



EVALUATION

MIDTERM PERFORMANCE

EVALUATION OF STRENGTHENING

EGYPT'S FAMILY PLANNING PROGRAM

SEFPP FOR USAID

July 28, 2021

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MIDTERM PERFORMANCE EVALUATION OF STRENGTHENING EGYPT'S FAMILY PLANNING PROGRAM (SEFPP)

July 28, 2021

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PHOTO CAPTION: Basic Task Sharing Training Course for Family Planning Nurses–Fayoum Governorate, December 2020

DISCLAIMER

The authors' views 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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The United States Agency for International Development in Egypt (USAID/Egypt) commissioned the Services to Improve Performance Management, Enhance Learning, and Evaluation (SIMPLE) Project to field an evaluation team to conduct a midterm performance evaluation of USAID/Egypt's Strengthening Egypt's Family Planning Program (SEFPP). SEFPP is implemented in Egypt by John Snow, Inc. (JSI), a public health management and research organization based in the United States. Because of the ongoing global COVID-19 pandemic and restrictions imposed throughout Egypt, this evaluation was conducted entirely through virtual meetings and phone contacts. The evaluation team thanks all informants who extended courtesy and cooperation in scheduling time and speaking with us under these unusual circumstances. They all contributed to our understanding of SEFPP.

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ACRONYMS

AUC	American University in Cairo
CAPMAS	Central Agency for Public Mobilization and Statistics
COP	Chief of Party
COVID-19	Coronavirus Disease 2019
CS	Contraceptive Security
DO	Development Objective
DQA	Data Quality Assessment
EDHS	Egypt Demographic and Health Survey
EU	European Union
FCR	Findings, Conclusions, and Recommendations
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
GOE	Government of Egypt
HECU	Health Education and Communication Unit
HIC	Health Information Center
HMIS	Health Management Information System
IP	Implementing Partner
IR	Intermediate Result
IUD	Intrauterine Device
JSI	John Snow, Inc.
KII	Key Informant Interview
LARC	Long-acting Reversible Contraception
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning

MELP	Monitoring, Evaluation, and Learning Plan
MOHP	Ministry of Health and Population
MOU	Memorandum of Understanding
NGO	Non-governmental Organization
NPC	National Population Council
OB/GYN	Obstetrics and Gynecology
PAD	Project Appraisal Document
PC	Population Council (international)
PHCU	Primary Health Care Unit
PIRS	Performance Indicator Reference Sheet(s)
PPC	Postpartum Contraception
PPE	Personal Protective Equipment
PP/PA/IUD	Postpartum/Post-abortion Insertion of Intrauterine Devices
PPR	Performance Plan and Report
RR	Raedat Refiyat (Public Healthcare Worker)
SBCC	Social and Behavior Change Communication
SEFPP	Strengthening Egypt's Family Planning Program
SIMPLE	Services to Improve Performance Management, Enhance Learning, and Evaluation
SOW	Scope of Work
TEC	Total Estimated Cost (of a funded activity)
TFA	Thematic Focal Area
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

EVALUATION PURPOSE

The purpose of this mid-term evaluation is to identify areas for Strengthening Egypt's Family Planning Program (SEFPP) to focus on for the remaining period and to identify evidence of good practices for a broad network of stakeholders.¹ The evaluation aims to serve learning purposes by identifying any challenges incurred by the activity to date and formulating appropriate recommendations for corrective actions and effective implementation during the remaining years of the activity and future activities.

ACTIVITY BACKGROUND

Following a hiatus in USAID funding for the family planning (FP) sector in Egypt (from approximately 2010 to 2017), USAID re-entered the FP arena and worked with the Government of Egypt (GOE) to establish SEFPP. USAID and John Snow, Inc. (JSI) signed a five-year Cooperative Agreement in December 2017, and the SEFPP activity began full mobilization in early 2018. The Total Estimated Cost (TEC) of the activity is \$18,788,799.

Because of the seven-year gap in USAID's involvement in the FP sector, in practical terms, the activity was a "new start." Working relationships with the Ministry of Health and Population (MOHP), National Population Council (NPC), and other FP sector partners needed revitalization. SEFPP was designed to revitalize these relationships and address those factors that were hampering effective FP efforts in Egypt.

The purpose of SEFPP is to address the country's rapid population growth by reducing the unmet need² of women and men for FP counseling services and methods. SEFPP prioritizes its support in the nine governorates of Upper Egypt and selected slum areas in Cairo and Alexandria, where the need for increased access to FP is greatest and on-going MOHP and NPC interventions can be scaled up. The activity design Theory of Change postulated that, "Use of evidence (that is informed by valid data) leads to progressive policy formulation, robust strategic program planning, and reliable decision-making with good activity outcomes and results." This Theory of Change in SEFPP's design spelled out the basic, underlying approach to the activity's strategy in three interrelated objectives: (1) improved evidence-based planning, (2) improved quality of services, and (3) improved social behaviors that work together to produce a strengthened national family planning program. It was assumed that when data is correctly collected, analyzed, and disseminated, decision-makers can use this data for planning, which will improve the quality of services. To strengthen the outcomes further, social behaviors need to be changed in order to simultaneously create a demand for FP services.

EVALUATION QUESTIONS

In response to the evaluation questions (EQs), the team examined the activity's progress at the broad programmatic level, the operational level, and the service level, including factors underlying successes and challenges. In addition to assessing the cross-cutting effects of COVID-19 on the activity's

¹ See also Annex 1: Evaluation Statement of Work, and Annex 2: SEFPP Midterm Evaluation Concept Note.

² Unmet need is the gap between women's reproductive intentions and their contraceptive behavior.

operations, the team considered its performance in promoting gender equity and the sustainability of programming. This evaluation was charged with answering the following key questions:

EQ1 – (Broad program level) To date, how successful has SEFPP been in achieving results under each component? What has been accomplished so far? What have been the challenges? What factors have led to specific accomplishments? Specific factors to examine include but are not limited to performance against indicators, relationship management with GOE stakeholders, internal SEFPP management, and implementation.

EQ2 – (IP operational level) To date, given the current activity's status and the results reported under each objective: (1) Strengthen evidence-based planning for decision making, (2) quality family planning/reproductive health (FP/RH) services supported, (3) selected health behaviors enhanced, in the quarterly progress reports, annual reports, and the Performance Plan & Report (PPR), how successful has the activity been, including the factors contributing to its success? What are the hindrances?

EQ3 – (Service level) To date, in what ways did the SEFPP activity strengthen capacity and commitment in the local systems (health workforce, health information system, and health service delivery) to continue delivering consistent levels of access to and delivery of quality FP services?

EVALUATION METHODOLOGY, LIMITATIONS, AND MITIGATION

A detailed discussion of the evaluation methodology can be found in Annex 4 of this report. The following is a summary.

This SEFPP midterm evaluation used a mixed-methods approach with qualitative research methods, complemented by a quantitative opinion survey. The evaluation focused on the activity's structure, operations, and outputs. Possible outcomes and impact of the activity were beyond the scope of this evaluation. The qualitative research for this evaluation included ten key informant interview (KII) tools intended to systematically interview program policymakers, managers, and field service providers. The quantitative research involved a questionnaire administered to 599 service providers and non-service providers (administrative staff) who benefitted from SEFPP's training and capacity building activities. Respondents were selected using a purposive sampling methodology.

The evaluation team conducted descriptive statistical analyses on the quantitative data and employed a codable thematic analytical approach for the qualitative data. These methods identified explicit and implicit patterns in respondents' answers relating to the EQs. The evaluation team conducted a data cleaning exercise and developed a coding tree for key informants.

Limitations and Mitigation Measures.

Several challenges and limitations experienced in this evaluation were mitigated as follows:

- With the exception of data provided to scale up postpartum intervention and concurrence to provide data for scaling up task sharing, the lack of data capture at the level of change (especially related to policy-level data) in most instances made it impossible to measure incremental changes and progress in the FP program or estimate SEFPP's contribution to such changes. Notably, certain populations that the evaluation might have wanted to interview, such as recipients of FP services at clinic/community-level, were not accessible because of MOHP restrictions on direct survey data collection. Furthermore, inaccessibility of certain public sector statistics (such as "stock on hand") made it impossible for SEFPP to help the MOHP with evidence-based planning to estimate national program performance supply requirements. Thus, the evaluation could not adequately assess SEFPP's contributions to contraceptive forecasting and quantification. It was not possible to assess improvements in service delivery or the impact of behavior change components that might have

been attributable to SEFPP. To compensate for possible limitations in this evaluation that resulted from various restrictions on availability of data, the evaluation relied on output data and statistics that were generated from SEFPP reports and readily available in files or from discussions with informants.

- Limitations inherent in conducting phone surveys included time constraints (such as people being engaged in “at home” activities), difficulty in reaching respondents, and enumerators misstating a question or misinterpreting the answer. On the phone surveys, enumerators were trained and supervised throughout to avoid poor performance in conducting or notating interviews; digital data input (to SurveyMonkey) was controlled by a statistician/supervisor; respondents were contacted in advance, appointments were scheduled, and all contacts/interviews were sent advance copies of the questionnaire. Interviews were conducted in Arabic and were completed in about 10 minutes. Also, by calculating the possible non-responses in our phone survey target populations and then oversampling by that percentage, a statistically significant sample was achieved.
- The unwillingness of some target KIs to participate in the evaluation introduced the possibility of sampling bias because, depending on the reasons for declining to participate, a respondent might have important but negative views about the subject being evaluated that it would have been helpful to know. To minimize the limitation of not being able to reach certain informants, the evaluators endeavored to pursue, to the extent possible, all targeted individuals. When challenges arose, such as missing contact information in a database, the team sought and received prompt assistance from both USAID and the IP. In addition, the data collection phase was extended to allow for more availability and participation of targeted respondents.
- Because COVID-19 restricted face-to-face interviews and group interviews, the quality of interactions with informants may have been limited. To compensate for the possible limitations of remote communication, phone and virtual contacts were copiously documented and digitized for recall during analysis.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

How FCR Discussion Is Organized

This evaluation responds to three EQs and three cross-cutting issues (COVID-19, gender, and sustainability)³. Each EQ has a different focus, asking the evaluators to look at SEFPP from slightly different perspectives:

- EQ1 asks for an overview of SEFPP’s performance in all activity components;
- EQ2 asks for an analysis of SEFPP’s performance by activity objectives; and
- EQ3 asks for an assessment of interventions most likely to strengthen capacity and commitment in local systems.

For ease of investigation, analysis, discussion by topic, and reporting, the evaluators divided the activity into 12 components, or Thematic Focal Areas (TFAs), outlined below.⁴

- | | |
|---|--|
| 1. Design, Theory of Change, and Sustainability | 7. Service Delivery – Supply-side Interventions |
| 2. Strategic Information | 8. Operational Partnerships |
| 3. Strategic Partnerships | 9. Social and Behavior Change Communication (SBCC) |
| 4. Activity Management | 10. Training /Capacity Building Approaches |
| 5. Monitoring, Evaluation, and Learning (MEL) | 11. Training/Capacity Building – Service Providers |

³ Sustainability is discussed as a cross-cutting issue and is also discussed in report sections concerned with Design, Theory of Change, and Sustainability.

⁴ In this evaluation, the terms “activity components” and “Thematic Focal Areas” are interchangeable. Both describe the same groupings or clusters of activities with similar processes and knowledge requirements.

Based on the different perspectives of the EQs, the 12 TFAs are discussed in this evaluation as follows:

- Activity Achievements – An Overview (analyzes all 12 TFAs);
- Findings, Conclusions, and Recommendations by Activity Objectives (discusses TFAs 1-9); and
- Findings, Conclusions, and Recommendations – Training and Capacity Building (discusses TFAs 10-12).

This Executive Summary discusses FCRs as a Summary, followed by summarized discussion of each TFA and cross-cutting issue.

FCR SUMMARY

EQ1 – (Broad program level) To date, how successful has SEFPP been in achieving results under each component? What has been accomplished so far? What have been the challenges? What factors have led to specific accomplishments? Specific factors to examine include but are not limited to performance against indicators, relationship management with GOE stakeholders, internal SEFPP management, and implementation.

In response to EQ1, see the Matrix, below. The Matrix provides an overview of SEFPP’s achievements for all activity components (that is, TFAs). The Matrix provides a “heat map” that allows the evaluators to develop a consensus (based on data, evidence, and intuitive professional judgement) about how well the activity has done in specific areas. On the color-coded heat map⁵, an example of a “Not successful” activity would be a scenario where SEFPP attempted an intervention that was curtailed at the MOHP’s direction. The reason why this cancellation occurred might appear in the Matrix as a “challenge,” but “Not successful” activities do not explicitly appear in the matrix. Activities that are assessed as having “Some Success” are a “mixed bag” where SEFPP has made some inroads in reaching its goals, but more effort or improved strategic direction is needed to facilitate the effort. “Good progress” suggests that activities have been productive and SEFPP should continue (perhaps with some refinement) to do what it has been doing.

EQ2 – (IP operational level) To date, given the current activity’s status and the results reported under each objective: (1) Strengthen evidence-based planning for decision making, (2) quality family planning/reproductive health (FP/RH) services supported, (3) selected health behaviors enhanced, in the quarterly progress reports, annual reports, and the Performance Plan & Report (PPR), how successful has the activity been, including the factors contributing to its success? What are the hindrances?

The response to EQ2 focuses on the activity’s three key objectives: (1) strengthen evidenced-based planning for decision-making, (2) support the quality of FP/RH services, and (3) enhance selected health behaviors. The activity’s successes and hindrances for each key objective can be summarized as follows:

⁵ Use of a color coded heat map is an intuitive assessment tool employed widely by USAID in Global Health Security Agenda (GHS) strategic planning and World Health Organization (WHO) Joint External Evaluations.

ACTIVITY ACHIEVEMENTS MATRIX – AN OVERVIEW

MAIN RESULTS ACHIEVED CLASSIFIED AS:

	NOT SUCCESSFUL (NO EFFORT/ACTION TAKEN)
	SOME SUCCESS (SOME PROGRESS, BUT STRATEGY NEEDS TO CHANGE OR MORE EFFORT NEEDED)
	GOOD PROGRESS (EFFORTS ARE GOING IN RIGHT DIRECTION AND SHOULD BE CONTINUED OR ACCELERATED)

TECHNICAL FOCAL AREAS	SUCCESSES: MAIN RESULTS ACHIEVED	FACTORS LEADING TO ACHIEVEMENTS	CHALLENGES
Design, Theory of Change and Sustainability	USAID and SEFPP made program and agreement adjustments and proceeded to implement the activity despite the need to drop the research component of the activity because of a non-permissive environment for data access. SEFPP has made good progress in several areas likely to lead to positive outcomes and sustainability opportunities exist to do more. ((GOOD PROGRESS))	USAID and SEFPP diligence and flexibility in being as responsive as possible to MOHP guidance; systematically eliminating some activities while retaining others. JSI's flexibility in agreeing to work with a changed activity framework. . JSI applies principles of sustainability in development assistance in its internal strategic planning.	Non-permissive environment for data access (including SEFPP's non-involvement in service delivery and community-level measurement) has required SEFPP to make many technical adjustments and is still a concern, although there is a sense within SEFPP that the environment is improving.
Strategic Information	Highly productive technical assistance to NPC on MIS systems developments and upgrades Training of both MOHP and NPC on basic research protocols, and NPC staff demonstrating use of learned skills in follow-on research activity with the United Nations Children's Fund (UNICEF) (SOME SUCCESS)	NPC reception and cooperation. Effective SEFPP assistance.	Limited coordination and collaboration between MOHP and NPC on systems developments and systems information outputs.
Strategic Partnerships	UNFPA and SEFPP agreed to a productive, ongoing working relationship. (SOME SUCCESS)	MOHP's role as mediator led to a better-defined working framework for both the United Nations Population Fund (UNFPA) and SEFPP. Willingness of the parties to resolve differences and work cooperatively.	Limited number of partners in FP developments in Egypt. Limited opportunities to confer with other strategic partners.
Activity Management	JSI kept the activity going by gap-filling, and, despite staff shortages and internal pressures, achieved results and responded to MOHP priorities. (SOME SUCCESS)	JSI was diligent and persistent in supporting SEFPP's various programmatic and staffing challenges.	SEFPP experienced high project staff turnover⁶, with the continuous need to shift technical and management staff around to fill gaps.

⁶ The severity of turnover took into consideration the rate of departures, but more importantly, its impact on the organization. Internal disruptions and uncertainties caused by senior management departures, use of interim substitutes, and on-going senior level vacancies were consistently reported and discussed by JSI headquarters management and SEFPP staff as being a consequential problem. The evaluators determined that the severity of the problem as described warranted characterizing the turnover as "high." There was agreement with on this in the March 3, 2021 Validation Meeting.

			Recruitment of staff has been difficult because of uncertainties about the activity's future.
Monitoring, Evaluation, and Learning	The MEL framework/indicators and Monitoring, Evaluation, and Learning Plan (MELP) were adjusted to reflect activity changes and modifications in a timely fashion and were approved by USAID. MEL introduced Click Up (a project management tool) and improved internal activity monitoring, communication, and learning. (SOME SUCCESS)	JSI provided effective management guidance to its field office. SEFPP had technical staff who were effective in implementing MEL systems and plans.	The MEL staff had to respond to required activity changes and modifications in a short timeframe. MEL and MELP productivity had to be maintained amid high staff turnover.
Operational Partnerships	Development of memoranda of understanding (MOUs) with private sector factories for FP awareness building and peer education was productive. Development of an MOU with the American University in Cairo (AUC) for youth engagement in FP awareness building and peer education was productive. (SOME SUCCESS)	SEFPP found a receptive environment for awareness building activities in the private sector. SEFPP was attentive to the interest of participating companies and AUC and provided needed technical support.	Participating partners need encouragement and capacity building in measuring and reporting on outcome results in addition to output results because outcome measures are more difficult to construct and carry out.
Service Delivery- Contraceptive Security	SEFPP has trained MOHP, NPC, and Ministry of Finance (MOF) personnel in forecasting and quantification methods. SEFPP has trained MOHP personnel in conducting warehouse assessments and will support the MOHP in carrying assessments. SEFPP has provided assistance to MOHP to define the criteria for selecting newly added FP methods in the public sector. (SOME SUCCESS)	SEFPP was responsive to MOHP-expressed priorities.	SEFPP is not involved with the MOHP's upgrades and use of the LMIS, the critical information system that informs MOHP forecasting and quantification; thus, the substance of SEFPP's training in this area will be limited. SEFPP's lack of access to geographically defined behavioral data about FP users limits SEFPP and MOHP capacity to make evidence-based decisions about introducing new methods. By SEFPP's assessment, the MOHP's systems and procedures for testing new methods are weak; thus, the mere identification of candidate methods may not lead to adaptation and introduction.
Service Delivery – Supply-side Interventions.	SEFPP's response to the MOHP by assisting the postpartum contraception programs and promotion of high priority national task-sharing has been productive and appreciated by the MOHP. (GOOD PROGRESS)	SEFPP was responsive to MOHP-expressed priorities. SEFPP had the technical know-how to assist in the subject areas. SEFPP provided effective technical assistance.	The overall environment for better use of evidence to inform planning is needed, allowing for these two programs (along with the MOHP FP sector) to improve measurement of outcome results.
SBCC	Based on established working relationships, SEFPP will assist NPC with updating the national SBCC strategy. (GOOD PROGRESS)	SEFPP established an effective working relationship with NPC. SEFPP established technical competencies to assist NPC with evidence-based strategic planning.	SEFPP attempted to undertake several interventions that the MOHP curtailed because of their close relationship to the use of intermediaries for messaging and implied access to facility and client/community-level data.

Training/Capacity Building – Approaches	The training of trainers (TOT) approach is popular with individuals, programs, and agencies; e-learning is progressing; and qualification tracking is responsive to MOHP needs. (GOOD PROGRESS)	On TOT, individuals, programs, and agencies recognize that TOT can pay dividends (such as upward career mobility and the sustainability of the training). SEFPP's responses to the MOHP on e-learning and tracking have been strong.	E-learning developments are reported by SEFPP staff and the MOHP to be proceeding well, but SEFPP needs to monitor progress closely.
Training/Capacity Building – Providers and Non-providers	Training beneficiaries give training high marks for relevance and applicability to their work. (GOOD PROGRESS)	Training was based on needs assessments, and delivery was well-organized and supported by MOHP.	SEFPP needed to switch to virtual platforms because of COVID-19. More training needs assessments are required to guide SEFPP and the MOHP with further prioritization, targeting of resources, and customizing training content.

Evidence-based planning

Evidence-based planning for decision-making is a basic program development concept and is fundamental to SEFPP's activity design. However, within one year of SEFPP's inception, the activity faced a major challenge when SEFPP was advised by the MOHP of an emerging non-permissive environment for external partners such as JSI/SEFPP to have access to data or engage in activities that might be construed as data capture or data access at the operational systems or client or community level of the FP program. These restrictions presented a significant challenge to the activity and resulted in the activity having to drop the major research component of the original activity design and make many other programmatic and management changes. It meant that the activity could not conduct baseline surveys and could not conduct interventions that might involve service provision, client, or community-level data gathering. It limited the data available for monitoring and evaluation: measurement of activity outputs was within the activity's domain, but measurement of related outcome results was and still is problematic.

In addition to the problems of data access described above, SEFPP has also not been involved with the MOHP's strategic information systems upgrades and access to the type of data/information the MOHP would need to use for strategic planning and decision making. While the activity has been productive in providing technical assistance to the NPC in upgrading and automating its Management Information System (MIS), the activity does not have a similar technical assistance partnership with the MOHP. It should be noted that while initially, the MOHP was open to SEFPP helping develop the HMIS a decision was made by the Ministry at some point not to utilize SEFPP's expertise, but to instead use internal resources. Through the course of interviews various reasons have been given for this shift ranging from "political changes," "leadership changes," to availability of new GOE resources. However, while a clear chain of events was not definitively identified, the evaluators feel it vital to mention this as it had major implications for other parts of the activity's portfolio. Specifically, because SEFPP is not involved with the MOHP's upgrades and use of the LMIS, the information system that informs MOHP forecasting and quantification, SEFPP's training in the area of quantification was not based on contemporary MOHP data, and thus, not as practical as it should be. Another consequence is that SEFPP's lack of access to geographically defined behavioral data about FP users limits SEFPP and MOHP capacity to make evidence-based decisions about introducing new methods.

Overall, the environment was also destabilizing internally for the activity in the early days, as evidenced by high staff turnover (the activity's management outlook has improved after three-and-a-half years). Despite these challenges, USAID and SEFPP successfully made program and agreement adjustments and proceeded to implement the activity. Moving forward, a key to optimizing SEFPP's outcome results and sustainability potential during its remaining years will be for SEFPP to undertake a strategic action plan to mitigate existing restrictions on data capture and data access and for USAID to additionally support SEFPP's mitigation efforts through policy dialogue at appropriate levels with GOE counterparts. This evaluation recommends that SEFPP leadership re-engage the MOHP in dialogue to improve the overall working environment for data capture and access and in the generation and use of strategic data and information to inform evidence-based planning and decision making. The evaluation team also recommends that SEFPP identify strategic planning "champions" in the MOHP and NPC and, as opportunities arise, sponsor these champions to participate in regional or international forums that promote evidence-based planning and decision making. Examples might be relevant World Health Organization (WHO) conferences or a technical workshop on data for contraceptive forecasting. Furthermore, the team recommends that USAID explore (and implement, if indicated) a strategy to support and reinforce JSI/SEFPP efforts to undertake sustainable evidence-based planning (such as being able to conduct service delivery and client-based data and information), and behavior change communications (such as community-based data gathering). It should be noted that SEFPP has recently made inroads in this area. SEFPP has been able to get client-based data for innovative interventions such as for postpartum client utilization data and has also received concurrence from MOHP to provide client utilization data to scale up the task sharing intervention. While these appear to be breakthroughs, to push the strategy further, USAID might include eliciting mission and embassy involvement at the dialogue level with the GOE, as appropriate.

Quality of family planning services

SEFPP has been relatively successful in contributing to MOHP priorities aimed at improving the availability of quality FP services. Notably, due to early successes, the activity has played an important role in training health workers in a program to promote and expand postpartum contraceptive services and to expand the range of FP services that nurses can provide to FP users (called “task-sharing” training).

Enhance selected health behaviors

SEFPP has also made major contributions to demand creation through family planning, awareness building and peer education in organizing and supporting private sector workplaces such as factories, as well as supporting youth engagement activities. However, the activity has been less successful with undertaking several interventions that the MOHP curtailed because of the interpretation that the activities were too closely related to the use of intermediaries in gathering facility and community data. At the same time, SEFPP works well with NPC and, in the coming year, will assist NPC in updating the national Social and Behavior Change Communication (SBCC) strategy (concerned with FP demand creation). The evaluation’s recommendations, in terms of SEFPP’s various supply-side and demand-side interventions aimed at improving quality and demand for services, are mixed: continue and expand those interventions that appear productive but be cautious about continued investments of staff time and attention in those areas that have been problematic up to now. This is particularly true about possible re-engagement with the MOHP on SBCC interventions that were previously curtailed.

EQ3 – (Service level) To date, in what ways did the SEFPP activity strengthen capacity and commitment in the local systems (health workforce, health information system, and health service delivery) to continue delivering consistent levels of access to and delivery of quality FP services?

EQ3 focuses on training and building skills and capacities among health workers who directly work with FP clients, in FP management systems, and with adjunct workers (such as media professionals).

Training and capacity building

The activity’s best news is in the area of training and capacity building. The approach of training trainers (called “TOT”) supported by SEFPP has proven to be popular with individuals, programs, and agencies because it is recognized that TOT can pay dividends (such as upward career mobility and the sustainability of the training). SEFPP is generally recognized for its training programs. Training beneficiaries give the trainings high marks for relevance and applicability to their work. The evaluators did note several challenges: SEFPP has had to switch to virtual training platforms because of COVID-19 and is likely to continue and/or expand these training modalities. There were several comments from informants to the effect that private sector pharmacists might need more customized training. However, in general, demand for training was high, noting that SEFPP should conduct more needs assessments to better prioritize, target resources, and customize training content. In addition, a phone survey suggested that SEFPP needs to give more priority to training private sector pharmacists.

CROSS-CUTTING ISSUES

COVID-19

SEFPP adapted quickly to the challenges of COVID-19 by supplementing MOHP needs for infection control supplies and moving to virtual and online formats for training and assisting the NPC in research and improving public awareness of COVID-19’s impact. This evaluation recommends that, in the interest of continuity of FP services, and based on MOHP requests and the availability of budgetary resources, SEFPP should continue or increase the provision of infection control supplies to more beneficiaries (service and non-service providers). In addition, SEFPP should continue and expand the use of virtual and online communications strategies so long as the COVID-19 threat and mitigation activities are required.

Gender

SEFPP originally put considerable effort into developing a comprehensive gender strategy and has implemented many aspects of the strategy but, by its own estimates, did not consistently ensure that all aspects of its strategy are culturally responsive and well-integrated and implemented in its activities as intended. This evaluation recommends that SEFPP complete its Year 4 plans to strengthen implementation of its gender strategy, including designating a gender focal point that will organize orientation meetings for SEFPP staff on basic gender equality concepts and applications. SEFPP should also develop and upgrade its gender mainstreaming guidelines to be used by staff in its tools, training materials, and manuals.

