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This publication was produced for review by the United States Agency for International Development. It was prepared by Joy Riggs-Perla, Carol Carpenter-Yaman, Leslie B. Curtin, Andrew Kantner, Pinar Senlet, Mona El Shafei, and Mellen Duffy Tanamly, through the Global Health Technical Assistance Project.
EGYPT HEALTH AND POPULATION LEGACY REVIEW
VOLUME II: ANNEXES

DISCLAIMER
The views of the authors expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
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ANNEX I: SCOPE OF WORK

USAID/EGYPT HEALTH AND POPULATION LEGACY REVIEW
2009-2010

Phase II: Fieldwork
(Final/Revised: 08-24-09)

I. PURPOSE OF THE USAID HPN LEGACY REVIEW

The overall goal of the USAID Health and Population (HPN) Legacy Review is to analyze changes that occurred during USAID’s long collaboration with Egypt in health and population programs and determine what conclusions can be drawn linking USAID’s technical and financial investments to the documented program outcomes and impacts on the health of the Egyptian people. This twelve to eighteen month comprehensive review will provide USAID with a rich description of the health legacy—the lasting outcomes and impacts that USAID investments have achieved over more than thirty years of assistance.

II. BACKGROUND

Egypt’s partnership with USAID over thirty years led to one of the world’s most successful and renowned health and family planning programs, with dramatic, well-documented impacts on the health of the Egyptian people, and on the health care systems that serve them. As part of the mutually-planned phase-down of USAID support by 2011, Fiscal Year 2009 is currently slated to be the last year of funding for health and population assistance. The results of the investment and technical collaboration in Egypt are impressive. USAID has been the predominant donor, providing more than $1 billion for Egypt’s population and health sector over a thirty-year period. During the three decades of technical and financial assistance, these USAID contributions helped the Government of Egypt (GOE) and collaborating partners to reduce maternal mortality by more than 50% and infant mortality by more than 70%. The use of contraceptives has more than doubled, and the average Egyptian family size is now three children.

USAID has provided funding and technical assistance for the population-based Egyptian Demographic and Health Survey (EDHS) since 1988. DHS collects, analyzes, and presents high quality, nationally representative and internationally comparable data for use in program planning, monitoring, and evaluation and policymaking in the health sector. In addition to being the biggest DHS customer in the world, Egypt has led innovation in the collection of new data types, such as the 2008 inclusion of an avian influenza (AI) Module and a Hepatitis C biomarker. The 2008 DHS is the ninth Egyptian survey; the final DHS is planned for 2010.

As USAID phases down its support for health and population programs in Egypt, the question naturally arises: What is USAID’s legacy—what lasting outcomes and impacts have USAID investments achieved? The rich DHS data sets and other data sources that document major trends over time provide an important base for USAID/Egypt to determine what relationships can be drawn between USAID-supported programs and changes in health outcomes.

III. PHASES OF THE USAID/EGYPT HEALTH AND POPULATION LEGACY REVIEW

This comprehensive review of USAID’s Health and Population activities in Egypt over the last three decades is broken down into several phases. Phase I and 1.5 will produce a preliminary analysis of health trends in Egypt coinciding with USAID investments in the health sector based
The first phase of the Legacy Review has already been completed in Washington, DC:

**Phase I: Planning and Preparing the Framework.** Documentation and research including identification of initial key informants and background documents, archival materials and other relevant sources, as required, extensive focused interviews with USAID/W and other US/DC-based key informants and stakeholders, and preparation of a legacy review framework for the comprehensive exercise.

An intermediate phase is currently underway in Washington, DC:

**Phase 1.5: Further Investigation and Analysis.** Further investigational efforts to better relate Egypt’s demographic, family planning and reproductive health, and maternal and child health outcomes to USAID program strategies and investments that began with the Pop/FP I project in 1977, drawing on more extensive use and review of demographic and health survey data, other quantitative data sources, and relevant program evaluations and research studies undertaken by USAID’s Cooperating Agencies (CAs) active in Egypt.

Future phases of the review include the following:

**Phase II: Field Work/Reporting.** In country work including Cairo-based Team Planning Meeting, key informant interviews, site visits (if any), and continued information/data collection to enrich the areas of focus identified in the framework. This phase will collect information from expert informants in Egypt, and will produce a final Legacy draft report. It includes draft report discussions/analysis and writing; debriefings with USAID and stakeholders, and draft report revision and submission, final report revisions and final writing; editing/formatting and final submission, and release of final report(s).

**Phase III:** This dissemination phase will draw on the key findings of the Legacy Review Report in order to prepare and disseminate information and lessons learned from Phases 1 and 2 with a specific focus on audiences in Egypt, the US and the global health community.

**IV. PHASE I – ACHIEVEMENTS AND RECOMMENDATIONS**

*Identify, collect, organize, and manage archival materials from a range of sources to describe the investments USAID has made in Egypt, as well as the outcomes they achieved.*

The Phase I team reviewed hundreds of documents and collected almost 300 relevant documents (past strategies, program descriptions and budgets, implementing documents and agreements, program and strategy evaluations) to serve as reference and source material for the Legacy Framework and for subsequent phases of the Legacy review. GH Tech has cataloged these documents in EndNote bibliographic software, stored them electronically, and made them available on the Egypt Legacy projectspaces.com website. The background materials have been cataloged in the following selected categories:

- Communications
- Data for Decision Making
- Family Planning and Reproductive Health
- Health Systems Development
• Infectious Disease
• Maternal and Child Health
• Population and Development
• Water, Sanitation and Environment

The Phase I team also produced a color-coded timeline detailing the various USAID programs, and surveys taking place over the last three decades in Egypt.

**Preliminary Lessons Learned from Phase I**

The following are topics emerging from the Phase 1 interviews and the document review that suggest some preliminary “lessons learned”, worth keeping in mind for Phase 2 of the Legacy Review.

1. **Building evidence-based programs**: The Egypt PHN program is a useful reminder of the value of developing and shaping programs based on reliable data. Because of the resources available to USAID/Egypt, population based surveys such as the DHSs, and Maternal Mortality Surveys, as well as the Health Facility Surveys and National Health Accounts were conducted frequently enough to guide policies and programs. In some cases, unanticipated and completely new problems emerged as a result of these surveys, such as discovering from the 1995 DHS the almost universal prevalence of FGM. Data from the National Health Accounts helped build convincing evidence for health sector reform by demonstrating that the poorest Egyptians were spending a much greater proportion of their income on health than the rich, and that too small a proportion of the government’s budget was devoted to primary and preventive services. The maternal mortality surveys demonstrated the importance of improving the quality of emergency obstetrical care as a high proportion of women were still dying even under the care of obstetricians. Data from DHSs have helped establish trends in contraceptive discontinuation rates and birth intervals that have helped direct resources to problem areas. Without a doubt, building the evidence base has provided a successful foundation for strategic program management, enhanced outcomes and policy change, as well as for documenting progress.

2. **Focus on Quality**: Several decades of focus on quality of care in family planning and health services increased utilization of government primary care services and built the groundwork for a program of health services accreditation underway today. Although developing an independent network of family planning clinics in the PVO/NGO sector may have been expensive at the time, its contribution was invaluable in that these clinics had the unanticipated benefit of pushing the public sector to improve performance and quality of services. While not every element of quality improvement efforts with the MOHP (such as the “Gold Star” program) survived beyond the period of USAID support, the principal components such as the standards of clinical practice and checklists for clinics, modified over time, have provided the basis for the current system of supervision and accreditation.

