

Summary of the Terminal Evaluation

1. Outline of the Project	
Country: The Arab Republic of Egypt	Project Title: The Project on the Promotion of School Health Services in Upper Egypt.
Issue/Sector : Health	Cooperation Scheme : Technical Cooperation
Division in Charge: Health Group 1, Human Development Department	Total Cost: Approx. 329 million yen (the actual cost spent from FY 2008 to FY2011)
Period of Cooperation: November 2008-November 2012 (R/D) September 16, 2008	Partner Country's Executing Organizations: Ministry of Health and Population (MOHP) and Health Insurance Organization (HIO), (Relevant Agency: Ministry of Education [MOE])
Related Cooperation: -	Supporting Organization in Japan: System Science Consultants Inc., Nonprofit Organization HANDS
<p>1-1. Background of the Project</p> <p>The overall health indicators in the Egypt have been improving; however, the improvements vary from governorate to governorate depending on their locality, economic situation, and the educational background of the residents. The gap between rural and urban areas, as well as an economic divide, still exists in Egypt. In particular, the prevalence of anemia, poor growth and parasitic diseases are present as a large problem among school children in poor communities.</p> <p>In 1993, the Student Health Insurance Program for school children under Law 99 (enacted in 1992) was introduced to expand the provision of healthcare insurance to all school students. In the same year, the "Manual of Student Health Insurance Act" was issued; in which it stipulates that doctors and nurses working for Health Insurance Organization (HIO) clinics should provide school health services such as: periodic health check-up; preventive inoculation; maintenance of school environment; and health education. Despite all these exerted efforts to provide adequate and reliable health services for all school students, challenges concerning accessibility, quality and other aspects have still persisted. Due to medical human resources shortages (especially doctors) in Egypt, in many cases, a HIO doctor and/or nurse are assigned to several schools. While it is stipulated that doctors and nurses under the Primary Health Care (PHC) Sector of the Ministry of Health and Population (MOHP) cover schools without assigned HIO doctors and nurses they have not been able to allocate sufficient time to provide adequate school healthcare services. This has been compounded by teachers and school children having deficient awareness of the necessity for them to be actively involved in carrying out school health activities.</p> <p>Against this background, to establish a more efficient school health service implementation mechanism and to provide school health services involving doctors, nurses, teachers, students, parents and community members, the Government of Egypt requested technical assistance from the Japanese Government and, as a result, the Project on the Promotion of School Health Services in Upper Egypt was commenced in November 2008.</p> <p>1-2. Project Overview</p> <p>To attain quality improvements of the school health services in Upper Egypt. The Project aims to develop a practical school health service model [referred to as the Health Promotion School (HPS)] by trialing the HPS model at 20 pilot schools in the Tammia District, Fayoum Governorate in Upper Egypt; it also aims to setup a foundation for disseminating the model across the Upper Egypt.</p> <p>(1) Overall Goal: School health is promoted by expanding Health Promotion School and school health services in Upper Egypt.</p> <p>(2) Project Purposes:</p> <ol style="list-style-type: none"> 1) The quality of school health services in Tammia district is improved through the dissemination of the concept of Health Promotion School 2) The framework to disseminate Health Promotion School in Upper Egypt is prepared. <p>(3) Outputs</p> <ol style="list-style-type: none"> 1) Monitoring and supervisory mechanism on school health is developed at district level and is strengthened at governorate/central level. 	

- 2) The provision of school health services is facilitated in Tammia district.
- 3) Human resources for school health are strengthened.
- 4) Supporting activities of Health Promotion School by supporters such as teachers and parents are strengthened.

(4) Inputs (As of the Terminal Evaluation)

Japanese side :

Experts: 88.5 MM in total (1st year: 17.00MM, 2nd year: 28.40MM, 3rd year: 17.97 MM, and 4th year: 25.13 MM [corporate contract])

Equipment: JPY 10.9 mill. Training in Japan: 12 persons

Egyptian Side :

Counterpart 38 persons

Land and facilities:

- Two project office space in Cairo and in the Fayoum Governorate.
- School clinics at the 20 pilot schools

2. Evaluation Team

Members of Evaluation Team (Japanese side)	[Leader]	Mr. Ikuo Takizawa, Director, Health Division 1, Health Group 1 Human Development Department, JICA
	[Evaluation Planning]	Mr. Yuki Matsuyama, Health Division 1, Health Group 1 Human Development Department, JICA
	[Evaluation Analysis]	Ms. Setsuko Kanuka, IMG Inc.

