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EVALUATION

Executive Summary

Health Systems 20/20 Project in Egypt:

End of Project Performance Evaluation

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THE HEALTH SYSTEMS 20/20 PROJECT IN EGYPT: END-OF-PROJECT PERFORMANCE EVALUATION

EXECUTIVE SUMMARY

OPPORTUNITIES AND CHALLENGES OF WORKING TO STRENGTHEN HEALTH SYSTEMS IN A COUNTRY AND HEALTH SECTOR IN TRANSITION

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EXECUTIVE SUMMARY

EVALUATION PURPOSE & AUDIENCE

USAID/Egypt engaged Social Impact, Inc. to conduct an end-of-project performance evaluation of the health-systems-strengthening project, Health Systems 20/20, in Egypt (HS 20/20 Egypt). The evaluation had two overarching purposes: (1) assess to what extent the project's objectives and goals contributed to the achievement of the intended results and (2) determine whether moving forward with a new health-systems-strengthening project is a good investment of USAID funds. In addition to performance and achievements, the evaluators were asked to assess the project's working relationships with counterparts and stakeholders; to identify ways in which the monitoring and evaluation functions of future projects can be improved; and to provide guidance regarding the manner in which USAID might maximize lessons learned for future investments in health-systems strengthening.

The primary audience for this evaluation report is the Office of Health and Population within USAID/Egypt. USAID intends to integrate report recommendations into consideration of future health-systems-strengthening activities, and additionally plans to share the results of this evaluation, as appropriate, with the USAID Middle East Bureau, the USAID Office of Health Systems. Furthermore, as HS 20/20 Egypt's main collaborating partners, USAID/Egypt plans to share the results of this evaluation with the MOHP, the Health Insurance Organization (HIO) and interested donor partners.

PROJECT BACKGROUND

HS 20/20 Egypt, which began in February 2008 and ended in April of 2012, was one of fifty-one country-specific projects of the global HS 20/20 project implemented by Abt Associates and its consortium through USAID/Washington's flagship cooperative agreement for health systems strengthening. Within the context of Egypt's overarching health sector challenges, the design of HS 20/20 Egypt built upon USAID's extensive experience and leadership in the health sector reform process in Egypt, complementing technical assistance from other international partners such as the European Commission, and the World Bank. Five priority areas for HS 20/20 Egypt technical assistance were identified as: (1) developing NHA studies and institutionalizing National Health Accounts (NHA) capacity within the Government of Egypt (GOE); (2) developing a long-term strategic workforce plan and workforce planning capacity within the Ministry of Health and Population (MOHP); (3) supporting the Health Insurance Organization (HIO) in building financial administration and medical management capacity to assume its role of payer under the new health insurance law; (4) providing Training and Capacity Building (TCB); and (5) providing assistance in Other Strategic Interventions (OSI), including serving as verifier for a bilateral conditional cash transfer program, and conducting a major study on the sustainability of USAID health sector assistance, as well as a battery of case studies to inform strategic health planning and management training.

EVALUATION METHODOLOGY & LIMITATIONS

The evaluation team applied a variety of predominantly qualitative evaluation methods to address key evaluation questions and to formulate findings, conclusions and recommendations. Evaluation methods included: (1) extensive desk reviews; (2) key informant interviews; (3) site visits; (4) focus group discussions; and (5) team information sharing, data synthesis, and triangulation.

While the evaluation team was successful in interviewing most anticipated key informants and stakeholders, it had to address a number of technical and logistical limitations. The nine month period between the end of project and the start of the evaluation meant that many key informants had moved on and were difficult to locate. Nonetheless, the evaluation team managed to talk to 71 key informants from all relevant stakeholder groups during the four weeks of field work in Egypt, or, in very few occasions, over phone or email with stakeholders that were no longer based in country. While the evaluation team could draw from an extraordinary abundance of available documentation, the evaluators found that project file documentation related to five different and technically complex interventions was interwoven into various funding documents, multiple disjointed annual work plans and revisions, quarterly progress and work planning documents, technical assessments and reports, and briefing documents, which was at times cumbersome. Finally, the evaluation team's field work coincided with the second anniversary of Egypt's 2011 revolution which posed a number of logistical challenges, such as cancelled or rescheduled meetings and cumbersome travel arrangements.

FINDINGS AND CONCLUSIONS

National Health Accounts (NHA)

HS 20/20 Egypt successfully completed two NHA estimates of acceptable quality by international standards. This effort profited from prolonged USAID experience and leadership in conducting NHAs in Egypt and elsewhere. HS 20/20 Egypt also performed well and was highly productive in conducting or arranging the conduct of several complex costing studies and tracking systems related to the preparation of NHA estimates. While these technical tasks were carried out, to some extent, in collaboration with the MOHP, they were mainly the product of external consultants, which may have reduced the extent to which HS 20/20 Egypt could leverage its technical capacity to assist the MOHP with the institutionalization of NHAs.