3. **Policy Environment**: Lessons in public policy are both positive and negative. Strong policy level support from the President’s office for population programs has been, and continues to be, an enormously important asset. This kind of broad political-level support facilitated involving both political and religious leaders in the national population program in a way that has been greatly facilitated reaching every segment of society in Egypt. On the other hand, at a more programmatic level, specific policy or regulatory barriers may constrain achieving some program results and inhibit institutionalizing new initiatives. The fact that there has not been much progress in incorporating private providers into the health policy reform
program, or changing government pricing strategies for contraceptives in order to improve the commercial availability, are examples.

4. **Behavior change and communication:** Developing and institutionalizing IEC and BCC for public health outcomes in the State Information Service, rather than in the IEC Unit of the Ministry of Health, was a very important programmatic decision. It makes more sense to build capacity in an entity that has expertise in this area, rather than in a Ministry that should be focusing on service provision. The program today, however, must go beyond government institutions and take advantage of commercial channels as well as civil society organizations and professional associations, as the medium for reaching people is growing increasingly more pluralistic and sophisticated. Establishing positive health norms is a dynamic process that includes life style choices such as smoking cessation, diet and exercise, a desire for smaller families, breastfeeding, as well as appropriate use of health services.

5. **Flexible modes of programming:** The USAID PHN program in Egypt has benefited from the variety of mechanisms available to channel funds and technical assistance. Funds provided directly to the MOHP through Project Implementation Letters (PILs) and Implementation Letters (ILs) ensured that budgets were available for program recurrent costs (e.g. supervision and training) and built strong ownership and involvement of the MOHP units implementing USAID supported programs. Financial management capacity was also built. The variety of other mechanisms such as the CIP commodity import program, the funds generated from PL480 proceeds, and the policy reform cash transfers also facilitated and helped support the technical assistance activities within contracts and cooperative agreements. The challenge, as the USAID program in Egypt shrinks, is to ensure that the funds for the recurrent costs of key programs are adequately planned for in the regular GOE budget in future years.

6. **Graduation terminology:** In the process of conducting the interviews for developing the Legacy Framework, the question about the “graduation” of the Egypt PHN program generally drew a negative response. Interviewees acknowledged that while Egypt has become a middle-income country with strong health and population indicators, and the nature of the partnership between Egypt and US may need to change, most felt that the term ‘graduation’ was patronizing and inappropriate. A number of areas of program vulnerability were also mentioned in which continued collaboration could help ensure further improvements and a sustained high level of performance in the sector. Interviewees also felt that a continuing relationship in PHN was beneficial to both Egypt and the US, and that it should evolve toward a program based on technical and strategic information exchange and learning.

V. **PHASE II–OBJECTIVES, ILLUSTRATIVE QUESTIONS (AND ISSUES TO BE ADDRESSED)**

This section describes the second phase of this legacy review process, the fieldwork and reporting phase, of a multi-phase effort to determine what relationships can be drawn between USAID-supported programs and changes in health outcomes, and then, to describe the health legacy outcomes and impacts that USAID investments have achieved.
Illustrative Questions:

The key informant interview guide that was prepared and used in Phase I is attached for reference (Annex I). The Phase II team may adapt this for their in-country work. Additional illustrative questions are outlined below:

Resources

- Characterizing the magnitude of USAID financial resources obligated to PHN programs over the past 30 years is an important task for Phase II. Roughly what were the annual obligations for projects during this period? Of these obligations, what proportion was committed to technical assistance contracts or cooperative agreements, how much was obligated through PILs and ILs, how much was obligated through cash transfer or other non-project mechanisms?

Family Planning and Reproductive Health

- What factors may account for the apparent slow-down in Egypt’s FP performance since 2000? Have budget allocations and shifting program priorities played a role? Might the push toward greater program integration over the past decade reduced emphasis on family planning services? With the new Family Health Model, is there evidence that family planning or other key services are given less emphasis with the integrated service delivery model? What are the specific issues or areas of concern? Are any steps being taken to address these concerns?

- In Egypt, the public sector plays an increasingly important role in providing FP and other RH services. What accounts for the dominance of the public sector? This trend runs counter to many other countries where the private sector (doctors, nurses, clinics, hospitals, and pharmacies) play an ever greater role.

Maternal and Child Health

- What interventions account for the dramatic fall in Egypt’s maternal mortality rates and ratios in recent years? Where have these declines been most pronounced, have they taken place in areas with higher FP use (resulting in fewer high risk pregnancies)? To what extent might USAID’s funding and technical support contributed to these declines?

- Do the nurse/midwives trained in recent decades provide mothers with significantly improved delivery outcomes? What trends can be identified in providing more Egyptian women with access to emergency obstetric care? To what extent might the new Maternal Mortality Surveillance System be utilized to assess some of these delivery outcomes during the Legacy Team’s proposed visit to Egypt?

- What is the current status of diarrheal disease and ARI efforts that were previously supported by USAID? In theory, they have been incorporated into the new IMCI program, but how widespread is IMCI and how well is it functioning?

Behavior Change and Communication

- What is the current status of behavior change and communications work at CHL and SIS? Have earlier investments in these organizations (by CCP and others) proved sustainable? What elements are still functioning well and what innovations from the past might have diminished staying power?

- In addition to the DHS data which shows trends of increasing awareness of family planning and MCH issues, are there other studies or data that link USAID’s program for AI
prevention or HCV with improved knowledge and practice about those diseases? Are there other areas of improved knowledge and practice of health that can be attributed to efforts supported by USAID?

**Health Sector Reform/Health Systems Development**

- In what ways did the USAID support for various elements of health sector reform contribute to the MOH's current health reform program? This includes National Health Accounts, DDM’s early analytic work on PHC sector reform, PHR and PHR+ work on cost analysis, basic benefit packages, accreditation, equity studies, Health Sector Reform pilot projects, etc. How are the current projects like HS 20/20, Takamol and CHL contributing?

- How much of USAID’s support for Health Management Information Systems has become institutionalized in the MOHP primary care programs, HIO, CCO and hospital sectors? How reliable is the current HMIS in the MOH?

- What has been the contribution of the two large Health Policy Reform Cash Transfer programs to health sector reform and health systems development? Were there any drawbacks or lessons learned?

- What can be concluded about the USAID-funded program with the US Department of Health and Human Services (DHHS) which has also spanned a 30 year period and covered a wide variety of health topics outside of USAID main areas of focus. (Please clarify what is the HHS program?? MOH in efforts to address the growing importance of chronic disease prevention, control, and treatment as part of the Healthy Egyptian initiative and earlier programs? Were there any lasting health system changes (e.g., in terms of training, disease monitoring and surveillance, and clinical practice) that resulted from this effort?

- Institutional and human capacity development has been strong themes and an overall aim of USAID’s program in Egypt. To what extent have these objectives been achieved and in what areas? Large numbers of people were provided leadership and technical skills development through the participant training programs and through short-term training activities in most technical assistance contracts and cooperative agreements. Large numbers of mid-level managers were trained to develop skills in planning, health management information systems, administration, workforce development, logistics management, and financial analysis and management. How did those training investments benefit the program and to what extent has the capacity developed been institutionalized and sustained?

- Ultimately, has enough been achieved and made sustainable to talk meaningfully about USAID leaving Egypt (graduating the country) or is enough undone (or faltering) to justify a major renewed programmatic commitment? And should new forms of partnership be developed for priority needs in population and health that will continue USAID’s presence in Egypt, but with new modes of technical collaboration, project strategies, project operations, and budgetary mechanisms?