Evaluation Period	16th June 2012 – 7th July 2012	Type of Evaluation : Terminal Evaluation
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3. Results of Evaluation

3-1. Achievement of the Project

(1) Achievement of the Outputs

The Project has developed the following HPS model dissemination tools: “Guidelines of Monitoring and Supervision for School Health Services¹,” “Implementation Manual for School Health Services;” a DVD/CD on comprehensive medical examination; and three leaflets on school health service promotion. By taking into the HPS dissemination tool development process technical inputs from personnel related to the project – from the three relevant governmental organizations (i.e. MOHP, HIO, and MOE) responsible for the provision, monitoring, and supervision of school health services at the central, governorate, district and school level – the Project has developed practical mechanisms for the monitoring/supervision and the implementation of school health services, through fully reflecting the resource-limited conditions (i.e. human, material and financial constrains) of schools located in rural areas of Egypt

As a part of the HPS model development process, the Project has provided various training courses and workshops to a wide range of people: administrative government officers for school health services both at national and governorate/district level and those who are directly involved in the provision and self-monitoring of school health services at the school level (i.e. school principals, social workers, teachers, school doctors and school nurses). Through the provision of these training courses, workshops, and the implementation of school health services – including health education and health activities involving community members at the 20 pilot schools – the Project has strengthened Egyptian school healthcare human resources.

More specifically, according to the End-line Survey – which was conducted in 2012 to compare the changes with health indicators collected in the Baseline Survey in 2009 – while the proportion of students who had ever received health check-ups has drastically increased from 44.5% to 77.3% at pilot primary schools and from 39.1% to 87.2% at pilot preparatory schools, no significant change has been observed at other primary and preparatory schools where the Project did not provide any special inputs or conduct any activities (non-pilot schools). Similarly, while the proportion of students who reported that they were taught on students’ health in general in the last year has increased from 46.0% to 58.1% at pilot primary schools and from 38.3% to 57.6% in pilot preparatory schools, no significant change has also been observed in non-pilot primary and preparatory schools.

Based on these accomplishments, all four Outputs have been assessed to be “partly achieved” or

¹ The Guidelines of Monitoring and Supervision for School Health Services was combined with the Implementation Manual for School Health Services and printed in June 2012 (Arabic version). The document is titled, “the Implementation Manual for School Health Services and the Guidelines of Monitoring and Supervision for School Health Services,” and is referred as M&G in short.

“achieved.” In order to increase their achievement levels, more efforts need to be exerted in the following areas: a quality improvement of the information monitored; a continuous search for viable solutions for doctor shortages; the successful implementation of workshop training (planned to be conducted in the remaining project period); and increasing the community members’ awareness toward the importance of health education through continuous implementation of school health activities participated by community members.

(2) Prospect of Achieving the Project Purposes

According to the results from the End-line Survey, more than half of the students (59.5% of primary school students and 48.4% of preparatory school students), and the majority of teachers and Board of Trustees (incl. some parents) from pilot schools consider that school health services have improved in the last two years. In addition, the ISHC Survey shows that all 114 respondents from 20 pilot schools, who are members of ISHCs, also consider school health services at their schools had improved in the last two years. The concept of HPS has been established through a series of discussions between MOHP, HIO and MOE, and the trial implementation of the model at the 20 pilot schools. The HPS dissemination tools discussed above have been developed. The two Project Purposes are assessed as most likely to be achieved by the end of the project period based on the achievement levels of the Project Purposes’ indicators and the interviews conducted by the terminal evaluation team.

3-2. Summary of Evaluation Result

(1) Relevance: High

The Relevance of the Project has been assessed as high because the improvement of school health services are in line with the Egyptian Government’s development policy, the Japanese Government’s aid policy to Egypt, and the needs of Egyptian people.

Egypt is currently facing an epidemiological transition characterized by a rising prevalence of risk factors such as obesity, smoking and hypertension. These new health challenges require preventive care starting at a young age; however school health services to school children in Egypt, especially in rural areas, have not been sufficiently provided. In response, MOHP developed the *Strategic Vision for Improving Health Care Services and Nursing in Egypt in 2012*, which includes a strategy to improve children’s health through school health service promotion activities.

