

Country Name	<b>The Project on the Promotion of School Health Services in Upper Egypt</b>
Arab Republic of Egypt	

**I. Project Outline**

Background	<p>In Egypt, in 1993, the Student Health Insurance Program for school children of primary, preparatory and secondary schools was introduced to expand the provision of healthcare insurance to all school students in the country under the Law 99 which was enacted in 1992. The “Manual of Student Health Insurance Act” stipulates that school doctors and school nurses working for the 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 efforts to provide adequate and reliable health services for all school students, challenges concerning, accessibility, quality and other aspects were still persisted. Also, the health service activities at schools were insufficiently practiced because of deficient awareness to proactively implement the school health activities by the teachers and school children. Under those situations, the government of Egypt requested the government of Japan a technical cooperation project 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.</p>																
Objectives of the Project	<p>Through development of monitoring and supervisory mechanism on school health at district level, designation of 20 Health Promotion Schools (HPSs) in Tammia district for promotion of school health, trainings on school health and strengthening of supporting activities by teachers and parents for Health Promotion Schools, the project aimed at improvement of quality of school health services in Tammia district as well as preparation of framework for dissemination of Health Promotion School in Upper Egypt, thereby contributing to promotion of school health through expansion of Health Promotion School and school health services in Upper Egypt.</p> <ol style="list-style-type: none"> <li>Overall Goal: School health is promoted by expanding Health Promotion School and school health services in Upper Egypt.</li> <li>Project Purpose: 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.</li> </ol>																
Activities of the Project	<ol style="list-style-type: none"> <li>Project site: Upper Egypt (Pilot site: Tammia District in Fayoum Governorate)</li> <li>Main activities: 1) Development of Guidelines of Monitoring and Supervision for School Health Services and conducting monitoring and supervision activities at the pilot schools, 2) delivery of school health services at the pilot site, 3) delivery of trainings for human resources to be engaged in school health activities and services, 4) implementation of school health activities with community participation</li> <li>Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Egyptian Side</td> </tr> <tr> <td>1. Experts: persons: 12 persons</td> <td>1. Staff allocated: 38 persons</td> </tr> <tr> <td>2. Local consultant: 1 person</td> <td>2. Land and Facilities: project office spaces in the Ministry of Health and Population in Cairo and Fayoum and school clinics in the 20 pilot schools</td> </tr> <tr> <td>3. Acceptance of trainees in Japan: 3persons</td> <td></td> </tr> <tr> <td>4. Equipment: basic health tools, PCs, printers and vehicles, etc.</td> <td></td> </tr> <tr> <td>5. Local cost: cost for trainings etc.</td> <td></td> </tr> </table> </li> </ol>					Japanese Side	Egyptian Side	1. Experts: persons: 12 persons	1. Staff allocated: 38 persons	2. Local consultant: 1 person	2. Land and Facilities: project office spaces in the Ministry of Health and Population in Cairo and Fayoum and school clinics in the 20 pilot schools	3. Acceptance of trainees in Japan: 3persons		4. Equipment: basic health tools, PCs, printers and vehicles, etc.		5. Local cost: cost for trainings etc.	
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Ex-Ante Evaluation	2008	Project Period	November, 2008 - November, 2012	Project Cost	(Ex-ante) 380 million yen (Actual) 390 million yen												
Implementing Agency	Ministry of Health and Population (MOHP), Health Insurance Organization (HIO)																
Cooperation Agency or Contract Agency in Japan	System Science Consultants Inc. (SSC), Health and Development Service (HANDS)																

**II. Result of the Evaluation**

&lt; Constraints in the Evaluation &gt;

**Constraints on data and information collection for Ex-post Evaluation**

The number of samples to collect data and information and geographical coverage of the project sites was limited because the interview surveys could cover limited number of interviewees and sites to be surveyed within limited time for survey. Therefore, the evaluation survey mainly focused on information collection in Tammia District and Fayoum Governorate where the project had directly affected.