- From USAID’s long experience in Egypt, do there appear to be any specific factors that contribute to or are closely linked with achieving program or system sustainability? Have programs supported previously by USAID continued, and if so with GOE funding or simply by shifting to other donors? Has the GOE made sustainability more likely by tying performance to incentives in some way? What progress, if any, has been made to maintain health infrastructure such that continuous rebuilding is not necessary (which has been the pattern in Egypt)?

The Phase 2 team will also help develop recommendations for the work for Phase 3. This will include consulting with USAID/Egypt about the potential audiences for the Legacy dissemination
in Egypt, as well as with the Near East Bureau in USAID/Washington, and making recommendations about the type of skills needed to develop the dissemination strategy and products during Phase 3.

VI. PHASE II—METHODOLOGY

The Phase II: Fieldwork team should consider a range of possible methods and approaches for collecting and analyzing the information which is required to prepare comprehensive Legacy Report. Data collection methodologies will be discussed with, and approved by, USAID at the start of phase II. Upon initiation of this phase, the team will develop a work plan including timelines for document review, meetings, interviews, and deliverables as detailed below:

Document Review

The Phase II team will review the Phase I Legacy Framework document, as well as the library of background materials compiled by GH Tech. The Research Assistant will continue to manage incoming documents, update the EndNote library, bibliography, and projectspaces.com site. He/she will provide support, as requested by the Team Leader, to retrieve additional resources.

Team Planning Meeting

• A preliminary one day planning meeting will be held with US-based team members in Washington, DC to begin preparing the work plan and the methodology plan. Once the team has arrived in Egypt, a comprehensive two day team planning meeting will be held in Cairo with all team members to finalize the work plan and the methodology plan. This will be shared with USAID/Egypt prior to actual implementation. The team planning meeting agenda may include the following items:
  − Clarify team members' roles and responsibilities,
  − Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion,
  − Review and develop final evaluation questions
  − Review and finalize the assignment timeline and share with USAID,
  − Develop data collection methods, instruments, tools and guidelines,
  − Review and clarify any logistical and administrative procedures for the assignment,
  − Develop a preliminary draft outline of the team’s report, and
  − Assign drafting responsibilities for the final report.

Key Informant Interviews:

• The Phase II team will conduct selected in-depth key informant interviews with former USAID HPN staff, partners, other interested Egyptophiles, and other stakeholders in the Washington area and in Egypt in order to engage in critical discussions, to add detail to the findings of Phase I investigations, and to draw more in-depth conclusions about USAID’s activities in Egypt, forming a foundation for the final Legacy report.
Site Visits

The Phase II team will coordinate with USAID/Egypt to prepare for and conduct site visits while in-country, and to interview key informants at these sites and in Cairo. While in-country, the Phase II team will also work with a financial analyst (preferably a local consultant) who will work with USAID/Egypt to reconstruct as much as feasible of USAID health program obligations in the earlier years, and a health sector reform analyst (also preferably a local consultant) who will focus on analyzing and documenting the contributions USAID made to Egyptian health sector reform efforts.

Secondary Data Analysis

At the discretion of the Team leader and USAID/Egypt, the Senior Demographer will continue to conduct analysis of secondary data (Egypt Demographic and Health Surveys, 1975 World Fertility Survey, 1983-84 Contraceptive Prevalence Survey, and other source materials as needed to support and enrich the team’s findings. The team will look into developing a “Rapid” type presentation that helps non-health audiences understand the impact of Egypt’s demographic and health accomplishments. The Scott Moreland paper will be a starting point for this work.

Wrap-up and Debriefing

At the conclusion of Phase II in-country work, there will be debrief meetings with both USAID/Egypt and other interested parties to share findings and get final inputs before preparing the Legacy report.

Advisory Committee

The Phase II team will present its findings and seek feedback from subject experts on the Advisory Committee before completion of the final Legacy report.

VII. DELIVERABLES

The team will produce the following deliverables:

1. Work Plan: During the Cairo-based Team Planning Meeting, the Phase II team will prepare a detailed work plan which will include the methodologies to be used in this phase of the work. The work plan will be submitted to the Office Director at USAID/Egypt for discussion and approval.

2. Methodology Plan: A written methodology plan (preliminary site visit and interview schedule/operational work plan) will be prepared during the Cairo-based Team Planning Meeting and submitted to the Office Director at USAID/Egypt for review and approval. Any outstanding issues will be discussed with USAID prior to implementation.

3. Debriefing with USAID/Egypt: The Team will present the major findings of the Phase II fieldwork through a PowerPoint presentation. The debriefing will include a discussion of the findings, conclusions, recommendations for next steps and outline of the report. The team will consider USAID comments and incorporate those comments and changes into the draft report, if appropriate, prior to submission to USAID.

4. Draft Legacy Report: A draft report of the findings and recommendations should be submitted to the USAID Office Director after the team’s departure from Cairo. The written report should clearly describe findings, conclusions and recommendations including next steps. USAID will provide comments on the draft report.

5. Final Legacy Report: The team will submit a final report that incorporates the team responses to Mission comments and suggestions no later than ten days after USAID/Egypt
provides written comments on the team’s draft framework report (see above) and the Advisory Committee has provided feedback. This report should not exceed 40 pages in length (not including appendices, lists of contacts, bibliography, etc.). The format will include an executive summary, table of contents, methodology, findings, and recommendations. The report will be submitted in English, electronically. The Legacy Report will be a polished document whose primary purpose is dissemination to a variety of USAID-selected audiences (TBD).

The final report will be editedformatted by GH Tech and submitted to USAID/Egypt approximately one month after the Mission has reviewed the content and approved the final revised version of the report. This final revised version of the report can be used as a working document while final report editingformatting is in process by GH Tech.

The team will also provide a presentation on the Legacy report to be arranged through the Near East Bureau in collaboration with the Bureau of Global Health.

VIII. PROPOSED TEAM COMPOSITION

The GH Tech team will provide the following team members (illustrative designations):

Core Team Members
1. Team Leader/Health Program Specialist Planning Coordinator
2. Senior Demographer/Data Analyst
3. Population/FP Specialist
4. Public Health Specialist
5. Organization/Institutional/Human Resources/Capacity Building Specialist

Short Term Analysts (local consultants preferred)
1. Financial Analyst
2. Health Sector Reform Analyst
3. In-country Admin Assistant for scheduling and admin support

Support Team Members:
1. Research Assistant

Advisory Committee Members

While not formal team members, Advisory Committee members will continue to provide advice and feedback to the team throughout the assignment. The Phase I Advisory Committee consisted of Bob Emrey (USAID), Dr. Sameh El Saharty (World Bank), Dr. Ann Way (Macro International), Dr. Marge Koblinsky (JSI) and Elizabeth Schoenecker, (USAID). It is anticipated that the composition of the Advisory Committee will remain unchanged for subsequent phases of the Legacy Review.

Time Line and Level of Effort

USAID/Egypt anticipates that the period of performance of this Phase II: Fieldwork to be approximately September 2009 – January 2010.
The Team Leader will be responsible for the overall planning and implementation of the first task and work coordination among team members; submission of a satisfactory Legacy Report to USAID within the agreed timelines; and overall report writing coordination and the organization of the debriefing presentations.