The Japanese aid policy towards Egypt identifies the support for improving the access of the impoverished to medical care services, to enhance and improve public services, as one of its poverty reduction and improvement of living standards strategies. Furthermore, the *Health and Development Initiative (2005)* and *Japan’s Global Health Policy (2011-2015)* also state the importance of adopting a multi-sectoral approach in improving the access to health services.

(2) Effectiveness: High

The Effectiveness of the Project has been evaluated as high because the prospect of the Project Purposes being achieved by the end of the project period is deemed as highly likely and there is a clear linkage between the achievement of the Project Purpose and the successful production of its Outputs.

The Project conducted various training courses and workshops necessary for the development and dissemination of the HPS model, to a wide range of people involved in school health services at all central, governorate, district, and school level. At the 20 pilot schools, health promotion activities have increased and monitoring has been appropriately conducted. As a result, it was confirmed in the End-line Survey that some of key indicators in such areas as personal hygiene and school environment have improved, and many students, teachers, and Board of Trustees (incl. some parents) from pilot schools consider that school health services have improved in the last two years. Additionally, HPS model dissemination tools, except for the Dissemination Guidelines, have been developed by taking technical inputs from Egyptian project related personnel, from MOHP, HIO, and MOE, involved in school health services. Furthermore, the planned approach to disseminate the HPS model from school to school has been conducted successfully at the 5 non-pilot schools.

The four Outputs cover all components (the development of mechanisms for the monitoring/supervision and implementation of school health services, including the promotion of community participation in school health activities, and the strengthening of human resources related to school health services) that are necessary to improve school health services in the Tammia District and develop a practical and effective

HPS model that can be disseminated across Upper Egypt.

(3) Efficiency: Medium

The Efficiency of the Project has been assessed as medium because inputs have been effectively allocated and efficiently used to contribute to the production of its Outputs; however, a portion of inputs have not been allocated as planned, and HPS dissemination activities in the Tammia District were limited in scale.

The Project has focused its activities and inputs on the 20 pilot schools, which made it possible to test the feasibility of the HPS model that can be disseminated to other governorates across Upper Egypt. Though the Project's trial dissemination of the HPS model using the "school-to-school approach" has only been conducted at five non-pilot schools. In order to increase efficiency, some other complimentary dissemination approaches may need to be considered and put in place.

From January to May 2011, the Project was suspended for four months, following the Egypt's Revolution in January 2011 and the socio-political insecurity that occurred as an aftermath of the event. Despite the unexpected suspension, the Project has responded flexibly to the situation and produced planned Outputs, by taking such measures as the use of technical inputs from local experts in school health services to produce the dissemination tools and accelerate the implementation of project activities.

(4) Impact: Medium

The Impact of the Project has been assessed as medium because, judging from the achievement level of indicators, the technical feasibility of achieving the Overall Goal is high; however, the prospect for achieving the Overall Goal within three to five years after the completion of the Project is uncertain since there is no explicit post Project plan for the dissemination of the HPS model.

Since the End-line Survey shows that some key indicators at pilot schools in the areas of: personal hygiene and school environment have improved - which indicate behavioral changes among students and teachers have occurred - it is evaluated that these improvements ensure the technical feasibility of the promotion of school health services using the HPS model. The improvements of some key indicators are also observed in the End-line Survey within non-pilot schools in the areas of personal hygiene and the establishment of an (Internal) School Health Committee²; according to members of the Fayoum Governorate's School Health Committee (SHC) – a governorate level coordination body for school health services established as part of the Project – the improvements in indicators are partially attributable to the proactive actions in disseminating school health activities, played by monitoring/supervisory personnel from MOHP, HIO, and MOE. More specifically, for example, the proportion of students who always wash their hands before eating has increased from 43.5% in 2009 to 68.3% in 2012 within pilot primary schools and from 36.1% to 57.9% within pilot preparatory schools; regarding that the proportion has increased from 42.1% to 59.2% at non-pilot primary schools and 37.3% to 50.5% at non-pilot preparatory schools.

At the time of the terminal evaluation, the dissemination process had only just begun but many dissemination activities are planned to commence before the end of the Project period (November 2012), steadily leading to the establishment of a foundation for disseminating the HPS model to the Upper Egypt. The absence of an explicit post-Project plan for the HPS model dissemination agreed by MOHP, HIO, and MOE makes the prospect for the Overall Goal's achievement uncertain.