Sustainability

SEFPP's understanding of sustainability appears to be consistent with USAID's principles as defined in USAID policy and program design guidelines, and is articulated throughout its documentation and evident in many of the activities it has undertaken during the past three years. Sustainability is seen as a long-term goal of the activity that SEFPP believes will be achieved through the combined and interactive effects of interventions implemented throughout the program's life. The combined effects of SEFPP's interventions aim to ensure ongoing impact long after the program ends. As an outgrowth of its activities over the past several years, SEFPP has many opportunities to promote sustainable interventions, particularly in the areas of training and capacity building.

INTRODUCTION

The Strengthening Egypt's Family Planning Program (SEFPP) activity began in December 2017, with anticipated completion in December 2022 with a Total Estimated Cost (TEC) established at \$18,788,799. SEFPP's Cooperative Agreement aims to assist the Government of Egypt (GOE) to re-establish what was (in the early 2000s) a strong family planning (FP) system. SEFPP works to increase evidence-based planning, decision making, and policy formulation, including contraceptive security, in Egypt by supporting quality family planning/reproductive health (FP/RH) services and enhancing selected health behaviors.

SEFPP, implemented by John Snow, Inc. (JSI), assists the GOE, through the Ministry of Health and Population (MOHP)/Family Planning Sector and National Population Council (NPC), and private sector partners and NGOs in addressing the country's rapid population growth by reducing the unmet need⁷ of women and men for FP counseling services and methods. SEFPP prioritizes its support in the nine governorates of Upper Egypt and selected slum areas in Cairo and Alexandria, where the need for increased access to FP is greatest and on-going MOHP and NPC interventions can be scaled up.

The primary audience of this evaluation report is USAID/Egypt, specifically USAID senior mission management, the Office of Education and Health (OEH), and the Program Office. Secondary audiences include the MOHP, NPC, and JSI. USAID/Egypt will share the executive summary, final report, and recommendations with the implementer, stakeholders, beneficiaries, and the general public via the Development Education Clearinghouse (DEC) within 90 days of report completion.

ACTIVITY INFORMATION

Table 1. Summary of Activity Information

PROJECT NAME	Strengthening Egypt's Family Planning Program
IMPLEMENTER	John Snow, Inc. (JSI)
COOPERATIVE AGREEMENT #	AID-263-A-15-00022
TOTAL ESTIMATED COST OF THE EVALUATED PROJECT (TEC)	\$18,788,799
LIFE OF PROJECT	December 2017–December 2022
ACTIVE GEOGRAPHIC REGIONS	Assuit, Beni Suef, Fayoum, Giza, Luxor, Minya, Qena, Sohag, Aswan, and marginalized areas in Cairo and Alexandria
DEVELOPMENT OBJECTIVES (DOS) ⁸	DO 3: Health outcomes for target populations improved and identified in the Health Project Appraisal Document (PAD) Intermediate Result (IR) 3.1: Quality family planning reproductive health services supported IR 3.2: Evidence-based decision making increased
USAID/EGYPT OFFICE	Office of Education and Health

⁷ Unmet need is the gap between women's reproductive intentions and their contraceptive behavior.

⁸ As defined prior to development and approval of the current USAID/Egypt Country Development Cooperation Strategy 2020-2025.

ACTIVITY BACKGROUND

Following a hiatus in USAID funding for the FP sector in Egypt (from approximately 2010 to 2017), USAID re-entered the FP arena and worked with GOE to establish the SEFPP. SEFPP aims to assist the GOE in addressing the country's rapid population growth by reducing the unmet needs of women and men for FP counseling services and methods. SEFPP's long-term objective is to expand contraceptive use to reduce the number of high-risk and high-parity births. The activity works by helping the GOE to re-establish a strong FP system integrated with other related MOHP units such as Maternal and Child Health Care under the Primary Health Care Sector, and the Obstetrics and Gynecology (OB/GYN) Departments within hospitals under the Curative Care Sector. Evidence-based strategic planning is integral to this development objective. SEFPP provides technical assistance to the MOHP/FP Sector and the NPC to reinvigorate and sustain Egypt's FP program. All SEFPP interventions are conducted through the activity's implementation partners, namely, the MOHP/FP Sector, NPC, private sector partners and NGOs.

EVALUATION PURPOSE AND EVALUATION QUESTIONS

EVALUATION PURPOSE

The purpose of this mid-term evaluation is to identify areas for SEFPP to focus on for the remaining period and to identify evidence of good practices for a broad network of stakeholders.⁹ The evaluation aims to serve learning purposes by identifying any challenges incurred by the activity to date and formulating appropriate recommendations for corrective actions and effective implementation during the remaining years of the activity and future activities.

EVALUATION QUESTIONS

EQ1: BROAD PROGRAM LEVEL To date, how successful has SEFPP been in achieving results under each component? What has been accomplished so far? What have been the challenges? What factors have led to specific accomplishments? Specific factors to examine include, but are not limited to, performance against indicators, relationship management with GOE stakeholders, internal SEFPP management, and implementation.

EQ2: IMPLEMENTING PARTNER (IP) OPERATIONAL LEVEL To date, given the current activity's status and the results reported under each objective in the quarterly progress reports, annual reports, and the performance plan and report (PPR), how successful has the activity been, including the factors contributing to its success? What are the hindrances?

EQ3: SERVICE LEVEL To date, in what ways did SEFPP strengthen capacity and commitment in the local systems (health workforce, health information system, health service delivery) to continue delivering consistent levels of access to and delivery of quality FP services?

Cross-cutting issues are:

COVID-19 How is SEFPP responding to and adapting to the COVID-19 crisis in each results area, and how effective are these interventions in fulfilling MOHP needs?

GENDER How has SEFPP responded to USAID's general guidelines on improving gender-based violence (GBV) and social equity through FP interventions?

⁹ See also Annex 1: Evaluation Statement of Work and Annex 2: SEFPP Midterm Evaluation Concept Note.

SUSTAINABILITY Has SEFPP planned/implemented strategies to ensure that SEFPP can end without disruption to FP program assistance in Egypt, and that activities initiated by SEFPP will continue beyond SEFPP's lifetime?

EVALUATION METHODOLOGY

A detailed discussion of the evaluation methodology can be found in Annex 4: Evaluation Methodology. The following is a summary.

This SEFPP midterm evaluation used a mixed-methods approach. The evaluation team applied qualitative research methods, complemented by a quantitative opinion survey. The evaluation focused on the activity's structure, operations, and outputs. The possible outcomes and impact of the activity were beyond the scope of this evaluation. The qualitative research for this evaluation included ten key informant interview (KII) tools intended to systematically interview program policymakers, managers, and field service providers. The quantitative research involved a questionnaire administered to service providers and non-service providers (administrative staff) who benefitted from SEFPP's training and capacity building activities.

Data Sources and Sampling. Sources of qualitative data and information included information derived from activity documents and from interviews with FP/RH professionals who had directly participated in SEFPP technical assistance. The evaluation used purposive sampling (also known as judgment, selective, or subjective sampling) to define distinct categories of informants and beneficiaries, for which interview tools were developed and used. The source of quantitative data was a digital questionnaire administered to a random selection of physicians, nurses, midwives and pharmacists and other adjunct health/family planning professionals who responded via a phone survey.

Data Collection. Data collection activities included:

- A desk review of activity-related documents
- Key informant interviews: The evaluation team conducted 55 KIIs. As the data collection phase took place during the second wave of COVID-19, all KIIs were conducted virtually, by Zoom, Google Meet, or telephone.
- Phone survey: The evaluation team conducted 599 phone surveys with training beneficiaries. The purpose of the survey was to gather overall impressions from those trained about the strategic relevance and usefulness of the training they received and the service providers' perspective on the level of demand for and quality of FP. This evaluation did not intend to be an in-depth assessment of training content, curricula, or management of the training activities.
- Validation meeting: A validation meeting with SEFPP staff and USAID allowed the evaluation team to receive inputs on its findings. The team incorporated feedback from the validation meeting into its findings, conclusions, and recommendations (FCRs).

Data Analysis and Quality Assurance. The evaluation team conducted descriptive statistical analyses on the quantitative data and employed a codable thematic analytical approach for the qualitative data. These methods identified explicit and implicit patterns in respondents' answers relating to the evaluation questions. The evaluation team conducted a data cleaning exercise and developed a coding tree for key informants.

For EQs 1 and 2, qualitative findings derived primarily from KIIs, since interview questions were directly keyed and coded to their specific subject matters. The team reviewed findings within the context of specific subjects and achieved a consensus about the validity of findings through triangulation and cross-referencing reports and other documents. For EQ3, on training beneficiaries, the evaluation

team could cross-validate findings between the KIIs and phone surveys by comparing responses to questions focused on satisfaction and the usefulness of the respondents' training experiences.

A formal validation meeting with SEFPP took place to verify and receive the implementing partner's feedback on the core findings. USAID staff attended to provide clarification when needed. The team considered and cross-checked the IP's inputs before finalizing conclusions and recommendations.

Limitations and Mitigation Measures.

Several challenges and limitations experienced in this evaluation were mitigated as follows:

- With the exception of data provided to scale up post-partum intervention and concurrence to provide data for scaling up task sharing, the lack of data capture at the level of change (especially related to policy-level data) in most instances made it impossible to measure incremental changes and progress in the FP program or estimate SEFPP's contribution to such changes. Notably, certain populations that the evaluation might have wanted to interview, such as recipients of FP services at clinic/community-level, were not accessible because of MOHP restrictions on direct survey data collection. Furthermore, inaccessibility of certain public sector statistics (such as "stock on hand") made it impossible for SEFPP to help the MOHP with evidence-based planning to estimate national program performance supply requirements. Thus, the evaluation could not adequately assess SEFPP's contributions to contraceptive forecasting and quantification. It was not possible to assess improvements in service delivery or the impact of behavior change components that might have been attributable to SEFPP. To compensate for possible limitations in this evaluation that resulted from various restrictions on availability of data, the evaluation relied on output data and statistics that were generated from SEFPP reports and readily available in files or from discussions with informants.
- Limitations inherent in conducting phone surveys included time constraints (such as people being engaged in "at home" activities), difficulty in reaching respondents, and enumerators misstating a question or misinterpreting the answer. On the phone surveys, enumerators were trained and supervised throughout to avoid poor performance in conducting or notating interviews; digital data input (to SurveyMonkey) was controlled by a statistician/supervisor; respondents were contacted in advance, appointments were scheduled, and all contacts/interviews were sent advance copies of the questionnaire. Interviews were conducted in Arabic and were completed in about 10 minutes. Also, by calculating the possible non-responses in our phone survey target populations and then oversampling by that percentage, a statistically significant sample was achieved.
- The unwillingness of some target KIIs to participate in the evaluation introduced the possibility of sampling bias because, depending on the reasons for declining to participate, a respondent might have important but negative views about the subject being evaluated that it would have been helpful to know. To minimize the limitation of not being able to reach certain informants, the evaluators endeavored to pursue, to the extent possible, contacting the targeted individual. When challenges arose, such as missing contact information in a database, the team sought and received prompt assistance from both USAID and the IP. In addition, the data collection phase was extended to allow for more availability and participation of targeted respondents.
- Because COVID-19 restricted face-to-face interviews and group interviews, the quality of interactions with informants may have been limited. To compensate for the possible limitations of remote communication, phone and virtual contacts were copiously documented and digitized for recall during analysis.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS (FCRS)

How FCR Discussion Is Organized

This evaluation responds to three EQs and three cross-cutting issues (COVID-19, gender, and sustainability)¹⁰. Each EQ focuses differently and asks the evaluators to look at SEFPP from slightly different perspectives:

- EQ1 asks for an overview of SEFPP's performance in all activity components,
- EQ2 asks for an analysis of SEFPP's performance by activity objectives, and
- EQ3 asks for an assessment of interventions most likely to strengthen capacity and commitment in local systems.

For ease of investigation, analysis, discussion by topics, and reporting, the evaluators divided the activity into 12 components, or Thematic Focal Areas (TFAs).¹¹

The 12 TFAs are:

1. Design, Theory of Change, and Sustainability	7. Service Delivery – Supply-side Interventions
2. Strategic Information	8. Operational Partnerships
3. Strategic Partnerships	9. Social and Behavior Change Communication (SBCC)
4. Activity Management	10. Training /Capacity Building Approaches
5. Monitoring, Evaluation, and Learning (MEL)	11. Training/Capacity Building – Service Providers
6. Service Delivery – Contraceptive Security	12. Training/Capacity Building – Non-service Providers

Based on the different perspectives of the EQs, the 12 TFAs are discussed in this evaluation as follows:

- Activity Achievements – An Overview (analyzes all 12 TFAs);
- Findings, Conclusions, and Recommendations by Activity Objectives (discusses FCRs for 9 of the 12 TFAs); and
- Findings, Conclusions, and Recommendations – Training and Capacity Building (discusses FCRs for 3 of the 12 TFAs).

The *Background and Context* discussion found at the beginning of each TFA provides information that supports the FCRs. A recommendation will be linked to one or more *Key Findings* or *Conclusions*. This evaluation identified many findings, but only pertinent key findings are presented in this report.

¹⁰ Sustainability of the program is examined as a cross-cutting issue and, because of its close links to evidenced-based design, planning, program development, sustainability is also covered extensively in the Design, Theory of Change and Sustainability sections of this report.

¹¹ In this evaluation, the terms “activity components” and “Thematic Focal Areas” are interchangeable. Both describe groupings or clusters of activities with similar processes and knowledge requirements.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS BY ACHIEVEMENTS

EQI – (Broad program level) To date, how successful has SEFPP been in achieving results under each component? What has been accomplished so far? What have been the challenges? What factors have led to specific accomplishments? Specific factors to examine include but are not limited to performance against indicators, relationship management with GOE stakeholders, internal SEFPP management, and implementation.

ACTIVITY ACHIEVEMENTS MATRIX — AN OVERVIEW

See Table 2, below.

Table 2 -- ACTIVITY ACHIEVEMENTS – AN OVERVIEW

MAIN RESULTS ACHIEVED CLASSIFIED AS:

	NOT SUCCESSFUL (NO EFFORT/ACTION TAKEN)
	SOME SUCCESS (SOME PROGRESS, BUT STRATEGY NEEDS TO CHANGE OR MORE EFFORT NEEDED)
	GOOD PROGRESS (EFFORTS ARE GOING IN RIGHT DIRECTION AND SHOULD BE CONTINUED OR ACCELERATED)

TECHNICAL FOCAL AREAS	SUCSESSES; MAIN RESULTS ACHIEVED	FACTORS LEADING TO ACHIEVEMENTS	CHALLENGES
Design, Theory of Change and Sustainability	USAID and SEFPP made program and agreement adjustments and proceeded to implement the activity despite the need to drop the research component of the activity because of a non-permissive environment for data access. SEFPP has made good progress in several areas likely to lead to positive outcomes and sustainability opportunities exist to do more. ((GOOD PROGRESS))	USAID and SEFPP diligence and flexibility in being as responsive as possible to MOHP guidance; systematically eliminating some activities while retaining others. JSI's flexibility in agreeing to work with a changed activity framework. . JSI applies principles of sustainability in development assistance in its internal strategic planning.	Non-permissive environment for data access (including SEFPP's non-involvement in service delivery and community-level measurement) has required SEFPP to make many technical adjustments and is still a concern, although there is a sense within SEFPP that the environment is improving.
Strategic Information	Highly productive technical assistance to NPC on MIS systems developments and upgrades Training of both MOHP and NPC on basic research protocols, and NPC staff demonstrating use of learned skills in follow-on research activity with the United Nations Children's Fund (UNICEF) (SOME SUCCESS)	NPC reception and cooperation. Effective SEFPP assistance.	Limited coordination and collaboration between MOHP and NPC on systems developments and systems information outputs.
Strategic Partnerships	UNFPA and SEFPP agreed to a productive, ongoing working relationship. (SOME SUCCESS)	MOHP's role as mediator led to a better-defined working framework for both the United Nations Population Fund (UNFPA) and SEFPP. Willingness of the parties to resolve differences and work cooperatively.	Limited number of partners in FP developments in Egypt. Limited opportunities to confer with other strategic partners.

Activity Management	JSI kept the activity going by gap-filling, and, despite staff shortages and internal pressures, achieved results and responded to MOHP priorities. (SOME SUCCESS)	JSI was diligent and persistent in supporting SEFPP's various programmatic and staffing challenges.	SEFPP experienced high project staff turnover¹², with the continuous need to shift technical and management staff around to fill gaps. Recruitment of staff has been difficult because of uncertainties about the activity's future.
Monitoring, Evaluation, and Learning	The MEL framework/indicators and Monitoring, Evaluation, and Learning Plan (MELP) were adjusted to reflect activity changes and modifications in a timely fashion and were approved by USAID. MEL introduced Click Up (a project management tool) and improved internal activity monitoring, communication, and learning. (SOME SUCCESS)	JSI provided effective management guidance to its field office. SEFPP had technical staff who were effective in implementing MEL systems and plans.	The MEL staff had to respond to required activity changes and modifications in a short timeframe. MEL and MELP productivity had to be maintained amid high staff turnover.
Operational Partnerships	Development of memoranda of understanding (MOUs) with private sector factories for FP awareness building and peer education was productive. Development of an MOU with the American University in Cairo (AUC) for youth engagement in FP awareness building and peer education was productive. (SOME SUCCESS)	SEFPP found a receptive environment for awareness building activities in the private sector. SEFPP was attentive to the interest of participating companies and AUC and provided needed technical support.	Participating partners need encouragement and capacity building in measuring and reporting on outcome results in addition to output results because outcome measures are more difficult to construct and carry out.
Service Delivery- Contraceptive Security	SEFPP has trained MOHP, NPC, and Ministry of Finance (MOF) personnel in forecasting and quantification methods. SEFPP has trained MOHP personnel in conducting warehouse assessments and will support the MOHP in carrying assessments. SEFPP has provided assistance to MOHP to define the criteria for selecting newly added FP methods in the public sector.	SEFPP was responsive to MOHP-expressed priorities.	SEFPP is not involved with the MOHP's upgrades and use of the LMIS, the critical information system that informs MOHP forecasting and quantification; thus, the substance of SEFPP's training in this area will be limited. SEFPP's lack of access to geographically defined behavioral data about FP users limits SEFPP and MOHP capacity to make evidence-based decisions about introducing new methods. By SEFPP's assessment, the MOHP's systems and procedures for testing new methods are weak; thus, the mere identification of candidate methods may not lead to adaptation and introduction.

¹² The severity of turnover took into consideration the rate of departures, but more importantly, its impact on the organization. Internal disruptions and uncertainties caused by senior management departures, use of interim substitutes, and on-going senior level vacancies were consistently reported and discussed by JSI headquarters management and SEFPP staff as being a consequential problem. The evaluators determined that the severity of the problem as described warranted characterizing the turnover as "high." There was agreement with on this in the March 3, 2021 Validation Meeting.

	(SOME SUCCESS)		
Service Delivery – Supply-side Interventions.	SEFPP’s response to the MOHP by assisting the postpartum contraception programs and promotion of high priority national task-sharing has been productive and appreciated by the MOHP. (GOOD PROGRESS)	SEFPP was responsive to MOHP-expressed priorities. SEFPP had the technical know-how to assist in the subject areas. SEFPP provided effective technical assistance.	The overall environment for better use of evidence to inform planning is needed, allowing for these two programs (along with the MOHP FP sector) to improve measurement of outcome results.
SBCC	Based on established working relationships, SEFPP will assist NPC with updating the national SBCC strategy. (GOOD PROGRESS)	SEFPP established an effective working relationship with NPC. SEFPP established technical competencies to assist NPC with evidence-based strategic planning.	SEFPP attempted to undertake several interventions that the MOHP curtailed because of their close relationship to the use of intermediaries for messaging and implied access to facility and client/community-level data.
Training/Capacity Building – Approaches	The training of trainers (TOT) approach is popular with individuals, programs, and agencies; e-learning is progressing; and qualification tracking is responsive to MOHP needs. (GOOD PROGRESS)	On TOT, individuals, programs, and agencies recognize that TOT can pay dividends (such as upward career mobility and the sustainability of the training). SEFPP’s responses to the MOHP on e-learning and tracking have been strong.	The overall environment for better use of evidence to inform planning is needed, allowing for these two programs (along with the MOHP FP sector) to improve measurement of outcome results. E-learning developments are reported by SEFPP staff and the MOHP to be proceeding well, but SEFPP needs to monitor progress closely.
Training/Capacity Building – Providers and Non-providers	Training beneficiaries give training high marks for relevance and applicability to their work. (GOOD PROGRESS)	Training was based on needs assessments, and delivery was well-organized and supported by MOHP.	SEFPP needed to switch to virtual platforms because of COVID-19. More training needs assessments are required to guide SEFPP and the MOHP with further prioritization, targeting of resources, and customizing training content.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS BY ACTIVITY OBJECTIVE

EQ2: IMPLEMENTING PARTNER (IP) OPERATIONAL LEVEL To date, given the current activity's status and the results reported under each objective in the quarterly progress reports, annual reports, and the performance plan and report (PPR), how successful has the activity been, including the factors contributing to its success? What are the hindrances?

Activity Objective 1: Strengthen Evidence-based Planning for Decision Making and Related Topics

DESIGN, THEORY OF CHANGE, AND SUSTAINABILITY

Background and Context

At inception, JSI's SEFPP Cooperative Agreement was anchored in a Theory of Change that postulated that, "Use of evidence (that is informed by valid data) leads to progressive policy formulation, robust strategic program planning, and reliable decision-making with sustainable outcome results." This Theory of Change in SEFPP's design was articulated in three interrelated objectives: (1) improved evidence-based planning, (2) improved quality of services, and (3) improved social behaviors—all of which are intended to work together to produce a strengthened, sustainable¹³ national FP program in Egypt.

Challenges/Hindrances

As stated in USAID's ADS 201.3.4 guidelines¹⁴, several principles serve as the foundation for sustainable development assistance, including evidence-based activities and working through local actors to promote sustainability. Thus, within its first year of operation, SEFPP faced a major challenge when SEFPP was advised by the MOHP that external partners such as JSI/SEFPP could expect to experience restrictions in availability of direct access to data and engagement in activities that might be construed as data capture or access to local systems and client/community levels of the FP program. These restrictions severely constrained SEFPP's ability to implement evidence-based activities and promote sustainability of interventions through evidence-based planning with key local actors, most notably the MOHP FP Sector. Generally speaking, the GOE and MOHP expect all such data collection activities to be managed by the GOE's Central Agency for Public Mobilization and Statistics (CAPMAS).

Limitations on strategic freedom such as those posed by the non-permissive environment in which SEFPP found itself in its first year of operation are nothing new in development assistance, and, over time, researchers have generated suggestions on how donors and implementers might handle such situations.¹⁵ Implementers are encouraged to use a three-pronged approach: (1) Acknowledge the restriction(s), (2) make financial and programmatic adjustments that make sense but leave room for ongoing bargaining, (3) develop longer-term action plans to mediate the restriction(s).

This MOHP position had major implications for SEFPP's structure and program scope and was extremely disruptive to the formative activity, but USAID, as the donor/financier, and JSI/SEFPP, as the implementer, made rapid accommodations and adjustments. The research component of SEFPP was dropped altogether, signaling the departure of one of JSI's original consortium partners. Several key staff resigned. The challenges related to data capture and data access also necessitated substantial

¹³ Within the context of the SEFPP activity, the issue of sustainability asks the question, "Will the benefits of SEFPP last; to what extent will net benefits of SEFPP continue (or are likely to continue) after the activity ends?"

¹⁴ USAID Automated Directives System describing USAID organization and functions.

¹⁵ Doz and Prahalad, "How MNCs Cope with Host Government Interventions," Harvard Business Review, March 1980.

changes to the activity's MEL plan. Over the past three years of operation, SEFPP has achieved progress in several areas likely to lead to positive outcomes and sustainability as listed in Key Findings, below but many challenges still exist. A key to optimizing SEFPP's outcome results and sustainability potential during its remaining years will be:

- for SEFPP to undertake a strategic action plan to mitigate existing restrictions on data capture and data access; and
- for USAID to additionally support SEFPP's mitigation efforts through policy dialogue at appropriate levels with GOE counterparts.

Key Findings

- SEFPP has an existing Sustainability Plan which it reviews periodically to determine if events or program changes that occurred during a review period will have an impact on the potential for sustainability of planned interventions, and to replan accordingly.
- USAID indicates that its bilateral communications and working relationships with the MOHP and NPC are cooperative, and it was observed that USAID endeavors to provide good backup support to SEFPP in facilitating the activity's working relationships with local implementing partners.
- SEFPP's efforts to align its interventions with MOHP FP Sector plans and priorities enhanced the potential sustainability of those activities.
- The TOT approach provided MOHP with cadres to address the shortage of trainers at the directorate level. It is expected that these trainers will continue to transfer knowledge beyond the project's lifetime.
- Fostering the establishment of new functional relationships between the GOE (MOHP and NPC) and FP partners (such as AUC and private sector factories) is likely to result in cooperation that will endure beyond the life of the activity.
- The NPC has demonstrated a high degree of potential for sustainability by being able to utilize the cadre trained by SEFPP to implement new capacities (such as NPC's recent partnership with UNICEF on population research).
- Similarly, nurses trained on task sharing are reported to be currently applying what they learned in SEFPP training and are expected to continue these practices after the project ends.
- Two pilot interventions (postpartum contraception and task sharing), and the NPC's national observatory initiative are in various stages of national scale up.

Conclusion

- SEFPP is able to promote and implement sustainable strategies and activities with NPC, but similar strategic freedom with the MOHP has been more challenging and requires further attention, particularly continued critical backup support from USAID.
- There may be opportunities for USAID to play a more active role at higher policy dialogue levels in helping to improve the enabling environment for SEFPP to work more closely with the MOHP on sustainable evidence-based planning and behavior change communications interventions.

Recommendations

- SEFPP leadership should continue to engage the MOHP in dialogue aimed at improving the overall working environment for data capture and access, as well as the generation and use of strategic data/information to inform evidence-based planning and decision making.
- SEFPP should review and identify interventions that were productive and have the best potential to sustain themselves in the future. According to the findings of this evaluation, planning and implementation should be undertaken to develop consideration might be given, at a minimum, to interventions in the following areas: SEFPP investments in managerial and operational capacity building (such as systems developments that build institutional commitment); SEFPP investments in training FP influencers (i.e., peer educators); SEFPP investments in training workers to train others

(e.g., TOT); and SEFPP investments in forging potentially sustainable partnerships (such as between the public and private sectors)¹⁶.

- SEFPP should continue or introduce measurements of results for interventions it has identified as potentially sustainable. Work Plans, targets, and quarterly monitoring of these sustainability-related interventions should be incorporated into SEFPP's MELP.
- SEFPP should identify strategic planning “champions” in the MOHP and NPC and, as opportunities arise, sponsor these champions to participate in regional or international forums that promote evidence-based planning and decision making. Examples might be relevant World Health Organization (WHO) conferences or a technical workshop on data for contraceptive forecasting. It should be noted that SEFPP has attempted similar approaches in the past without success. It is worth another attempt with such a strategy as personnel in agencies change overtime, and a more conducive environment may emerge
- USAID/Egypt should explore (and implement, if indicated) a strategy to support and reinforce JSI/SEFPP efforts to undertake sustainable evidenced-based planning (such as being able to conduct service delivery and client-based data and information), and behavior change communications (such as community-based data gathering). This strategy might include eliciting Mission and even Embassy involvement at the dialogue level with GOE counterparts when appropriate or needed.

