤٨	١٧٢٥	سوهاج	١٩
١٣٠٦ -	٢٢٣٤	٩٢٨	٢٧٠	١٠٧٦	٦٥٨	١١٥٨	قنا	٢٠
٣٩٨ -	١٠٢٤	٦٢٦	١٥٨	١٩٧	٤٦٨	٨٢٧	أسوان	٢١
٢٤٥ -	٣٩٠	١٤٥	٤١	١٤٢	١٠٤	٢٤٨	الأقصر	٢٢
٤١٠ -	٦١٥	٢٠٥	٦٠	٢٦٥	١٤٥	٣٥٠	مرسى مطروح	٢٣
٢٩٩ -	٦٩٧	٣٩٨	٢٤٣	٢٧٠	١٥٥	٤٢٧	الوادى الجديد	٢٤
١٥٥ -	٦٤٢	٤٨٧	١٦٤	٢٨٨	٣٢٣	٣٥٤	سيناء الشمالية	٢٥
١٠٩ -	٢٦٢	١٥٣	٤٢	١٠٨	٦٧	١٥٤	سيناء الجنوبية	٢٦
٢٠٣ -	٤٥٩	٢٥٦	١١٤	١٢١	١٤٢	٣٣٨	البحر الأحمر	٢٧
							الإجمالي	

أفراد هيئة التمريض بقطاع الرعاية الصحية الأساسية بمحافظة إســــــــــــــــوان

Appendix 3

الاحتياج للوصول للمستهدف	اجمالي الموجود	المستهدف من هيئة التمريض			المنتفعين بالخدمة	اسم الوحدة
		الاجمالي	المرضات	رئيسة وحدة		
						مراكز طبيه
١٦ -	١٦	٣٢	٣١	١		مركز طبي النفق
٢٧ -	٥	٣٢	٣١	١		مركز طبي السد العالي
٢٧ -	٥	٣٢	٣١	١		مركز طبي نصر
١٦ -	١٦	٣٢	٣١	١		مركز طبي دراو
١٦ -	١٦	٣٢	٣١	١		مركز طبي السيل
١٠٢ -	٥٨	١٦٠	١٥٥	٥		الاجمالي
						مكاتب المحامه
						مكتب صحه اول
٧ +	١٠	٣	٣			مكتب صحه ثانى
٦ +	٩	٣	٣			مكتب صحه ادفو
-	٣	٣	٣			مكتب صحه كومبو
٢ +	٥	٣	٣			مكتب صحه نصر
٢ -	١	٣	٣			الاجمالي
١٣ +	٢٨	١٥	١٥			مجموعات صحبه عدد (٣١)
٣ +	٣٠	٢٧	٢٤	٣		وحدات ريفيه
						وحده ايتلافيه بادارة دراو
٦٣ +	١٠٨	٤٥	٣٦	٩		وحدات نصر مددهم (١٧)
٣٥ +	١٢٠	٨٥	٦٨	١٧		واحدات ادارة ادفو (٤٠)
٨٦ -	١١٤	٢٠٠	١٦٠	٤٠		وحدات ادارة كومبو (١٩)
١٨ +	١١٣	٩٥	٧٦	١٩		وحدات ادارة اسوان (١٤)
١٧ +	٨٧	٧٠	٥٦	١٤		الاجمالي
٤٧ +	٥٤٢	٤٩٥	٣٩٦	٩٩		

Appendix 4

List of the visited governorates and principle personnel there

Governorate	Director of training department	School head master
Aswan Daraw Kom Ombo	Dr. Barakat El-Shazly	Khyria Hassan
Qena Kouse Armant	Dr. Gamal Abd El-Fattah Montaser Nadra Hassan Nasr (School Supervisor)	Molouk Kandeel Soliman Nemat Mohamed Khaleel
Menia Abou Korkas	Dr. Mahdeya Mohamed El-Fouly Fardous Mohamed Moustafa (Nursing Department Director)	Elham Ibrahim Ahmed
Beni-Suef Sumusta	Horriah Mohamed (School Supervisor)	Sayeda Ismaile

Appendix 5

Lab Equipment provided by the SDP/USAID project

No	Contents	No. of Units
1.	Electric Microscope	1
2.	Sphegnomanometer	2
3.	Stethoscope	2
4.	Female pelvic model	1
5.	Hemoglobin test apparatus	1
6.	Test tube container	10
7.	Poster for fetal development process	1
8.	Gloves	6
9.	Poster for anatomical female organs	1
10.	Poster for delivery stages	1
11.	Breast model with its bag	1
12.	Female pelvic model plus fetus	1
13.	Arm model for injection	1
14.	Skeletal model	1
15.	Anatomical booklet	1

Appendix 6

Distribution of bonus awards for one classroom nursing schools

Title	Number	L.E. per each	Total
Students' positions	5	50	250
Director of the place the school is affiliated to	1	100	100
Head master	1	200	200
Teachers	2	125	250
Employee	3	50	150
Workers	2	25	50
Total	14		1000

وزارة الصحة والسكان
مشروع تنمية النظم الثاني - السكان الثالث
لتنظيم الاسرة

Bc
اللائحة المالية لتوزيع جوائز لمدرسة التمريض المتميزة

اجمالي	جنيه	عدد	
٢٥٤ جنيه	٥٠	٥	طلبة اوائل
١٠٠ جنيه	١٠٠	١	مدير المدرسة (مدير المكان الذى به المدرسة)
٢٠٠ جنيه	٢٠٠	١	ناظرة المدرسة
٢٥٠ جنيه	١٢٥	٢	المدرسات
١٥٠ جنيه	٥٠	٣	الاداريين
٥٠ جنيه	٢٥	٢	عمال

١٠٠٠ جنيه			الاجمالي

يعتمد ...

المدير التنفيذي للمشروع


د. حسن الجبالي