The establishment of a cooperative working relationship among the three governmental organizations has, been widely recognized among all the people related to the project, as the most notable positive impact of the Project. Thus, it is projected that if the joint activity plan is developed and agreed upon, school health services will continue to be implemented and disseminated through their concerted efforts even after the end of the Project.

(5) Sustainability: Medium

The Sustainability of the Project has been assessed as medium because an institutional ground has been established (trained sufficiently in number and quality), to continue the provision of school health services and core human resources, which will continuously implement school health services and expand them to other areas in Upper Egypt. But, it is still uncertain whether sufficient human and financial resources will be secured to enable the expansion of the Project's effects.

The Project's institutional sustainability is assessed as high because the *Strategic Vision for Improving*

² The school health committees found at non-pilot schools in the End-line Survey may not be the same internal school health committees (ISHC) established in the Project, but a type of internal school entity that conducts health related activities.

Health Care Services and Nursing in Egypt, developed by MOHP in 2012, includes the ministry's strategy to improve children's health through school health service promotion activities and the School Health Promotion Committee – a committee for school health services at the central government level, which includes MOHP, HIO, and MOE at the central level in its members – has been re-established by the MOHP's Ministerial Decree of 396/2012.

The Project's organizational sustainability is assessed as medium because the roles and responsibilities of MOHP, HIO, MOE and their local offices in the implementation and monitoring/supervision of school health services have been clearly defined in the *Implementation Manual for School Health Services and the Guidelines of Monitoring and Supervision for School Health Services*, but some Egyptian project personnel and project related personnel (including ISHC members) consider school health services as "extra" tasks beyond their regular duties and responsibilities.

The Project's financial sustainability is assessed as medium because there has been a drastic increase in expenses incurred from training in school health and related services conducted by MOHP, but no post-Project activity plan for school health service promotion, with a clear budgetary arrangement, has been agreed upon between MOHP, HIO and MOE. The training expenses by MOHP have increased from approx. LE 94,000 in FY 2010/2011 to approx. LE 486,000 in FY 2011/2012. MOHP has proposed LE 830,000 for the FY 2012/2013 training for dissemination of the HPS model to other governorates. This trend indicates a strong commitment from MOHP to ensure financial sustainability.

The Project's technical sustainability is assessed as high. The Project has trained a sufficient number of core personnel, at the governorate level in the Fayoum Governorate and at the central level, to continue the implementation and dissemination of school health services in the Tammia District and eventually throughout other governorates. The number of core personnel is also expected to increase with the upcoming four training workshops for dissemination in the remaining period of the Project.

3-3. Factors that Promoted Realization of Effects

(1) Factors Concerning to Planning

- Adoption of the Cross-Sectoral Approach: Egyptian government personnel involved in school health services at the central, governorate, and district levels from three governmental organizations, MOHP, HIO, and MOE have been assigned as counterparts (C/Ps) to the Project. The Project has established a cooperative working relationship among three organizations, by adopting a cross-sectoral approach in the school health sector that involves both education and health sectors.
- Combination of the Top-Down and the Bottom-Up Approaches: The Project's training courses have targeted those involved in school health at all levels (i.e. administrative government official from the central, governorate, district level, and those who are directly involved in providing school health services at schools, such as, school principals, school nurses, and social workers). By targeting all level, the Project has fostered an all-round ownership toward the Project among all those involved.
- Focus of the Practicality of the Health Promotion School Model: By taking a "school-based approach," the Project was able to develop practical HPS dissemination tools that reflected the actual conditions of schools (the availability of material, financial and human resources at rural schools in Egypt) in the development of dissemination tools.

(2) Factors Concerning to the Implementation Process

- Strong Commitment by the Egyptian Project Personnel: The Project has been implemented with a strong sense of ownership by the Egyptian project personnel (especially, C/Ps at the governorate/district level).
- Continuous Efforts to Improve Communication and Establish a Trust Relationship: The Egyptian and Japanese sides have exerted continuous efforts to improve communication and to establish a strong trust relationship, which have facilitated the implementation process.