**1 Relevance**

&lt;Consistency with the Development Policy of Egypt at the Time of Ex-Ante Evaluation and Project Completion&gt;

The project was consistent with the Egypt’s development policy of “Socioeconomic Development Five-Year Plan (2007-2010)” and “the Strategic Vision for improving Health Care Services and Nursing in Egypt (2012)”, which aimed at “expansion of primary health care units in all governorates” and “improvement of children’s health through school health service promotion activities.

&lt;Consistency with the Development Needs of Egypt at the Time of Ex-Ante Evaluation and Project Completion &gt;

The project was consistent with the Egypt’s development needs of improvement of school health services in particular in rural areas and the enhancement of the capacity of human resource to provide the school health services, including school doctors and nurses.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

The project was consistent with the Japan's ODA policy to Egypt (June 2008) to prioritize the three areas including poverty reduction and improvement of living standards, such as expansion and improvement of public services and improvement of social welfare.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the Time of Project Completion>

By the project completion, the Project Purpose 1 (improvement of quality of school health services in Tammia district) was partially achieved and the Project Purpose 2 (preparation of the framework to disseminate Health Promotion School in Upper Egypt) was achieved. As for satisfaction level of students, parents and teachers with school health services (Indicator 1-1), according to the end-line survey, 61% of primary school students and 48% of preparatory school students, and the majority of teachers and the Board of Trustees from the pilot schools considered that the school health services have improved in the 2 years before ending the project. In the same survey, most parents from the pilot schools claimed no improvement in school health services though limited communication between schools and parents and limited awareness among the parents of the progress in school health programs may have brought about their misperceptions. In terms of improvement of school health service (Indicator 1-2), according to the Internal School Health Committee (ISHC)<sup>1</sup> survey, all 114 respondents from 20 pilot schools reported that school health services at their schools had improved. The concept of Health Promotion School (Indicator 2-1) was agreed among all relevant organizations. Also, tools for dissemination of Health Promotion School (Indicator 2-2), such as "Implementation Manual for School Health Services and Guidelines of Monitoring and Supervision for School Health Services", DVD and CD on comprehensive medical examination and three leaflets on school health service promotion, were developed.

<Continuation Status of Project Effects at the Time of Ex-Post Evaluation>

The project effects have been partially continued since the project completion. In terms of division of responsibilities for the school health activities, while health education and health examination are the mandate of schools nurses under MOHP for rural areas or HIO for urban areas, other activities are the mandate of teachers under the Ministry of Education (MOE). Owing to differences in the organizational mission and mandates among the concerned parties of MOHP, HIO and MOE, perceptions on the status of school health service activities introduced by the project vary according to each party.

According to MOHP and HIO in Fayoum and Tammiya, health service activities based on the concept of the Health Promotion Schools have been sustained in the 20 pilot schools. In detail, all pilot schools have been conducting 5 out of 6 activities. As for the remaining activity of Health Examination Coverage, 4 out of 20 pilot schools have been providing health check-ups despite a lack of the number of doctors and health visitors in rural areas. However, some of the pilot schools are facing difficulties with community participation as well as water and sanitation. Despite difficulties of monitoring schools by representatives from ministries due to limited resources including staffs of the School Age Children Health Department (SACHD) of MOHP and infrastructure, MOHP irregularly visits the schools and HIO irregularly receives updates from the HIO Fayoum branch.

In the 2 pilot schools surveyed by the ex-post evaluation, it was confirmed that the school health activities introduced by the project have been continued since they still have the human resources who had been involved in the project activities during the project implementation. Also, it was confirmed that HIO and the Education Directorates in Fayoum and Tammiya as well as the 2 pilot schools surveyed by this ex-post evaluation recognized the improvement of the school health services provided by the pilot schools. On the other hand, due to reallocation of human resources and lack of sustainable trainings to teachers and health visitors in rural areas, the efficiency of the school health services has been getting lower.

