

**ARAB REPUBLIC OF EGYPT**

**MINISTRY OF HEALTH AND POPULATION**

**Central Administration for Technical Support and Projects  
Health Sector Reform Program**

**HSRP MONITORING AND EVALUATION**

**Contract # 9/Consultancy Services/2003**

## **Summary Report**

**By the Monitoring and Evaluation Consultant**

**Submitted: 31 July 2003**

KONINKLIJK INSTITUUT  
VOOR DE TROPEN  
ROYAL TROPICAL INSTITUTE



IN COOPERATION WITH



## **Acknowledgement**

A consortium consisting of KIT, in collaboration with HCI and STAKES , would like to express its gratitude to Professor, Dr Hanem Zaher, Director of the Central Administration of Technical Supports and Projects at the Ministry of Health and Population in Egypt for her strong support in strengthening a fruitful collaboration within the framework of the project for Monitoring and Evaluation of the Health Sector Reform Program in Egypt.

The Deputy Director of the same Office, Dr Emam Mousa was guiding us skilfully throughout the project, and we are very pleased for his contribution and support.

We are very obliged to the Monitoring and Evaluation Unit, who together with his team discussed various topics included in this manual and who gave us valuable ideas and comments. The Monitoring and Evaluation Team consisted of Prof. Dr Muhamed Hassan, Dr Emad Ezzat (the Director of the Unit, later replaced by) Dr Leila Mustafa, Dr Alaa El Kinawy, Dr Kamal Selim, to which all we are very grateful. Their inputs were decisive for the final results of these manuals.

We are grateful for all the comments and suggestions for system amendments, which were received from participants at training courses held in May 2003 in the Abbasiya Center in Cairo. They were carefully considered and are reflected in the software and in the Manuals.

Cairo, July 2003

The KIT-HCI-STAKES team

Mårten Kvist, Team-leader

Jurrien Toonen, Project Coordinator

Henk Eggens, Epidemiologist

Ali Megeid, Field Investigator

Said Khalil, Field Investigator

Laila Dorgham, Field investigator

Sherif El Mougy, Software expert

## **Copyright**

The Ministry of Health and Population in Egypt owns the full copyright to the HSRP Monitoring and Evaluation System software program including this User's Manual. Without permission no part of the software or this Manual should be copied by no means or transmitted in any electronic format. To obtain a permission, please contact: Dr Hanem Zaher, Central Administration for Technical Support and Projects, Address: Ministry of Health and Population, the New Administrative Building, The 6<sup>th</sup> Floor, 3, Magles El-Shaab Str. Cairo, Egypt., Telephone: 02-7941481 or 02-7924164 or 02-7920378, or 02-7921646, Telefax: 02-7950597, E-mail: zelabassy@hsrp.gov.eg.

## Table of Contents

**ACKNOWLEDGEMENT.....1**

**LIST OF ABBREVIATIONS .....3**

1. INTRODUCTION .....4

2. THE EXPECTED RESULTS.....4

3. PROJECT IMPLEMENTATION .....4

4. DELIVERABLES .....5

5. OPPORTUNITIES .....6

6. RECOMMENDATIONS .....6

7. THE EXPERTS.....6

## List of Abbreviations

BBP	Basic Benefit Package
HCI	Health Care International
HIO	Health Insurance Organisation
HSRP	Health Sector Reform Program
KIT	Koninklijk Instituut voor de Tropen
M&E	Monitoring and Evaluation
MOHP	Ministry of Health and Population
PHC	Primary Health Care
STAKES	National Research and Development Centre for Welfare and Health
TA	Technical Assistance
TOR	Terms of Reference
TSO	Technical Support Office
TST	Technical Support Team
WB	World Bank

## **1. Introduction**

In autumn 2002, a tender was announced for Technical Assistance (TA) to the Ministry of Health and Population (MOHP) in Egypt to develop and test a system and tool to monitor and evaluate the Health Sector Reform Program (HSRP). The financing came through a loan from the World Bank (WB). The total project budget amounted to 342,000 euro. A project document was signed on 30 January 2003 between the MOHPn and a consortium of companies consisting of Koninklijk Instituut voor de Tropen (KIT) (as main contractor) and Health Care International (HCI) from Egypt and National Research and Development Centre for Welfare and Health (STAKES) from Finland as subcontractors. The project time was limited to 6 months.