3-4. Factors that Impeded Realization of Effects

(1) Factor Concerning to Planning

- Unclear Placement of the Responsibility Regarding Inputs: In this Project, the three organizations' responsibilities regarding project input (i.e. training expenses) have not been clearly defined. This affects the Project's financial sustainability.

(2) Factor Concerning to the Implementation Process

- Difference in Understanding about Project Inputs: In the first half of the project period, the project implementation was delayed because of the time required to resolve differences in understanding of administrative management issues between the Egyptian project personnel and the Japanese expert team. While the issues were resolved eventually, after a series of discussions and negotiations, the time taken to reach an agreement delayed the project implementation.

3-5. Conclusion

By overcoming many implementation challenges through the application of flexible measures, the Project is most likely to achieve its Project Purposes. The Project was successful in introducing the HPS model based on the team approach, which has transcended from the central governmental organizations (i.e. MOHP, HIO and MOE) to the governorate, district and school levels. By maximizing the utilization of existing resources, the approach provided a practical solution to make school health program operational in the Upper Egypt resource-constrained setting. The scope of the current HPS model is limited to essential activities but it can be expanded depending on the availability of additional resources.

In consideration of the technical foundation and the ownership by MOHP, HIO, and MOE to promote school health further, it is concluded that the Project should be terminated as planned.

3-6. Recommendations

Based on the evaluation, recommendations are made for measures to be taken by both the Project (the Egyptian project related personnel and the Japanese expert team) before the end of the project period, and the Egyptian Government after the project.

(1) Measures to be taken by the Project Before the End of the Project Period

- 1) Development of a Post-Project Activity Plan for School Health Service Promotion
- 2) Coordination with Other Development Partners for the dissemination of the HPS model
- 3) Uploading the Manual, Guidelines, and Other Dissemination Tools onto the MOHP, HIO, and MOE's Websites
- 4) Continuous Effort to Improve Information Sharing and Communication

(2) Measures to be taken by the Egyptian Government After the Project

- 1) Institutionalization of the School Health Committee at the Government Level and the Internal School Health Committee at the School Level
- 2) Recognition of the Significance of School Health in Egyptian Context
- 3) Continuous Search for Solving the Issues of the Shortage of Doctors

3-7. Lesson Learned

- (1) Importance of Inter-organizational Coordination and Collaboration: Success of a school health program in a resource limited setting depends on a good degree of coordination and collaboration between stakeholders in charge of health and education at all levels. In a project where inter-organizational coordination and collaboration is essential, it is desirable that roles and responsibilities of each organization are defined before the commencement or at very early stage of project implementation.
- (2) Appropriate Procedure for the Development of Manuals and Guidelines: Development of technically sound and operationally feasible manuals and guidelines requires a rigorous and participatory process of incorporating inputs from a diverse range of stakeholders – covering policy to operational levels. Such process is time consuming but will improve the overall effectiveness and efficiency, as acceptability of the end product is likely to be high. Need for such rigorous participatory process and extensive time allocation required to enable this should be taken into consideration in designing similar projects. Utilization of local expertise in the production and publication of guidelines and manuals, in a context where such resources are available, may be a viable option to improve communicability and the socio-cultural acceptability of such documents.
- (3) Maximum Utilization of Existing Human Resources: In a resource-limited setting, maximum utilization

of existing and available resources, especially human resources, should be encouraged through a team approach. The Project was successful in mobilizing existing personnel such as social workers, population and environment teachers, computer teachers, and the parents for the purpose of promoting school health under the leadership of the school principals through ISHCs. However, the procedure for institutionalization of such newly added functions need to be incorporated in/under the project activities in order to ensure sustainability.

- (4) Appropriate Use of Baseline and End-line Surveys: Appropriately designed baseline and End-line surveys can provide valuable information for the evaluation of projects and the verification of project approaches. Such information is essential for evidence-based policy recommendations and should be applied to projects focusing on any pilot activities. However, these surveys need to be carefully designed in order to obtain relevant information and avoid undue confusion. The results of the End-line survey in this Project were valuable in providing information on changes associated with the project implementation in the pilot schools, but there were some queries raised as to the relevance of some of the results. It should be also noted that, while data collection and analysis can be out-sourced to institutions that are specialized in research; interpretation of the results requires direct involvement of the personnel who have hands-on knowledge and experience of a project's implementation and context.

3-8. Follow-up cooperation

A follow-up cooperation with new inputs will not be implemented after the Project.