The project failed, for the most part, to achieve its second main goal of the component, the institutionalization of NHAs. While HS 20/20 Egypt made a modest contribution to improving the MOHP's capacity to manage NHAs by training a limited number of MOHP staff in costing and expenditure tracking, this did not translate into sustained institutional capacity of the MOHP to carry out future NHA exercises. While there is a ministerial decree nominating the Health Economics Unit (HEU) as the dedicated entity within the MOHP to house NHA estimates and other studies and analytical functions to support sector strategic planning, this has not translated into any meaningful utilization of NHA estimates as a planning tool for the MOHP.

Workforce Planning (WFP)
The original goals regarding WFP in Egypt's HS20/20 Project were to develop a long-term workforce plan for the MOHP and to establish a sustainable workforce planning program. This translated into a host of activities aiming at (1) building the capacity of MOHP staff to produce WFP data and reports; and (2) to institutionalize WFP at the MOHP. While HS 20/20 Egypt has done an overall solid job to produce WFP data and reports, it succeeded less on institutionalization.

There were four main challenges to the institutionalization of the WFP effort. First, there was lack of clarity in HS 20/20 Egypt dialogue with MOHP policy makers and counterparts about the ultimate purposes and methodology of the planning system and the organizational capacities needed to sustain it. Second, HS 20/20 Egypt did not identify and engage the primary WFP stakeholder(s) within the MOHP and instead focused its engagement on offices that could generate and use workforce data for decentralized management purposes, but that did not ultimately have human resources policy or strategic decision making authorities. Third, human resource management functions inside MOHP were fragmented with different roles played by different divisions with no unified sector or departmental oversight. Finally, HS 20/20 Egypt did not consider the HR component of the sector as a whole, but focused narrowly on district/general MOHP-owned hospitals. PHC/FHC facilities, hospitals at tertiary levels and other government-owned facilities or private-sector facilities were not included.

Health Insurance Organization (HIO)
The HIO component focused on capacity building of the HIO for it to be able to better address its existing challenges related to quality improvement and financial management, and help prepare HIO staff to fill their anticipated new "payer" functions under the pending Social Health Insurance law. HS 20/20 Egypt's objectives in assisting the HIO not only responded to the requests for assistance by HIO management but were highly relevant to the needs of the organization. However, in the areas of financial management training, HS 20/20 Egypt made insufficient effort during the design phase to: (1) obtain a detailed understanding of the HIO's systems and training needs, (2) realistically assess the technical strengths of HS 20/20 Egypt's staff and consultants and match these to the HIO's expressed needs and (3) make a realistic assessment of what HS 20/20 Egypt could sustainably accomplish with the HIO within a three-year time horizon.

HS 20/20 Egypt project outputs in the area of accounting, costing and financial management did not produce any sustained outcomes in terms of manuals, nor in the building of skills thought useful for the organization. On the other hand, HS 20/20 Egypt's medical management outputs continue to be available to, and utilized by, the HIO. In fact, the trained staff has expanded medical management activities to new facilities and plans to conduct medical management training courses for HIO staff. Despite the fact that there are challenges to sustainability of the medical-management inputs, the HIO quality department expressed its commitment to sustaining the technical capacity and practice built during HS 20/20 Egypt. Thus, HS 20/20 Egypt's assistance to the HIO can be considered partially sustainable, overall.

Project Monitoring and Evaluation Systems (M&E)
The absence of a full strategic planning process during the design phase, specifically the lack of a collaborative development of a country-specific Results Framework and an outcome-based Project M&E Plan, compromised HS 20/20 Egypt's ability to focus and direct its assistance. Neither the central HS

20/20 Egypt project nor USAID project management required HS 20/20 Egypt to develop a Results Framework and Project M&E Plan in collaboration and agreement with counterparts. An emphasis on strategic planning in the design phase would have helped the project and counterparts reach consensus about project objectives and expected results as well as strategies for implementation.

The project did not share work plans or progress reports with technical counterparts in the MOHP, nor did the project have access to senior MOHP decision makers for periodic review and guidance on the overall direction of the project (particularly when changes were being made to the project scope). Both MOHP and HIO did not provide the project with a consistent counterpart with the decision making power and strong commitment to engage the project on data collection. Perhaps as a consequence, the project's design did not include establishing an M&E system within MOHP and HIO as a means of on-going measurement and monitoring activities related to project inputs, outputs, and outcomes. The project also initially lacked the in-house M&E expertise needed to produce a robust M&E system and this deficiency was not recognized or acted upon by either HS 20/20 headquarters or USAID/Egypt. As the project clearly made an effort to be responsive and cooperative on all aspects of project management it is likely that its performance could have been substantially improved with clearer and more assertive guidance from its headquarters and the Mission.