STRATEGIC INFORMATION

Background and Context

Strategic information goes to the heart of GOE/MOHP's concerns about external factors such as JSI/SEFPP having access to or engaging in activities that would provide access to data and information at the operational, client, and community levels. SEFPP's Strategic Information Unit has had to engage in innovative and alternative ways of accommodating this challenge (such as attempting to work through intermediaries).

Challenges/Hindrances

SEFPP's Strategic Information Unit did engage with the MOHP in offering assistance in strengthening the MOHP's HMIS and Logistics Management Information System (LMIS). These are the two core information functions in the MOHP that generate and aggregate data about the system's performance (service utilization statistics) and contraceptive consumption. After exploring the possibilities of SEFPP assisting with the HMIS and LMIS, early in SEFPP's year 4, the MOHP expressed its preference to develop its HMIS and LMIS through its own resources, specifically, the MOHP's Health Information Center (HIC). MOHP systems upgrades are still in the design phase, and actual work has not yet begun.

Achievements

Originally, SEFPP had proposed three components of assistance with information systems development that included both the MOHP and NPC, and SEFPP was to forge ahead with assistance to NPC in the area of MIS developments. Now that SEFPP has made concrete progress with NPC's MIS module, SEFPP plans to re-engage with MOHP on this topic to discuss SEFPP's support to MOHP in its HMIS. Despite the MOHP's position on SEFPP not assisting with HMIS, SEFPP developed and shared data collection forms for quantification with the MOHP, and SEFPP conducted training and exercises on quantification. Plus, MOHP has requested SEFPP in Year 4 to review and update the Arabic quantification training materials and update the forecasting exercise based on updated data sources.

¹⁶ It should be noted that the categories of intervention as recommended may also be relevant and appropriate for consideration in future USAID project/activity designs and requests for assistance.

In the meantime, SEFPP has succeeded in training MOHP and NPC staff in quantitative and qualitative research techniques and is working productively with NPC on developing an automated tracking system for MIS based on the GOE's main health statistics data input forms from the field (called the "TA8 Application"). The GOE's core "TA8" health information reporting form feeds both HMIS and LMIS. The MIS being developed by NPC is more comprehensive and gathers information related to FP and other population indicators, while MOHP is more concerned with beneficiary data and monthly reports. The NPC's automated system will allow data collection from primary health care units (PHCUs) and outpatient clinics affiliated with non-governmental organizations (NGOs).

SEFPP is supporting automated MIS developments in NPC with both hardware and software support. NPC software will also substantially enhance HMIS analytical functions such as contraceptive consumption data by target populations. SEFPP is also assisting NPC in establishing the NPC Observatory, which will serve as a resource hub for various decision-makers in need of FP and population information.

In sum, two health information databases exist, an MIS with health sector components operated by NPC (automated), with technical support from SEFPP, with the other, to be managed by MOHP. Currently, it is not clear how the MOHP and NPC systems will coordinate, how each will complement the other, or how they may eventually converge.

Key Findings

- Although SEFPP demonstrates care in aligning its objectives with those of its national partners (MOHP and NPC), this has not ensured a high level of buy-in from the MOHP, particularly in areas that touch on the MOHP's concerns about SEFPP's activities that would involve data capture and data access (such as HMIS and LMIS).
- SEFPP staff report that NPC has been a more receptive partner than the MOHP concerning HMIS/LMIS systems improvements and strategies for evidence-based planning.

Conclusions

Since SEFPP is not involved with the MOHP's HMIS and LMIS upgrades and development, SEFPP also does not have access to HMIS/LMIS data and its uses in the MOHP. Particularly on LMIS, any assistance SEFPP provides the MOHP on training staff in LMIS areas such as quantification principles and methods will be theoretical, not practical, and of limited use in helping the MOHP to strengthen the technical capacity of staff in strategic information management.

Recommendations

- In the near term, SEFPP should facilitate dialogue between MOHP and NPC on how MIS systems developments at NPC (assisted by SEFPP) can benefit MOHP efforts to upgrade its HMIS/LMIS and how both could work compatibly in the future.
- In the longer term, in addition to theoretical training on strategic information systems and its uses, SEFPP should re-engage with the MOHP on the possibilities of direct SEFPP assistance with strategic information systems upgrades (such as with LMIS) and related evidence-based planning.

STRATEGIC PARTNERSHIPS

Background and Context

In its first years, SEFPP made early attempts to foster relationships with potential strategic family planning partners: the United Nations Population Fund (UNFPA), WHO, the World Bank, and the European Union (EU), the most relevant and enduring of which has been with UNFPA. SEFPP engaged with UNFPA in connection with an assessment on CS. SEFPP hired a well-known consultant to conduct a CS assessment to be presented in a high-level FP workshop. During the workshop however, MOHP

observed that recommendations for a Contraceptive Security (CS) strategy should come from UNFPA (not SEFPP as a technical assistance activity). Following the workshop, the MOHP spearheaded discussions between the parties, an amicable agreement was reached, and the matter turned into a “learning event” for SEFPP, UNFPA, as well as the MOHP. SEFPP agreed to limit its contributions in the areas of CS to training on quantification, conducting warehouse assessments, and introducing new FP methods, while UNFPA would focus on broader strategy development. UNFPA and SEFPP now have a productive working relationship.

Challenges/Hindrances

It might also have been helpful for SEFPP to cultivate collegial relationships at appropriate technical levels with agencies such as the World Bank,¹⁷ WHO, and UNICEF, as these all have had historical interests in Egypt’s Population and FP program. However, those relationships did not evolve. Other operational distractions and high staff turnover within the activity probably limited SEFPP’s ability to undertake the time-consuming task of building other strategic partnerships. SEFPP believes this situation will improve as new leadership and staff become available to give attention to building these development partner relationships.

Key Findings

SEFPP made early attempts to foster partner relationships with potential strategic partners, including UNFPA and WHO. SEFPP had one meeting with the WHO, but there was no follow-up. There were no known initiatives with the World Bank.

Conclusions

- Periods of high staff turnover and shortages of SEFPP staff to engage in the time-consuming task of cultivating working collaboration with other partners may have prevented SEFPP from developing working relationships with other entities.
- There may be opportunities for SEFPP to engage (or even initiate) NGO and development partner coordination forums around common agendas related to assistance to Egypt’s FP program.

Recommendations

- SEFPP should establish a staff point of contact to undertake a current inventory of active NGO and development partner coordination forums and identify opportunities to forge collegial relationships with these strategic partners. SEFPP should decide which member of the team is most appropriate to engage in identifying and leading taking advantage of these opportunities.
- SEFPP should consider exploring the possibilities of sponsoring the MOHP to convene committees and forums to develop relevant implementation strategies (such as a national committee to promote long-acting reversible contraception in the public sector). This might include development partner level “brown bag” forums or virtual meetings, use of the MOHP’s e-learning platform, etc.
- In order to increase demand for services and further strengthen political will for FP programming, USAID might consider conducting a FP-specific political/ economic analysis or a similar mapping exercise to help identify important stakeholders to ensure they broaden their horizons and work with other (possibly Egyptian) stakeholders to improve the sustainability of the commitment to FP in the country. The evaluation team acknowledges that a similar exercise may have been done early on, however given SEFPP’s technical leadership changes as well as changes in local FP agencies and partner organizations, a second assessment will prove useful to help the activity continue to

¹⁷ Rabie, et al., “Transforming Family Planning Outlook and Practices in Egypt: A rights-based Approach,” World Bank, 2017.

adapt. Given SEFPP's remaining timeframe, this exercise might also be of use to future programs or inform their designs.

ACTIVITY MANAGEMENT

Background and Context

During SEFPP's first year of operation, restrictions on SEFPP data access, research and data collection emerged that caused programmatic and MEL system changes and upheavals that were, as claimed by SEFPP staff, major contributing factors in SEFPP's difficulties in organizing, retaining staff, and directing its operations. The fact that SEFPP could not conduct client or community-level research meant that SEFPP could not provide relevant evidence to inform MOHP policy development, strategic planning, and decision making eliminating a core component of the activity's design. Additionally, during the past three years, the original Chief of Party (COP) departed, and the leadership gap was filled by interim acting COPs. JSI recently hired a new permanent COP who began work in April 2021. . COP responsibilities appeared to be handled well by the currently designated Deputy Chief of Party. The Strategic Information Director's position was vacant for some time and has recently been filled. Another key position, that of SBCC Director, was vacant at the time of the evaluation fieldwork having resigned in February 2021. At least one ex-staff member cited a general atmosphere of uncertainty about the activity and its future as a contributing factor to high staff turnover.

Management guidance and direction to staff on implementation of SEFPP activities and interventions by the activity's managers were also reported to be inadequate. There was a sense that, as one staff member put it:

There wasn't much cross-fertilization and information sharing among units of the project. MEL was not very effective in ensuring that the internal technical units were talking together and working for unified project purposes. I feel this is another reason why some staff resigned from the project.

Key Findings

- Difficulties in SEFPP's working understandings with the MOHP, general uncertainties about the activity's future, and probable gaps in internal activity management led to high staff turnover during the activity's first two years.
- JSI headquarters has been in constant and close communication about the local staff and activity management situation and some of its underlying causes and continues to make course corrections.

Conclusion

JSI appears to be in touch with the activity's staffing and management difficulties and is taking corrective actions. The activity's management environment is reported to be substantially improving, and SEFPP staff appear to be optimistic that the remaining two years of the activity will be productive.

Recommendations

Early in his/her administration, the new SEFPP COP should plan one or a series of virtual staff retreats to boost staff morale and cohesiveness covering such topics as SEFPP outlook through 2022, the evolving development environment for the SEFPP activity and the GOE, issues arising from MEL, review of FCRs from the midterm performance evaluation, etc.

MONITORING, EVALUATION, AND LEARNING (MEL)

Background and Context

SEFPP's MEL system is the backbone of its internal data, information, evidence, and activity management. Properly structured and implemented, the MEL should enable SEFPP to deliver effectively on program objectives by providing a dynamic monitoring and reporting system that documents,

tracks, and assesses the output and outcome results of interventions throughout its lifecycle. The system's indicators permit appraisal of SEFPP and help SEFPP to estimate (but not accurately measure) whether the activities (as planned or adjusted) are making progress toward improving the quality of FP/RH services.

MEL should foster continuous collaboration, learning, and adapting within the internal activity management environment. A MEL plan (MELP) established shortly after SEFPP's inception in December 2017 presents a logic model that explains the rationale and interlocking relationships between purposes/goals and stated objectives, sub-objectives, and activities. The MELP additionally outlines a methodology for data collection, data management, reporting, evaluation, learning, and dissemination. The MELP includes a set of performance standards and customized indicators to help track the progress of activities and assess SEFPP's outputs and outcomes.¹⁸

Challenges/Hindrances

The environment in which the MELP was implemented, however, differed from what was originally envisioned. Around SEFPP's inception in December 2017, SEFPP management was advised by the MOHP FP Sector of a government-wide non-permissive environment for data collection, including any population or facility-based studies and/or qualitative or quantitative interviews. This non-permissive environment had profound implications for what activities SEFPP could implement and how it could measure outputs and outcomes. This resulted in some data quality issues (such as the reliability of alternative secondary data sources) as described in the FY 2019 Data Quality Assessment (DQA). These issues were addressed and improved significantly (as acknowledged in the FY 2020 DQA), although data access remains an issue that SEFPP is aware of and is working to resolve. In addition, there were many senior-level changes in the MOHP at that time, resulting in shifts and changes in SEFPP activities in an attempt to better align with MOHP needs and priorities. Additional adjustments to SEFPP's work plan due to the global COVID-19 pandemic resulted in still other activity changes from the MOHP and FP implementers requiring changes in SEFPP's activities/approaches and MELP revisions.

Achievements

To its credit, SEFPP and the MEL system responded robustly to these various changes and challenges. As described by one evaluation informant:

"The MEL system actively¹⁹ revised the project's M&E [monitoring and evaluation] framework while shifts were occurring (example, elimination of research activities) and used the issues arising from the many program changes to change official documents plus provide direction for internal project changes (and redirection of implementation). The MEL unit deserves credit for documenting the various changes (change of objectives, activities, and measurement indicators)."

SEFPP also made a concerted effort to strengthen the MEL system's internal communications, learning, and adapting processes. One evaluation informant summarized what appeared to be the consensus of many staff, saying that:

"The project has been using the Click Up system for the past year. It links the work plan activities to indicators, and is accessible to all staff, even at home office. We have regular meetings with the senior management team in Egypt and the backstopping team at headquarters to stay on top of things. There are processes in place for the review of documents. There are multiple layers of communication, meetings,

¹⁸ SEFPP 5-year Revised MELP, December 2017, p. 8.

¹⁹ Interpreted as meaning, "immediately made changes and sought USAID approvals."

and processes and systems set up to make sure that there is good communication at a distance, and we're able to provide support when needed.”²⁰

There have also been notable improvements in internal staff communications and team collaboration since the introduction of output activity management tools and processes. The Click-up system is mentioned favorably by staff as having assisted in establishing a collaborative work environment.

However, a downside to concentrating on output monitoring may be neglecting the ongoing need for primary sourced outcome results data for MEL purposes. The GOE and MOHP are reported to be in the planning stages of a “Family Health Survey,” a national household-level health/FP survey (similar in nature and content to the traditional Demographic and Health Surveys conducted in many countries) to be conducted by CAPMAS. It is expected that SEFPP and other development partners would have access to these survey data (including metadata, if necessary) to inform FP policy formulation and planning.

Key Findings

- Currently, for national FP planning purposes, the best data and objective evidence of client and community-level FP/RH knowledge, attitudes, and practices by geographic area are based on 2014 national FP statistics (periodically updated from secondary FP data sources).
- The GOE and MOHP are in the planning stages of conducting a Family Health Survey through CAPMAS that will provide updated FP statistics.
- The current MELP reflects updates and activity modifications that were required after inception of the activity and complies with USAID functional and reporting requirements.
- The current MEL system functions well as an internal activity management and learning tool.

Conclusion

Despite secondary FP statistics now available, in the absence of relatively up-to-date primary national FP national statistics to inform policy and program direction, FP sector policymakers and strategic planners, as well as implementers such as SEFPP, remain restricted in being able to plan and implement a robust, evidence-based national FP program and could still benefit from improved access to qualitative and quantitative service delivery and community-level data.

Recommendations

In anticipation of the GOE's planned Family Health Survey being completed within a workable timeframe for SEFPP, SEFPP should offer MOHP to sponsor and assist the MOHP in conducting a national dissemination workshop and a series of smaller forums to provide FP stakeholders with anticipated updated household-level health and FP data.

Activity Objective 2: Support the quality of FP/RH services

SERVICE DELIVERY: CONTRACEPTIVE SECURITY

Background and Context

Assisting the FP sector in achieving contraceptive security (CS) is a priority area for SEFPP because increased demand for FP services will not yield results unless contraceptive methods are available and accessible. SEFPP has agreed with the MOHP to focus its CS assistance around three interventions: quantification, supply chain strengthening (specifically warehouse assessments), and introducing new FP methods, with a view toward expanding the contraceptive options available. SEFPP's documents articulate its additional understanding that the private sector must play a pivotal role and that the method mix must be enhanced with an increased focus on long-acting reversible contraception

²⁰ Ibid.

(LARC), the existing coordination mechanisms must be revitalized, data collection and quantification must be strengthened, and a supply and resource mobilization plan must be developed, with clear identification of the roles and responsibilities of the MOHP/FP Sector.

Achievements

In introducing new FP methods, SEFPP has provided assistance to MOHP to define the criteria for selecting newly added FP methods in the public sector. The MOHP selected three methods to be provided in the public sector, namely multi-load IUDs, hormonal IUDs, and Sayana Press, noting that all three of the methods have long been available in the private sector. In Year 4, SEFPP plans to provide technical assistance to the MOHP/FP Sector to finalize the selection of areas to pilot new methods based on community characteristics. Upon the MOHP/FP Sector's request, SEFPP would then support disseminating the new method through a nationwide scale-up of the newly selected successful FP methods. It was noted, however, that, as in the past, SEFPP's access to data describing community characteristics may be problematic. Further, a Year 2 SEFPP assessment found that the MOHP's capacity to test new methods needed strengthening.

On quantification, SEFPP has plans to train various cadres in quantification and forecasting principles and methods. To support such training, the MOHP shared consumption data and service data for 2017/2018. However, data on "stock on hand" was not shared with SEFPP, without which SEFPP could not help MOHP develop its supply plans or total commodity requirements and costs estimated during the quantification activity. Despite this, to date, SEFPP was able to assist MOHP to:

- Develop forecasts for seven contraceptives included in MOHP's quantification plan.
- Provide refresher training for MOHP's quantification team on "1- how to estimate total commodity requirements and costs, 2- develop supply plans, and 3- monitor the upstream pipeline and take appropriate action to ensure a continuous supply of contraceptives."
- SEFPP worked with the quantification team to build their capacity to use these Excel-based tools to create new forecasts for future use and update existing forecasts as more comprehensive data become available.

It is noted, however, that aside from training GOE staff (MOHP, NPC, MOF, and other in-country stakeholders) in quantification principles, and refresher training for the MOHP's quantification team, SEFPP does not have a role in development or strengthening of data collection and quantifications systems. Because SEFPP is not working with the MOHP on HMIS/LMIS systems upgrades, does not have access to contemporary LMIS data (such as stock-on-hand), and is excluded from the resource planning aspect of quantification (by agreement with the MOHP²¹), SEFPP may have a problem in that the relevance of SEFPP's training and capacity building efforts may not be clear. SEFPP does plan to re-engage with the MOHP to reassess a possible role for SEFPP to assist the MOHP's HMIS/LMIS upgrades (now in the design phase) and to further discuss with MOHP possible collaboration with NPC on its SEFPP-related automated information systems upgrades. In the meantime, however, SEFPP is not clear about the structures, processes, and roles and accountability of the different players and stakeholders related to CS in general and quantification specifically. One key informant said that SEFPP's strategic role in the development of quantification capacity in the FP sector was technically unclear:

"In terms of capacity building on CS quantification, planning, and implementation in the MOHP, NPC, and MOF, the Project has not been able to move freely because: (1) the jurisdictional issue is still up in the air with UNFPA (about CS Strategy being its exclusive domain), (2) the NPC doesn't want to be involved with areas such as quantification and financial sourcing because it doesn't see this as its domain, and (3) the MOHP doesn't see any need for the MOF to get involved with TA[technical assistance]/training in CS

²¹ See Service Delivery: Contraceptive Security section of this report, page 18.

because it says it has already communicated its long-term and immediate needs to the MOF, and the MOF has responded satisfactorily on the budget allocations requested.”

Key Findings

- The MOHP determined that SEFPP’s early CS assessment and assistance activities fell outside the intended mandate of SEFPP. The MOHP instead requested that SEFPP redirect its efforts to concentrate on quantification, warehouse assessments, and introducing new FP methods.
- SEFPP developed manuals and plans to train MOHP staff in conducting warehouse assessments.
- SEFPP reports that the MOHP’s capacity to conduct testing and authorize new contraceptive methods needs to be strengthened, but SEFPP is not involved in strengthening these product testing systems and has, up to now, been confined to identifying sourcing of one contraceptive (Silver Nova T) for testing as a potential public sector method, noting that Silver Nova T has been available and in use in the private sector for the past ten years.
- SEFPP’s Annual Work Plan describes an approach to supporting contraceptive quantification that mainly focuses on training various FP planners and managers on quantification principles and exercises. SEFPP assistance does not include any involvement in the development of an operational MOHP quantification system tied to a unified LMIS (which would be needed for a functional national contraceptive quantification/forecasting and supply chain system).

Conclusions

- Since the MOHP requested that SEFPP disengage from LMIS development, it is not clear whether or how SEFPP can support critical components of a CS strategy, such as measurement, that engage the information systems that form the basis of forecasting and quantification.
- Future warehouse rehabilitation (and financial resources) might result from the warehouse assessments SEFPP is assisting the MOHP in conducting.

Recommendations

- SEFPP should reassess the current environment and reopen dialogue with the MOHP to explore the possibility that its designated contributions (quantification, warehouse assessments, and introduction of new FP methods) might extend to make SEFPP a more vital and recognized partner in the CS strategy arena. An example might be for SEFPP to assist the MOHP in strengthening the MOHP system involved with testing new FP methods.
- SEFPP should have a less marginal and more clearly spelled out role in strengthening the MOHP’s quantification system and capacity. SEFPP should review its current assistance to determine whether it might offer to play a more technical and impactful developmental role (other than training) in assisting the MOHP with strengthening its contraceptive quantification system. An example might be for SEFPP to assist the MOHP in establishing a quantification unit and train technical staff in forecasting and quantification.

SERVICE DELIVERY: SUPPLY-SIDE INTERVENTIONS

Background and Context

Over the past three years, SEFPP has supported two MOHP initiatives to expand services. First, task sharing is a strategy for expanding service delivery by broadening the scope of services that nurses can officially provide to potential family planning users. SEFPP has been assisting the MOHP in training task-sharing nurses and the rollout of this program. Task-sharing is still considered a pilot phase because some MOHP officials believe that task-sharing will eventually require approval by the Nursing Council and vetting of job descriptions by Parliament.

SEFPP cannot know with certainty that the training and application of new FP skills is making a difference in making FP services available, as it is not permitted by the MOHP to measure outcomes at the service delivery level. However, there is anecdotal evidence that the task-sharing training is paying dividends. A nurse from Qena who received the task-sharing training said after she passed the

training post-test that she liked the content of the training and quality of knowledge provided by training and also commented positively on the skills of trainers. She also said that in January 2020, she started her new role providing injectables and pills to FP clients in PHCUs that lacked physicians. The nurse believes that providing these services improves access to FP services for FP clients, as this avoids losing them during referral to another PHCU. The nurse received follow-up visits from SEFPP, and MOHP physicians believe that nurses' task-sharing could promise to improve access to FP services (according to eight service provider KIIs). According to one nurse in Qena,

"We have a lot of supplies, and nothing can stop me from task sharing. I liked the task sharing very much. It is good practice, for me and the user as well as to benefit from my knowledge as now I know how to make sure the method won't cause any complications for the women which is safe for the user. Task sharing is a good practice and easier for users as now they don't need to go to doctors in far areas. Now support is closer to users, which increases the new users in the remote area."

The practice of postpartum and post-abortion insertion of Intrauterine Devices (PP/PA/IUD) is the second important strategy promoted by the MOHP to increase service availability. This was the first intervention that the MOHP moved to scale up nationally with SEFPP assistance. Here, SEFPP supports training implemented in an integrated fashion involving the MOHP's FP, Curative, and Primary Health sectors.

A physician (a Key Informant to the evaluation) in Alexandria who received the PP/PA/IUD training liked the training content and found it to be an excellent training program. She mentioned that providing task-sharing training to nurses and physicians in the same hospital was a great step to promote services by nurses to FP methods users and provide quality services by physicians, as they complement each other. The physician in Alexandria mentioned that the training resulted in introducing a new service in Dar Ismail Hospital and increased the number of IUDs inserted. The physician also stated that they insert around 80 IUDs monthly, but she believes there is room for improvement. Service providers who received the training found it to be a promising approach to increasing women's access to FP services (eight service provider KIIs).

Key Findings

- SEFPP developed the task-sharing curriculum, and 41 nurses received the task-sharing training in six governorates to start providing pills and injectables. SEFPP is following the MOHP's lead on timing the full-scale rollout of the program.
- On task-sharing, SEFPP is constrained by MOHP restrictions from measuring progress at the service delivery supervisory level. SEFPP collects numbers at the output level, but SEFPP does not measure outcomes or qualitative studies with clients or beneficiaries.
- SEFPP indirectly monitors results using data reported to SEFPP in the PP/PA/IUD program at the facility level, with cooperation from the MOHP OB/GYN Department.

Conclusions

- SEFPP has significantly assisted the MOHP in launching the task-sharing and PP/PA/IUD approaches, and national rollout of the PP/PA/IUD approach has begun.
- SEFPP has strategically important outcome data for the PP/PA/IUD program that could be helpful in assisting the MOHP with planning a national rollout.
- On task-sharing training, SEFPP may have an opportunity (other than direct data collection) to engage the MOHP in gathering strategic information and evidence-based planning to scale up these activities.

Recommendation

In conjunction with scaling up task-sharing and the PP/PA/IUD program in the upper and lower governorates (as requested by the MOHP), SEFPP should leverage its substantial support for these interventions to encourage the MOHP to set up its own "qualitative research" protocols to measure outcomes and plan rollouts informed by evidence.

Activity Objective 3: Enhance Selected Health Behaviors

OPERATIONAL PARTNERSHIPS

Background and Context

SEFPP has actively pursued a strategy of working with private sector companies, organizations, and companies to promote FP acceptance through awareness building and peer education among the populations they work with and serve. JSI selected the international Population Council (PC), a U.S.-based population program development agency, as a consortium partner to work with SEFPP because of PC's long involvement with Egypt's FP program, particularly private sector developments. Of note, as far back as 2016, PC published a report on challenges and recommendations for engagement of private sector entities in Egypt in the national FP response.

Achievements

PC has helped SEFPP pursue an estimated 10–12 MOUs²² with private sector workplaces that have proven to be highly successful in engaging their workers in ancillary family planning messaging and communications. SEFPP developed the MOUs and PC then helped with conducting training for peer educators used in implementation of activities. As an outgrowth of its MOU with Marie Louis Factory to conduct awareness sessions targeting female factory workers, SEFPP conducted TOT courses for selected factory workers to create a cadre of trainers in the factories, who were then able to conduct FP orientation sessions with other workers and promote FP awareness activities with their families, friends, and neighbors.

The activity has also established a working relationship with the American University in Cairo (AUC), focusing on engaging youth populations to build awareness of FP/RH issues and practices. Youth have proven (through AUC efforts) to be effective in peer-to-peer education and use of social media, and AUC is already thinking of engaging still younger participants (younger than 18 years of age) in the program in activities that would involve young school-age adults, by working with the Ministry of Education.

Implementation of operational partnerships initiated by SEFPP is still formative but is part of a strategy for strengthening private sector engagement in FP programs. The partnerships forged to date demonstrate that these partnerships can enable SEFPP to extend the reach of FP advocacy and messaging indirectly. In turn, partnering with SEFPP enhances the agency of partners to serve as FP advocates and messengers. In general, these alliances also demonstrate the advantages of collaborating with the private sector to FP policymakers.

Key Findings

- In partnership with PC, SEFPP focused on working with young, married girls and women who work in factories. These activities turned out to be popular. They introduced peer-to-peer approaches that allowed the factories to reach more girls and women in the community with FP messaging.
- AUC's approach to engaging youth in family planning messaging has attracted many young people to the program, and the AUC youth engagement activity appears to be productive.
- More than one informant to this evaluation cautioned that the Ministry of Education has a reputation for being conservative on reproductive health matters and that it may be difficult for SEFPP to establish productive working relationships with this agency on a youth sex education program within the activity's remaining timeframe.

²² Estimates vary because some MOUs are dormant because of COVID-19 restrictions, and others are at various stages of implementation.

Conclusions

- Factory-based programs are an effective strategy for reaching individuals and communities with FP advocacy and messaging.
- AUC's approach is less than one year old and should be further documented and assessed.
- Expansion of AUC's activities to younger age groups at this time requires a feasibility assessment to determine the approach and timing needed.