**Illustrative LOE and timeline: Core Team Members only**

<table>
<thead>
<tr>
<th>Task/Deliverable</th>
<th>Duration/LOE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team Leader/Health Specialist*</td>
</tr>
<tr>
<td><strong>Phase II: Fieldwork</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Prepare for fieldwork</strong></td>
<td></td>
</tr>
<tr>
<td>• DC-based preliminary Team Planning Meeting</td>
<td>1 day</td>
</tr>
<tr>
<td>• Review Legacy Framework; detailed document review and discussion</td>
<td>8 days</td>
</tr>
<tr>
<td>• Adapt questionnaires for key informants &amp; stakeholders</td>
<td>1 day</td>
</tr>
<tr>
<td>• Interviews w/ USAID/W &amp; DC-based key informants</td>
<td>5 days</td>
</tr>
<tr>
<td>• Schedule in-country interviews and site visits</td>
<td>3 days</td>
</tr>
<tr>
<td><strong>Fieldwork – In country</strong></td>
<td></td>
</tr>
<tr>
<td>• Travel to Egypt</td>
<td>2 days</td>
</tr>
<tr>
<td>• Cairo-based Team Planning Meeting</td>
<td>2 days</td>
</tr>
<tr>
<td>• In-country briefing with USAID/Egypt</td>
<td>1 day</td>
</tr>
<tr>
<td>• Conduct informant interviews and site visits</td>
<td>11 days</td>
</tr>
<tr>
<td>• Discussion, analysis and draft report writing in-country</td>
<td>3 days</td>
</tr>
<tr>
<td>• Debriefing with USAID/Egypt</td>
<td>1 day</td>
</tr>
<tr>
<td><strong>Return to Washington, DC</strong></td>
<td></td>
</tr>
<tr>
<td>• Complete analysis of all information collected to date, continue draft report writing</td>
<td>10 days</td>
</tr>
<tr>
<td>• Prepare presentation; debrief Advisory Committee</td>
<td>2 days</td>
</tr>
<tr>
<td>• Complete and submit draft report to USAID for comments and feedback</td>
<td>3 days</td>
</tr>
<tr>
<td><strong>USAID completes final review (10 working days)</strong></td>
<td></td>
</tr>
<tr>
<td>• Incorporate Mission comments on draft report and finalize complete Legacy Report</td>
<td>5 days</td>
</tr>
<tr>
<td><strong>GH Tech edits/formats report (30 days)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Estimated LOE (Core Team Members)</strong></td>
<td>60 days</td>
</tr>
</tbody>
</table>

*A six-day workweek is approved while in country.

In addition to the core team members, LOE will be budgeted for supplemental team members who will provide critical inputs throughout Phase II of the Review, at the discretion of USAID/Egypt and the Team Leader, as follows:
Illustrative LOE: Supplemental Team Members

<table>
<thead>
<tr>
<th>Phase II: Planning the Framework</th>
<th>Duration/LOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Analyst (local consultant)</td>
<td>15 days</td>
</tr>
<tr>
<td>Health Sector Reform Analyst (local consultant)</td>
<td>15 days</td>
</tr>
<tr>
<td>GH Tech Research Assistant(s)</td>
<td>20 days</td>
</tr>
<tr>
<td><strong>Total Estimated LOE (Supplemental Team Members)</strong></td>
<td><strong>50 days</strong></td>
</tr>
</tbody>
</table>

IX. REVIEW LOGISTICS

USAID/Egypt will provide overall direction to the Phase II team, identify key documents, key informants, site visit locations, and assist in facilitating a work plan. USAID/Egypt personnel will be available to the Team for consultations regarding sources and technical issues, before and during the Legacy Review process.

GH Tech will provide support for the Phase II team when they are working in Washington, DC including work space, projectspaces.com access, set up interviews and meetings, host the Team Planning Meeting, etc. GH Tech will also prepare logistics arrangements for the team’s fieldwork portion of the assignment. The GH Tech team will be responsible for all in-country logistics, team meeting space and other related support services.

X. KEY DOCUMENTS

- Egypt Legacy Review Framework
- List of Key Informants from Phase I Egypt Legacy Review
- A bibliography and library of relevant program assessments and evaluations, strategic plans, studies, and other background materials has been assembled and cataloged by GH Tech as a product of document reviews in Phase I. This will serve as the Legacy Review team’s primary source for reference documents.
- USAID/Egypt will provide additional key background documents to the team in advance of the assignment. As the team receives additional background documents and source material from USAID/Egypt and key informants, GH Tech will continue to collect and catalog these resources.

XI. KEY MISSION CONTACTS

- Holly Fluty Dempsey, Director, Office of Health and Population
- Vicki Stein, Deputy OD
- Lisa Childs, Population/FP/MCH Program Manager
- Shadia Attia, M&E Specialist
- Other Health Office Members as appropriate
ANNEX I: QUESTIONS FOR PHASE I INTERVIEWEES

Review Legacy—Phase I objectives

Prep Questions:

• What years and in what capacity did you work in Egypt?
• What were the major HPN program areas during your tenure?
• What technical-program area did you have the greatest involvement and knowledge?

Strategic and Programmatic Questions:

• During your tenure, what were some of the key strategic themes that were of greatest importance to the program achievements? (sustainability, integration, capacity development, graduation, etc)
• Can you remember and describe any specific policy or program areas during your involvement in Egypt when USAID made a specific substantive contribution to addressing the strategic themes of greatest importance?
• Name three specific areas do you feel that USAID has made the biggest contribution in terms of achieving PHN outcomes and impact? Why would you choose those areas?
• Do you believe that there is sufficient data or qualitative information to develop a credible association between USAID’s investment in those three areas and the outcomes in Egypt? What concrete evidence would you cite?
• Do you know whether the achievements we are talking about have been sustained and continued by the Egyptian government?
• Were there substantive inputs, or collaboration with USAID, from other donor organizations that contributed to achieving the outcomes we have been discussing?
• Do you have, or can you recommend any specific materials (reports, evaluations, surveys) you can share that would help the Legacy team document USAID’s contribution to impact in those areas?
• In any of those specific areas, what decisions were made or action taken by the Egyptian government that helped ensure achievement of outcomes?
• Are there specific areas where you think additional secondary analysis of DHS data would help substantiate the impact of USAID’s PHN assistance program in Egypt, specifically in the three areas cited earlier?
• In Egypt, USAID used many programming mechanisms such as TA contracts, direct financing through Implementation Letters, budget support tied to policy reform, the Commodity Import Program, etc. From a local ownership, capacity development, effectiveness and sustainability point of view, which mechanisms were most important, and what do you feel were the advantages and disadvantages of these mechanisms? Was the mode of assistance important to achieving program outcomes?
• Were there any decisions or programmatic actions taken by USAID that you would, in hindsight, feel were mistaken or misguided? Why?
Optional Questions (if time permits)

- What do you think about USAID’s current plan to graduate out of PHN sector work in Egypt by September 2011? Why?

