

# Egypt PY4 Summary & Results

	<h3>Geographic Implementation Areas</h3> <p><b>Governorates*</b></p> <ul style="list-style-type: none"> <li>23/27 (85%)—9 in Upper Egypt, 9 in Lower Egypt, 5 border governorates</li> </ul> <p><b>Districts</b></p> <ul style="list-style-type: none"> <li>222/308 (72%)</li> </ul> <p><b>Facilities</b></p> <ul style="list-style-type: none"> <li>4,873/5,098 (96%)</li> </ul>	<h3>Population</h3> <p><b>Country</b></p> <ul style="list-style-type: none"> <li>Estimated at 91,500,000</li> </ul> <p><b>MCSP-supported areas</b></p> <ul style="list-style-type: none"> <li>Strategy development at the national level; training and capacity-building in 23 governorates</li> </ul>
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## Technical Areas



### Program Dates

April 2015–June 2019

### Cumulative Spending through End of PY4



### Demographic and Health Indicators



MMR (per 100,000 live births) <sup>[1]</sup>	33
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U5MR (per 1,000 live births) <sup>[2]</sup>	27
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CPK (modern methods) <sup>[2]</sup>	54%
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ANC 4-7	88.8%
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SBA <sup>[2]</sup>	91.5%
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Stunting (height for age < 5) <sup>[2]</sup>	21%
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Sources: <sup>[1]</sup> World Bank 2015, <sup>[2]</sup> EDHS 2014.

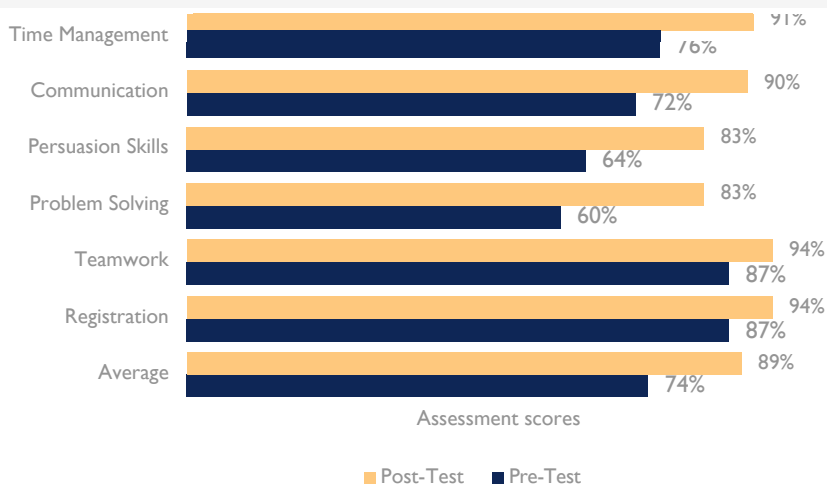
### Strategic Objectives

- Provide technical assistance to the Ministry of Health and Population (MOHP) to develop a national strategy for Egypt's CHWs (*Raedat Refiats*, or RRs) that reflects the Family Health Package and will support the MOHP in reaching Sustainable Development Goals targets.
- Provide technical assistance to MOHP to develop a national training system for the RR program and implement at scale in 23 governorates (all 18 governorates of Upper Egypt and Lower Egypt plus five border governorates: North Sinai, South Sinai, Matruh, Red Sea and Port Said).

### Key Accomplishment Highlights

- Disseminated national CHW strategy for Egypt's 14,000 RRs reflective of the national Family Health Package.
- Strengthened the knowledge and skills of 10,196 RRs from 23 governorates to deliver quality services to families in their communities.
- Launched digital HIS to capture program data from more than 300 RRs in two pilot governorates in collaboration with the MOHP.

**Figure 1. Across all topics, RR from 18 governorates increased their pre-test skills' scores (N=2,040)**



\*Governorates: Al Sharqia, Beheira, Dakahlia, Damietta, Gharbia, Ismailia, Kafr el-Sheikh, Monufia, Qalyubia, Aswan, Asiu, Beni Suf, Fayum, Giza, Luxor, Minya, Qena, Sohag, Matruh, Port Said, North Sinai, Red Sea, South Sinai

# Egypt

## Key Accomplishments

MCSP, known locally as the Improving Maternal, Child Health and Nutrition Services (IMCHN) project, made substantial progress in strengthening Egypt's CHW cadre, the RR, between October 2017 and September 2018.