Recommendations

- SEFPP should conduct a joint workshop to draw lessons learned and adapt them to improve the current approach and tools for improving its current university-level activities.
- SEFPP should undertake a feasibility assessment to determine the approach and timing of introducing FP messaging to younger school-aged groups and working with ministries such as the Ministry of Education.
- SEFPP should continue and expand its highly productive and popular factory-based programs in continued partnership with the international Population Council. Consistent with suggestions from participating companies, awareness sessions should be continued, but more emphasis should be placed on peer education approaches. SEFPP should develop new outcome-oriented indicators and require implementing partners for both the youth engagement activities and the factory-based programs to measure and report on activity outcomes in addition to outputs, (noting that outcomes go beyond outputs to describe what was achieved as a consequence of what was done).

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC)

Background and Context

In 2015, NPC led the development of a 15-year national population strategy, with active participation from all the relevant ministries. After strategy development, a 5-year strategic plan was developed in a participatory way with the involvement of an inter-ministerial standing committee. Achieving the strategic objectives of the national population strategy requires behavioral changes among specific population segments (regarding female genital mutilation, short inter-pregnancy spacing, gender-based violence, high fertility, etc.).

The achievements of SEFPP's SBCC Unit in implementing several SBCC interventions within the framework of the National Population Strategy were mixed due to the MOHP/FP's concerns about the participation of external actors such as SEFPP in community-level activities. For instance, in Years 1 and 2, SEFPP provided FP training for media officers in targeted governorates, who were then expected to develop implementation plans for health education sessions, including health messages targeting women as part of their regular work (as reported in the Year 3 Annual Report). However, these plans were abandoned after about six months when the MOHP prevented any data collection at the community level.

Also, in Year 3, SEFPP conducted roundtable discussions for community awareness teams comprised of media officers, community health worker supervisors, women's health club supervisors, and nurse supervisors and introduced an approach for behavioral mapping of women and men of reproductive age to better understand behaviors and shape health education messages integrated into the Unified Health Education Reference Manual (also developed with SEFPP technical assistance). Once finalized, SEFPP tested the Manual with the Community Awareness Team (CAT) with plans for it to be distributed and used by CATs. However, similar to plans for implementation of mapping exercises, distribution of the Manual was initially held in abeyance over concerns that the Manual would be used to collect sensitive community-level data. Fortunately the MOHP has recently cleared the Manual for distribution and use by CATs.

Further, in Year 3, SEFPP implemented workshops with 126 media officers specifically keyed to postpartum contraception (PPC) in an effort to advocate for LARC. SEFPP's assistance to the MOHP in conjunction with the OB/GYN Department is ongoing. Service providers' perceptions regarding PPC and the related training they have received from SEFPP were generally positive, prompting the MOHP's decision to undertake an evidence-based national scale up of the approach.

SEFPP's Year 4 Work Plan expresses the intention to again work with the MOHP/FP Sector to conduct mapping exercises on behavioral barriers to FP uptake and with service providers on barriers to effective FP delivery (including LARC) and to undertake "innovative" and diverse communication/outreach channels, engage media practitioners, and develop materials and training with "interpersonal influencers." This suggests that the MOHP/FP Sector anticipates some easement of the non-permissive environment for involvement in sensitive community-level interactions that SEFP has experienced in the past. ,

Furthermore, in the coming year, SEFPP plans to collaborate with NPC to leverage SEFPP's extensive technical background in SBCC to develop a national population strategy. NPC will take the lead in coordinating among partners to develop an evidence-based National Population SBCC Strategy. The goal is to develop and launch a 10-year National Population SBCC Strategy that supports achieving the 2015–2030 National Population strategic objectives and the new GOE/MOHP Egyptian Family Development Project, 2021-2023 by NPC conducting a scientifically sound behavioral segmentation analysis and coordinating between the relevant ministries to develop an evidence-based participatory SBCC strategy.

Key Findings

SBCC experienced a challenge in working with the MOHP's Health Education and Communication Unit's (HECU) district Media Officers. An advocacy tool to be used by Media Officers was developed, but the MOHP stopped the activity because it was seen as a tool for monitoring community behavior (which could also be interpreted as program "research").

SEFPP's AY4 work plan again calls for assistance to the MOHP in such areas as mapping and working through media professionals, although these interventions have met with objections at MOPH policy levels.

Among other assistance, SEFPP supported NPC in enhancing its online presence in social media. NPC's visual identity in social media platforms was developed and approved by NPC, and SEFPP developed a training plan to build the capacity of NPC staff on social media management, writing of media releases, and how to upload them on the different platforms.

Conclusions

- SEFPP has undertaken several demand-side interventions intended to align with demand creation strategies in the MOHP. Achievements have been mixed; most were problematic because they were seen by MOHP policymakers as being too close to community behavioral assessments.
- SEFPP's assistance to NPC on social media management was productive.

Recommendations

SEFPP's plan to assist NPC in developing and implementing a national SBCC strategy should be the main focus in the coming year to enable SEFPP to develop a more strategically effective SBCC vision and interventions for the future.

- SEFPP should review and be very cautious about Year 4 plans for SBCC interventions through the MOHP/FP Sector until SEFPP can resolve previous objections expressed by MOHP/FP to SEFPP SBCC approaches and the pending development of NPC's national SBCC strategy, which may provide directions for SEFPP SBCC programming.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS—TRAINING AND CAPACITY BUILDING

EQ3: SERVICE LEVEL To date, in what ways did SEFPP strengthen capacity and commitment in the local systems (health workforce, health information system, health service delivery) to continue delivering consistent levels of access to and delivery of quality FP services?

SEFPP's basic approach to strengthening capacity and commitment in local systems has been to carry out a wide range of training events that enable capacity building in many SEFPP activity components, as discussed throughout this evaluation.²³ SEFPP has engaged in the promotion of training methodologies, as well as conducting training events where knowledge and skills are imparted.

TRAINING AND CAPACITY BUILDING APPROACHES

Achievements

Although it was a small sample, the physicians and nurses who received TOT agreed that it improved their skills in conducting training and helped them do on-the-job training more efficiently, especially for the participants working in supervisory roles. Respondents who received TOT said that it was their first time receiving such training, as they are used to only technical training (eight service provider KIs). One key informant from Cairo said,

“My communication skills improved. The way that I manage my team, my negotiation skills with clients improved, which help the client to take the decision of what method she wants to use.”

SEFPP is engaged in two other interventions intended to improve opportunities for training. SEFPP is actively engaged with the MOHP in establishing an e-learning platform that will allow selected FP training modules developed by SEFPP to be made available electronically. When it is up and running, SEFPP also has plans to assist the MOHP in utilizing information from those registered in e-learning to identify high performers for TOT. In addition, SEFPP has developed a “Qualifications/Competency Tracking System” that allows the MOHP to identify low performers (as assessed through SEFPP FP training pre/post-tests) to target for additional training. Although the tracking system does not serve as a robust competency assessment tool, SEFPP staff report that it serves the limited purpose of identifying targeted training candidates.

Key Findings

- Interviewed stakeholders (service providers, MOH, private sector) agreed on the effectiveness of the TOT component in terms of improving skills for conducting training, with increased sustainability potential.
- SEFPP has agreed with the MOHP to use a “cloud-based” internet platform for the MOHP e-learning materials developed by SEFPP to provide easy public access for all users.
- SEFPP has spent considerable time and effort developing a Qualifications/Competency Tracking System that addresses the needs of SEFPP and the MOHP to identify candidates for refresher training and training upgrades (such as TOT) and has plans to continue this effort in its Year 4 Work Plan.

²³ Various SEFPP training and capacity building activities can be found in SEFPP's Strategic Information component as well as Service Delivery – Contraceptive Security, Service Delivery – Supply-side Interventions, and Social and Behavior Change Communications.

Conclusions

- TOT is an effective strategy for increasing the sustainability of capacity building in the FP program. MOHP will benefit from SEFPP's support in this area. SEFPP has a clear plan for follow-up and monitoring, as well as for replication and scaling up.
- E-Learning has strong potential as a mechanism for increasing access to SEFPP's informational and training resources.
- The qualification tracking system has been a helpful tool in identifying candidates for refresher training and identifying TOT candidates.

Recommendations

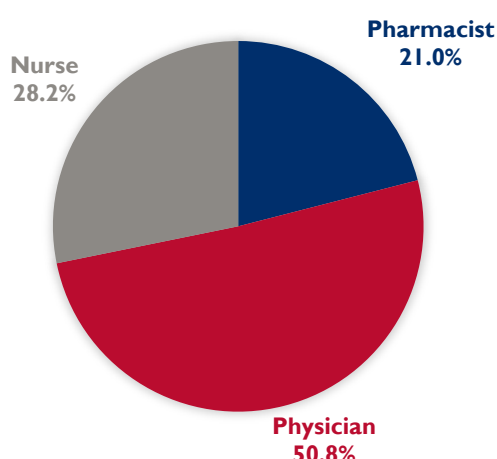
- SEFPP should continue to advocate for and seek opportunities in the MOHP or private sector to introduce TOT approaches into training and capacity-building activities.
- SEFPP should continue with assistance to the MOHP in developing its e-learning programs but closely monitor these efforts to ensure that no further technical difficulties arise.
- SEFPP should explore with the MOHP how the tracking system could be made more robust in measuring competencies.

TRAINING BENEFICIARIES: SERVICE PROVIDERS

Background and Context

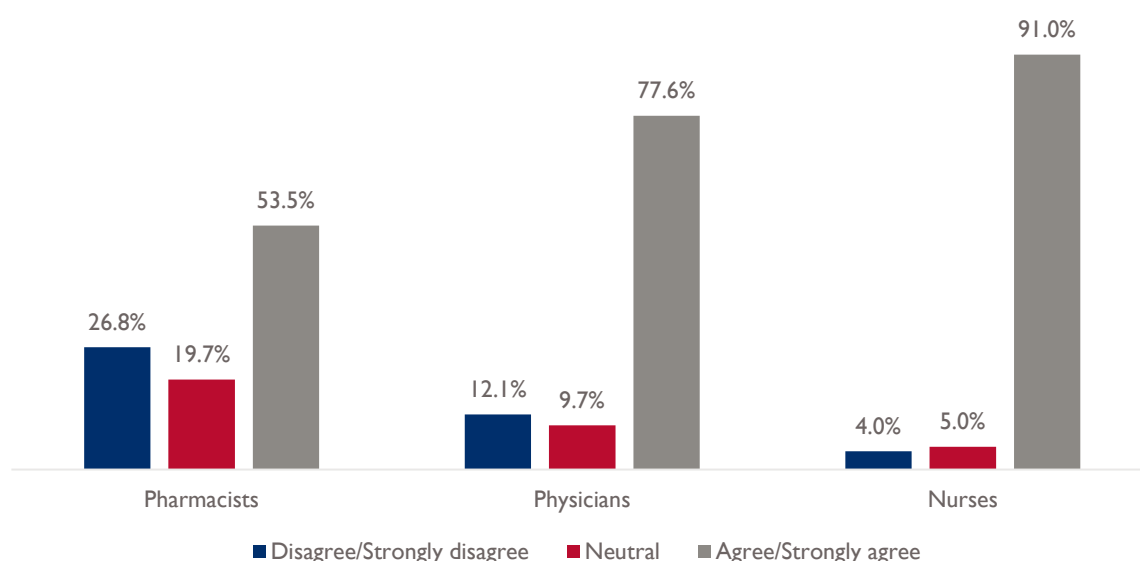
As reported in annual reports and its MEL system, SEFPP trained, through its different capacity-building activities in the last three years, around 696 service providers, including different cadres of physicians and nurses. SEFPP also conducted four basic FP training workshops with 119 private pharmacists (Year 3 Annual Report). A total of 362 service providers responded to the evaluation phone survey. Over half of the sample (50.8 percent) were physicians, while 28.2 percent were nurses and 21 percent were pharmacists (see Figure 1 below). A quarter (25.4 percent) were from Assuit, 21.5 percent were from Gena, and the rest were from Cairo, Luxor, and Alexandria (service provider questionnaire, n=362).

Figure 1. Distribution of Service Providers by Occupation



All service providers agreed that the training was relevant to their job description, and most reported sharing their acquired knowledge and skills with their colleagues. Figure 2 below shows that a total of 336 service provider respondents (91 percent of the nurses, 77.6 percent of physicians, and 53.5 percent of pharmacists) confirmed (through agreeing or strongly agreeing) that the training received was relevant to their work responsibilities (service provider questionnaire, n=336).

Figure 2. Service Providers: “I am able to apply the learning I acquired in my work” (n=336)



Other selected findings from the phone survey are listed below.

Key Findings

- All the service delivery training recipients liked the training content and rated it as very good or excellent.
- SEFPP is restricted from setting up the types of protocols that would allow it to measure or document training results. Still, there is a general perception among providers who received some form of SEFPP FP training that they are better prepared to respond to increasing demand for services.
- A total of 94.9 percent of service providers agreed or strongly agreed that the training content provided them with sufficient information and skills.
- Three-quarters (76.5 percent) of the total service provider respondents said that they can use the learning they gained in their work.
- Pharmacists, particularly those working in private pharmacies, believed that the training helped them provide better communication to women about FP methods but only 53.3 percent of pharmacists surveyed believed they could apply what they learned to their work.

Recommendations

- SEFPP should continue its overall training and capacity-building activities while using its existing database to conduct training needs assessments to better inform its strategic choices in the remainder of the activity.
- SEFPP should conduct more training targeted to private sector pharmacists. Aside from needs identified by the trainees themselves (such as the need for additional supplies and media tools), a systematic training needs assessment should be conducted to discover ways of making the training curriculum more relevant to pharmacists' work requirements.

TRAINING BENEFICIARIES: NON-SERVICE PROVIDERS

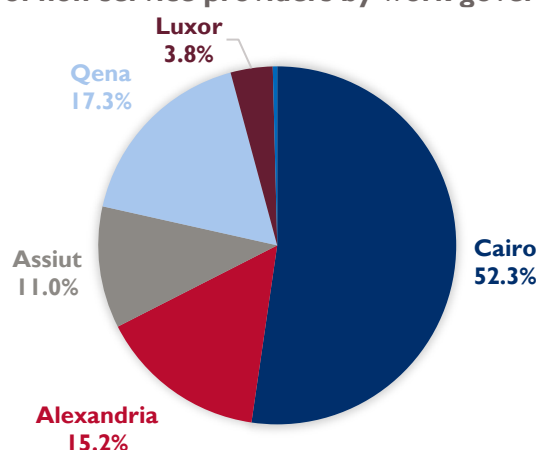
Background and Context

Non-service providers are defined as professionals who work in companies or agencies that do not themselves provide family planning services or commodities but come in regular contact with potential

family planning clientele and could create public awareness and demand for services. This cadre includes, for example, media officers, media professionals, HMIS staff, peer educators, NGO volunteers, and NPC administrative staff.

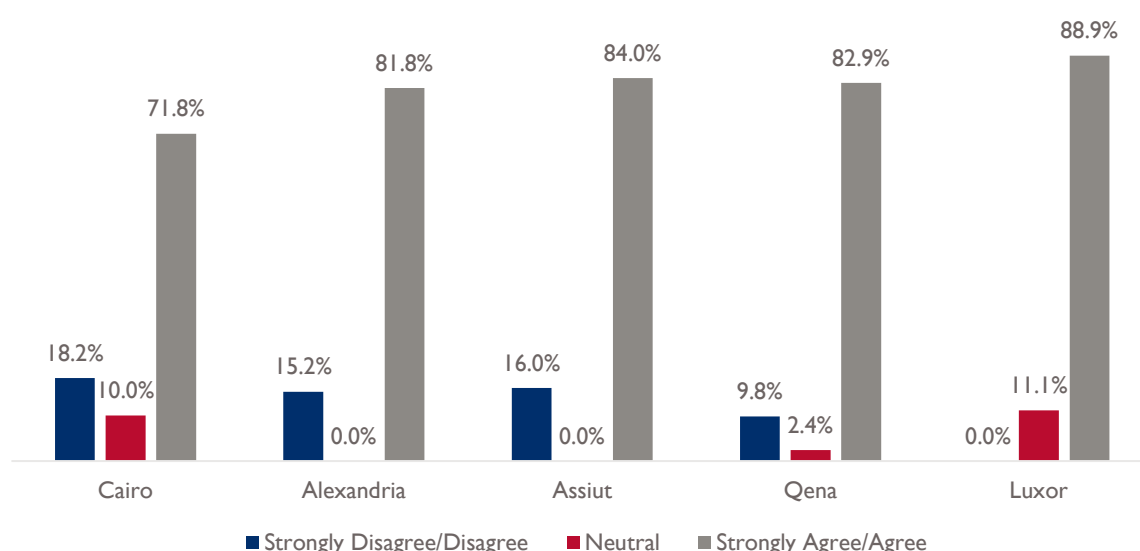
A total of 237 non-service providers responded to the midterm evaluation survey. Over half of the respondents (52.3 percent) were from Cairo (see Figure 3 below).

Figure 3. Distribution of non-service providers by work governorates



The rest of the respondents represent Qena, Alexandria, Luxor, and Assiut (non-service provider survey, n=237). As shown in Figure 4 below, a total of 91.8 percent of non-service provider respondents confirmed (through agreeing or strongly agreeing) that the received capacity building was relevant to their work responsibilities (non-service provider survey, n=219).

Figure 4. Non-service Providers: “I am able to apply the learning I acquired in my work” (n=219)



Challenges

Although all training was generally well received by trainees, there were some notable challenges. For instance, activities of the MOHP Media Officers who received training and began use of interactive social behavior tools (such as the use of theatre to air public opinions and information) were curtailed

after about six months because of MOHP concerns that the approach was too closely related to community-level research. Said one media officer from Assuit,

“We stopped working with this tool after six months of implementation, we go back to awareness sessions, but we try to do some work but not like before. Dec 2018–June 2019. I got instructions from MOHP to stop work using this tool. I wish this tool would return again. Women liked it a lot.”

One journalist who worked for a publication observed that he did feel more equipped to speak about FP misconceptions and that the training he received was too short. He needed frequent updates from FP practitioners, and he was struggling with not having a sustainable mechanism for publishing FP messages. There were other cautionary notes about the non-service provider training: a SEFPP initiative with training of Community Health Workers was curtailed because it was ultimately determined that many other actors in the FP arena were similarly engaged and that SEFPP intervention in this area was not needed²⁴.

Despite these challenges, in the evaluation’s phone survey, over half of the total non-service provider respondents (55.7 percent) indicated that SEFPP the activity contributed to an increase in demand for FP services. Forty-one percent of Cairo non-service providers shared a belief that SEFPP contributed to an increase in FP service demand, compared to 66.7 percent from Alexandria, 76 percent from Assuit, 73.2 percent from Qena, and 66.7 percent from Luxor (non-service provider survey, n=219).

Key Findings

- Although the training and capacity building provided by SEFPP proved to strengthen recipients’ capacities, all training provided to non-service providers was incomplete, either because of the short length of the training provided, a lack of follow-up, or instruction from the MOHP to stop interventions. This possibly reduced the overall effectiveness of the training.
- SEFPP-trained MOHP media officers were expected to develop implementation plans for health education sessions, including the health messages targeting women, as part of their regular work.
- SEFPP completed a series of workshops for media engagement and communication on FP issues that were attended by media professionals, MOHP/FP Sector team members, NPC representatives, and people from the MOHP Spokesperson’s Office. These capacity-building workshops were intended to improve attendees’ report writing skills and help them present their work to the media in a way that could influence the community.
- A total of 91.8 percent of non-service provider respondents confirmed (through agreeing or strongly agreeing) that the received capacity building was relevant to their work responsibilities.
- Further, 91.4 percent of non-service provider respondents agreed or strongly agreed that the training content provided them with sufficient information and skills.

Conclusions

- SEFPP training for non-service providers has good potential to make contributions to strengthening the family planning sector by helping these non-service providers to improve public messaging and communication with potential family planning users.
- Synergies between service providers and non-service providers across governorates could enable knowledge exchange and promotion of technical messages in an attractive, simple format that allows broad outreach and faster adoption of users.
- The factory worker TOT approach proved beneficial and has adequate reach and positive results in promoting FP information among relevant targets. Follow-up, monitoring, replication, and scaling up of the intervention are not yet clear.

²⁴ SEFPP will, however, train community health worker supervisors.

Recommendations

- SEFPP should strengthen all of its private sector non-service provider training and capacity building by using a more structured format and longer-term follow-up to ensure the scalability and sustainability of training.
- SEFPP should consider forming a committee of doctors, media professionals, and journalists to meet regularly and create content, which may provide a model for social behavior promotion through online and offline channels that would sustain itself beyond the activity's end.
- SEFPP should consider arranging interactions, discussions, and mini workshops among service providers/clinicians and media professionals to facilitate knowledge exchange and promotion of public health communications and FP education and messaging.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS—CROSS-CUTTING ISSUES

COVID-19

Overview

According to statistics reported by the U.S. Embassy in Cairo, as of mid-March 2021, there were 192,840 confirmed cases of COVID-19 and 11,431 deaths in Egypt, as acknowledged by the Ministry of Health and Population. Egypt implements 14-day quarantine periods and other preventative measures in all cases for people who test positive for COVID-19 while in Egypt. Intensive care unit occupancy rates remain near 90 percent. The general mobility of people is restricted, and everyone is required to exercise mitigation measures. Mass gatherings are canceled indefinitely. Government offices are closed to normal business, and communications and administrative activities are primarily conducted online or through virtual media.

All of the above shape the restricted working environment in which SEFPP has operated since the COVID-19 pandemic began in early 2021.

Key Findings

- Areas of SEFPP COVID-19 response included adding materials to online training modules, assisting NPC in developing a research paper on the impact of COVID-19 on FP services and population control (which was reviewed by USAID), and conducting virtual training and events.
- In addition, SEFPP supplemented MOHP needs by providing masks and infection control supplies in quarantine hospitals and distributed to Raedat Refiyats (RRs), which was appreciated by the MOHP, RRs, and media officers.
- Due to limited supplies and budget, the availability of COVID-19 supplies through SEFPP was not widely advertised and was directed to specific recipients by MOHP. It was also noted that only a few service and non-service providers were aware that SEFPP was a source for these supplies. Aside from the availability of limited COVID-19 supplies through SEFPP, none of the service or non-service providers were aware of any other SEFPP interventions related to COVID-19.

Conclusion

SEFPP adapted quickly to the challenges of COVID-19 by supplementing MOHP needs for infection control supplies and moving to virtual and online formats for training and assisting the NPC in research and improving public awareness of COVID-19's impact.

Recommendations

- In the interest of continuity of FP services, and based on MOHP requests and the availability of budgetary resources, SEFPP should continue or increase the provision of infection control supplies to more beneficiaries (service and non-service providers).

- SEFPP should continue and expand the use of virtual and online communications strategies so long as the COVID-19 threat and mitigation activities are required.

GENDER

Overview

As stated in SEFPP's Year 4 Work Plan, early in SEFPP's implementation, the activity tailored its gender mainstreaming strategy around three strategic objectives: (1) equal opportunities for men, women, and youth in accessing FP/RH services, including counseling; (2) effective and sustainable gender equality within SEFPP and MOHP through engagement with the private sector and community institutions; and (3) evidence-based, gender-sensitive planning and gender-disaggregated data use for decision making and policy formulation, including increasing CS for women and men.

In reality, and by its own assessment, SEFPP has not fully implemented many of these laudable objectives. The relatively robust MEL system now being implemented by SEFPP, including the "Click Up" activity management tool and the activities of SEFPP's Implementation Unit, provides a platform and process around which SEFPP can make substantial progress on strengthening gender-related programming.

Key Findings

- SEFPP applied a systematic gender and development approach to the formulation of a SEFPP gender strategy that involves investigating gender situations, cultural norms, and power structures and identifies interventions geared to both women and men.
- SEFPP routinely introduces the importance of gender, compliance, and women's rights as a default presentation before all training programs.
- However, SEFPP management does not feel that gender issues have received sufficient attention in SEFPP program management over the past three years and expressed the intention to give more concentrated attention to monitoring the implementation of gender programming in Year 4.

Conclusion

SEFPP originally put considerable effort into developing a comprehensive gender strategy and has implemented many aspects of the strategy but, by its own estimates, did not consistently ensure that all aspects of its strategy are culturally responsive and well-integrated and implemented in its activities as intended.

Recommendations

- SEFPP should complete its Year 4 plans to strengthen the implementation of its gender strategy, including designating a gender focal point that will organize orientation meetings for SEFPP staff on basic gender equality concepts and applications.
- SEFPP should also develop and upgrade its gender mainstreaming guidelines to be used by staff in its tools, training materials, and manuals.

SUSTAINABILITY

Overview

This evaluation defines sustainable activities as those that (1) address a specific need, (2) have internal momentum, and (3) have adequate resources (directly or indirectly) to continue into the future.

SEFPP's understanding of sustainability appears to be consistent with this definition and is articulated throughout its documentation and evident in many of the activities it has undertaken during the past three years. Sustainability is seen as a long-term goal of the activity that SEFPP believes will be achieved through the combined and interactive effects of interventions implemented throughout the program's

life. The combined effects of SEFPP's interventions aim to ensure ongoing impact long after the program ends.

Key Findings

- Alignment of SEFPP's interventions with MOHP FP Sector plans and priorities enhanced the potential sustainability of those activities.
- The TOT approach provided MOHP with cadres to address the shortage of trainers at the directorate level. It is expected that these trainers will continue to transfer knowledge beyond the project's lifetime.
- Fostering the establishment of new functional relationships between the GOE (MOHP and NPC) and FP partners (such as AUC) is likely to result in cooperation that will endure beyond the life of the activity.
- The NPC has demonstrated a high sustainability potential in utilizing the trained cadres in further research (such as through partnership with UNICEF).
- Similarly, nurses trained on task sharing are reported to be currently applying what they learned in training and are expected to continue these practices after the project ends.

Conclusion

SEFPP has proven its ability to promote and implement sustainable strategies and activities.

Recommendations

- SEFPP should review and identify interventions that were productive and have the best potential to sustain themselves in the future. According to the findings of this evaluation, consideration might be given, at a minimum, to interventions in the following areas:
- SEFPP investments in managerial and operational capacity building (such as systems developments that build institutional commitment);
- SEFPP investments in training FP influencers (i.e., peer educators);
- SEFPP investments in training workers to train others (e.g., TOT); and
- SEFPP investments in forging potentially sustainable partnerships (such as between the public and private sectors).
- SEFPP should continue or introduce measurements of results for interventions it has identified as potentially sustainable. Work Plans, targets, and quarterly monitoring should be continued or incorporated into SEFPP's MELP.

SELECTED RECOMMENDATIONS RECAPPED

This evaluation developed 31 Recommendations organized by 12 thematic focal areas. While all recommendations are important for SEFPP to note and act upon, some recommendations stand out as essential to the activity’s near-term achievements and long-term sustainability. These essential recommendations are recapitulated in Table 3 below.