Any advice for the team? Any documents or data to share? Any other people we should contact? Are there other questions we should be asking?
ANNEX 2: REFERENCE LIST

COMMUNICATIONS


8. Ministry of Information Communication is the Key. State Information Service, Cairo (1994); 1–34.


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# ANNEX 3: KEY INFORMANTS

## KEY INFORMANTS FOR PHASE I

### Interviewees

<table>
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<tr>
<th>Name</th>
<th>Egypt Knowledge – Time Period</th>
<th>PHN Program Elements</th>
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<tr>
<td>John Borrazzo</td>
<td>2000–2009</td>
<td>Water-sanitation</td>
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<tr>
<td>Carol Carpenter-Yaman</td>
<td>1990–1995</td>
<td>FP/RH</td>
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<td>Dennis Carrol</td>
<td>2006–2009</td>
<td>AI, pandemic flu</td>
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<tr>
<td>Andrew Clements</td>
<td>2006–2009</td>
<td>AI, pandemic flu</td>
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<td>Connie Collins</td>
<td>1980–1985</td>
<td>CS</td>
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<tr>
<td>Coleen Conroy</td>
<td>1996–present</td>
<td>Maternal health</td>
</tr>
<tr>
<td>Gary Cook</td>
<td>2000–2009</td>
<td>All program elements</td>
</tr>
<tr>
<td>Bob Emrey</td>
<td>1979–2009</td>
<td>All program elements</td>
</tr>
<tr>
<td>Reg Gipson</td>
<td>1985–2005</td>
<td>MCH</td>
</tr>
<tr>
<td>Ron Hess</td>
<td>1990–2009</td>
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<tr>
<td>Marge Koblinsky</td>
<td>1996–1998</td>
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<tr>
<td>Dick Martin</td>
<td>1995–1999</td>
<td>FP/RH</td>
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<td>Nahed Matta</td>
<td>1980–2009</td>
<td>MCH</td>
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<tr>
<td>Peter Miller</td>
<td>1980–1990</td>
<td>FP</td>
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<td>Vikka Molldren</td>
<td>1985–1990</td>
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<td>Carl Rahman</td>
<td>1994–1998</td>
<td>MCH, HHS, ID</td>
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<td>Margaret Rowan</td>
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<td>Sameh El Saharty</td>
<td>1990–2007</td>
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<td>Mellen Tanamly</td>
<td>1990–1997</td>
<td>MCH, ID</td>
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<tr>
<td>Ann Way</td>
<td>1988–onward</td>
<td>All program elements</td>
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</table>
KEY INFORMANTS FOR PHASE II

IN THE UNITED STATES

U.S. Agency for International Development
Anne Aarnes, Deputy Assistant Administrator, Bureau for Near East
Connie Collins, retired (USAID Egypt 1980–1985)
Bob C. Emrey, Chief, Health Systems Division, Office of Health, Infectious Diseases and Nutrition (HIDN) also Legacy Review Advisory Board
Elizabeth Fox, Deputy Director, Office of Health
George Laudato, Assistant Administrator Bureau for Near East
Nahed Matta, Maternal and Newborn Health Advisor, Office of Health, Infectious Diseases and Nutrition (HIDN) and former FSN, USAID/Egypt PHN Office
Peter McPherson, retired USAID Administrator
Jane Nandy, Middle East Bureau
Gary Newton, retired (USAID Egypt 1995–2000)
Bill Reilly, Egypt Desk Officer
Elizabeth Schoenecker, Chief, Policy, Evaluation and Communications Division, Office of Population, and Legacy Review Advisory Board
Barbara Turner, retired Deputy Assistant Administrator and current President –University Research Co.
Francisco Zamora, AFSA (former USAID/Egypt)

U.S. Department of Health and Human Services
Jane Coury, Office of the Secretary for International Health
Doug Hatch, US Centers for Disease Control
Frank Mahoney, US Centers for Disease Control

OTHER ORGANIZATIONS

Abt Associates, Inc.
Ayman Abdelmohsen, MD, MSc, Principal Associate, International Health
Catherine Connor, Deputy Director, Health Systems 20/20

Brandeis University
Nanda Kumar, School of Public Health
John Snow, Inc.
Reginald Gipson
Diaa Hammamy, formerly Rural Health Project and also National Diarrheal Disease Control program
Marge Koblinsky, also Legacy Review Advisory Board

MACRO Systems
Ann Way, also Legacy Review Advisory Board

Population Council
Peter Miller

UNICEF
Ian Pett, Health Reform Specialist

World Bank
Peter Berman
Sameh El-Saharty, Legacy Review Advisory Board

Individuals
Nihal Afez Afifi, former Cost Recovery for Health and health sector reform consultant
Carol Branich, former QA Adviser for Pop III and later JHU/CCP
Samer El-Kamary, Assistant Professor, Division of international Health, Department of Epidemiology, University of Maryland, formerly worked on Hepatitis C Program in Egypt
Alan Fenwick, formerly MSCI Chief of Party under the Schistosomiasis Research Project
Sabry Hamza, OB/GYN former medical school professor. Healthy Mother/ Healthy Child project
Neeraj Kak, formerly with the Futures Group in Egypt
Scott Moreland, RTI and author of “Egypt’s Population Program: Assessing 25 Years of Family Planning”
Betty Ravenholt, former Executive Director SOMARC project
Warren Robinson, author, The Demographic Revolution in Modern Egypt
G. Thomas Strickland, retired Professor of Epidemiology and Preventive Medicine, University of Maryland
Michael Thompson, formerly with The Futures Group in Egypt

IN EGYPT

U.S. Agency for International Development–USAID/Egypt
Manal Alfred, Development Outreach and Communications Officer
Hilda Arellano, Mission Director
Shadia Attia, Research Advisor
Lucie Cantsilieris, Project Management Assistant
Lisa Childs, Health Officer, Office of Health and Population
Thomas Delaney, Deputy Mission Director
Holly Fluty Dempsey, Director, Office of Health and Population
Akmal Elerian, Manager IDSR Project
Thomas Easley, AI Program Officer
Christine Ezzat, Project Management Advisor
Mahinaz El-Helw, Senior Health Specialist, Health Sector Reform and Communication Programs, Office of Health and Population
George Sanad, Project Management Specialist, Office of Health and Population
Amani Selim, Program Evaluation Officer, Program Office
Vikki Stein, Population and Health Officer, Office of Health and Population
Fawzia Tadros, retired USAID/Egypt

**Office of the President of Egypt**
Dr. Magued Osman, Director, Information and Decision Support Office

**Ministry of Health, Egypt**
Dr. Sohair Wilson Amin, Primary Health Care
Dr. Mohsen Mohamed Fathy, Executive Director Reproductive Health Project
Dr. Hassan El Gabaly, Retired Director of Family Planning Services
Dr. Ali Gadalla, Director General Quality Department
Dr. Adbel Halim, Population and Family Planning
Dr. Nagwa El-Hosseny, Quality Control Advisor and Accreditation
Dr. Amr Kandil, Undersecretary for Infectious Diseases
Dr. Hassan El Khalla, formerly Cost Recovery for Health Project
Dr Taha A/G El-Khoby, retired Undersecretary, Schistosomiasis
Dr. Esmat Mansour, retired Undersecretary for Maternal and Child Health
Dr. Lamia Mohsen, Advisor to Minister for Neonatology
Dr. Mohamed Mostafa, Director General Schistosomiasis and Endemic Disease Control
Dr. Khaled Ahmed Nasr, Undersecretary of Integrated Health Care
Dr. Mona Rakha, Director General of Childhood Illness
Dr. Samir Abdel Aziz Refaey, Executive Director Epidemiology and Disease Surveillance Unit
Dr. Nasr El-Sayed, Undersecretary for PHC Preventive Medicine and Family Planning
Dr. Moushira El Shafei, retired Undersecretary
Dr. Mehi El Tehewr, Quality Specialist
Dr. Hoda Zaky, Special Advisor to the Minister of Health for Nursing Services