Training and Capacity Building

Initially, training and capacity building constituted a discrete component of HS 20/20 Egypt as a focused program to establish the Leadership Academy, which was envisioned as a sustainable Egyptian institution meant to build leadership and management capacities to support the implementation of reforms in the Egyptian health sector. While the Academy's initial year of operation appears to have been reasonably productive, the MOHP decided not to proceed with development of the Academy and the activity was dropped from the HS 20/20 Egypt SOW in August 2009.

Subsequently, the project restructured its approach to provide training and capacity building within each of its technical intervention areas and also increased its efforts to strategically link activities with other related training programs supported by USAID. In particular, the project worked to maximize coordination with GOE counterparts who were graduates of USAID-sponsored programs such as the FORECAST MBA Program, and the Harvard Executive Program.

Other Strategic Interventions - The Benchmark Conditional Cash Transfer Program

At the time HS 20/20 Egypt was designed, USAID entered into a dialogue with the MOHP about a new program of conditional cash transfer (CCT) financing that would entail approximately $110 million over a specified period with additional adjunct technical assistance funded by USAID to facilitate documentation and verification of achievement of benchmarks. When HS 20/20 began operations in February 2008, responsibility for developing a verification plan and periodically conducting verification exercises was built into the HS 20/20 scope of work. In the scope of work, the project was given responsibility for the verification of benchmark completion, while the MOHP was tasked with the actual achievement of the benchmarks.

It became clear early on that the MOHP would not be able to achieve the benchmarks. As an alternative, the MOHP proposed alternative parameters, leading to an impasse between the MOHP and the Mission**.** USAID brought in a respected external consultant (who also worked on the NHA studies and other Project elements) to bring together the Mission, MOHP and the Ministry of International Cooperation to

discuss the feasibility, content and timeline of the benchmarks. However, unable to resolve the main challenge, a hard requirement for verifiable evidence, a cash transfer program based on achieving benchmarks was abandoned. Key informants to the evaluation confirmed their continuing belief that CCT as a financing mechanism is an effective form of support, and that one major value of this mechanism lies in the ability to focus commitment on specific targets even during political turbulence.

MOVING FORWARD AND RECOMMENDATIONS FOR ACTION

USAID has assisted the MOHP and HIO in strengthening targeted health sector strategic planning and management systems through HS 20/20 Egypt and predecessor projects for nearly two decades. While some of these efforts have resulted in increased human resource capacity, laid groundwork for future development, and contributed to incrementally strengthening the strategic planning and management capacities of parts of the sector, HS 20/20 Egypt had limited success in strengthening the institutional framework for these systems.

In looking ahead, USAID/Egypt needs to shift its focus, placing less emphasis on introducing innovative and progressive technology, methods, and tools, and more on creating an enabling environment to facilitate the institutionalization and sustainability of systems technologies and their use. This means substantially increased emphasis on human resource development, and capacity building in development and use of evidenced-based strategic planning and management systems and tools (such as NHA, and medical management) -- areas where USAID has a long history of assistance and a well-established competitive advantage.

There are a number of immediate management challenges that USAID/Egypt should address:

- Limit the use of external consultants and require projects that use innovative strategies and approaches to work directly with Ministry staff to carry out work. This will require far more emphasis on training and capacity transfer. It may slow the pace of activities and results, but may also improve engagement, ownership and institutionalization of interventions.
- Any future technical assistance activities should focus on leadership development. This is particularly important in reaction to the high turnover at the MOHP in the aftermath of the Egyptian revolution. Additional studies and assessments are necessary to move beyond the defunct Leadership Academy concept and the compartmentalized training and capacity building approaches of HS 20/20 Egypt to a more coordinated approach.
- Any future health systems strengthening activity that would be based on the HS 20/20 Egypt experience needs to institute a robust theory of change, a logical framework and a monitoring and evaluation plan at the design stage. Particularly in complex health systems strengthening activities, the lack of a cohesive logical framework and use of performance management tools will not only hamper USAID/Egypt's ability to manage this type of programs, but will also make it difficult for the implementing partner to communicate with stakeholders and counterparts, in particular the MOHP. Given the dynamic state of Egypt's administration, the effects of not having clear project performance monitoring processes in place may be further amplified. Contextual issues such as a large and organizationally complex MOHP, high staff turnover, major power shifts, and general tension and unpredictability are also challenging environments in which

to work, and difficult for project managers to predict and manage. Tools such as collaborative Results Frameworks, regular exchange of data and strategy documents and stronger communication mechanisms need to be in place to help mitigate these organizational dynamics.