Table 3. Selected Recommendations and Actions

SELECTED RECOMMENDATIONS	SUGGESTED SEFPP ACTIONS
Design, Theory of Change, and Sustainability 1. SEFPP leadership should re-engage the MOHP in dialogue to improve the overall working environment for data capture and access and in the generation and use of strategic data/information to inform evidence-based planning and decision making.	● Conduct internal strategy sessions ● Initiate meetings and discussions with MOHP officials
Design, Theory of Change, and Sustainability 2. SEFPP should identify strategic planning “champions” in the MOHP and NPC. As opportunities arise, sponsor these champions to participate in regional or international forums that promote evidence-based planning and decision making. Examples might be relevant WHO conferences or a technical workshop on data for contraceptive forecasting.	● Identify candidates ● Cultivate dialogue and working relationships ● Identify events ● Plan and manage participation in events
Design, Theory of Change, and Sustainability 3. USAID/Egypt should explore (and implement, if indicated) a strategy to support and reinforce JSI/SEFPP efforts to undertake sustainable evidenced-based planning (such as being able to conduct service delivery and client-based data and information), and behavior change communications (such as community-based data gathering). This strategy might include eliciting Mission and Embassy involvement at the dialogue level with GOE counterparts.	● [Specific to USAID internally]
Strategic Information 4. In the near term, SEFPP should facilitate dialogue between MOHP and NPC on how HMIS/LMIS systems developments at NPC (assisted by SEFPP) can benefit MOHP efforts to upgrade its HMIS/LMIS and how both could work compatibly.	● Identify relevant offices and individuals in MOHP and NPC ● Facilitate initial meeting(s)
Strategic Information 5. In the longer term, in addition to theoretical training on strategic information systems and its uses, SEFPP should re-engage with the MOHP on the possibilities of direct SEFPP assistance with strategic information systems upgrades (such as with LMIS) and related evidence-based planning.	● Conduct internal strategy sessions ● Initiate meetings and discussions with MOHP officials
Operational Partnerships 6. SEFPP should develop new indicators and require implementing partners for both the youth engagement activities and the factory-based programs to measure and report on activity outcomes and results (in addition to outputs).	● Review/modify indicators as necessary ● Introduce any new indicators and measurement procedures to implementers
Service Delivery – Contraceptive Security 7. SEFPP should have a less marginal and more clearly spelled out role in strengthening the MOHP’s quantification system and capacity. SEFPP should review its current assistance to determine whether it might offer to play a more technical and impactful developmental role (other than training) in assisting the MOHP with strengthening its contraceptive	● Engage a Contraceptive Logistics Expert to review SEFPP’s current SOW and recommend ways to strengthen it ● Redefine a proposed SOW

quantification system. An example might be for SEFPP to assist the MOHP in establishing a quantification unit and training technical staff in forecasting and quantification (including information technology).	● Discuss proposed SOW with MOHP decision makers
Service Delivery – Supply-side Interventions 8. In conjunction with scaling up the task-sharing and PP/PA/IUD programs in the upper and lower governorates (as requested by the MOHP), SEFPP should leverage its substantial support for these interventions to encourage the MOHP to set up its own “qualitative research” protocols to measure outcomes and plan rollouts informed by evidence.	● Internally develop a Concept Paper that demonstrates how PP/PA/IUD outcome data (available from OB/GYN) can be used for strategic planning of rollout. ● Hold discussions and get buy-in about the concept and research protocols from MOHP planners ● Discuss approach and get approval from MOHP decision makers
Social and Behavior Change Communication 9. SEFPP’s plan to assist NPC in developing and implementing a national SBCC strategy should be the main focus in the coming year to enable SEFPP to develop a more strategically effective SBCC vision and interventions for the future.	● Hold discussions with NPC and develop a plan of action for SEFPP assistance during the timeline of preparations for strategy reviews and development
Training and Capacity Building Approaches 10. SEFPP should continue to advocate for and seek out opportunities in the MOHP or private sector to introduce TOT approaches into training and capacity-building activities.	● Survey SEFPP TOT assistance to date to determine results and categories of potential partners ● Approach interested partners to offer assistance in establishing TOT activities
Training – Service Providers 11. SEFPP should conduct more training targeted to private sector pharmacists. Aside from needs identified by the trainees themselves (such as the need for additional supplies and media tools), a systematic training needs assessment should be conducted to discover ways of making the training curriculum more relevant to pharmacists’ work requirements	● Re-assess pharmacists training (including curricula) ● Develop targeted training campaign to be implemented in Years 4 and 5
Sustainability 12. SEFPP should continue or introduce the measurement of results for interventions it has identified as potentially sustainable. Work Plans, targets, and quarterly monitoring should be continued or incorporated into SEFPP’s MELP.	● Identify priority activities with sustainability value ● Incorporate plans and monitoring into the MELP

ANNEX I: EVALUATION STATEMENT OF WORK

I. PURPOSE OF THE EVALUATION

A. Evaluation Purpose

The USAID/Egypt is conducting a midterm activity performance evaluation of its Strengthening Egypt's Family Planning Program (SEFPP). The purpose of this mid-term evaluation is to assess the activity's performance and progress towards achieving its three key objectives; **(1)** Strengthen evidence-based planning for decision making, **(2)** Quality of Family Planning/Reproductive health (FP/RH) services supported and **(3)** Selected health behavior enhanced. The evaluation will also serve learning purposes by identifying any challenges incurred by the activity to date and formulate appropriate recommendations for corrective actions and effective implementation during the remaining years of the activity and for future activities.

B. Audience and Intended users

The primary audience of the evaluation report will be USAID/Egypt, specifically USAID Senior Mission management, the Office of Education and Health (OEH), and the Program Office. Secondary audiences include the Government of Egypt's Ministry of Health and Population (MOHP), National Population Council (NPC), and the activity's implementing partner John Snow, Incorporated. The mid-term evaluation will be used to identify areas for the program to focus on for the remaining period, and to identify evidence of good practices for a broad network of stakeholders.

USAID/Egypt will share the executive summary, final report and recommendations with the implementer, stakeholders, beneficiaries, and the general public via the Development Education Clearinghouse (DEC) within 90 days of report completion.

II. SUMMARY INFORMATION

Activity Name	Strengthening Egypt's Family Planning Program SEFPP
Implementer	John Snow, Incorporated
Cooperative Agreement #	72026318CA00001
Total Estimated Ceiling	\$18,788,799
Life of Activity	December 2017- December 2022
Activity's Geographic Regions	Assiut, Beni Suef, Fayoum, Giza, Luxor, Minya, Qena, Sohag, and in marginalized areas in Cairo and Alexandria
Development Objective(s) (DOs)	DO 3: Health outcomes for target populations improved as identified in the Health Project Appraisal Document (PAD) IR 3.1: Quality family planning reproductive health services supported IR 3.2: Evidence-based decision making increased

III. BACKGROUND

A. DESCRIPTION OF THE PROBLEM/DEVELOPMENT CHALLENGE

According to the most recent census (2017), Egypt's population rose from 72.6 million in 2006 to 94.8 million in 2017, and is projected to be 111.5 million by the end of 2025. This growth is primarily influenced by changes in fertility, from an average of 3.0 births per woman in 2008 to 3.5 in 2014. The Egypt Demographic and Health Survey 2014 (EDHS 2014) indicated a persistent 13% unmet need for family planning; a contraceptive discontinuation rate of 30% within the first 12 months of use; 16% of all pregnancies in the previous five years unwanted at the time of conception; and nearly half (48.2%) of all second or subsequent births occurring fewer than three years apart. The use of any Family Planning (FP) method declined slightly, to 59% from 60% in 2008, and while intrauterine device (IUDs) at 51% of all methods used remain the most popular, its share in the method mix declined from 36% to 30% between EDHS 2008 and EDHS 2014. Pills and injectables are the only two methods that have grown, from 12% to 16%, and from 7% to 8%, respectively. Subdermal implants (Implanon), though part of the choice of FP methods, are offered only in selected MOHP facilities in urban settings; emergency contraceptive pills are available only in private pharmacies and are frequently out of stock.

However, these national averages belie geographic variations. In rural Upper Egypt, only 45% of women were using any modern method and 53% were not using any method at all (compared with 41% nationally). While data for slums in Cairo and Alexandria are limited, access to FP counseling and methods are known to be inadequate. Based on 2017 projections, the nine governorates comprising Upper Egypt show total fertility rates as high as 4.6, 4.3, and 4.2 in Fayoum, Souhag, and Assiut, respectively. In Souhag, the contraceptive prevalence rate is as low as 31%, and one in four people have an unmet FP need. Young men and women marry, on average, at the age of 23 and 21 years, respectively. However, women in rural Upper Egypt marry at a younger age (19 years) compared to their urban counterparts (23 years), though women in the slums of greater Cairo also marry young. While the fertility desires of young people increased between 2009 and 2014 from 2.6 to 2.9 children among unmarried youth, and from 2.8 to 3.1 among married youth, in rural Assiut and Souhag, married adolescent girls desire an average of 3.8 and 4.2 children, respectively. As a consequence of early marriage, not only are young couples likely to have more children, but young women are also more likely to have abortions and stillbirths than their older peers.

The MOHP is still the largest provider of FP services—almost 57% of current users obtained their method at a government facility, while the remainder went to a private clinic (22%) or pharmacy (20%). Clinics in the nongovernmental organization (NGO) sector are insignificant (0.6%).

Availability of printed materials on FP is adequate at MOHP and private facilities, as is information on method choice, and management of side effects, particularly when compared with pharmacies. However, shortfalls in quality at the MOHP facilities, including limited visual and auditory privacy; lack of female physicians; high physician turnover; and method stock outs, remain. The MOHP facilities—intended to serve people who cannot afford to pay for services—are also being used by 39% of women from the highest wealth quintile, in part because the private sector is hindered from playing a greater role in FP service provision (e.g., complicated registration procedures for new products, rigid pricing mechanisms, lengthy importation procedures, limited training opportunities).

Given this contextual backdrop, there have been positive developments: the 2014 constitution refers to implementing a population program, President Sisi and his cabinet are acutely aware of the economic and social consequences of the rapidly increasing population, and the President repeatedly highlights these concerns in his speeches. Egypt's Population Strategy 2015–2030 lays out innovative ideas for reaching different population segments. While the MOHP through the FP sector will continue to be responsible for Egypt's population agenda, support of political, religious, and cross-sectoral leadership at the highest levels is critical for achieving results.

B. ACTIVITY SUMMARY

Approach

Given the above development challenge, the Government of Egypt (GOE), has identified population growth as one of the biggest challenges facing Egypt, and it has expressed a desire to strengthen its family planning and reproductive health services. As a result, the SEFPP activity focuses on providing support to the Family Planning/Reproductive Health (FP/RH) Sector of the Ministry of Health and Population (MOHP) and the National Population Council (NPC) to contribute to the higher impact of the family planning related to the maternal mortality.

The SEFPP activity's long-term objective is to expand contraceptive use to contribute to reducing the number of high-risk and high-parity births, thereby reducing maternal mortality. Access to contraceptives also helps to prevent unwanted pregnancies, some of which result in unsafe abortions—one of the leading causes of global maternal deaths. The activity is doing so by helping the GOE to re-establish a strong FP system and integrate it into the GOE's maternal and other health programs through the following strategic approach:

Focus on Strengthening Capacity of the existing information systems of the MOHP at the community, governorate, and national levels through technical assistance, advocacy, and collaborative coordination meetings.

Reinforce institutionalization of family planning in Egypt by putting the GOE in the lead, working closely with the MOHP and other government structures to take an evidence-based approach to identify program opportunities. Expanding the role of the NGOs in Upper Egypt for FP service provision (that decreased to 0.6% documented in the DHS 2014) is a cornerstone to improve access of the vulnerable groups (poor) to services. The activity will ensure availability of an operational clinic and commodities in each of the selected NGOs to help improve community awareness and scale up the services.

Build upon public health achievements that have been made by government, donors, and private sector programs. The activity will quickly review and build upon these programs to close the circle of information from community, health facility, and national levels and consolidate best practices and strengthen bottom-up and top-down approaches that focus on clients and providers.

Focus on youth, current FP clients are young couples who increasingly are technology savvy. The SEFPP activity will take advantage of social media and appropriate technologies to reach this group and apply programmatic innovation that will bring about real change to family planning.

Engage the private sector: The private sector comprises three important groups, each of which can have greater participation in the country's FP program. First are private-sector providers of FP services: doctors, nurses, and pharmacists as well as health care entities such as private hospitals and pharmaceutical companies. The second group is the private commercial sector that increasingly considers its corporate social responsibility. The third group includes NGOs and foundations working on FP service provision and community-based interventions related to health and awareness. These three groups and their respective subgroups are motivated by a variety of factors that will be explored, and where possible, leveraged for the benefit of Egypt's FP program. The activity will develop and test several prototypes for private sector engagement and its linkages to the public sector—public-private partnerships (PPPs)—to ensure sustainability.

Strengthen family planning system through community participation in selected slum areas: Based on the national population strategy, which makes RH a national priority, SEFPP developed an intervention methodology for slums that focuses on the collaboration of key social players and the government to ensure FP/RH sustainability and the integration of health services within the RH/FP program. SEFPP will work with the MOHP to strengthen this participatory approach to working in slums.

Block Grants: SEFPP has allocated approximately \$2.2 million for local, community-level activities through the disbursement of block grants to local organizations in targeted districts in the nine governorates and slum areas. The team will establish sub-granting guidelines and procedures and develop selection criteria in consultation with USAID. Grantees will be identified, based on agreed-upon criteria, through the Social Solidarity Directorate and will be thoroughly vetted for their technical, financial, and human resource capacities, as well as for FP and other compliance. Results will be monitored against pre-established expectations developed jointly by the SEFPP team and each grantee's leadership

Programmatic Modifications:

The SEFPP activity recently finalized a modification of the cooperative agreement (CA), amendment #6 to reflect a revision to the cooperative agreement (CA) program description necessitated by the Ministry of Health and

Population's (MOHP) restrictions on quantitative/qualitative research with removal of this component and also the expansion of the Health Management Information System upgrade.

COVID-19 activity response

During the COVID-19 pandemic, SEFPP redirected activities implemented within the FP sector to respond to this pandemic. Those activities included developing a COVID-19 information module as an e-learning module within the national platform for the FP sector, designing COVID-19 awareness package for FP sector Master trainers, updating Minimum Service Delivery standards for infection prevention measures resisting COVID-19 and developing IEC materials and short videos with information on preventive measures for COVID-19. In total US\$180,000 was reprogrammed for this work.

ACTIVITY'S THEORY OF CHANGE:

The Theory of Change (TOC) illustrates the strategic approach employed and the change pathways that will improve FP/RH indices and increase contraceptive security. The "roadmap" of how and why desired changes are expected to occur starts by defining the long-term goal. The preconditions needed to reach that goal are then mapped backwards, with the activities designed to work in concert to achieve measurable and positive changes. The main purpose of SEFPP activity is the revitalization of the family planning and reproductive health program in Egypt. This support is done by ensuring that the national program is implementing all the fundamental requirements to meet the beneficiaries' needs. These fundamental requirements fall under the umbrella of SEFPP's three results which are: **Result 1: Strengthening evidence-based planning for decision making; Result 2: Quality of FP/RH services supported; and Result 3: Selected health behavior enhanced.**

Key populations are required to help ensure these change pathways are implemented. These include a wide range of stakeholders including the MOHP, NPC, and other government entities; public and private sector providers; media and communication personnel; religious leaders; and men and women of reproductive age.

C. ACTIVITY ACHIEVEMENTS TO DATE:

With regards to the COVID-19 activity response, work is on-going for the relevant outreach materials, but the materials have not been finalized. JSI is also working on developing an online resource platform for providers.

Result 1: Strengthening evidence-based planning for decision making

Health Management Information System (HMIS)

SEFPP completed activities pertaining to the assistance provided to the MOHP's IT unit in identifying priority needs of the reporting system to support and strengthen data capture through the national HMIS. SEFPP conducted a HMIS/LMIS software development functionality workshop. Using the information gathered in the workshop, SEFPP developed an HMIS /LMIS request for proposal (RFP) and selected the company that is currently working on upgrading the Management Information System within the National Population Council.

Contraceptive security (CS) increased

- A Contraceptive Security Assessment was completed and a comprehensive final report was issued.
- A new FP methods manual was developed, shared with MOHP/FP Sector with some methods used for pilot testing, for example: 1) Hormonal IUD (Mirena), 2) Sayana Injectables, and 3) Silver IUD.
- An assessment mechanism was developed for regularly assessing and creating a database for the status of contraceptive warehouses. This has consisted of a warehouse assessment checklist tool developed for the MOHP. It has not been implemented systematically as yet, but could be a useful part of the HMIS implementation for MOHP.

RESULT 2: Quality of FP/RH Services Supported

FP/RH service delivery

- A Family Planning (FP) trainer guide was developed with the MOHP/FP central level.
- 91 Physicians received 7 TOT training on quality service delivery.
- 124 nurse supervisors attended 8 TOT courses for FP covering Cairo, Giza, Fayoum, Menya, Aswan and Sohag Governorates.
- 13 Basic FP training courses and 7 Decision Making Tool (DMT) training courses for MOHP/FP were conducted and attended by 132 FP newly recruited retired physicians to work in facilities lacking service providers in Fayoum, Menya, Assiut, Sohag, Qena, Luxor and Aswan governorates as recommended by the MOHP/FP Sector.

Increase private sector access to quality FP/RH services

- A memorandum of understanding (MoU) was signed with Marie Louis Factory for Clothes, to conduct awareness training for their female factory workers and technical school students using a health and life skills education curriculum that built on the shared training document from the international Population Council. The intervention supported 16 awareness sessions addressing reproductive health topics, family planning advice, information, and decision making that benefit their health and their children's health and well-being. Those training sessions provided up to date health information for hundreds of female factory workers and vocational school students.
- MOU was signed with the Medical and Pharmaceutical Syndicate to provide updated FP/RH information to hundreds of private sector doctors and pharmacists.
- MOU was signed with DKT to support the private sector practitioner service provision training on FP services, updates and best practice.

Strengthen family planning system through community participation in selected slum areas

- SEFPP, in collaboration with MOHP/FP Sector, formed and trained task forces, comprising MOHP officials, local authorities, and community leaders, to conduct needs assessment in targeted slum areas using the developed assessment tools.

RESULT 3: Selected Health Behaviors Enhanced

Social Behavior change communication activities

- 6 rounds of FP outreach master trainer workshops were conducted and attended by 113 media officers.
- 7 Postpartum Contraceptive (PPC) workshops were completed and reached out to 126 media officers from both lower and Upper Egypt Governorates. (Cairo, Giza, Alexandria, Qaliubya, Sharikia, Port Said, Assuit, and Sohag).
- The behavior change component has been reduced in scope over time and has now focused on capacity building for the media officers in the FP sector to conduct outreach as opposed to orchestrating an outreach campaign directly as with more traditional BCC based programs.

D. RELEVANT DOCUMENTATION

The Agreement Officer's Representative, through USAID/Egypt's Education and Health Office, will provide relevant activity documents that are available. These documents include:

1. SEFPP cooperative agreement and six amendments
2. SEFPP Annual Work Plan
3. SEFPP quarterly progress reports
4. SEFPP Fact Sheet
5. Recent updated MEL plan

Other sources:

4. 2017 National population census

5. 2014 EDHS
6. Egypt's Population Strategy 2015–2030

In addition to the above list, the evaluator's document review will consider other secondary literature determined relevant by the evaluation team.

IV. EVALUATION QUESTIONS

This section presents the fundamental questions that the evaluation will answer. The evaluation will produce a comprehensive analysis of the outcomes and the causal contributors to those outcomes. The specific EQs are:

Questions	Suggested Data Sources	Suggested Data Collection Methods (other methods can be suggested by the Evaluation team)	Data Analysis Methods (other methods can be suggested by the Evaluation team)
1) To date, how successful has SEFPP been in achieving the results under each component? What has been accomplished so far? What have been the challenges? What factors have led to specific accomplishments? (Specific factors to examine include but not limited to: performance against indicators, relationship management with GOE stakeholders, internal SEFPP management and implementation) 1.a To date, in what ways did SEFPP activity strengthen the capacity and commitment in the local system (health workforce, health information system & health service delivery) to continue delivering consistent levels of access to, and delivery of quality FP services?	- MOHP central office staff - MOHP Governorates staff - Beneficiaries (such as Media officers, doctors, nurses) - Assessments conducted by the activity - MEL Plan of the activity showing progress against performance indicators . - IP staff - USAID AOR - PopCouncil director and staff - Center for development services (CDS) project staff	-Desk review - Key informant interviews and focus groups -Site visits	- Analyze the data of key informant interviews, focus groups and reports

I.			
2) How well are SEFPP's COVID-19 Response activities fulfilling MOHP's needs?	-		
	- MOHP central staff - MOHP governorate staff - IP staff - Activity field managers - Beneficiaries as doctors and nurses - Private sector partners as Marie Louis and medical and pharmaceutical syndicates	-Desk review - Key informant interviews and focus groups -Site visits	- Analyze data of key informant interviews, focus groups and reports

V. EVALUATION DESIGN AND METHODOLOGY

A mixed method approach to the evaluation that complies to the greatest extent possible with the USAID evaluation policy is recommended.

<https://www.usaid.gov/sites/default/files/documents/1870/USAIDEvaluationPolicy.pdf>

The above evaluation design and methodology matrix is illustrative. The evaluation team must include in the proposal an updated matrix (depending on the situation at the time of the implementation) and must propose specific qualitative and quantitative data collection and analyses methods that align with current circumstances to be utilized to appropriately answer the listed EQs . The team must aim to collect data using a sample size that is valid and representative.

DATA COLLECTION METHODS:

The Evaluation Team should provide Plan A “normal with precautions “ to include combined methodologies for both face to face and virtual meetings but with field data collection. The evaluation team should propose a Plan B to move to fully remote data collection. Field work would be carried out while strictly observing procedures and protection in response to COVID -19.

The evaluation team must develop data collection tools that are consistent with the evaluation questions to ensure high quality analysis. The evaluation team is required to share data collection tools with the USAID Evaluation Program Manager for review, feedback and/or discussion with sufficient time for USAID's review before they are applied in the field. The evaluation team must complete the review of all debriefing materials cited in the “Relevant Documentation” section prior to the team leader's arrival in Egypt.”

Data collection methods may include a combination of the following:

- Desk review of relevant documentation: USAID/Egypt will provide the Evaluation Team with soft copies of the activity related documents as needed. All team members shall review these documents in preparation for the initial team planning meeting.
- Key informant interviews
- Group discussions with beneficiaries and other counterparts and stakeholders- sample size will be determined by the evaluation team.

Interviews and Site visits:

Fieldwork will be determined by evaluators within the geographical governorates of SEFPP. Key Informant and Group Interviews will include, but may not be limited to:

- USAID/Egypt Office of Health Activity Manager
- USAID/Egypt Office of Health & Education Director.
- JSI staff
- Field level staff from the targeted governorates
- MOHP staff.
- NPC staff.
- Beneficiaries: trained doctors, nurses and media officers, etc

The evaluation team must provide a more detailed explanation of the proposed methodology for collecting data. A list of interviewees and key stakeholders will be provided by USAID prior to the assignment's inception. The evaluation team must aim to collect data using a sample size that is valid and representative.

DATA ANALYSIS PLAN:

Prior to the start date of data collection, the evaluation team must develop and present, for USAID/Egypt review and approval, a data analysis plan that details how focus groups and key informant interviews will be transcribed and analyzed; what procedures will be used to analyze qualitative and quantitative data from key informant and other stakeholder interviews; and how the evaluation will weigh and integrate qualitative data from these sources with quantitative data from performance indicators and the activity performance monitoring records to reach conclusions about the effectiveness and efficiency of activities. Data will be disaggregated by sex, governorate, type of intervention, age group when applicable, to identify how the activity benefitted different types of project beneficiaries.

DATA QUALITY STANDARDS:

The evaluation team must ensure that the data they collect clearly and adequately represent answers to the evaluation questions, is sufficiently precise to present a fair picture of performance and is at appropriate level of details. The Data Quality Standards must adhere to ADS 201 standards of validity, integrity, reliability, precision, timeliness

DATA LIMITATION:

USAID expects that all issues affecting validity be discussed and documented during the evaluation planning. Measures to mitigate these issues will be addressed with all team members and USAID in the implementation phase and detailed in the final report. The activity could not collect baseline data so the evaluation team should provide ways/a methodology that can mitigate the effect of not having baseline data.

VI. DELIVERABLES AND REPORTING REQUIREMENTS

LOGISTICS:

USAID will provide overall direction to the evaluation team, identify key documents, and assist in facilitating a work plan. USAID will assist in arranging meetings with key stakeholders identified by USAID prior to the initiation of fieldwork. The evaluation team is responsible for arranging other meetings as identified during the course of this evaluation and advising USAID/ Egypt prior to each of those meetings.

The evaluation team is also responsible for arranging transportation as needed for site visits in and around Cairo and selected governorates. The evaluation team will be responsible for arranging its own work/office space, computers, internet access, printing, and photocopying. The evaluation team is also responsible for procuring and paying for translation services for interviews, reports and any other evaluation related task. Evaluation team members will be required to make their own lodging and travel payments. USAID personnel will be made available to the team for consultations regarding sources and technical issues, before and during the evaluation process.

DELIVERABLES

- **Team Planning Meeting (TPM):** A team planning meeting must be held in Egypt before the start of the field work. This meeting will allow USAID/Egypt to discuss the purpose, expectations, and agenda of the assignment with the Evaluation Team. In addition, the team will:
 - Finalize team members' roles and responsibilities;
 - Review and make recommendations for improving the precision of evaluation questions;
 - Review and finalize the assignment timeline;
 - Present and discuss data collection methods, instruments, tools and guidelines; and
 - Review and clarify any logistical and administrative procedures for the assignment.
- **Work Plan:** A well-written, detailed methodology and data analysis plan (evaluation design, data analysis steps and detail, operational work plan) must be prepared by the team and discussed with USAID **during the planning meeting**. The activity Manager will provide the evaluation team with an initial list of interviewees, from which the evaluation team can work to create a more comprehensive list. The evaluation team will construct an interview schedule that includes different stakeholders, and then share with USAID the updated lists of interviewees and schedules as meetings/interviews take place and informants are added to/deleted from the schedule. An updated list must be sent to USAID within **three working days** after the USAID Team Planning Meeting. The evaluation team should submit the work Plan and evaluation methodology (including data collection tools) to the evaluation manager for review and approval.
- **Validation Workshop with IP:** To validate/clarify preliminary findings and provide a venue for clarification of data collection and findings as a result of the field work.
- **Final OEH/Program office Exit Briefing:** The evaluation team is expected to hold a final exit briefing prior to leaving the country to discuss the preliminary findings and present the draft report. This presentation will be scheduled as agreed upon during the Team Planning Meeting. This briefing is mainly for the OEH Office and the Program office to present preliminary findings.
- **Final presentation/Mission Debrief:** prior to the team leader's departure, the evaluation team must present their final findings to the USAID/Egypt Mission after submitting and approving the draft skeletal report. The Mission debriefing must include a discussion of achievements and issues as well as recommendations for the future activities designs and implementation. The team must consider any USAID/Egypt comments and revise the draft report as appropriate.
- **Debriefing with Partners (Tentative):** The team will present the major finding of the evaluation to USAID partners (as appropriate and as defined by USAID) through a PowerPoint presentation prior to the team's departure from the country. The debriefing will include a discussion of achievements and activities and will incorporate partners' comments accordingly, as appropriate.
- **Draft final evaluation Report:** The evaluation team must submit a draft evaluation report within 15 business days of the team leaders' departure. Final Report Format. The report will address each of the questions identified in the SOW, including a finding, data source, conclusion, recommendation summary table for each question and any other issues the team considers to have a bearing on the objectives of the evaluation. Any such issues can be included in the report only after consultation with USAID.
- **Mission & partners Peer Review:** Once the initial draft evaluation report is submitted and the pre-final presentation is held, the draft report must undergo a peer review and the Mission will have 10 business days in which to review and comment on the initial draft, after which point the evaluation manager will submit the consolidated comments to the evaluation team. The team must consider all USAID/Egypt comments when submitting the final evaluation report.