**Ministry of State for Family and Population/National Council for Childhood and Motherhood (NCCM) and National Population Council NPC**
Mona Amin, Combatting Female Genital Mutilation Program, NCCM
Dr. Safa E Baz, Former Secretary General, NPC
Aziza M. Helmy, Senior Advisor and Media Supervisor, NCCM
Moshira Khattab, Minister of State for Family and Population
Sherine Mourad, M&E Expert, NPC
Delhia Tawah, Program on Family Justice, NCCM

**State Information Service**
Mohsen Mohamed Fathy, Director Information, Education and Communication Center
John Hill, IT Consultant, Communication for Health Living, SIS IEC Center
Ismail Khairat, Chairman, State Information Service
Dr. Abdul Kareem Thabet Rashwean, Deputy Chairman, State Information Service

**OTHER ORGANIZATIONS**

**Abt Associates, Inc.**
Dr. Samir Mansour, Technical Coordinator, Health Systems 20/20
Dr. Nadwa Rafeh, Chief of Party, Health Systems 20/20

**Ain Shams University**
Dr. Safa El Baz, Director, Regional Center for Training in Family Planning and Reproductive Health, Faculty of Medicine

**Al Galaa Teaching Hospital**
Dr. A.K. Shoubary, General Director

**American University of Cairo**
Dr. Ray Langsten, Professor

**Cairo University**
Dr. Hussein Abdel Azziz, Professor

**Cairo Demographic Center**
Dr. Magdi Abdel Kadr, Cairo Demographic Center
Dr. Fadia Abdel Salam, Director Cairo Demographic Center

**Clinical Services Improvement Association**
Dr. Mohamed Sweed, Executive Director
Dr. Magdy Zein, Medical Quality Management Director

**Credit Guarantee Corporation**
Nagla Bahr, Executive Director, CGC Consult
Hussein Bakry, HCP Program Manager
Emad El Sabagh, Operation Specialist
Hamdy Said, Financial Analyst

**Egypt Finance Executives Foundation**
Sherif Fathy, Chairman


**Egyptian Medical Syndicate**
Dr. Gamal Esmat
Dr. Hamdy El-Sayed, President

**El-Zanaty Associates**
Dr. Fatma el-Zanaty, President

**European Union**
Millie Howard, EU consultant

**Health Care International**
Dr. Samy Gadalla, Chairman and Managing Director
Dr. Hassan ElGebaly, Board Member

**Health Insurance Organization**
Dr. Abou Bakr
Dr. Mosen

**Johns Hopkins University, Center for Communication Programs**
Dr. Samir Al-Alfy, Deputy Chief of Party, Technical Senior Communication Advisor, Communication for Healthy Living
Dr. Hassan ElGebaly, Communication Advisor, Communication for Healthy Living
Ron Hess, County Director, Chief of Party, Communication for Healthy Living
Dr Tawhida H. Khalil, Senior NGO Comm. Advisor, Communication for Health Living
Dr. Hassan El-Shiekh, Private Sector Network and Training Sr Advisor, Communication for Healthy Living
Abdel Bary B. Taher, Senior Comm. Advisor, Communication for Healthy Living

**Pathfinder International**
Dr. Said El-Dib, Hospital Services Team Leader, Takamol Integrated Reproductive Health Services Project
Manal Eid, BCC Team leader, Takamol
Dr Shahira Hussein, Assistant Deputy COP, Takamol
Dr. Gamal El-Khatib, Takamol
Hossam Morassa, Takamol
Dr Rannia Moustafa, Deputy Chief of Party, Takamol
Eng. Mohamed Abou Nar, Chief of Party, Takamol
Dr. Nader Nassif, Private Sector Team Leader, Takamol
Dr. Nagwa Samir, PHC Services Team Leader, Takamol
Maged Youssef, Field Operations Team Leader, Takamol

**Population Council**
Dr. Nahla Abdel-Tawab, Director, Reproductive Health Research
Tropical Medicine Institute
Dr. Mohamed Abdel Hamid, Director of Virology Lab

UNFPA
Dr. Magdy Khaled, Assistant Representative

World Health Organization
Dr. Zuhair Hallaj, WHO Egypt country Representative
Dr. Ramez Mahaini, Women’s Reproductive Health Advisor, WHO

Alexandria Governorate
Mrs. Aziza, Nurse Trainer, Abdel Nasr Hospital
Dr. Asmat, OB/GYN, Clinical Services Improvement Association
Dr. Mohammed Farag, Health Systems 2020, Medical Workshop Trainer
Dr. Farouq, Clinic Director, Clinical Services Improvement Association
Dr. Ali Hegazi, Director, Abdel Nasr Hospital (HIO)
Dr. Nagwa, Accreditation and Quality Assurance Auditor Trainer, Abdel Nasr Hospital
Dr. Rafaat Ibrahim Refaat, Deputy General Manager, International Medical Technology, Ltd.
Dr. Tom Schwark, Abt Associates consultant, Abdel Nasr Hospital

Fayoum Governorate
Dr. Hussein Raafat Ahmed, Avian Flu Officer, Save the Children
Dr. Ari Famy, Treasurer, Community Development Association
Dr. Ahmed Al Masseri, Director General Family Planning, Fayoum Governorate
Dr. Sanaa A. Haroon, Consultant for Childhood and Motherhood Program and Professor at Fayoum University
Dr. Hussein, Undersecretary for Health Services for Fayoum Governorate
Mona Abdel Mogheeth, Communication for Healthy Living Officer
Nakalifa Primary Health Unit
Galal Mostafa Said, Governor, Fayoum Governorate
Abu Bakr El Sedik, Community Development Association

Gharbia Governorate
Dr. Sohir Ashwar, MCH Administration, Gharbia Governorate
Dr. Daha, Taskforce Coordinator for Human Resources, Gharbia Governorate
Dr. Sherif Hammoda, Undersecretary for Health Services, Gharbia Governorate
Dr. Ibou, Technical Inspection Administration, Quality Control
Dr. Sayed Shashar, Director, Hospital El Menshawi
Dr. Rufaida Sultan, Director of Health Information Center, Gharbia Governorate

Ismailia Governorate
Dr. Mohammed Abuzeid, Director, Ismailia General Hospital
Dr. Mohammed Al Sharkawy, Undersecretary for Health Services, Ismailia Governorate
Ms. Dina Babawi, Community Services Director, Takamol Project, Ismailia
Dr. Mohammed Elawadi, OB/GYN, Takamol consultant at Ismailia General Hospital
Dr. Ibrahim El Desouki, District Health Officer, Ismailia Governorate
Dr. Sayeda, Clinic Director, Sabaa Abar (Seven Wells) Primary Health Unit

Luxor Governorate
Dr. Hussein Abbass, Director of Neonatal Unit, Al Byadya District Hospital
Dr. Samir Farag, Governor of Luxor
Dr. Kamal Fawzi, Director of Obstetrics and Gynecology Al Byadya District Hospital
Dr. Gamal, Al Byadya District Hospital
Dr. Habil, Al Byadya District Hospital
Dr. Osama Kiriti, Field Office Coordinator for Luxor and Qena, Takamol
Dr. Mervat, Head of Family Planning Unit, Al Byadya District Hospital
Dr. Jusef AbdelWafaa Mohamed, Director of Al Hebail Primary Health Unit
Dr. Nabila, Al Byadya District Hospital
Nagwa El Nahas, Assistant Field Office Coordinator for Qena and Luxor, Takamol
Dr. Mohamed Nematallah, Under Secretary of Health
Dr. Ahm El Nouby
Dr Hossam Rasekh, Sustainability Committee
Dr. Obour Sallam, District Health Officer, Luxor
Nagwa Samir, PHC Services Team Leader, Takamol
Dr. Jihan Shafik, Takamol
Director, Al Byadya District Hospital