In terms of the concept of the Health Promotion School, HIO has disseminated it to all schools in Tammiya and implemented the activities including all activities introduced by the project in almost all districts in Fayoum. Since the mandates of MOE (activities concerned with population, health education and environment) are functioning in all schools in Egypt (over 54,000 schools) but the concept of the Health Promotion School by this project has not been taken over by MOE because MOE is implementing those activities based on its protocol and mandate. In terms of the "Implementation Manual for School Health Services and Guidelines of Monitoring and Supervision for School Health Services", MOHP distributed 1,500 copies printed by the project team to doctors, nurses and community members in the occasion of trainings. HIO promotes health activities, which are related to the project activities, based on their own guidelines and materials. Providing the trainings in remote areas was not easy due to limited human and financial resources. HIO and the Education Directorates in Fayoum and Tamiya have at least one copy of the manual. In particular, according to HIO, they refer to it for getting proper knowledge about school health activities when they implement trainings to health visitors in urban areas (trainings for health visitors in rural areas are the mandates of MOHP). It was also confirmed that the 2 visited pilot schools utilize the manual. However, none of MOE, HIO and MOHP printed additional copies of the manual, so the manuals were not distributed to non-targeted organizations and schools because of the budget constraints.

The system for the dissemination of the activities related to the project was established through several ways such as initiating dissemination activities in nine governorates other than Fayoum and developing the guideline for dissemination in May 2012, and selecting trainers responsible for dissemination in each governorate at the workshop in June 2012.

<Status of Achievement for Overall Goal at the Time of Ex-Post Evaluation>

The Overall Goal has not been achieved at the time of ex-post evaluation. In order to verify achievement of the Overall Goal, the ex-post evaluation team visited the relevant organizations as well as some of the schools in Assiut governorate, one of the largest governorates in Upper Egypt. As for introduction of the Health Promotion School in Upper Egypt (Indicator 1), MOHP has not disseminated the activities introduced by the project to Upper Egypt in proper and sustainable manner based on the HPS model because of the limited financial resourced. As mentioned above, MOE has not extended in Upper Egypt the concept of the Health Promotion School despite their activities based on their mandate covering over 54,000 schools in the country. In terms of regular training on school health based on the activities introduced by the project (Indicator 2), MOHP has utilized the materials developed by the project such as a guideline for implementation of the trainings, therefore the training programs delivered by MOHP have been based on the guideline. HIO has provided trainings to all school doctors and nurses twice a year. The central government develops training plan and the 22 branches (governorates) are responsible for the implementation. The training topics were: Administration, Communicable Diseases and Health Checkup and trainings on any

<sup>1</sup> ISHC is one of the key components for the school health activities based on the HPS model introduced by the project.

emerging health issues. MOE has provided trainings for teachers who are members of SHC, but the details were not disclosed. According to HIO branches in Fayoum and Assiut as well as health visitors, HIO provided trainings to all health visitors in urban areas twice a year. However, due to limitation in the number of human resources and budget, the coverage of the trainings for health visitors in remote areas such as Tammia which is more than 1 hour away from the capital of the governorate is not sufficient. HIO was deemed to be more active to implement trainings compared to MOHP and MOE.

According to the Education Directorates in Fayoum and Assiut, MOE provided opportunities for annual meetings, however no trainings has been implemented. In terms of monitoring of health indicators based on the monitoring and supervision system developed by the project (Indicator 3), data for the indicators were not acquired from the central governments because these indicators have not been registered and those data have not been accumulated in the central governments. According to HIO branches in Fayoum and Assiut as well as schools surveyed by the ex-post evaluation, although the results of health checks have been recorded in paper at all schools and the schools have reported the result to HIO branches (in urban areas, in case in rural areas the results are reported to MOHP) and the HIO branches recorded the collected results in the database. It was confirmed that all schools had kept the records of the results of health check in paper, but the indicators to assess school health<sup>2</sup> were not recorded.

<Other Impacts at the Time of Ex-Post Evaluation>

Some positive impacts of the project have been observed at the time of ex-post evaluation. MOHP developed monitoring and supervisory mechanism on school health at district level and strengthened at governorate and central level. Also, MOE issued the ministerial decree 74 (2014) to establish School Health Committee (SHC) in school, district and directorate levels. Among the positive impacts by the project was also the utilization of the guidelines developed by the project for the development of MoE guidelines for the General Directory of Health, Population and Environmental Education. No negative impact was observed at the time of ex-post evaluation.