### *National RR Strategy Endorsement and Dissemination*

In November 2017, the MOHP endorsed the national RR strategy, promoting RRs as key actors in Egypt's journey to self-reliance through increased reach of community-based service delivery. MCSP organized launch events to disseminate the strategy, including a high-level national event in Cairo (December 2017), an event in Assiut for nine Upper Egypt governorates (March 2018), and an event in Cairo for nine Lower Egypt governorates (April 2018). At each event, participants, including governorate MOHP representatives and RR supervisors, received printed strategy summary booklets in Arabic for their reference.

During Q2, the MOHP issued a decree to expand the scope of the national High Committee for the national RR strategy to include M&E of the strategy's implementation. This committee, in which MCSP plays an active role, is developing milestones to monitor strategy implementation for continued RR program success beyond MCSP.

### *Capacity Strengthening in Governorates*

MCSP strengthened the knowledge and skills of 10,196 RRs in 23 governorates, including 9,880 RRs from 18 governorates of Upper and Lower Egypt, and 316 RRs from five border governorates. Using a hands-on, interactive, low-dose, high-frequency (LDHF) approach, MCSP introduced five training modules reflective of the national Family Health Package: newborn and child health, reproductive health, nutrition, chronic and non-communicable diseases, and RR operational guidelines. The LDHF approach focuses on team- and workplace-based learning and practice. The LDHF learning activities are, by design, short (less than 1 day) and spaced over time to allow for consolidation of knowledge and skills before introducing new concepts. Participants from the 23 governorates expressed high levels of satisfaction (at least 92%) across all aspects of the LDHF sessions, including content and materials, delivery, facilitators, and facilities and administration. One RR from a border governorate remarked that they have “been waiting for these valuable trainings for a long period ... we [were] in great need for them.”

### *Launch of RR Health Management Information System*

In collaboration with the MOHP, MCSP designed and launched a digital HIS (RR HMIS) to capture program data from more than 300 RRs in two pilot governorates, Luxor and Ismailia. MCSP and the MOHP developed the system to reduce the RRs' administrative burden by eliminating the need for the current paper-based reporting system, translating into more time for RRs to provide services to families in their communities. MCSP provided training on the system to central-level MOHP IT trainers and technical staff, who then cascaded the training to RRs in Luxor and Ismailia. Meaningful engagement of MOHP staff early on and throughout the process has fostered MOHP ownership, ensuring the sustainability of the system long after MCSP Egypt closeout.

## Way Forward

In PY5, MCSP will prioritize transition planning and handover of strategic initiatives, including:

- Finalization of the national RR strategy implementation plan in collaboration with the World Bank and other members of the High Committee for M&E of the national RR strategy
- Completion of the training of more than 10,000 RRs from 23 governorates, providing RRs with the necessary knowledge, skills, and attitudes to provide community-based service delivery while handing over the training toolkit—manuals, modules, videos, job aids—to the MOHP and gradually transferring

ownership of supportive supervision and coaching visits: MCSP will document learnings from the LDHF approach and offer recommendations to the MOHP and implementing partners (e.g., United Nations Population Fund, UNICEF, John Snow Inc.) for replication or scale-up.

- Documentation of the use of RR HMIS data for program adjustments and continuous improvement of the system, including recommendations for sustainability: In PY4, MCSP began engaging central- and governorate-level MOHP IT staff in RR HMIS trainings and system troubleshooting, with an eye toward sustainability. In PY5, MCSP will contribute to the development of a data center that will be housed at the MOHP, enduring beyond the life of the project.

<b>Selected Performance Indicators for PY4</b>	
<b>MCSP Global or Country PMP Indicators</b>	<b>Achievement</b>
Number of project conferences to launch and disseminate the strategy	3 events completed: 1 national, 1 for Upper Egypt, 1 for Lower Egypt (life of project target: 4 conferences, 75% achieved)
Number of technical workshops conducted by the steering committee to follow up the formulation of the strategy and provide continuous support to the RR program	1 meeting/quarter (life of project target: 3 technical meetings/workshops, 33% achieved)
Percentage of improvement of the RRs' skills	15% average improvement among RRs from 18 governorates (life of project target: 25% increase, 60% achieved)
Number of RRs who received the training package	10,196 RRs in 23 governorates: 9,880 RRs from 18 governorates, plus 316 RRs from five border governorates (life of project target: 11,030 RRs, 92% achieved)