Minia Governorate
Mr. Ahmed Anwar, Director of CHL Project, Arab Women's Alliance
Staff of Saft El Kamar Primary Health Unit
Mrs. Intisar, Volunteer, Saft El Kamar Village Positive Deviance/Hearth
Mme. Intisar Mohamed, Head of Board of Directors, Arab Women's Alliance
Dr. Ayman Ragab, Under Secretary of Health
Boy's Preparatory School, Saft El Kamar Village

Qena Governorate
Dr. Mohamed Fareed, CHL
Mohamed Kamal, CHL
Dr. Ahmed Husseini, Director of Al Adyma Primary Health Unit
Dr. Janette, Family Planning Officer, Armant District
Dr. Ayman Abdel Moniem, Under Secretary of Health
Dr. Rafaat Mohamed Abd Al Rehim, District Health Officer
Dr. Sharif, District Health Officer, Armant District
Dr. Suad, Accreditation On the Job Trainer for Isna District
Dr. Tawhida Khalil, CHL
Dr. Siham Yasin, Save the Children
Mohamed Nagy, Supervisor of Capacity Building in Fayoum, Minia and Qena for Save the Children
Members of Women’s CDA in El Gabal Village
Members of Dawar in El Gayara Village

**Sharkia Governorate**

Dr. Aida, MCH Directorate
Mohammed Alshami, Undersecretary for Education, Sharkia Governorate
Hamdi Bakr, Secretary General Sustainability Committee, Sharkia Governorate
Heny Fathye, Undersecretary Finance
Dr. Sayed Abou Al Khier, Undersecretary for Health Services, Sharkia Governorate
Yhaia Abdel Maguied, Governor, Sharkia Governorate
Abdel Raaouf, District Health Manager of Minia Al Kamaha District
Abdel Badyaa Al Sady, Undersecretary Social Solidarity
Sayed Mansour, Undersecretary for Youth and Sports, Sharkia Governorate
# ANNEX 4A: USAID/EGYPT OBLIGATIONS FOR HEALTH & POPULATION SECTORS FROM FY 1976–FY 2009 ($ 000)

## FY 1976–FY 1984

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<td>200</td>
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## Commodity Import (CIP)

| Commodity Import (CIP) | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| PUBLIC SECTOR CIP      | | | | | | | | | | | | |
| PRIVATE SECTOR CIP     | | | | | | | | | | | | |

| Total CIP              | | | | | | | | | | | | |

## Health and Nutrition

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<td>11/18/1988</td>
<td>4,953</td>
<td>20,300</td>
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<td>7/31/1987</td>
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<td>9/27/1981</td>
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Total Health and Nutrition

|                     | 1,700 | 0    | 1,900 | 11,853 | 20,300 | 43,400 | 0    | 7,200 | 7,700 |

Population

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Total Population

|                     | 0    | 4,000 | 6,000 | 6,500 | 10,000 | 18,500 | 22,400 | 20,000 | 0     |

Total Obligations for the Health and Population Sector

|                     | 1,700 | 4,000 | 7,900 | 18,353 | 30,300 | 61,900 | 22,400 | 27,200 | 7,700 |

* Approximately $21 million were de-obligated from the Health & Population programs from FY 1976–2009. These funds were returned to the Egypt ESF Program but to other projects in other sectors.
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*Approximately $21 million were de-obligated from the Health & Population programs from FY 1976–2009. These funds were returned to the Egypt ESF Program but to other projects in other sectors.
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*Approximately $21 million were de-obligated from the Health & Population programs from FY 1976–2009. These funds were returned to the Egypt ESF Program but to other projects in other sectors.
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*Approximately $21 million were de-obligated from the Health & Population programs from FY 1976–2009. These funds were returned to the Egypt ESF Program but to other projects in other sectors.
## ANNEX 4B: USAID/Egypt Obligations for Health & Population Sectors From FY 1976–FY 2009 ($ 000)

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*Approximately $21 million were de-obligated from the Health & Population programs from FY 1976–2009. These funds were returned to the Egypt ESF Program but to other projects in other sectors.
ANNEX 5: PROJECT TIMELINE

All Health and Population Projects - Egypt 1979-2009

1. Population/Family Planning/Reproductive Health Projects
2. MNCH Projects
3. MCNP and Other Integrated Projects
4. Health System's Strengthening and Training Projects
5. Infectious Disease Projects

= Egyptian Fertility survey conducted in corresponding year
* = CBS conducted in corresponding year
# = DHS survey conducted in corresponding year

DHHS Activities 1980-2000
Suez Canal Health Training Project 1980-1987

Cost Recovery For Health 1986-1998
Project Hope Grant 1990-1993

Health Policy Support Program 1997-2002
Health Policy Cash Transfer Program 2002-2009
Technical Support for Health Policy (PHR, PHRplus, HS 20/20) 1996-2010

Schistosomiasis Research Project 1996-1998
Combating Emerging and Infectious Disease (CCEED) Project 1996-2003

Infectious Disease Surveillance and Response (NAMRU, CDC, PHIL) 2002-2011

Arian Influenza Activities 2007-2011

Communication for Healthy Living (CIL) 2002-2011

DHHS Activities 1980-2000
Suez Canal Health Training Project 1980-1987

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Technical Support for Health Policy (PHR, PHRplus, HS 20/20) 1996-2010

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Arian Influenza Activities 2007-2011

Communication for Healthy Living (CIL) 2002-2011
ANNEX 6: POWERPOINT PRESENTATION OF DATA CHARTS

Egypt Population and Health Legacy Review

Data Charts

Cross-Country Comparisons

Demographic Trends in Egypt Compared to Other Moslem Majority Countries

Figure 1: Fertility Trends in Selected Moslem Majority Countries (DHS Data)

Figure 2: Trends Contraceptive Use in Selected Moslem Majority Countries (DHS Data)
Egypt
Demographic and Health Outcomes
1976-2008
Fertility Levels and Trends in Egypt

Figure 6: Educational Characteristics of EDHS
Ever-Married Women Respondents, 1988-2008

Figure 7: Egypt Total Fertility Rate, 1976-2008

Figure 8: Egypt Total Fertility Rate by Urban and Rural Areas, 1985-2005
Contraceptive Use Levels and Trends in Egypt

Figure 17: Egypt Wanted Total Fertility Rate by Region, 1980-2008

Figure 18: Egypt Contraceptive Prevalence Rate (CPR), 1978-2008

Figure 19: Egypt Contraceptive Prevalence Rate (CPR) by Urban and Rural Areas, 1980-2008
Figure 24: Percentage of Methoces Supplied by Public Sector Facilities, 1988-2008

Figure 25: Percentage of Ever-Married Women with Knowledge of Family Planning Methods, 1988-2008

Figure 26: Percentage of Currently Married Women with No Media Exposure to Family Planning Information and Messages, 1992-2008
Figure 27: Percentage of Currently Married Women with No Exposure to Family Planning Information and Messages via Radio, TV and Newspapers, 2005-2008

Figure 28: Percentage of Currently Married Women Who Approve of FP Use Before and After Marriage, 2000-2008

Figure 29: Percentage of Non Users Who Intend to Use Family Planning, 1988-2008

Figure 30: Percentage of Non-Users with Service Provider Contact and FP Discussions at Public and Private Health Facilities in Previous Six Months, 1995-2008
Unmet Need for Family Planning in Egypt
Maternal Mortality in Egypt
Infant and Child Mortality in Egypt