<Evaluation Result>

In light of the above, the project partially achieved the Project Purpose 1 and achieved the Project Purpose 2 and the health service activities based on the concept of Health Promotion School introduced by the project have been sustained at all the pilot schools. However, the Overall Goal to disseminate the concept of Health Promotion School in Upper Egypt has not been achieved. Therefore, the effectiveness/impact of the project is fair.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results
(Project Purpose 1) The quality of school health services in Tammia district is improved through the dissemination of the concept of Health Promotion School.	(Indicator 1-1) More than half of students, parents, and teachers are satisfied with the school health services.	<u>Status of the Achievement: Partially achieved</u> (Project Completion) <ul style="list-style-type: none"> <li>● According to the end-line survey, 61% of primary school students and 48% of preparatory school students, and the majority of teachers and the Board of Trustees from pilot schools considered that the school health services have improved in the 2 years before ending the project.</li> <li>● In the same survey, most parents from pilot schools claimed no improvement in school health services due to limited communication with school and limited awareness among the parents of the progress in school health programs.</li> </ul> (Ex-Post Evaluation) Partially continued. <ul style="list-style-type: none"> <li>● No data available.</li> <li>● However, it was confirmed that HIO and Education Directorates in Fayoum and Tamiya as well as 2 pilot schools surveyed by this ex-post evaluation recognized the improvement of the school health services provided by the pilot schools.</li> </ul>
	(Indicator 1-2) Internal School Health Committee Members at 20 pilot schools judge that the provision of school health services is improved.	<u>Status of the achievement: Achieved</u> (Project Completion) <ul style="list-style-type: none"> <li>● According to the ISHC survey, all 114 respondents from 20 pilot schools reported that school health services at their schools had improved.</li> </ul> (Ex-Post Evaluation) Partially continued <ul style="list-style-type: none"> <li>● It was confirmed that HIO and Education Directorates in Fayoum and Tamiya as well as the 2 pilot schools surveyed by this ex-post evaluation recognized the improvement of the school health services provided by the pilot schools.</li> </ul>
(Project Purpose 2) The framework to disseminate Health promotion School in Upper Egypt is prepared.	(Indicator 2-1) The concept of Health Promotion School is elaborated.	<u>Status of the achievement: Achieved</u> (Project Completion) <ul style="list-style-type: none"> <li>● The definition of the HPS concept was agreed upon among all relevant organizations.</li> </ul> (Ex-Post Evaluation) Partially continued <ul style="list-style-type: none"> <li>● According to HIO, the HPS concept has been disseminated (all activities introduced by the project are implemented) to all schools in Tammia and almost all districts in Fayoum.</li> <li>● According to MOE, concept of HPS introduced by this project has not been sustained.</li> </ul>

<sup>2</sup> The proportion of students who always wash their hands before eating, the proportion of students who never eat breakfast before going to school, the proportion of students who reported that people smoke inside classrooms, the proportion of students who never got sick in the current school year, and the proportion of students who have ever received health check-ups by school doctor and/or school nurse.