- Final Report and data sets: evaluation team will submit the final evaluation report to the USAID Evaluation Manager within 10 working days from receiving USAID's comments. The written report must clearly describe findings, conclusions and recommendations for future programming. The submission date for the final evaluation report will be determined in the evaluation work plan. The final report must not exceed 30 pages in length (not including appendices, lists of contacts, etc.). The format must include an executive summary, table of contents, glossary, methodology, findings, and conclusions. The report must be submitted initially in English, electronically, and later, an Arabic translation of the Executive Summary will be submitted. All project evaluation data and records will be submitted in full and should be in electronic form in easily readable format, organized and documented for use by those not fully familiar with the intervention or evaluation, and owned by USAID. At the time of submission of the final English language report, the data collection instruments, interviews and data sets must be submitted on a flash drive to the evaluation program manager. USAID/Egypt intends to disseminate the report within USAID and to stakeholders. All quantitative data collected by the evaluation team must be provided in machine-readable, non-proprietary formats as required by USAID's Open Data policy (see ADS 579). The anonymized data should be organized and fully documented for use by those not fully familiar with the activity or the evaluation. USAID will retain ownership of the survey and all datasets developed.
- Arabic Translation of the executive summary: After approval of the final report, the evaluation team must submit the Arabic translation of the report's executive summary within 10 working days from approving the evaluation report.
- Infographics English and Arabic: After approval of the final report, the evaluation team must submit a maximum of two page infographic summarizing the main findings and other relevant information. USAID will have to review and approve. The English infographic must be finalized within 10 working days from approving the evaluation report and the Arabic infographic will be finalized within 10 business days from approval of the English version of the infographic.

REPORTING REQUIREMENTS

Final Report Format

The evaluation final report should include executive summary; background of the local context and the strategies/projects/activities being evaluated; the evaluation purpose and main evaluation questions; the methodology or methodologies; the limitations to the evaluation; findings, conclusions, and recommendations. For more detail, see "How-To Note: Preparing Evaluation Reports" and ADS 20I, USAID evaluation Report Requirements. An optional evaluation report template is available in the Evaluation Toolkit.

The executive summary should be 2- 5 pages in length and summarize the purpose, background of the activity being evaluated, main evaluation questions, methods, findings, conclusions, and recommendations. The executive summary will be translated into Arabic.

The evaluation methodology will be explained in the report in detail. Limitations to the evaluation will be disclosed in the report, with particular attention to the limitations associated with the absence of the implementing partner and the evaluation methodology (e.g., selection bias, recall bias, unobservable differences between comparator groups, etc.)

The annexes to the report will include:

- The Evaluation SOW;
- All data collection and analysis tools used in conducting the evaluation, such as questionnaires, checklists, and discussion guides;
- All sources of information properly identified and listed;
- Signed disclosure of conflict of interest forms for all evaluation team members, either attesting to a lack of conflicts of interest or describing existing conflicts of any "statements of difference" regarding significant unresolved differences of opinion by funders, implementers, and/or members of the evaluation team; and
- Summary information about evaluation team members, including qualifications, experience, and role on the team.

In accordance with ADS 201, the contractor will make the final evaluation reports publicly available through the Development Experience Clearinghouse within three months of the evaluation's conclusion.

CRITERIA TO ENSURE THE QUALITY OF THE EVALUATION REPORT

Per ADS 201, Criteria to Ensure the Quality of the Evaluation Report, draft and final evaluation reports will be evaluated against the following criteria to ensure the quality of the evaluation report.

- Evaluation reports should represent a thoughtful, well-researched, and well-organized effort to objectively evaluate the strategy, project, or activity.
- Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an evaluation report should present a concise and accurate statement of the most critical elements of the report.
- Evaluation reports should adequately address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with USAID.
- Evaluation methodology should be explained in detail and sources of information properly identified.
- Limitations to the evaluation should be adequately disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people's opinions.
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence and linked in a table to the sources of data.
- If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

VII. EVALUATION COMPOSITION

SCHEDULING

Work is to be carried out over a period of approximately 15 weeks, o/a beginning of January 2021. Each week will be a 6 working day week.

TEAM COMPOSITION:

The team will include the following personnel and all efforts should be made for the team to be composed of a balanced number of male and female members. The evaluation team will sign COI forms that will be included in the report annexes.

Evaluation Team Leader: A senior international consultant with at least 15 years of extensive experience in leading evaluation teams and the design, implementation, and/or evaluation of foreign assistance programs, including significant (12+ years) experience in health with focus on Family Planning issues (preferred). He should have experience in leading data collection teams, analyzing data and summarizing findings. As the evaluation Team Leader, the incumbent should be thoroughly familiar with the techniques of mid-term evaluations, and possess good organization and team-building skills, and excellent written and oral communication skills in English. Previous overseas experience in Egypt (preferred) or the Middle East region (required).

The Team Leader will:

- Finalize and negotiate with USAID/Egypt the evaluation work plan;
- Design the evaluation plan.
- Establish evaluation team roles, responsibilities, and tasks;

- Facilitate the Team Planning Meeting
- Ensure that the logistics arrangements in the field are complete;
- Manage team coordination meetings in-country and ensure that team members are working to schedule;
- Coordinate the process of assembling individual input/findings for the evaluation report and finalizing the evaluation report;
- Lead the preparation and conduct presentation of key evaluation findings and recommendations to USAID/Egypt team prior to departing Egypt.

Senior Health Expert: the Evaluation Team shall include a local health expert. It is strongly recommended that the following characteristics be reflected in the health Expert: fluency in Arabic language; 10+ years of past experience in monitoring and evaluation of health development projects, preferably focused on family planning activities; extensive field experience in Egypt or the MENA region; strong written and verbal communication skills.

Three Mid-level Monitoring and Evaluation Experts: the Evaluation Team shall include 3 local monitoring and evaluation experts to divide themselves on the selected governorates. The following characteristics must be reflected in the monitoring and evaluation expert in order to maximize use of time and effectiveness of the survey: fluency in Arabic and English language; at least 7 years of past experience in monitoring and evaluation of health development projects focusing on family planning; extensive field experience in Egypt; and strong written and verbal communication skills. (to conduct interviews)

The Local Logistics/Admin Coordinator: A local consultant will serve as local logistics coordinator. The person should be fluent in written and spoken Arabic. He/she will provide logistical, administrative, and clerical support to the team. He/she will have at least four years of experience in an administrative support role.

ANNEX 2: SEFPP MIDTERM EVALUATION CONCEPT NOTE

Concept Note

Strengthening Egypt's Family Planning Program (SEFPP) Activity

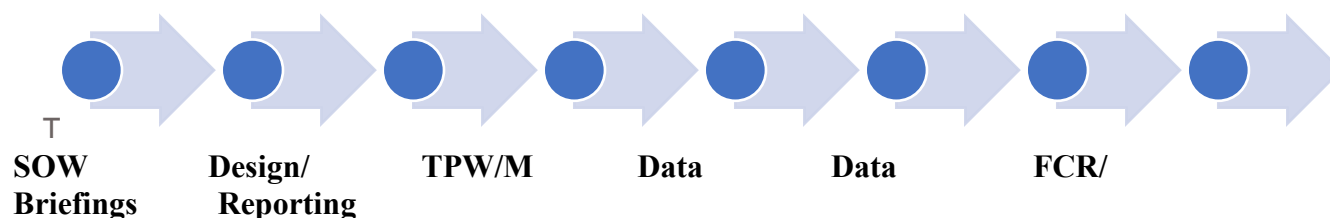
Mid-term Performance Evaluation

1. INTRODUCTION

The USAID/Egypt Program Office (PO) has tasked Services to Improve Performance Management, Enhance Learning and Evaluation (SIMPLE) to conduct a mid-term performance evaluation of the Strengthening Egypt's Family Planning Program (SEFPP) activity, implemented by John Snow, Inc. (JSI). The evaluation will roughly cover the first three years of implementation, with the activity period of performance from December 2017, to the present. SIMPLE will engage a highly competent team comprised of a local subject matter expert and evaluators, led by an international specialized Team Leader. Answering the evaluation questions will require a mixed-methods approach, comprising a qualitative approach supplemented by quantitative methods (where appropriate and feasible) to collect primary data from SEFPP stakeholders and beneficiaries in Cairo and four other governorates including Luxor, Qena, Alexandria, and Assiut. Conditions permitting, data collection will be carried out both face-to-face and virtually to accommodate COVID-19 limitations, and in all cases proper precautions will be in place for the safety of the team and the evaluation respondents. In the event it is necessary, the team is ready to switch to fully virtual work.

This Concept Note presents the evaluation purpose and questions from the Scope of Work (SOW) and provides an overview of SIMPLE's evaluation approach. A detailed Work Plan, including a methodology and data analysis plan will be developed by the evaluation team as an outcome of the Team Planning Workshop/Meeting (TPW/M). The evaluation's final Work Plan will be presented to USAID for approval. The evaluation will follow SIMPLE's standard process, which is depicted in Figure 1 below.

Figure 1: SIMPLE Evaluation Process



2. PURPOSE

As per the SOW, the evaluation purpose is to “*assess the activity's performance and progress towards achieving its three key objectives; (1) strengthen evidence-based planning for decision making, (2) quality of family planning/ reproductive health (FP/RH) services supported and (3) selected health behavior enhanced. The evaluation will also*

serve learning purposes by identifying any challenges incurred by the activity to date, and formulate appropriate recommendations for corrective actions and effective implementation during the remaining years of the activity and for future activities.”

The evaluation will address the following three questions:

- 1. To date, how successful has SEFPP been in achieving the results under each component? What has been accomplished so far? What have been the challenges? What factors have led to specific accomplishments? (Specific factors to examine include but not be limited to: performance against indicators, relationship management with GOE stakeholders, internal SEFPP management and implementation)*
- 2. To date, given the current activity’s status and results reported under each objective: (1) Strengthen evidence-based planning for decision making, (2) quality FP/RH services supported, (3) selected health behaviors enhanced, in the quarterly progress reports, annual reports and the performance plan & report (PPR), how successful have they been, including the factors contributing to their success? What are the hindrances?*
- 3. To date, in what ways did SEFPP activity strengthen the capacity and commitment in the local system (health workforce, health information system & health service delivery) to continue delivering consistent levels of access to, and delivery of quality FP services?*
- 4. How is the SEFPP activity responding and adapting to COVID-19 crisis on the level of each result? And How effective are these interventions in fulfilling the MOHP needs?*

3. TECHNICAL SCOPE

1. DESIGN

As part of the desk review, the team will review SEFPP monitoring reports as well as any relevant secondary data that may be available and that could provide contextual information for family planning and reproductive health in Egypt. There may also be quantitative data available from GoE or other donor sources, however we understand access to GoE data from CAPMAS may be restricted. Drawing on information gathered in the desk review, the evaluation will employ a multi-method design to allow for triangulation and verification of desk review material with primary data collected in the field by seeking multiple data sources and using a variety of data collection tools. Multiple methods will include:

- in-person or virtual (depending on COVID-19 restrictions and comfort levels) semi-structured, one-to-one key informant and group interviews with key stakeholders (i.e., USAID staff, JSI staff, Government of Egypt, private sector, and other institutional partners);
- group discussions with training recipients (doctors, nurses, and other medical professionals);
- group discussions or short questionnaire, as feasible, with family planning service users (only if feasible to get contacts from the IP and organize without special permissions or privacy concerns), and;
- site visits to locations receiving improvements.

If direct data collection with family planning service users is not possible due to concerns for privacy and permission to gather primary data, the evaluation team will seek secondary data sources from either the project or health care facilities that may provide customer satisfaction information.

At least one site visit will be conducted in each of the governorates of Cairo, Qena, and Alexandria where training facilities were refurbished. Evaluators will use a site visit tool to record their observations related to the evaluation questions. The tool will also contain a checklist to compare specific observations related to the refurbishment activities. This tool will be shared with the Program Office along with all of the other data collection instruments for review and approval. There may also be other opportunities identified for site visits during the desk review, consultations with JSI, and recommendations arising from the Team Planning Workshop/Meeting. Depending on a

review of project monitoring data and availability of training recipients to convene for group discussions, the evaluation team may also consider a short SurveyMonkey questionnaire for medical professionals. More details regarding the design, data collection and sampling will be provided in the work plan for this evaluation.

2. SAMPLING

Although SEFPP has conducted activities in eight governorates, SIMPLE will plan data collection activities in a purposive sample of governorates that have received the most assistance. USAID has identified the five governorates of Cairo, Luxor, Qena, Alexandria, and Assiut that meet this criteria. The evaluation team will focus its data collection in these five governorates. The evaluation team will identify the relevant staff and leadership at each stakeholder organization and will schedule visits and/or meetings for data collection with the key informants. As the Team Leader will work only from Cairo during the two week data collection period, she may also have the opportunity to conduct a few virtual key informant interviews related to the work accomplished in the other three governorates to augment the focus of the evaluation on the five governorates selected for field work. This may give the evaluation team the opportunity to better understand why certain governorates were more active than others. For this, we will select a purposive sample of leadership at key stakeholder organizations in these additional governorates.

Regarding group discussions with training beneficiaries, SIMPLE understands that across all eight governorates there have been 91 doctors, 124 nurses and 132 other medical professionals trained as part of either a training-of-trainers activity or other basic family planning training. In addition, there were up to 239 media officers trained related to the social behavior change component of SEFPP. This is a relatively small beneficiary population for sampling and data collection. For the purposes of group discussions, participants will be identified and engaged according to availability. SIMPLE will need to determine the population pools, with consideration for gender participation, in each type of training activity for each of the five governorates targeted for data collection and select roughly 6 to 8 participants for each group discussion planned. If evaluators are able to conduct at least four group discussions in each governorate, the team will need to convene approximately 24 to 32 training beneficiaries per governorate, or roughly 120 to 160 in total, knowing those figures can change once the evaluation team completes desk review. Data collection is planned to take place over two weeks, with teams spending roughly one week in each governorate. Depending on location access, group discussions may be convened at training facilities used for SEFPP or other benefiting facilities.

Given the larger size of the general populations served by health facilities in each governorate, it will not be possible to obtain a statistically valid sample of family planning service users. However, we will plan to convene a convenience sample of service users at health facilities at the time when the evaluation team convenes group discussions with training recipients. Although this may not be feasible due to privacy concerns, if possible, the team will use the opportunity and location to pull together small groups for discussion, or to conduct short questionnaires related to access and quality of services, as well as any changes in health behaviors to help address EQ 2 and EQ 3. A detailed sampling plan, as well as all data collection instruments, will be shared and discussed with the PO during the Team Planning Meeting and will be included in the work plan the team will submit as part of this evaluation.

If primary data collection with end users is not possible, the team will seek secondary data sources related to customer satisfaction that may be available from either the project or health care providers.

3. DATA COLLECTION

Data collection will be undertaken by a team of six technical experts as follows:

1. Expatriate Team Leader,
2. One subject-matter expert (SME), and
3. Four Monitoring and Evaluation (M&E) Specialists/Evaluators

The team will be divided into three sub-teams of two people. Data collection will be conducted over a period of approximately two weeks. Due to COVID-19 travel concerns, the Team Leader will remain in Cairo for the duration of the data collection. In Sub-team # 1, the Team Leader will work with an M&E Specialist/Evaluator to collect data in Cairo, focusing on private sector, institutional and government partners, USAID and SEFPP staff. They will also conduct group discussions and site visits in El-Haggana, El-Darassa, and El-Asmarat areas. Sub-team # 2, including the SME and an M&E Specialist/Evaluator will travel to Luxor and Qena for data collection over roughly one week in each governorate. Sub-team #3 made up of two M&E Specialists/Evaluators will travel to Alexandria and Assuit. The evaluation team will be trained by the Team Leader on the data collection tools and approach in advance of data collection (including written observation and informant interview guidelines) to ensure consistency across teams. The Team Leader will coordinate all evaluation activities with the SIMPLE evaluation manager in Cairo.

SIMPLE will request to establish communication protocols with the SEFPP implementing partner JSI and government counterparts. Before the evaluation start up, SIMPLE will ask the activity Agreement Officer Representative (AOR) at the Office of Education and Health (OEH) to inform the Ministry of Health and Population (MOHP) and National Population Council (NPC) contact points at the central level about this evaluation. After this is done, SIMPLE will ask the AOR to introduce the evaluation team to the JSI team. The IP will be asked to in: 1) introduce the evaluation team to officials at governorate level and benefiting entities, including local state hospitals, via a letter provided by SIMPLE; and 2) introduce the teams to other institutional partners, including the American University of Cairo, the NPC as well as private sector entities, such as Marie Louis and other medical and pharmaceutical syndicates and private care facilities, for the purposes of setting up key informant interviews and group discussions.

4. DATA ANALYSIS

Following SIMPLE's established evaluation process, a rigorous system of notetaking will be adopted to ensure data is documented and shared with all team members on a daily basis during data collection. Data analysis will take place over a 10-day team analysis workshop. Qualitative data will be categorized and analyzed to determine patterns and findings across governorates. The team will look for convergence and divergence in responses, as well as content patterns related to accomplishments and challenges encountered during the first three years of implementation. Responses will be analyzed according to the different categories of stakeholders, as well as across gender and geographic locations, to allow for better understanding of findings. Qualitative data will be examined during the desk review from and GoE or family planning donor sources available to the team. This may include national or localized statistical data and/or academic research. In addition, the team may also need to rely on secondary customer satisfaction data from health care providers, if available. SIMPLE utilizes the Findings, Conclusions and Recommendations (FCR) framework to analyze and present data, and this will be the basis for analysis, debriefing presentations, and reporting.

5. LIMITATIONS

An obvious limitation of this evaluation is the COVID-19 situation. While data collection is planned to be a mix of face-to-face and virtual interactions with three small data collection teams visiting the five governorates, this could change if the situation requires. SIMPLE will be ready to switch to fully remote approaches if necessary, though this likely would come with limitations on reach and depth of data that can be collected in such a scenario.

Other limitations may include our ability to convene group discussions with medical professionals in each governorate. This will depend on their availability, given the unique and demanding work schedule of doctors and nurses in particular. Should this pose a problem for data collection efforts, SIMPLE may consider a short online questionnaire.

Biases arising from the sampling methods will be identified and addressed during the Team Planning Workshop to ensure credibility of results.

4. TEAM COMPOSITION

Given the scope of this evaluation involving visits to five governorates, this evaluation will configure a team of six specialists into three smaller teams of two each for field work. A statistician will be engaged to assist in sampling, data analysis and the preparation of data files for submission. A field coordinator will support the team in all the logistical work that needs to be put in place for the evaluation, and a few days of an interpreter may be needed for the Team Leader for any high-level meetings in which the second evaluator will be notetaking and thus may not be able to translate conversations on the spot. The full team in this evaluation and their estimated level of effort (LOE) is shown in Table 1 below.

The CVs of the Team Leader and five other technical team members, including the Subject Matter Expert

Table 1: Team Composition

#	Name, Role
1	Mildred Howard, Team Leader
2	Rafeek Ramzey, Subject Matter Expert
3	Nivine Ramsis, Evaluator
4	Noha Hassam, Evaluator
5	Hanan Kwinana, Evaluator
6	Norhan Bader, Evaluator
7	Ehab Sakr, Statistician
8	Translator
9	Wael AbdelKarim, Field Coordinator

(SME) and Evaluators included in this evaluation, are provided in this Concept Note as a separate Appendix. For ease of reference, we also share below a blurb about the Team Leader, Mildred Howard and below it more information on the SME.

Team Leader Ms. Mildred Howard has over 30 years of experience in over a dozen countries in international development assistance as a program manager, evaluator, and independent technical consultant. Her career has focused on the health sector where she has held several positions, including overseeing, directing and/or managing health programs for USAID/Missions in several countries, as well as leading teams conducting evaluations of health programs. These opportunities gave her solid understanding of the sector from both a programmatic and evaluative angle, including nine years of family planning specific experience. Ms. Howard is well known in Egypt. She has lived and worked in Egypt, including directly working on family planning activities. For example, in 2013 Ms. Howard served as team leader of the Evaluation of Health Systems Strengthening Technical Assistance Activity implemented by Social Impact, Inc. Earlier on, in 2001-2006 (five years), Ms. Howard lived and worked full-time in Cairo. As Health Sector Reform and Financing Advisor in the USAID Mission she was assigned to implement USAID's support for the Government of Egypt's Health Sector Reform Program which involved implementation of a national family health (inclusive of family planning) service delivery model. She has authored several publications, including a number of

evaluation reports and other research. She comes highly recommended by a QED Group colleague who has worked with her in the past. Ms. Howard holds a Masters' Degree in Social Policy and Program Evaluation from the prestigious Harvard University in the US as well as several health-related certificates from other universities.

Subject Matter Expert Dr. Rafeek Ramzey has 28 years of professional experience. He began his career as a physician and branched out to working on development activities, many of which were in the health and population sector. He has had direct work experience with population and/or reproductive health activities over the years. This has included the population and health activity of the Non-Governmental Organizations Service Center (NGOSC) funded by USAID; European Commission Support to Population Program in Upper Egypt; as well as close coordination with the Ministry of Health and Population (MOHP) under the primary health care through a community participation activity funded by the Catholic Coptic Diocese. He has worked extensively with NGOs and has been involved in several training efforts, including preparation of a training manual on peer education for Family Health International (FHI) more recently. In addition to direct work with reproductive health and population activities, he brings hands-on experience with training efforts which is very relevant to the SEFPP evaluation that includes looking at its training component.

Dr. Rafeek has worked for prominent USAID and EU-funded activities. Through these opportunities, he has gained extensive experience in institutional capacity building, monitoring and evaluation, as well as management of a wide portfolio of development activities. He has also served as team leader for five evaluations. Dr. Rafeek began his career as a trained physician, and holds a Master's degree in the field.

5. DELIVERABLES & TIMELINE

This evaluation will produce a number of deliverables, listed in the Table 2 below. All final deliverables will be in line with the current ADS 201, including the final evaluation report. We will prepare all metadata files in accordance with ADS 579, incorporating any subsequent revisions related to standards for submitting data to the DDL.

Table 2: Deliverables & Timeline

Deliverables	Task #	Task Name / Description	Task Duration		
			W - Days	Start	Due date
	1	Team hiring and mobilization	5	December 2020 (Upon Concept Note approval)	January 6, 2021
	2	Desk review	5	January 10, 2021	January 14, 2021
	3	Team Planning Workshop (Team will hold an initial meeting with USAID on the first week this workshop)	10	January 17, 2021	January 28, 2021
Deliverable 1	4	Team Planning Meeting: the team convenes with USAID/Egypt to 1) Clarify any inquiries on evaluation questions; 3) finalize the timeline; 4) present and discuss methodology of evaluation, including data collection tools (English and Arabic if applicable) and guidelines; and 5) clarify any logistical and administrative procedures.	1	January 31, 2021	
	5	Work Plan: A detailed work plan, including final design, methodology and data analysis plan will be prepared by the team and discussed with USAID during the team planning meeting. Draft workplan and tools are submitted to USAID ahead of the TPM. After this meeting, the evaluation team will submit the final work plan which will also include the final data collection tools, interview schedule and updated list of informants.		January 25 (draft tools submitted) January 27 (draft Work Plan narrative submitted) (assuming January 28 is a holiday in Egypt)	
	6	Team revises Work Plan and resubmits, completes pilot of tools	3	January 31, 2021	February 2, 2021
	7	Data collection (2 weeks)	12	February 3, 2021	February 18, 2021
	8	Data analysis workshop: the team analyzes and interpret data, prepares to conduct validation workshop with SEFPP and Team Leader starts developing the report and its annexes	10	February 20, 2021	March 6, 2021

	9	Validation Workshop with JSI: Team will validate and clarify preliminary findings and provide a venue for clarifications.	1	March 7, 2021	
		Team Leader departs Cairo, March 8, 2020			
	10	Draft Exit Briefing Presentation and Skeletal Report (consisting of word version of the presentation) prepared and submitted in advance of debriefings.		March 11, 2021	
Deliverable 2	11	Final OEH/Program Office Exit Briefing: the team delivers debriefing focusing on findings, conclusions, and recommendations (FCRs).	1	March 16, 2021	
Deliverable 3	12	Final Presentation/Mission Debrief: Team delivers debriefing focusing on FCRs to a larger audience at the Mission.	1	March 18, 2021	
	13	Debriefing with Partners (Tentative): Present major findings to USAID partners.	1	TBC	
Deliverable 4	14	Draft evaluation report: submission of draft report to USAID (after internal review, copy editing and formatting).	15	March 15, 2021	April 5, 2021
	15	Mission and Partner Peer Review: Evaluation team will track and respond to all draft report comments received and include changes in the final report. USAID reviews for 10 business days.	10	April 5, 2021	April 19, 2021
Deliverable 5	16	Final report: SIMPLE submits final report to USAID addressing comments received from the peer review process. Final report will comply with ADS 201.	10	April 20, 2021	May 6, 2021
		USAID approval of final report (discounts Eid holiday)	10	May7, 2021	May 25, 2021
Deliverable 6	17	Metadata files and Data sets: SIMPLE prepares and submits the metadata files and data sets, as applicable and in line with ADS 579,	10	April 20, 2021	
Deliverable 7	18	Draft Arabic translation of executive summary: SIMPLE translates executive summary into Arabic after approval of final report and submits it to USAID (discounts Eid holiday)	15	May 6, 2021	May 27, 2021
		USAID reviews and sends comments in 10 business days (discounts American holiday)	10	May 31, 2021	June 13, 2021
		Final Arabic translation of executive summary	10	June 13, 2021	June 24, 2021
Deliverable 8	19	Draft Infographic (English) of USAID Approved Executive Summary. Draft starts once the draft report is submitted.	10	April 6, 2021	April 20, 2021
		USAID reviews and sends comments in 10 business days (discounts local holidays)	10	April 21, 2021	May 10, 2021

	20	Final Infographic (English). SIMPLE reviews and resubmits.	10	May 10, 2021	May 24, 2021
Deliverable 9	21	Draft Infographic (Arabic). Translation begins once the final English is submitted to USAID.	10	May 24, 2021	June 7, 2021
		USAID reviews and sends comments in 10 business days		June 7, 2021	June 21, 2021
	22	Final Infographic (Arabic)	10	June 21, 2021	July 5, 2021
		USAID completes approval of all deliverables by July 18, 2021			
	23	Printing and posting on the DEC: SIMPLE submits printed and soft copies (via Google Drive) of all approved evaluation deliverables (report, Arabic executive summary, and infographic English and Arabic) and post those on the DEC.	July 29, 2021		

ANNEX A: ACRONYMS & TERMS USED

COR	Contracting Officer's Representative
DEC	Development Experience Clearinghouse
FCR	Findings, Conclusions and Recommendations
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
GOE	Government of Egypt
JSI	John Snow, Incorporated
LOE	Level of Effort
M&E	Monitoring and Evaluation
MOHP	Ministry of Health and Population
NPC	National Population Council
OEH	Office of Education and Health
PO	Program Office
SEFPP	Strengthening Egypt's Family Planning Program
SIMPLE	Services to Improve Performance Management, Enhance Learning and Evaluation
SME	Subject Matter Expert
SOW	Scope of Work
TPW/M	Team Planning Workshop/Meeting

ANNEX 3: LIST OF CONSULTED STAKEHOLDERS

GOVERNORATE OR CENTRAL	ORGANIZATION	POSITION
Central	MOHP	Senior Management, MOHP/FP Sector
Central	MOHP	Central Administration of M&E
Central	MOHP	Senior Management, Private sector and NGOs Department
Central	MOHP	Clinical Supervisor –OB/GYN Department
Central	MOHP	General Manager – Statistics Unit
Central	NPC	Senior Management, National Population Council
Central	NPC	Research General Manager
Central	NPC	Planning Team
Central	NPC	Information Center Team
Central	NPC	General Manager -Statistics Unit
Qena Governorate	MOHP	Senior Management, FP (Qena)
Qena Governorate	MOHP	Senior Management- Nursing, Governorate Level, Qena
Alexandria Governorate	MOHP	Senior Management FP – Alexandria – El Agamy Slum
Luxor Governorate	MOHP	Senior Management FP, Governorate Level, Luxor
Cairo Governorate	USAID	SEFPP AOR – Senior Project Management Specialist
Cairo Governorate	USAID	Office of Education and Health (OEH) – Project Management (M&E) Specialist
Cairo Governorate	USAID	Senior Program & Compliance Officer
Cairo Governorate	USAID	Senior Project Management Specialist
Cairo Governorate	JSI	Senior Management
Cairo Governorate	JSI	M&E Team
Cairo Governorate	JSI	Senior Management
Cairo Governorate	JSI	Senior Technical SD Unit
Cairo Governorate	JSI	MIS Management / Strategic Information Unit
Cairo Governorate	AUC	Civic Engagement Unit: Senior Management Team
Cairo Governorate	AUC	Civic Engagement Unit: Program Management Team
Cairo Governorate	UNFPA	Senior Management
Cairo Governorate	JSI	Program Management
Cairo Governorate	JSI	Former SEFPP Senior Management
Qena Governorate	JSI	SEFPP Project Management

GOVERNORATE OR CENTRAL	ORGANIZATION	POSITION
Cairo Governorate	JSI	Former SI Unit Senior Management
Cairo Governorate	Pop Council International	Egypt Senior Management
Assuit Governorate	JSI	SEFPP Project Management Team
Luxor Governorate	JSI	SEFPP Project Management Team
Cairo Governorate	JSI	Implementation Management Team
Cairo Governorate	JSI	Training Management Team: Clinical
Cairo Governorate	JSI	SEFPP Field Officers at slum areas
Cairo Governorate	Marie Louis	Senior Management
Cairo Governorate	Marie Louis	Factory Management
Cairo Governorate	DKT Egypt	Senior Management
JSI HQ	JSI	Senior Research, Monitoring & Evaluation Team
Cairo Governorate	JSI	Data Team
Luxor Governorate	MOHP	Pharmacist
Cairo Governorate	MOHP	Nurse Senior Management
Cairo Governorate	Al Ahram newspaper	Journalist
Qena Governorate	MOHP	Media Officer
Qena Governorate	MOHP	Nurse
Cairo Governorate	Akhbar elyoum portal	Journalist
Assuit Governorate	Smoking Factory	Factory worker
Assuit Governorate	MOHP	Physician
Alexandria Governorate	MOHP	Physician
Assuit Governorate	MOHP	Media Officer
Qena Governorate	MOHP	Community Health Worker
Cairo Governorate	Teba Factory	Factory worker
Alexandria Governorate	MOHP	Physician
Luxor Governorates	MOHP	Pharmacist
Qena Governorate	MOHP	Pharmacist
Cairo Governorate	MOHP	Web development Team

ANNEX 4: EVALUATION METHODOLOGY

This SEFPP midterm evaluation used a mixed-methods approach. The evaluation team applied qualitative research methods, including document reviews and informant interviews, complemented by an opinion survey.²⁵ The evaluation focused on the activity's structure, operations, and outputs and did not attempt to assess potential results and outcomes of the activity's efforts. Reasons for the limited focus and limited use of typical qualitative and quantitative methods were two-fold: (1) SEFPP is not itself engaged in service delivery or community-level program measurement that would generate results and outcome data and information for evaluative purposes,²⁶ and (2) constraints on visiting health facilities and service providers due to COVID-19 restrictions made it impossible to use in-person data collection methods such as focus groups.