Moreover, based on the findings and conclusions presented in this report, the best performing interventions and those with most potential to show a return on future USAID investments in the medium to long term are:

1. **National Health Accounts**. USAID should continue to invest in "hands-on" production of NHA estimates with heavy emphasis on strategically increasing GOE/MOHP ownership and institutionalization. Emphasis should also be placed on training and capacity building to improve the human resources for production, demand-creation, and institutionalization of NHA estimates. USAID should revisit the possibility of further assistance in strengthening the HEU, but should not invest and become directly involved in attempting to help the MOHP resolve the underlying structural and organizational issues related to HEU. Any request for assistance from the MOHP to work with the HEU should be viewed through the prism of whether or not such assistance would serve the MOHP's long term institutionalization objectives. As a further word of caution, the outlook for the HEU appears to be sufficiently complex and uncertain at this time, that institutional change in these areas would probably not represent the "low hanging fruit" that might be sought as a benchmark candidate for any future conditional cash transfer program.

2. **Strategic studies and assessments.** USAID should continue to invest in policy and program-informing studies and assessments, such as (but not limited to) NHA-related costing research methods. USAID assistance might include support for production/utilization of studies as well as organizational/human resource development. As a word of caution, although USAID invested in good quality strategic studies and assessments under HS 20/20 Egypt, there appeared to be little demand or interests in these products. USAID will need to ensure an efficient way of identifying and effectively engaging Egyptian health policy makers and strategic planners in dissemination of results.

3. **Medical management systems.** Although HIO is in the midst of major organizational and functional changes, it has been a productive implementing partner and systems development "laboratory" for HS 20/20 Egypt interventions. USAID should continue to invest in HIO (along with HIO successor institutions) in the area of medical management quality improvement systems including human resource and systems prototype developments (such areas as utilization management, case management, and Key Performance Indicator systems). It is important to note that any future USAID investment should be expanded to include both the curative care and preventive/primary care sectors. This must be considered in the interest of sustaining USAID's past and current PHC investments, and in the interest of unifying and further strengthening medical management systems in the health sector.

4. **Workforce Planning**. The need for strategic workforce planning capacity (and a national strategic workforce plan) remains valid, and there is evidence of interest and demand at decentralized levels for WFP. However, assessment and design of any future workforce planning

intervention needs to better understand approaches and technical support requirements. Such an assessment should include: a review of the organizational landscape; level of demand for decentralized and centralized workforce planning systems; a systems model and methodology that would best address MOHP strategic workforce planning needs; and identification of an approach to technical assistance that would be responsive to, and engage relevant actors within the MOHP and GOE.

The foregoing short term approaches should help facilitate the institutionalization of three major competencies/capabilities that USAID/Egypt should seek in the medium to long run:

(1) **Strategic planning** is the last mile in achieving institutionalization of the Egypt HS 20/20 investments and in ensuring that quality data is produced, analyzed, brought to scale, and used to induce evidence-based decision making. USAID has a wealth of internal tools to draw from in this area and should include/ link these efforts closely to the Leadership and Management capacity building efforts, as the strategic planning skills taught there can be instrumental in shifting the organizational culture of the MOHP. In particular, these strategic planning skills can help fostering the enabling environment needed to reward transparency and efficiency and to allow such changes to thrive. Specific focus areas should include data utilization and evidence-based planning and coordination mechanisms to facilitate the collaboration that will be vital to realizing the HSRP agenda.

    These analytical skills will need to be coupled with a political atmosphere conducive to such leadership that will be only somewhat within the manageable interest of the Mission. Capturing progress through a solid M&E system, and potentially (in the long term) reverting back to a benchmark modality envisioned by USAID in 2007, may be important tools to manage the volatility of the political climate in Egypt.

(2) **Strategic communications.** Although HS 20/20 Egypt's technical assistance plans did not specifically identify communications, technical collaboration and strategic integration as a targeted activity within the project, there was evidence that technical cooperation and promotion of health systems strengthening technologies and tools were inherent to HS 20/20 Egypt approaches. Thus, the project provided several examples of effective technical information sharing and collaboration and which should be invested in further. Firstly, to continue to improve the role it plays in technical collaboration and strategic integration of USAID programs, USAID might consider building directly into future projects a requirement for the project to develop a technical information sharing or "strategic integration" plan. Secondly, any such plan should include activities that not only involve the client organization (such as the MOHP or HIO), but facilitate the client organization taking the lead (which was done quite effectively with HS 20/20 Egypt's Sharm El Sheikh Conference on NHA).