	<p>(Indicator 2-2) The tools for dissemination of Health Promotion School are developed.</p>	<p><u>Status of the achievement: Achieved</u> (Project completion)</p> <ul style="list-style-type: none"> <li>● The following dissemination tools were developed: <ul style="list-style-type: none"> <li>➢ “Implementation Manual for School Health Services and Guidelines of Monitoring and Supervision for School Health Services”</li> <li>➢ DVD/CD on comprehensive medical examination</li> <li>➢ Three leaflets on school health service promotion</li> </ul> </li> </ul> <p>(Ex-post Evaluation) Partially continued</p> <ul style="list-style-type: none"> <li>● MOHP distributed 1,500 copies printed by the project to doctors, nurses and community members in the occasion of trainings.</li> <li>● HIO does not utilize the guideline but they promote health activities with its own way with its own guidelines and material because School Health is one of the mandates of HIO, and HIO has its own way/measures to implement/promote its comprehensive activities. The approach depends on each branch and it is not standardized.</li> <li>● MOE does not utilize the guideline directly because it is not applicable and useful for school teachers, but rather the relevant information from the manual were used in developing the MOE own guideline. Although MOE’s mandates are: Population, environment and health education, the guideline covers only health education and environment partially. Since MOE has its own way/measures to implement/promote its comprehensive activities, MOE developed its own guideline above mentioned which covers all those 3 sectors in 2012. The guideline is annually updated and the soft copy is provided to all teachers.</li> </ul>																																																					
<p>(Overall Goal) School health is promoted by expanding Health Promotion School and school health services in Upper Egypt.</p>	<p>(Indicator 1) Health promotion schools are introduced to more than 5 governorates in Upper Egypt.</p>	<p><u>Status of achievement: Not achieved.</u> (Ex-post Evaluation)</p> <ul style="list-style-type: none"> <li>● According to MOHP, the activities were not disseminated to Upper Egypt in proper and sustainable manner</li> <li>● According to HIO, the concept of HPS has not been disseminated in other governorates in Upper Egypt.</li> <li>● According to MOE, the concept of HPS defined by the project has not been transferred or sustained properly.</li> <li>● According to HIO and Education Directorates in Fayoum and Assiut, the school health activities under the concept of the project are not properly disseminated in Upper Egypt and not practiced.</li> </ul>																																																					
	<p>(Indicator 2) SACHD* of MOHP is providing regular training on school health based on monitoring on pilot schools in Tammia.</p> <p>*SACHD: School Aged Children Health Care Department</p>	<p><u>Status of the achievement: Partially achieved</u> (Ex-post Evaluation)</p> <table border="1" data-bbox="758 1243 1524 1406"> <thead> <tr> <th rowspan="2">Training target</th> <th colspan="4">Target governorate</th> <th colspan="4">Number of trainings</th> </tr> <tr> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Nurses</td> <td>6</td> <td>20</td> <td>18</td> <td>10</td> <td>18</td> <td>10</td> <td>8</td> <td>19</td> </tr> <tr> <td>Doctors</td> <td>N.A.</td> <td>20</td> <td>18</td> <td>10</td> <td>N.A.</td> <td>10</td> <td>8</td> <td>15</td> </tr> <tr> <td>MOE</td> <td>N.A.</td> <td>20</td> <td>18</td> <td>N.A.</td> <td>N.A.</td> <td>10</td> <td>15</td> <td>N.A.</td> </tr> <tr> <td>SHC</td> <td>N.A.</td> <td>N.A.</td> <td>18</td> <td>N.A.</td> <td>N.A.</td> <td>N.A.</td> <td>12</td> <td>N.A.</td> </tr> </tbody> </table>	Training target	Target governorate				Number of trainings				2013	2014	2015	2016	2013	2014	2015	2016	Nurses	6	20	18	10	18	10	8	19	Doctors	N.A.	20	18	10	N.A.	10	8	15	MOE	N.A.	20	18	N.A.	N.A.	10	15	N.A.	SHC	N.A.	N.A.	18	N.A.	N.A.	N.A.	12	N.A.
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<p>(Indicator 3) Some health indicators that are collected in the proposed monitoring mechanism are improved.</p>	<p><u>Status of the achievement: Not achieved</u> (Ex-post Evaluation)</p> <p>The data for the indicators defined in the proposed monitoring mechanism were not acquired from the central government because these has not been registered and accumulated in the central government.</p>																																																						

Source : Terminal Evaluation Report, MOH, HIO, MOE, HIO in Fayoum and Assiut, Education Directorates in Fayoum and Assiut, 2 pilot schools and 8 non-pilot schools in Fayoum and Assiut.

### 3 Efficiency

Although the project period was within the plan (ratio against the plan: 100%), the project cost slightly exceeded the plan (ratio against the plan: 102%). Therefore, efficiency of the project is fair.

### 4 Sustainability

#### <Policy Aspect>

The school health activities have been endorsed by the laws: the Law 99 (1992) for Health Insurance which includes preventive, curative, rehabilitation and school health (MOHP, HIO) and the Ministerial Decree 74 (2014) to establish school health and environment committees at the strategic level and all executive levels of school, educational administration, and educational directorate in school level (MOE).