The qualitative research for this evaluation included ten key informant interview (KII) tools designed for program policymakers, managers, and field service providers.²⁷ Six technical expert evaluators in sub-teams of two each coordinated with a statistician to develop a sample of individuals in specific categories to be interviewed. The sub-teams scheduled and conducted interviews, most of which averaged one hour in duration. Respondents received an advance copy of the questions to be discussed and were could choose English or Arabic for the interview. One evaluation team member moderated the discussion based on the interview questionnaire, while the other made copious notes, which were later typed and transcribed in a coded qualitative database. Most KIIs used virtual meetings, and several were conducted by phone.

The quantitative research involved a questionnaire administered via phone individually and then entered digitally into SurveyMonkey.²⁸ A random sample of respondents was drawn by a statistician/supervisor and allocated to each of four enumerators who scheduled interview appointments, conducted interviews, recorded results, and entered data into SurveyMonkey. Survey enumerators participated in a day-long pilot/practice and received daily supervision throughout the phone survey period. Survey respondents received an advance copy of the questions to ensure that they were well prepared to participate in the brief Arabic language interview, which lasted less than 10 minutes on average. There was no follow-up with survey participants.

DATA SOURCES AND SAMPLING

The evaluation's sources of data and information included reviewable documents, interviewed key informants, and surveyed FP/RH professionals who had directly or indirectly participated in SEFPP activities. The population of individuals who had directly interacted with SEFPP did not lend itself to randomized sampling techniques because it was impractical to enumerate this population in advance. Instead, the evaluation used purposive sampling (also known as judgment, selective, or subjective sampling).²⁹ Essentially, the evaluators needed to rely on technical judgments to select informants for the evaluation. The evaluators identified distinct categories of informants and beneficiaries, for which interview tools were developed. The total numbers of people chosen in each category were drawn from JSI, the implementing partner's database, and others added by the evaluation team based on its

²⁵ See Annex 3: List of Consulted Stakeholders.

²⁶ SEFPP instead relies on FP program outcome data from secondary sources, where no attribution can be linked to SEFPP.

²⁷ See Annex 5: Qualitative Data Analysis Code Book.

²⁸ See Annex 6: Quantitative Data Analysis Charts and Tables.

²⁹ Technically referred to as a "pre-identified non-probabilistic" sampling technique.

knowledge of SEFPP. The evaluators attempted to oversample all interview categories to mitigate against the limitations of purposive sampling (versus randomized sampling).

The sampling situation was different for the training beneficiary population that received digital questionnaires. For this population, the evaluators did have a complete database in hand and could draw a randomized sample (building in such factors as the type of training and the geographical location of where the trainee works). Two types of training beneficiaries were invited to provide input to the digital questionnaire regarding their training experience: (1) service providers who work directly with FP clients, and (2) non-service providers such as adjunct health personnel and media professionals. A telephone survey with a sample of 764 beneficiaries allowed for an expected 30 percent non-response rate.

DATA COLLECTION

Data collection activities³⁰ included:

1. **A desk review³¹ of activity-related documents:** The desk review included the SEFPP Scope of Work (SOW); Final SEFPP Concept Note; SEFPP Timeline Revised; the activity amendments; the activity annual and quarterly progress reports; Monitoring and Evaluation Plan, including performance indicator reference sheets (PIRS); the Contraceptive Security (CS) Assessment report; the gender strategy, the draft sustainability plan; and a Health Management Information System (HMIS) report, among others. In addition, JSI submitted a database of more than 4,997 trainees to the evaluation team for sampling purposes.
2. **Key informant interviews:** The evaluation team conducted 55 KIs. As the data collection phase took place during the second wave of COVID-19, all KIs were conducted virtually, by Zoom, Google Meet, or telephone.
3. **Phone survey:** The evaluation team conducted 599 phone surveys with training beneficiaries. The purpose of the survey was to gather overall impressions from those trained about the strategic relevance and usefulness of the training they received and the service providers' perspective on the level of demand for and quality of FP. This evaluation did not intend to be an in-depth assessment of training content, curricula, or management of the training activities.
4. **Validation meeting:** A validation meeting with SEFPP staff and USAID allowed the evaluation team to receive inputs on its findings. The team incorporated feedback from the validation meeting into its findings, conclusions, and recommendations (FCRs).

Table 1 below summarizes the data collection tools developed and used for the evaluation. Tools were available in both English and Arabic and administered according to the language preference of the interviewee.

Table 2 below shows sampling results and data collected for both the quantitative phone survey and the qualitative KIs.

Table 3 below shows additional details of the quantitative survey by geographical coverage. Note that the Governorates of Assiut, Qena, and Luxor (plus "Others") and two slum areas in Cairo and Alexandria were designated for the SEFPP evaluation as the geographical areas that have received the most SEFPP assistance.

³⁰ See Annex 7: SEFPP Data Collection Tools.

³¹ See Annex 8: List of Reviewed Documents.

TABLE 1. TARGET STAKEHOLDERS AND DATA COLLECTION TOOLS

INFORMANT	TOOLS
USAID	T0 – USAID KII
MOHP – Central Level, National Population Council (NPC)	T1 – Central Government KII
MOHP – Governorate Level	T2 – Local government KII
Strategic and Operational Stakeholders	T3 – Partners/stakeholders KII
JSI – Management Level	T4 – IP Management level KII
JSI – Operational Level	T5 – IP Operational/Governorate-level KII
Training Recipients – Service Providers	T6 – Service Providers KII T8 – Service Providers phone Survey
Training Recipients – Non-service Providers	T7 – Non-service Providers KII T9 – Non-service Providers Phone Survey

TABLE 2. DATA COLLECTION (TARGETED VERSUS ACTUAL)

INFORMANT	TARGETED	ACTUAL
<i>QUANTITATIVE DATA COLLECTION</i>		
Training Recipients – Service Providers	410	362 (88.3%)
Training Recipients – Non-Service Providers	354	237 (66.9%)
Training Recipients – Total	764	599 (78.4%)
<i>QUALITATIVE DATA COLLECTION</i>		
MOHP – Central Level	10	4
MOHP – Governorate Level	10	4
NPC	5	5
JSI – Management Level	14	12
JSI – Operational Level	6	6
Strategic and Operational Stakeholders	7	4
Training Recipients – Service Providers	9	8
Training Recipients – Non-Service Providers	15	8
USAID	4	4
Qualitative Informants Total	80	55

Note: the planned quantitative numbers were the sample size calculated based on a 95 percent confidence level and 5 percent margin of error, as well as an additional 30 percent to cover potential non-responses; the team met or exceeded the response rate required. Similarly, the number of KIIs conducted under each category is adequate for qualitative data collection purposes.

TABLE 3. QUANTITATIVE SURVEY DETAILS

SERVICE PROVIDERS			NON-SERVICE PROVIDERS		
GOVERNORATE*	N	%	GOVERNORATE*	N	%
Cairo	72	19.9%	Cairo	124	52.3%
Alexandria	50	13.8%	Alexandria	36	15.2%
Assiut	92	25.4%	Assiut	26	11.0%
Qena	78	21.5%	Qena	41	17.3%
Luxor	68	18.8%	Luxor	9	3.8%
Others** (Sohag, New Valley)	2	0.6%	Others*** (Gharbia)	1	0.4%
Total	362	100.0%	Total	237	100.0%
Non-Response Rate	30.7%		Non-Response Rate	34.5%	
Margin of Error	4.3%		Margin of Error	4.6%	

* The Governorates of Assiut, Qena, and Luxor (plus “Others”) and two slum areas in Cairo and Alexandria were designated for the SEFPP evaluation as the geographical areas that have received the most SEFPP assistance.

** One survey from Sohag was counted as from Assiut, as per information from the database, and one from New Valley was counted as from Luxor.

*** One survey from Gharbia was counted as from Cairo, as per information from the database.

DATA ANALYSIS & QUALITY ASSURANCE

The evaluation team conducted descriptive statistical analyses on the quantitative data and employed a codable thematic analytical approach for the qualitative data. These methods identified explicit and implicit patterns in respondents’ answers relating to the evaluation questions. Data analysis began during the data collection phase, and the data collection phase was extended for an extra week to allow the MOHP KIs to finalize urgent fieldwork and be available for the interviews. The evaluation team conducted a data cleaning exercise and developed a coding tree for key informants.

For Evaluation Questions 1 and 2, qualitative findings derived primarily from KIs, since interview questions were directly keyed and coded to the Thematic Focal Areas. The team reviewed findings within the context of the Thematic Focal Areas and achieved a consensus about the validity of findings through triangulation and cross-referencing reports and other documents. For Evaluation Question 3, on training beneficiaries, the evaluation team could cross-validate findings between the KIs and phone surveys by comparing responses to questions focused on satisfaction and the usefulness of the respondents’ training experiences.

A formal validation meeting with SEFPP and USAID staff took place to verify and receive the implementing partner’s feedback on the core findings. The team considered and cross-checked the IP’s inputs before finalizing conclusions and recommendations.

LIMITATIONS AND MITIGATION MEASURES

LIMITATIONS

- The lack of data capture at the level of change (especially related to policy-level data) made it impossible to measure incremental changes and progress in the FP program or estimate SEFPP's contribution to such changes.
- Certain populations that the evaluation might have wanted to interview, such as recipients of FP services at clinic/community-level, were not accessible because of GOE restrictions on direct survey data collection. Thus, it was not possible to assess improvements in service delivery or the impact of behavior change components that might have been attributable to SEFPP.
- Limitations inherent in conducting phone surveys included time constraints (such as people being engaged in “at home” activities, difficulty in reaching respondents, language difficulties, and enumerators misstating a question or misinterpreting the answer.
- Inaccessibility of certain public sector statistics (such as “stock on hand”) made it impossible for SEFPP to help the MOHP estimate national program performance supply requirements. Thus, the evaluation could not adequately assess SEFPP's contributions to contraceptive forecasting and quantification, recognizing that SEFPP does not have all of the information needed to conduct these analyses.³²
- The unwillingness of some target KIs to participate in the evaluation introduced the possibility of sampling bias because, depending on the reasons for declining to participate, a respondent might have important but negative views about the subject being evaluated that it would have been helpful to know.
- Because COVID-19 restricted face-to-face interviews and group interviews, the quality of interactions with informants may have been limited.

MITIGATION

The midterm evaluation team anticipated these limitations and considered several measures to mitigate their influence and ensure sufficient data for evaluation. Among these measures were:

- To compensate for possible limitations in the level of data available, the evaluation relied on output data and statistics that were readily available in files, plus data created through its own research.
- By calculating the possible non-responses in our target populations and then oversampling by that percentage in both the qualitative KI and quantitative phone survey, a statistically significant sample was achieved in each category.
- On the phone surveys, enumerators were trained and supervised throughout to avoid poor performance in conducting or notating interviews; digital data input (to SurveyMonkey) was controlled by a statistician/supervisor; respondents were contacted in advance, appointments were scheduled, and all contacts/interviews were sent advance copies of the questionnaire. Interviews were conducted in Arabic and were completed in about 10 minutes.
- When challenges arose, such as missing contact information in a database, the team sought and received prompt assistance from both USAID and the IP.
- The data collection phase was extended to allow more participation and ensure the availability of targeted respondents.
- To compensate for the possible limitations of remote communication, phone and virtual contacts were copiously documented and digitized for recall during analysis.

³² SEFPP and MOHP need data that MOHP owns and uses to inform policy, not just secondary data.

ANNEX 5: QUALITATIVE DATA ANALYSIS CODE BOOK

SEFPP EVALUATION QUALITATIVE DATA ANALYSIS CODE BOOK

CORE CODES (Column A in Data Analysis Worksheets)	SUBCODES (Column B in Data Analysis Worksheets)
EQ 1	
(01) Design, Relevance, and Change Theory (T -Zero)	1.1 Needs of Beneficiaries
	1.2 Adapted to government capacities
	1.3 Is Coop Agree. Appropriate
	1.4 Gov/project objectives aligned
	1.5 Synergy - other USAID projects
	1.6 Past experiences/Lessons learned
	1.7 Vertical LFM logical
	1.8 Horizontal LFM logical
	1.10 Good practices/lessons learned
	1.11 Delays/challenges
	1.12 Implementation mechanisms achieving results?
	1.13 Add something?
(02) Strategic Information (T- 1 and T- 2)	2.1 Data capture (effect on HMIS/LMIS)
	2.2 Research, M&E, data usage
	. Areas of success (such as, HMIS/LMIS)
	1.2 Success factors
	1.3 MOH/NPC support/cooperation
	1.4 MOHP/NPC Sustainability of capacity
	1.6 Policy formulation
	1.7 research/information for decision making
	advocacy for policy change
(03) Strategic Partnerships (T-3) (UN family & strategic private sector)	1.2 Benefits of the partnership
	1.4 Project performance (coordination, info. Sharing)
	4.1 Challenges in the partnership
	1.5 (T-3) More productive partnership?
	1.5 (T-1 & T-2) private sector strategic partnerships
	2.9 Private sector commodities planning
(04) Project Management (T-4) (Selected management issues TBD)	1.12 (T-0) Implementation mechanisms, achieving results
	2.19 Sustainability
	TBD
EQ 2	
(05) Monitoring, Evaluation & Learning (MEL) (Multiple Tools) (operational/implementation level)	1.9 (T-0) MEL system adequate (learning/leadership)?
	2.20 (T-4) MEL effectiveness
	2.21 (T-5) Data gathering challenges
	1.8, 1.9, 1.10 (T-1), (strategic level may include MEL references)
(06) Operational Partnerships (T3) (AUC, Marie Louis)	1.2 Contributed to results
	1.5 More productive partnership?
	2.10 Peer-to-peer training (factories)
	4.1 Main challenges
(07)	2.4 Contraceptive Security (assessment/strategy)

Service Delivery (T 4) (CS Assessment, PP IUDs, task sharing)	2.4 Conceptive Security (capacity MOHP, NPC, MOF)
	2.4 Conceptive Security (introducing new methods)
	2.9 Private sector commodities
	2.8 Task sharing
	2.12 Post-partum FP counseling/methods
	2.13 Community participation strengthened (slums)
(08) Social and Behavior Change Communication (SBCC) (T 4)	2.14 Capacity of HECU
	2.15 Behavior mapping
	2.16 Innovations in behavior change
	2.17 WHO, MPHP, NPC collaboration – media messaging-
	2.18 Capacity building - media
(09) Training/Capacity Building Approaches (T-4)	2.5 Qualifications tracking
	2.6 TOT effectiveness
	2.7 E-learning approaches
EQ 3	
(10) Service Providers/Training Beneficiaries (T-6)	6.0 SEFPP engagement and Training details
	6.1 Training quality and relevance to trainee needs
	6.2 Alternative complementary resources
	6.3 Training application
	6.4 Sustainability
	6. 2.1 Demand increase drivers / demand assessment and messages
(11) Non-Service Providers/Training Beneficiaries (T-7)	6.6 Innovation and good practices
	7.0 SEFPP engagement and Training details
	7.1 Training quality and relevance to trainee needs
	7.3 Training application
	7. 2.1 Demand increase drivers / demand assessment and messages
	7. 2.2 Knowledge raise community awareness and create demand
	7. 2.3 Challenges
GENDER (Cross-cutting) (T-4 and T-5)	7.4 Sustainability
	7.6 Innovation and good practices
	GN 1.1
COVID-19 (Cross-cutting) (Multiple Tools)	GN 1.2
	GN 1.3
	4.1 COVID-19
	4.2 COVID-19
	6.4.1 COVID-19
	7.4.1 COVID-19

ANNEX 6: QUANTITATIVE DATA ANALYSIS CHARTS AND TABLES

PART A: SERVICE PROVIDERS TRAINING RECIPIENTS

TABLE A-1: DISTRIBUTION OF SERVICE PROVIDERS BY OCCUPATION

OCCUPATION	N	%
Pharmacist	76	21.0%
Physician	184	50.8%
Nurse	102	28.2%
Total	362	100.0%

FIGURE A-1: DISTRIBUTION OF SERVICE PROVIDERS BY OCCUPATION

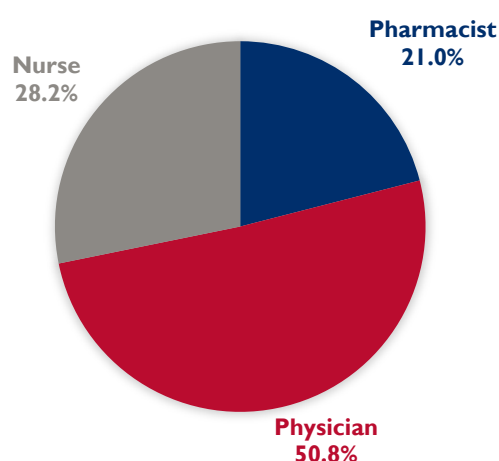


TABLE A-2: DISTRIBUTION OF SERVICE PROVIDERS BY OCCUPATION AND WORK GOVERNORATE

GOVERNORATES	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Cairo	18	23.7%	35	19.0%	19	18.6%	72	19.9%
Alexandria	2	2.6%	32	17.4%	16	15.7%	50	13.8%
Assiut	7	9.2%	54	29.3%	31	30.4%	92	25.4%
Qena	16	21.1%	31	16.8%	31	30.4%	78	21.5%
Luxor	33	43.4%	30	16.3%	5	4.9%	68	18.8%
Others (Suhag, New Valley)	0	0.0%	2	1.1%	0	0.0%	2	0.6%
Total	76	100.0%	184	100.0%	102	100.0%	362	100.0%

FIGURE A-2: DISTRIBUTION OF SERVICE PROVIDERS BY WORK GOVERNORATE

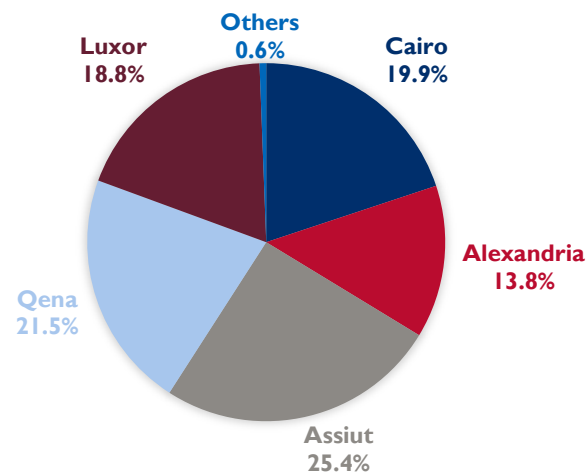


TABLE A-3: DISTRIBUTION OF SERVICE PROVIDERS BY PARTICIPATION IN ANY TRAINING ACTIVITY/EVENTS WITH SEFPP, DISAGGREGATED BY OCCUPATION

EVER PARTICIPATED IN ANY TRAINING ACTIVITY/EVENTS WITH SEFPP	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Yes	71	93.4%	165	89.7%	100	98.0%	336	92.8%
No	5	6.6%	19	10.3%	2	2.0%	26	7.2%
Total	76	100.0%	184	100.0%	102	100.0%	362	100.0%

FIGURE A-3: DISTRIBUTION OF SERVICE PROVIDERS BY PARTICIPATION IN ANY TRAINING ACTIVITY/EVENTS WITH SEFPP

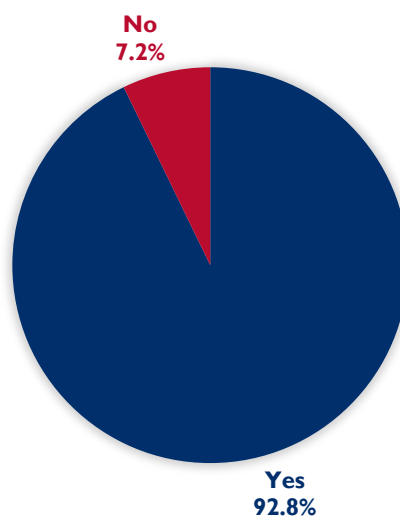


TABLE A-4: DISTRIBUTION OF SERVICE PROVIDERS BY PARTICIPATION IN ANY TRAINING ACTIVITY/EVENTS WITH SEFPP, DISAGGREGATED BY WORK GOVERNORATE

EVER PARTICIPATED IN ANY TRAINING ACTIVITY/EVENTS WITH SEFPP	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	65	90.3%	47	94.0%	89	96.7%	70	89.7%	63	92.6%	2	100.0%	336	92.8%
No	7	9.7%	3	6.0%	3	3.3%	8	10.3%	5	7.4%	0	0.0%	26	7.2%
Total	72	100.0%	50	100.0%	92	100.0%	78	100.0%	68	100.0%	2	100.0%	362	100.0%

TABLE A-5: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE RELEVANCE OF TRAINING TOPICS TO THEIR WORK RESPONSIBILITIES, DISAGGREGATED BY OCCUPATION

THE TRAINING TOPICS ARE RELEVANT TO THEIR WORK RESPONSIBILITIES	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Strongly disagree (1)	2	2.8%	1	0.6%	0	0.0%	3	0.9%
Disagree (2)	4	5.6%	4	2.4%	0	0.0%	8	2.4%
Neutral (3)	6	8.5%	3	1.8%	0	0.0%	9	2.7%
Agree (4)	25	35.2%	30	18.2%	10	10.0%	65	19.3%
Strongly agree (5)	34	47.9%	127	77.0%	90	90.0%	251	74.7%
Total	71	100.0%	165	100.0%	100	100.0%	336	100.0%
Mean Rank	4.2		4.7		4.9		4.6	

FIGURE A-5: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE OF THE RELEVANCE OF TRAINING TOPICS TO THEIR WORK RESPONSIBILITIES

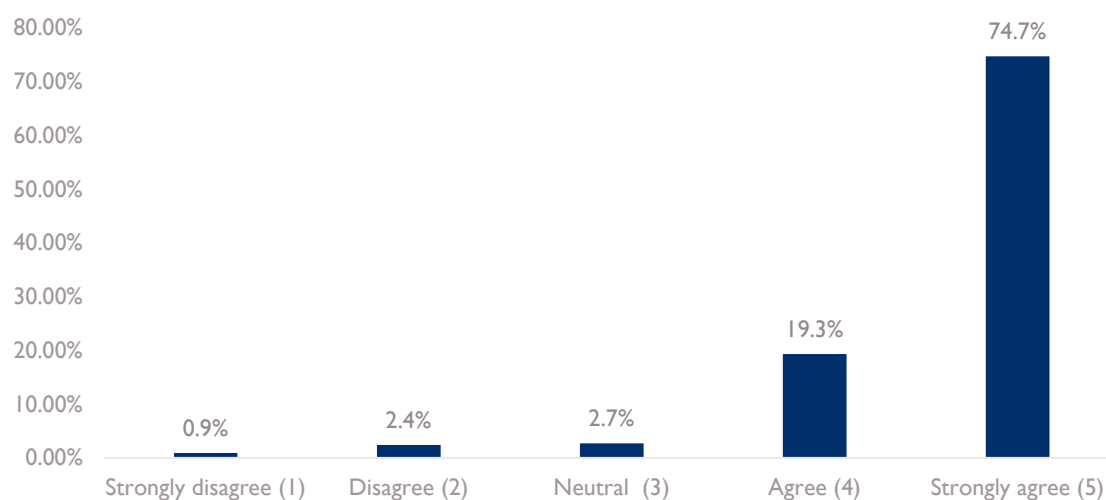


TABLE A-6: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE RELEVANCE OF TRAINING TOPICS TO THEIR WORK RESPONSIBILITIES, DISAGGREGATED BY WORK GOVERNORATE