## **2. The Expected results**

More specifically, there were eight principal activities outlined in the TOR:

1. Develop and test a tool for Monitoring and Evaluation of HSRP activities and impact on health outcomes for periodic use in evaluating the HSRP.
2. Develop input, process, performance, outcome and impact indicators to monitor HSRP activities and outputs.
3. Monitor implementation progress and performance of the various implementing agencies; framework and requirements (format and frequency) for program, monitoring and evaluation reports, and area of capacity building in the program.
4. Develop and maintain a database of program status for the generation of quarterly and annual progress reports for the government and participating donors.
5. Develop system and tools for evaluation on the impact of the initiatives/interventions and provide feedback for modification or improvement as necessary.
6. Prepare summary reports for the Minister and donors highlighting problem strengths and weaknesses, issues and recommended actions.
7. Identify constraints faced and corrective actions to be taken.
8. Train counteracts on Monitoring and Evaluation (M&E) skills.

## **3. Project implementation**

According to the TOR, the project had four phases: a) the Inception phase, b) the Design phase, c) the Training phase, and the Final phase. The Inception phase lasted 6 weeks, the Design phase 8 weeks, the Training phase 5 weeks and the End phase 7 weeks.

During the inception phase, 54 documents were reviewed, three field trips to the pilot Governorates were made, key people were interviewed and a proposal for plan of action was outlined.

During the design phase, 81 Indicators were developed for Monitoring. Of those were 58 on the operational level and 23 on the central level. Totally 54 indicators for Evaluation were developed. Of these were 30 overlapping with Monitoring Indicators and 24 were specifically designed for Evaluation. The indicators were grouped according to the six strategies of the health sector reform program and to the five guiding Principles. For the calculation of the Monitoring Indicators 107 variables were created.

This does not necessary mean an overload of data collection work as the work is distributed between different levels: at the facility level 22 variables will be collected quarterly, and 9 annually, at the district level

this is respectively 9 and 32, at TST level 19 annually, at FHF level 11 quarterly, at TSO level 15 annually, and at HIO level 4 quarterly and 4 annually. Many of the data are collected for other programs (IMCI, FP, HIS, HIO, FHF). The fact that most of data management is done at district level, is related to the fact that this level will have important tasks in the contracting of health services in the facilities.

During the training phase four training courses were organized. One 3 days training course for the core team in TSO, one 5-days course for participants from TSO, FHF, TSTs and HIO, a 10 days course for training of trainers from the Governorates and a five days course for programmers. Totally 65 participants attended the courses. The courses were held in the National Training Institute. The course program had an emphasis on group work to become familiar with the new Monitoring and Evaluation system.

The M&E team in TSO was from the start an enthusiastic and active partner in the design of the system – their information needs were decisive for the design of the system, and later in the definition of the indicators. When they became more and more involved in the process, they made many proposals for changes to improve the system and adapt it to their information needs.

#### **4. Deliverables**

As a result of the project, 18 reports and 6 manuals were produced in at least 2 (sometimes seven) copies in English and Arabic, as hard copies and as diskettes or CD-roms. The reports were delivered as a draft to come to an agreement in the final versions. The final products to be used for the implementation of the system are:

1. a Users Manual for Data Entry, including forms for data collection and –entry, case definitions and a list of the indicators for monitoring;
2. a Users Manual for Data Analysis, including an explanation for each of the indicators for both monitoring and evaluation (a list of standard indicators to be evaluated in each evaluation, and a number of optional indicators), and a list of standard and optional reports deriving from the software.
3. a Reference Manual, including a generic part providing an overview of the total of the system, a sheet for each (monitoring and evaluation) indicator explaining each of its aspects, a glossary, and as extra tools a Patient Satisfaction Questionnaire and a Staff Appraisal tool.
4. A software program was produced and installed on a computer connected to the computer network within the Ministry
5. A User's Manual for the software program
6. A Technical Manual for the software program
7. a standard model for reporting and a first M&E report,

The Software program, which was developed, is an Access-based software program, which is running in a network system with an SQL-server. This enables unlimited amount of data to be entered and making use of the powerful OLAP tool (On Line Analytical Processing). Data from other Microsoft applications can easily be imported and exported. Programmatic changes van easily be done, both inclusion of new indicators and variables. Report forms are automatically generated by the system. There are good possibilities for graphical outputs as bar graphs. A set of standard reports have been generated. The resource codes for the software will become the property of the Ministry o Health. Adaptation of the software (adding variables or indicators) is simple and IT personnel in TSO have been trained. The program is compatible with other software used in

the MOHP, and the same definition of indicators used in other health programs (MIS, ....) has been used for the program.