#### <Institutional Aspect>

##### [MOHP]

MOHP (SACHD:) is responsible for Training of health visitors and doctors in rural areas, supervision and monitoring, data analysis and report writing. Health data are recorded as electric data which can be accessed from MOHP. HIO is responsible for health checkup in urban area, comprehensive curative care, training of health visitors in urban areas, preventive health care measures. SACHD has 6 officers for the central supervisory team but the number of officers is not sufficient for covering all schools in rural areas. Typically, one doctor and one nurse are assigned for each primary health unit (PHU), which covers average 2,000 to 20,000 people in respective areas and provides Primary Health Care Services, and in some governorates one doctor can be responsible for 3 PHUs. These doctors and nurses are in charge

of primary health care (PHC), family planning, vaccination, preventive care, School Health etc.

[MOE]

MOE is responsible for school activities (the Internal School Health Committee, attainment of external and internal sanitary environment, health education and water sanitation) and training teachers for providing sufficient school activities. The General Directorate of Environmental, Population and Health Education launched a document for environmental, population and health education and implemented in 2013. The activities covered hygiene, prevention from infectious diseases, public health and reproductive health and so on and those activities contributed to consolidation of the concept of Health Promotion Schools through interaction for school students. MOE has 6 technical officials for school activities but the number of staffs is not sufficient. Due to the budget limitation, the number of staff decreased.

[District and Governorate Level]

Tammia district has 8 HIO officers, 3 education officers, 3 environment population and health education officers and 3 social workers/health supervisors. The organizational setting has been better due to the increase in the number of social workers/health supervisors deployed in the Education Directorate in district. HIO has deployed 5 members composed of 1 head, 1 doctor, 1 nurse, 1 social worker and 1 secretary for each team in all 22 branches but the number of staffs for the team is not sufficient considering that the mandate of those members are not only school health but they have other duties such as preventive and curative sector. MOHP deploys 1 doctor in each governorate (additional 1 nurse has been deployed in Beni Suef, Giza and Luxor) but it is not sufficient. These doctors and nurses belong to the Health Directorates. On average, 1 doctor takes care of 3 PHC Unit. No social workers or secretaries are deployed. These doctors and nurses are in charge of PHC, Family Planning, Vaccination, Preventive care and School Health. MOHP admits it is difficult to increase the human resource.

Fayoum Governorate has 10 HIO officers, 2 education officers and 2 environment, population and health education officers but the number of officers is not sufficient to cover all schools in the governorate.

For the pilot school, 1 health visitor, 1 environment officer, 1 social worker, 1 IT officer are assigned to almost all the Internal School Health Committees (ISHCs). The numbers of doctors and health visitors are not sufficient, in particular, in rural areas.

[School Health Committee (SHC)]

Based on the Ministerial Decree of MOHP, SHC has been institutionalized at governorate level. Each SHC is composed of 7 members from MOHP, HIO and MOE. SHC is responsible for following up of activities, supervision, tackling problems and implementation of Action Plan. SHC has periodical meetings, twice a year. However, according to MOE and HIO, SHC in central level has not been established, although it is preferable to be established for better coordination and collaboration among concerned parties in order to secure the sustainability of the activities, including proper and smooth planning, implementation and monitoring and evaluation of the activities. According to MOE, there has been a committee for other purpose, whose members are MOHP, HIO and MOE, but nothing concerning the activities related to this project has been discussed in that committee. The Ministerial Decree 74 from Ministry of Education does not state anything about SHC in central level, while it regulates the establishment of ISHC and SHC in governorate and district level. According to HIO, there is SHC in governorate level (without any legal background). Members of SHC at governorate level are heads of the Education Directorate, the Health Directorate and the HIO branch. Also, MOE and HIO admit there is lack of system to secure coordination, engagement and commitment of concerned ministries, which causes the weakness in sustainability of the project effects.

Based on the Ministerial Decree No. 74 of MOE issued in 2014, ISHC has been institutionalized. ISHC is composed of the Head of school (MOE), doctor and nurse (HIO or MOHP) and teachers in school level. ISHC is responsible for implementation of school health activities. It is confirmed that the school health activities such as environment assessment, health check and health education have been implemented in all schools since 1993 and ISHC were systematically structured since the enforcement of the ministerial decree from MOE in 2014. Although ISHC seems to be functioning well in urban areas where HIO and MOE make frequent follow up, some schools only regard ISHC as administrative works and ISHC are not functioning very well, in particular, this tendency seems to be high in rural areas.