Figure 53: Egypt Infant Mortality Rate (IMR), 1976-2000

Figure 54: Egypt Infant Mortality Rates by Urban/Rural Status, 1988-2008

Figure 55: Infant Mortality Rate by Region, 1988-2008
Table 1: Trends in Largest High Birth Risk Categories, 1992 and 2008

1995
- Birth Order >3 – 21.1%
- First Birth Order – 20.2%
- Birth Interval <24 Months – 12.1%

2008
- First Order Births – 30.0%
- Birth Order >3 – 12.1%
- Birth Interval <24 Months – 9.0%

Figure 72: Mean Birth Intervals for Births ≤ 5 Years Prior to Interview and Ideal Birth Interval, 1992-2008

Figure 73: Infant Mortality Rate by Mother’s Age at Birth, 2008

Figure 74: Infant Mortality Rate by Birth Order, 2008
Female Circumcision
Other Infectious and Communicable Diseases in Egypt
Table 3: Problems Accessing Health Care
(Percentage of Currently Married Women who Cite the Following Factors in Urban and Rural Areas, 2008)

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Impacts of Government of Egypt-USAID Program

Key Outcomes

Reduction in Egyptian Fertility

1. Substantial decrease in the TFR from 5.5 in 1975 to 3.0 in 2008
2. Strong evidence that the family planning program in Egypt, with a concomitant drop in fertility, was a major contributor to steep declines in the infant mortality and maternal mortality rates
**Increased Use of Modern Contraception**

1. Improved access to family planning services and major increase in IUDs and uptake in injectables, but some decline in oral pill use
2. Contraceptive security achieved: Assumption by GOE of all contraceptive forecasting, commodity procurement, and logistics distribution
3. Improved quality of services in the public sector (MOHP Gold Star clinics), PVO (CSI clinics) and private sector (private physician and pharmacist training)

**Recognition and Decrease in Incidence of Female Genital Mutilation (FGM)**

1. Among currently married women in the EDHS, reduction in the percentage who say FGM should continue (from 82% in 1995 to 68% in 2005)
2. FGM now outlawed, although some attempts were made previously to “medicalize” the practice by requiring FGM be performed within health facilities
3. Evidence between 1995 and 2005 suggests some decline in FGM among girls under 18

**Reduction in Egyptian Infant and Child Mortality**

1. Infant mortality rate falls from 73 deaths per 1,000 births in 1988 to 24 by 2008
2. Neonatal mortality rate declines from 38 deaths per 1,000 births in first 28 days of life to 18 by 2008
3. Under 5 child mortality rate drops from 102 deaths per 1,000 births in 1988 to 28 by 2008
4. Major gains in family planning use reduces the number of high risk births (first births occurring to very young mothers, high parity births, and births spaced less than 24 months apart)

**Reduction in Child Mortality due to Dehydrating Diarrhea**

1. Reduction in diarrhea related infant death rates by 82% from 1982-1987 and 62% decline in child death rates
2. Estimated that 300,000 child diarrhea deaths averted between 1982 and 1989
3. Diarrheal disease mortality has continued to decline as percentage of infant and child mortality
Reduction in Child Mortality due to Acute Respiratory Infections (ARI)

1. Mothers recognizing ARI danger signs increased from 30% in 1990 to 72% in 1995
2. EDHS data indicate a steady decline in ARI prevalence in children to under 10% by 2008
3. ARI referrals for medical attention rose to 70% by 2008
4. ARI case registration system was operating in over 2000 clinics by 1996

Reduction in Child Mortality due to Immunizable Diseases

1. Impact of immunization was important factor in reducing infant and under five child mortality
2. Fully immunized child coverage increased from under 40% in 1988 to 92% in 2008
3. Polio eradicated in 2004
4. Measles and pertussis, major contributors to pneumonias and ARI, virtually eradicated
5. Neonatal tetanus, diphtheria, and tubercular meningitis nearly eliminated
6. Assumption by GOE of all vaccine procurement and distribution in 1992

Reduction in Maternal and Neonatal Mortality

1. Maternal mortality ratio falls from 174 per 100,000 live births in 1993 to 84 in 2000
2. Medically assisted deliveries increase from 35% in 1988 to 80% by 2008
3. Maternal mortality differentials between Upper and Lower Egypt substantially diminished
4. Emergency obstetric and neonatal care increasingly available

Communications and Behavior Change

1. High levels of knowledge about family planning and health issues documented in the EDHS
2. Sustainable capacity at State Information Service (SIS) achieved to effectively manage health communications
3. Egypt achieves success in rapid mobilization of knowledge and behavior change related to avian influenza pandemic and actions to control transmission
Survey/Operational Research Capacity Strengthened

1. Evidence on demographic, family planning/RH, and maternal and child health routinely generated, primarily through successive rounds of the EDHS
2. Capacity for undertaking demographic and health surveys established in Egypt
3. Operations research completed on priority issues pertaining to family planning and RH (e.g., post-abortion care, duration of IUD use, postpartum programs, FGM, and FP counseling)
4. Two maternal mortality surveys conducted and a national Maternal Mortality Surveillance System (MMSS) established

Disease Surveillance and Outbreak Response Capacity

1. Schistosomiasis prevalence dropped from 50% of population in 1980s to 2% in 2009
2. Effective H5N1 case finding and treatment program established by MOHP was linked to capacity built by USAID’s Field Epidemiology Training Program (FETP)
3. Infectious and chronic disease research capacity in collaboration with Schisto Project and HCV work
4. Diarrhea and ARI surveillance and program research on treatment strengthened

Health Sector Reform and Health Systems Development

1. Health facility accreditation program currently being implemented for primary health clinics and hospitals
2. Health Management Information Systems (HMIS) strengthened at the MOHP, Egypt’s Health Insurance Organization (HIO), and public hospitals
3. Capacity to conduct National Health Accounts well established in MOHP

Family Planning Impact Analysis 1976-2005
(Scott Moreland Projections)
Major Impacts of Egypt’s Population Program, 1980-2005

1. Total Population in 2005 is 71.3 million compared to the counterfactual of 83.6 million (a difference equivalent to the present-day population of Cairo)

2. By 2005, there are 10 million fewer young people in the non-working ages 0-14 in comparison to the counterfactual projection – thereby reducing pressure on educational facilities and future employment generation.
Major Impacts of Egypt’s Population Program, 1980-2005

3. By 2005, Egypt experienced more than 3 million fewer infant deaths (1.3 million due to fewer births and 1.8 million due to lower risk)

4. By 2005, there were over 6 million fewer deaths among children under age 5

5. Over the 25 year projection period, 17,000 mothers’ lives were saved

Major Impacts of Egypt’s Population Program, 1980-2005

6. Moreland’s cost-saving estimates resulting from Egypt’s investment in family planning between 1980-2005 are as follows:
   - Education – LE 36,565 million
   - Immunization – LE 783 million
   - Food Subsidies - LE 8,489 million
   - Total - LE 45,838 million

7. Egypt’s family planning program over the same period cost LE 2,402 million

Financial Charts
### Cross-Country Comparisons

#### Demographic Trends in Egypt Compared to Other Middle East Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>GNP (US Dollars billions)</th>
<th>Per-Capita GNI</th>
<th>Military Expenditures as % of GNP</th>
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</thead>
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<tr>
<td>Egypt</td>
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**Gross National Product (GNP), Per-Capita National Income, and Percentage of GNP for Military Expenditures, 2007**

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