Data will be entered at six different levels: TSO, Governorate, HIO, FHF, District, and Facility level. There are possibilities for data entry annually or quarterly. Entered data can be viewed only by the authority which has entered it or its superior authority.

## **5. Opportunities**

The new Monitoring and Evaluation system provides a powerful tool for decision makers to come to choices about priorities in the health reform. Data are collected about relevant aspects of the health reform – it is not meant to monitor health care or to replace the actual HIS – it is additional to existing information systems. The analysis is easily done and the system enables to compare between Governorates, between districts in the Governorates, between facilities in the districts, between “reformed” and “non-reformed”, between rural and urban facilities. When data will be accumulated, trends in time and place can be analyzed. Individual targets may be set and monitored for facilities or districts to come to tailor-made and evidence-based discussions on performance. This will be important when facilities will be contracted in the future. The indicators are collected from facilities to districts, from here to Governorates and aggregated to give totals for the Governorates under reform. The focal point of the system is the district, in the light of future decentralisation this may mean a powerful tool for the district to come to evidence-based management and planning. Furthermore, a checklist on strategic planning is developed for central (TSO) level to monitor speed and direction of the reform process – a type of auto-evaluation for TSO.

However, the system is limited to the actual state of strategic and operational planning of the HSRP. As long as the Health sector Reform Program is limited to 3 Governorates, the system is too. In the actual state of the HSRP, focus is on the Health Services Reform and here to the Family Health Model. As soon as operational plans (including milestones and expected results) are made for the strategic planning of the other five strategies of the HSRP (Institutional, Infrastructure, Human Resource Development, Financial and Pharmaceutical Reforms) the system needs adaptation.

At this time, e.g., only a few crude financial indicators (covering the Districts in the 3 Governorates) and others for the total of the country, have been introduced. These will be completed by costing studies at operational level proposed in the system. The software of the program provides the opportunity to adapt to these changes. For other HSRP-strategies process indicators have been introduced like “if a strategic or operational plan has been developed”.

Important is that it is a system of monitoring *and* evaluation. The evaluation part (studies at the operational level) will be carried out to provide the HSRP with more information on the explanation of important values or trends that were found while analysing the (routine) data collection for monitoring.

## **6. Recommendations**

- On the Governorate level to make operational (including training) plans as soon as possible and to start with the training of the users of the software.
- On the central level to organise a seminar within 2 months, where the new system is presented for a larger audience and discussed. Experts involved in the development of the system could be invited to attend this session.
- On the central and Governorate level to record carefully all the feedback received from users of the system

- After one year to make a review of the function of the new system and to make necessary amendments in accordance with the needs.
- Consultation with HIO and FHF to come to arrangements of their data collection.
- Make adjustments to the system when strategic and operational plans are made for the other HSRP-strategies (Institutional, Infrastructure, Human Resource Development, Financial and Pharmaceutical Reforms)
- Other computerised monitoring & evaluation systems need to be developed (e.g. on Human Resource Development, on equipment and infrastructure, on health financing, on contracting-out by HIO and/ or FHF) as many data are available already, but are hardly accessible for evidence-based decision-making as the available data need an important improvement of their organisation.

## **7. The Experts**

The Expert team consisted of 13 members: Dr. Mårten Kvist (Team leader, STAKES), Dr. Jurrien Toonen (Coordinator, KIT), Dr. Henk Eggens (Epidemiologist, KIT), Mr. Sherif A El Mougy (Computer Expert, HCI), Prof. Leila Dorgham (Field investigator, HCI), Prof. Ali Megeid (Field Investigator, HCI), Dr. Said Khalil (Field investigator, HCI) Dr Mohamed Abdel Aziz (Trainer, HCI) and Dr. Samy Gadalla (Technical support, HCI). Prof. Samir Banoob (HCI) and Dr Jef Heuberger (KIT) participated in backstopping activities. Dr. Anna Vassall from KIT in the Netherlands was consulted as a health economist for the financial indicators. Initially Ms Ingrid Plag(KIT) was also a member of the support team.