<Technical Aspect>

The officers trained by the project, including the school health officers of MOHP (SACHD), the health officers of HIO, population, environment and health education technical personnel and the administrative and financial staffs, have sustained the necessary skills and knowledge for promotion of the school health activities based on the concept of Health Promotion School due to the continuous trainings. Also, the health officers, the population, environment and health education technical personnel and the administrative and financial staffs of the Tammia district and the Fayoum governorate have sustained the necessary skills and knowledge due to the continuous trainings. At school level, teachers who have been in pilot schools since the project implementation stage keep good level of skills and knowledge. However, teachers, doctors and health visitors in Tammia (rural areas) do not have enough opportunities for continuous trainings, because of the shortage of financial resources, human resources and capacity of the Health Directorate and the Education Directorate in Tammia district for conducting continuous trainings in the district. Therefore, those who assigned to pilot schools after the completion of the project did not have enough skills and knowledge which caused the increasing inefficiency of the school health activities in pilot schools.

<Financial Aspect>

[MOHP and HIO]

The budget source of MOHP comes from the central government. Use of budget is for trainings and supervisory visits for PHU and schools. The amount of annual budget is not fixed. SACHD applies for budget by submitting the annual plan for training every year. The budget source of HIO is premium from citizens who join the Health Insurance and some contribution from the Ministry of Finance. Use of budget is health and medical treatment for all members of the Health Insurance, school health activities, trainings for doctors and nurses.

[MOE]

The budget allocation for school health in MOE is only through a proportion of the school fees paid by students. 0.3 LE (=1.85 Yen) per student goes to school health related budget. The budget for 2016 is 6 million LE (0.3LE per student for 20 million students). Use of budget is monitoring and assessment of environment and school activities (mainly awareness raising activities).

The main challenge is deployment of sufficient numbers of doctors and health visitors in the schools because of the lack of necessary financial resources to assign them and to allocate sufficient financial compensation to doctors to be assigned in the outskirts of rural areas, in particular. Also, the additional printing of materials such as the Implementation Manual for School Health Services and Guidelines of Monitoring and Supervision for School Health Services developed in the project is hindered because of the financial resources limitations.

<Evaluation Result>

In light of the above, slight problems have been observed in terms of the institutional/technical aspects but the budget for implementing the School Health activities has been secured through the central government, the Health Insurance system and the Ministry of Finance. On the other hand, as slight problems have also been observed in terms of the financial aspects and there are issues of budget for the payment to doctors in remote areas and for the costs of additional printing guidelines and manuals, the sustainability of the effectiveness through the project is fair.

#### 5 Summary of the Evaluation

The project partially achieved the Project Purpose 1 for improvement of quality of school health services in Tammia district and achieved the Project Purpose 2 for the preparation of the concept of HPS to disseminate in Upper Egypt at the time of project completion. The introduction of the concept of HPS was partly achieved in the target area of Upper Egypt. As for sustainability, even with limits in resources and challenges of coordination among stakeholders from multiple sectors, efforts to disseminate the concept of HPS to more governorates in Upper Egypt have been made. To scale up the activities, issues of limited human and financial resources need to be solved.

In the light of the above, this project is evaluated to be partially satisfactory.

### III. Recommendations & Lessons Learned

#### Recommendations to Implementing Agency:

It is recommended that the HPS activities be expanded to other regions than Upper Egypt based on the outcome of the Project and according to the fact that the system for the dissemination of the activities related to the project was established through several ways such as initiating dissemination activities in nine governorates other than Fayoum and developing the guideline for dissemination in May 2012, and selecting trainers responsible for dissemination in each governorate at the workshop in June 2012. Those activities are recommended to be resumed.



School Clinic at “Tammia Girls Primary Schools”



Health Visitors of nurse and doctor and the social worker at “Tammiya Girls Primary Schools”