THE TRAINING TOPICS ARE RELEVANT TO THEIR WORK RESPONSIBILITIES	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHER S		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	0	0.0%	1	1.1%	0	0.0%	2	3.2%	0	0.0%	3	0.9%
Disagree (2)	2	3.1%	1	2.1%	0	0.0%	2	2.9%	2	3.2%	1	50.0%	8	2.4%
Neutral (3)	3	4.6%	1	2.1%	1	1.1%		0.0%	4	6.3%	0	0.0%	9	2.7%
Agree (4)	12	18.5%	10	21.3%	15	16.9%	13	18.6%	15	23.8%	0	0.0%	65	19.3%
Strongly agree (5)	48	73.8%	35	74.5%	72	80.9%	55	78.6%	40	63.5%	1	50.0%	251	74.7%
Total	65	100.0%	47	100.0%	89	100.0%	70	100.0%	63	100.0%	2	100.0%	336	100.0%
Mean Rank	4.6		4.7		4.8		4.7		4.4		3.5		4.6	

FIGURE A-6: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THEIR ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK

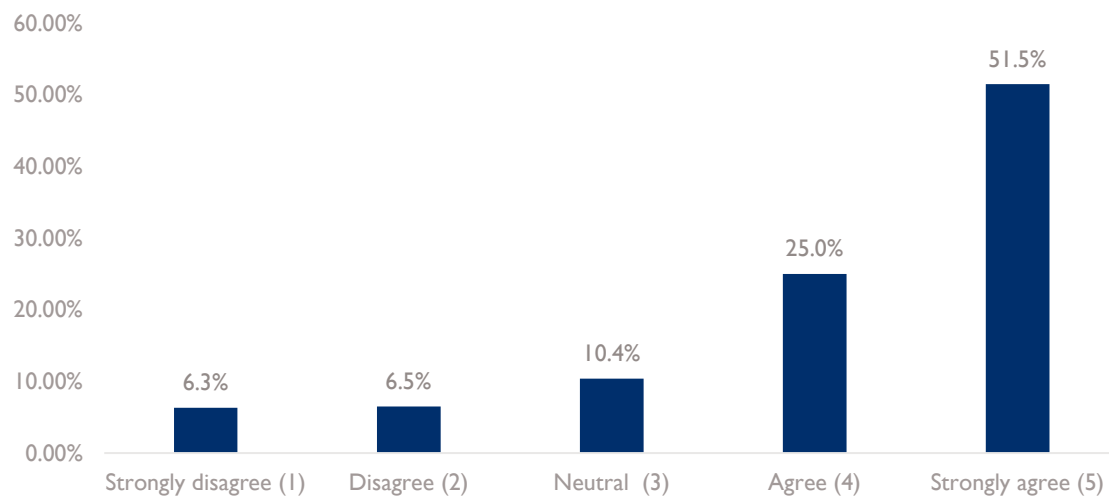


TABLE A-7: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON WHETHER THE TRAINING THEY RECEIVED PROVIDING SUFFICIENT INFORMATION AND SKILLS, DISAGGREGATED BY OCCUPATION

THE TRAINING PROVIDED THEM WITH SUFFICIENT INFORMATION AND SKILLS	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	1	0.6%	0	0.0%	1	0.3%
Disagree (2)	2	2.8%	3	1.8%	1	1.0%	6	1.8%
Neutral (3)	1	1.4%	7	4.2%	0	0.0%	8	2.4%
Agree (4)	22	31.0%	34	20.6%	10	10.0%	66	19.6%
Strongly agree (5)	45	63.4%	119	72.1%	89	89.0%	253	75.3%
Don't Know	0	0.0%	1	0.6%	0	0.0%	1	0.3%
Missing	1	1.4%		0.0%	0	0.0%	1	0.3%
Total	71	100.0%	165	100.0%	100	100.0%	336	100.0%
Mean Rank	4.6		4.6		4.9		4.7	

FIGURE A-7: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON WHETHER THE TRAINING THEY RECEIVED PROVIDED SUFFICIENT INFORMATION AND SKILLS

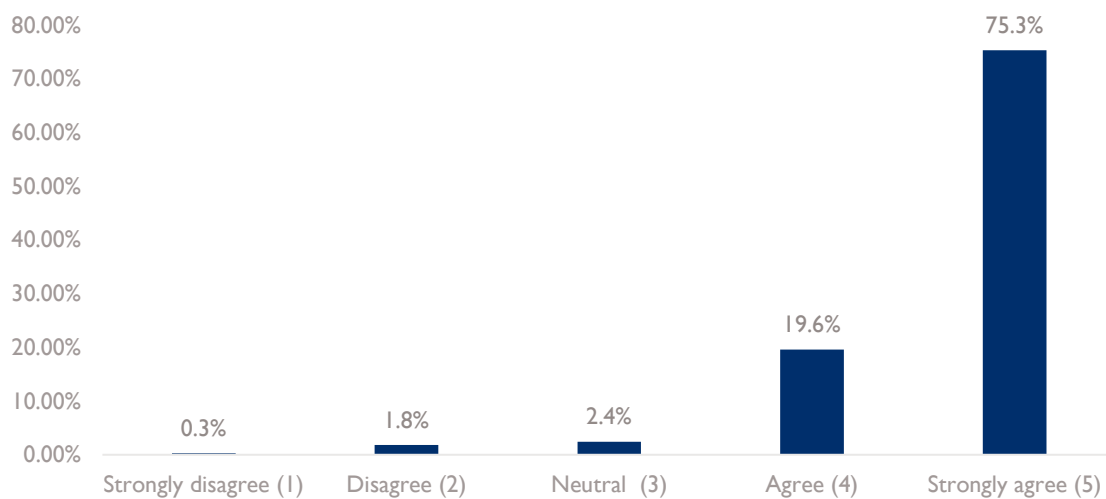


TABLE A-8: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON WHETHER THE TRAINING THEY RECEIVED PROVIDING SUFFICIENT INFORMATION AND SKILLS, DISAGGREGATED BY WORK GOVERNORATE

THE TRAINING PROVIDED THEM WITH SUFFICIENT INFORMATION AND SKILLS	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Disagree (2)	2	3.1%	0	0.0%	1	1.1%	2	2.9%	1	1.6%	0	0.0%	6	1.8%
Neutral (3)	4	6.2%	1	2.1%	2	2.2%	0	0.0%	1	1.6%	0	0.0%	8	2.4%
Agree (4)	13	20.0%	9	19.1%	13	14.6%	13	18.6%	17	27.0%	1	50.0%	66	19.6%
Strongly agree (5)	46	70.8%	36	76.6%	71	79.8%	55	78.6%	44	69.8%	1	50.0%	253	75.3%
Don't Know	0	0.0%	1	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Missing	0	0.0%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Total	65	100.0%	47	100.0%	89	100.0%	70	100.0%	63	100.0%	2	100.0%	336	100.0%
Mean Rank	4.6		4.8		4.7		4.7		4.7		4.5		4.7	

FIGURE A-8: PERCENT DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING ACCESS TO QUALITY FAMILY PLANNING (FP) METHODS.

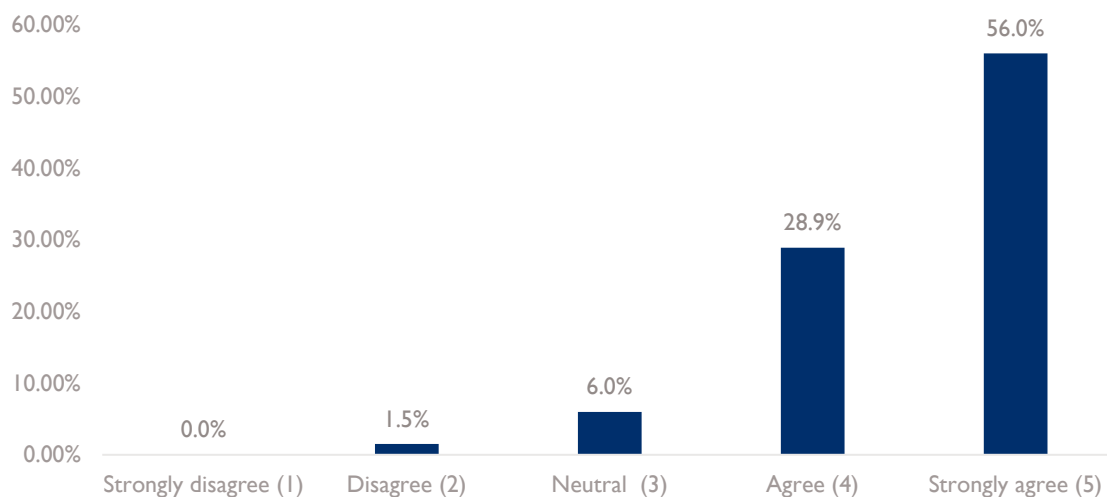


TABLE A-9: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THEIR ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK, DISAGGREGATED BY OCCUPATION

ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Strongly disagree (1)	8	11.3%	12	7.3%	1	1.0%	21	6.3%
Disagree (2)	11	15.5%	8	4.8%	3	3.0%	22	6.5%
Neutral (3)	14	19.7%	16	9.7%	5	5.0%	35	10.4%
Agree (4)	19	26.8%	49	29.7%	16	16.0%	84	25.0%
Strongly agree (5)	19	26.8%	79	47.9%	75	75.0%	173	51.5%
Don't Know	0	0.0%	1	0.6%	0	0.0%	1	0.3%
Total	71	100.0%	165	100.0%	100	100.0%	336	100.0%
Mean Rank	3.4		4.1		4.6		4.1	

TABLE A-10: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THEIR ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK, DISAGGREGATED BY WORK GOVERNORATE

ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	6	9.2%	1	2.1%	6	6.7%	2	2.9%	5	7.9%	1	50.0%	21	6.3%
Disagree (2)	7	10.8%	3	6.4%	2	2.2%	5	7.1%	5	7.9%	0	0.0%	22	6.5%
Neutral (3)	6	9.2%	5	10.6%	6	6.7%	9	12.9%	9	14.3%	0	0.0%	35	10.4%
Agree (4)	16	24.6%	8	17.0%	22	24.7%	22	31.4%	16	25.4%	0	0.0%	84	25.0%
Strongly agree (5)	30	46.2%	29	61.7%	53	59.6%	32	45.7%	28	44.4%	1	50.0%	173	51.5%
Don't Know	0	0.0%	1	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Total	65	100.0%	47	100.0%	89	100.0%	70	100.0%	63	100.0%	2	100.0%	336	100.0%
Mean Rank	3.9		4.3		4.3		4.1		3.9		3.0		4.1	

TABLE A-11: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE IMPROVEMENT OF THEIR FP DELIVERY PRACTICES FROM TRAINING, DISAGGREGATED BY OCCUPATION

THE TRAINING IMPROVED THEIR FP DELIVERY PRACTICES	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	3	1.8%	2	2.0%	5	1.5%
Disagree (2)	6	8.5%	7	4.2%	4	4.0%	17	5.1%
Neutral (3)	10	14.1%	10	6.1%	2	2.0%	22	6.5%
Agree (4)	19	26.8%	63	38.2%	29	29.0%	111	33.0%
Strongly agree (5)	14	19.7%	58	35.2%	57	57.0%	129	38.4%
Don't Know	22	31.0%	24	14.5%	6	6.0%	52	15.5%
Total	71	100.0%	165	100.0%	100	100.0%	336	100.0%
Mean Rank	3.8		4.2		4.4		4.2	

FIGURE A-11: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE IMPROVEMENT OF THEIR FP DELIVERY PRACTICES BY THE TRAINING

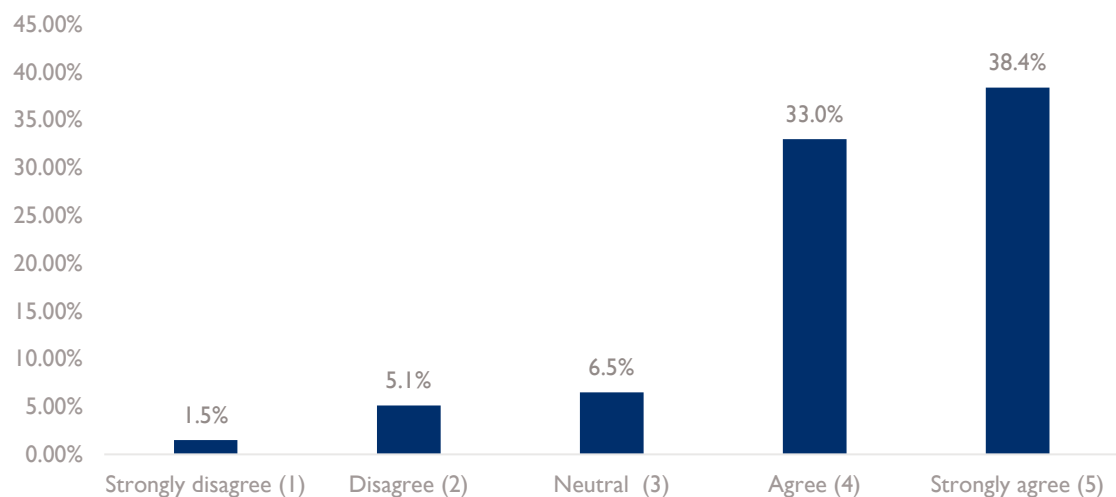


TABLE A-12: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE IMPROVEMENT OF THEIR FP DELIVERY PRACTICES BY THE TRAINING, DISAGGREGATED BY WORK GOVERNORATE

THE TRAINING IMPROVED THEIR FP DELIVERY PRACTICES	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	1	1.5%	1	2.1%	2	2.2%	1	1.4%	0	0.0%	0	0.0%	5	1.5%
Disagree (2)	6	9.2%	0	0.0%	3	3.4%	3	4.3%	5	7.9%	0	0.0%	17	5.1%
Neutral (3)	5	7.7%	3	6.4%	4	4.5%	1	1.4%	9	14.3%	0	0.0%	22	6.5%
Agree (4)	15	23.1%	19	40.4%	34	38.2%	21	30.0%	21	33.3%	1	50.0%	111	33.0%
Strongly agree (5)	21	32.3%	20	42.6%	40	44.9%	33	47.1%	15	23.8%	0	0.0%	129	38.4%
Don't Know	17	26.2%	4	8.5%	6	6.7%	11	15.7%	13	20.6%	1	50.0%	52	15.5%
Total	65	100.0%	47	100.0%	89	100.0%	70	100.0%	63	100.0%	2	100.0%	336	100.0%
Mean Rank	4.0		4.3		4.3		4.4		3.9		4.0		4.2	

TABLE A-13: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING ACCESS TO QUALITY FP METHODS, DISAGGREGATED BY OCCUPATION

THE PROJECT HAS CONTRIBUTED TO THE INCREASED ACCESS TO QUALITY FP METHODS	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Disagree (2)	3	4.2%	2	1.2%	0	0.0%	5	1.5%
Neutral (3)	7	9.9%	11	6.7%	2	2.0%	20	6.0%
Agree (4)	32	45.1%	46	27.9%	19	19.0%	97	28.9%
Strongly agree (5)	18	25.4%	92	55.8%	78	78.0%	188	56.0%
Don't Know	11	15.5%	14	8.5%	1	1.0%	26	7.7%
Total	71	100.0%	165	100.0%	100	100.0%	336	100.0%
Mean Rank	4.1		4.5		4.8		4.5	

TABLE A-14: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING ACCESS TO QUALITY FP METHODS, DISAGGREGATED BY WORK GOVERNORATE

THE PROJECT HAS CONTRIBUTED TO THE INCREASED ACCESS TO QUALITY FP METHODS	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Disagree (2)	1	1.5%	0	0.0%	0	0.0%	1	1.4%	3	4.8%	0	0.0%	5	1.5%
Neutral (3)	6	9.2%	3	6.4%	5	5.6%	1	1.4%	5	7.9%	0	0.0%	20	6.0%
Agree (4)	18	27.7%	16	34.0%	21	23.6%	17	24.3%	25	39.7%	0	0.0%	97	28.9%
Strongly agree (5)	30	46.2%	26	55.3%	60	67.4%	45	64.3%	26	41.3%	1	50.0%	188	56.0%
Don't Know	10	15.4%	2	4.3%	3	3.4%	6	8.6%	4	6.3%	1	50.0%	26	7.7%
Total	65	100.0%	47	100.0%	89	100.0%	70	100.0%	63	100.0%	2	100.0%	336	100.0%
Mean Rank	4.4		4.5		4.6		4.7		4.3		5.0		4.5	

TABLE A-15: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING DEMAND FOR FP, DISAGGREGATED BY OCCUPATION

THE PROJECT HAS CONTRIBUTED TO THE INCREASE OF THE DEMAND FOR FP SERVICES	PHARMACIST		PHYSICIAN		NURSES		TOTAL	
	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	1	0.6%	1	1.0%	2	0.6%
Disagree (2)	5	7.0%	3	1.8%	1	1.0%	9	2.7%
Neutral (3)	7	9.9%	10	6.1%	3	3.0%	20	6.0%
Agree (4)	31	43.7%	56	33.9%	31	31.0%	118	35.1%
Strongly agree (5)	8	11.3%	60	36.4%	59	59.0%	127	37.8%
Don't Know	20	28.2%	34	20.6%	5	5.0%	59	17.6%
Missing	0	0.0%	1	0.6%	0	0.0%	1	0.3%
Total	71	100.0%	165	100.0%	100	100.0%	336	100.0%
Mean Rank	3.8		4.3		4.5		4.3	

FIGURE A-15: PERCENT DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING DEMAND FOR FP

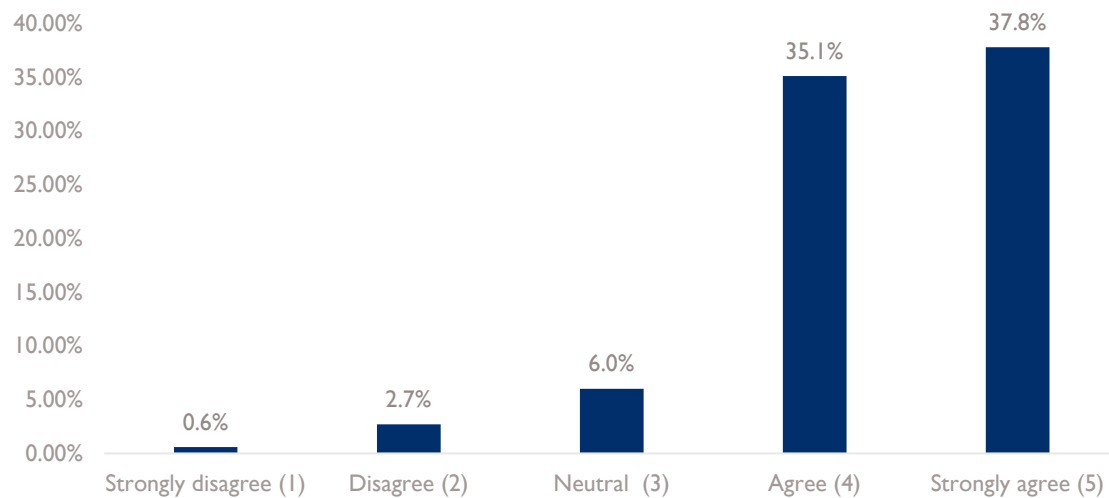


TABLE A-16: DISTRIBUTION OF SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING DEMAND FOR FP, DISAGGREGATED BY WORK GOVERNORATE

THE PROJECT HAS CONTRIBUTED TO THE INCREASE OF THE DEMAND FOR FP SERVICES	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	0	0.0%	1	2.1%	1	1.1%	0	0.0%	0	0.0%	0	0.0%	2	0.6%
Disagree (2)	3	4.6%	0	0.0%	1	1.1%	3	4.3%	2	3.2%	0	0.0%	9	2.7%
Neutral (3)	4	6.2%	3	6.4%	6	6.7%	3	4.3%	4	6.3%	0	0.0%	20	6.0%
Agree (4)	21	32.3%	18	38.3%	27	30.3%	24	34.3%	28	44.4%	0	0.0%	118	35.1%
Strongly agree (5)	17	26.2%	17	36.2%	44	49.4%	31	44.3%	17	27.0%	1	50.0%	127	37.8%
Don't Know	20	30.8%	8	17.0%	9	10.1%	9	12.9%	12	19.0%	1	50.0%	59	17.6%
Missing	0	0.0%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Total	65	100.0%	47	100.0%	89	100.0%	70	100.0%	63	100.0%	2	100.0%	336	100.0%
Mean Rank	4.2		4.3		4.4		4.4		4.2		5.0		4.3	

PART B: NON-SERVICE PROVIDERS TRAINING RECIPIENTS

TABLE B-1. DISTRIBUTION OF NON-SERVICE PROVIDERS BY WORK GOVERNORATE

GOVERNORATES	TOTAL	
	N	%
Cairo	124	52.3%
Alexandria	36	15.2%
Assiut	26	11.0%
Qena	41	17.3%
Luxor	9	3.8%
Others (Gharbia)	1	0.4%
Total	237	100.0%

FIGURE B-1. DISTRIBUTION OF NON-SERVICE PROVIDERS BY WORK GOVERNORATES

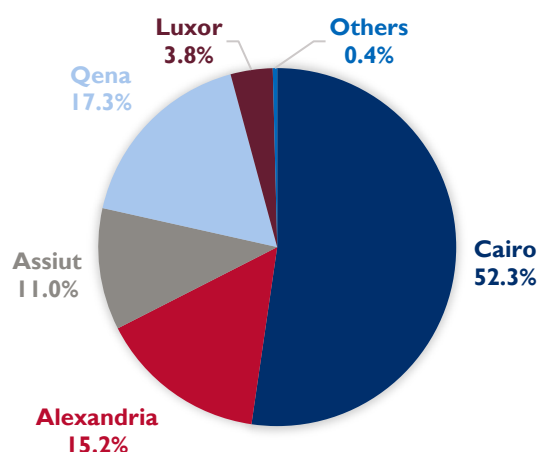


TABLE B-2: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PARTICIPATION IN ANY TRAINING ACTIVITY/EVENTS WITH SEFPP, DISAGGREGATED BY WORK GOVERNORATE

EVER PARTICIPATED IN ANY TRAINING ACTIVITY/EVENTS WITH SEFPP	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	110	88.7%	33	91.7%	25	96.2%	41	100.0%	9	100.0%	1	100.0%	219	92.4%
No	14	11.3%	3	8.3%	1	3.8%	0	0.0%	0	0.0%	0	0.0%	18	7.6%
Total	124	100.0%	36	100.0%	26	100.0%	41	100.0%	9	100.0%	1	100.0%	237	100.0%

TABLE B-2: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PARTICIPATION IN ANY TRAINING ACTIVITY/EVENTS WITH SEPPP

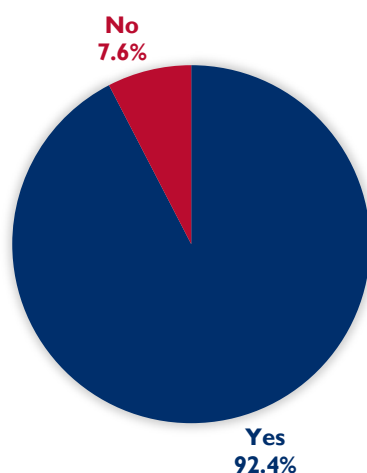


TABLE B-3: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON TRAINING TOPICS' RELEVANCE TO THEIR WORK RESPONSIBILITIES, DISAGGREGATED BY WORK GOVERNORATE

THE TRAINING TOPICS ARE RELEVANT TO THEIR WORK RESPONSIBILITIES	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	2	1.8%	0	0.0%	3	12.0%	0	0.0%	0	0.0%	0	0.0%	5	2.3%
Disagree (2)	2	1.8%	2	6.1%	2	8.0%	1	2.4%	0	0.0%	0	0.0%	7	3.2%
Neutral (3)	4	3.6%	1	3.0%		0.0%	0	0.0%	0	0.0%	0	0.0%	5	2.3%
Agree (4)	24	21.8%	4	12.1%	2	8.0%	8	19.5%	3	33.3%	0	0.0%	41	18.7%
Strongly agree (5)	77	70.0%	26	78.8%	18	72.0%	32	78.0%	6	66.7%	1	100.0%	160	73.1%
Don't Know	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Total	110	100.0%	33	100.0%	25	100.0%	41	100.0%	9	100.0%	1	100.0%	219	100.0%
Mean Rank	4.6		4.6		4.2		4.7		4.7		5.0		4.6	

FIGURE B-3: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON TRAINING TOPICS' RELEVANCE TO THEIR WORK RESPONSIBILITIES

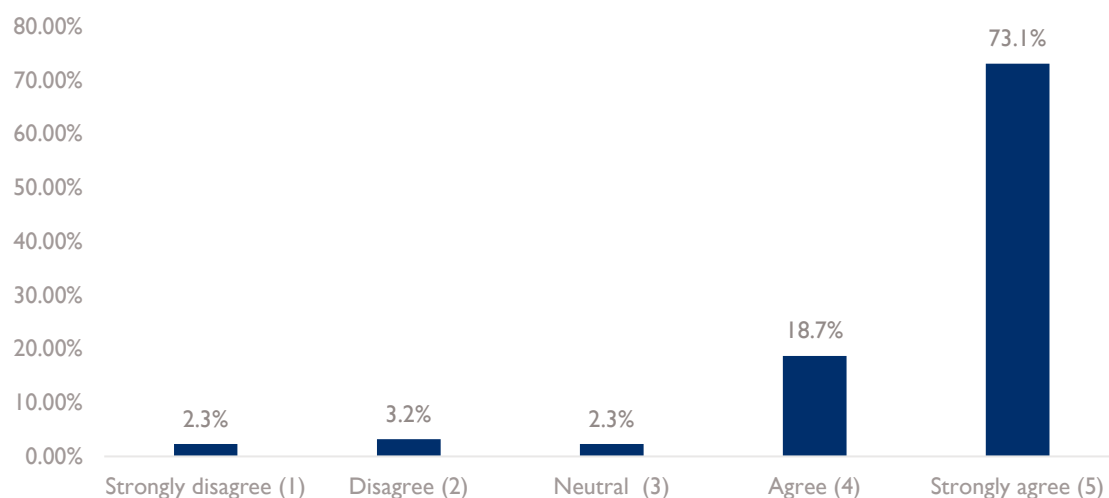


TABLE B-4: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON PROVIDING SUFFICIENT INFORMATION AND SKILLS BY THE TRAINING THEY RECEIVED, DISAGGREGATED BY WORK GOVERNORATE

THE TRAINING PROVIDED THEM WITH SUFFICIENT INFORMATION AND SKILLS	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	3	2.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.4%
Disagree (2)	3	2.7%	2	6.1%	0	0.0%	1	2.4%	0	0.0%	0	0.0%	6	2.7%
Neutral (3)	3	2.7%	2	6.1%	0	0.0%	2	4.9%	1	11.1%	0	0.0%	8	3.7%
Agree (4)	25	22.7%	5	15.2%	1	4.0%	8	19.5%	1	11.1%	0	0.0%	40	18.3%
Strongly agree (5)	74	67.3%	24	72.7%	24	96.0%	30	73.2%	7	77.8%	1	100.0%	160	73.1%
Don't Know	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Missing	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Total	110	100.0%	33	100.0%	25	100.0%	41	100.0%	9	100.0%	1	100.0%	219	100.0%
Mean Rank	4.5		4.5		5.0		4.6		4.7		5.0		4.6	

FIGURE B-4: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON PROVIDING SUFFICIENT INFORMATION AND SKILLS BY THE TRAINING THEY RECEIVED

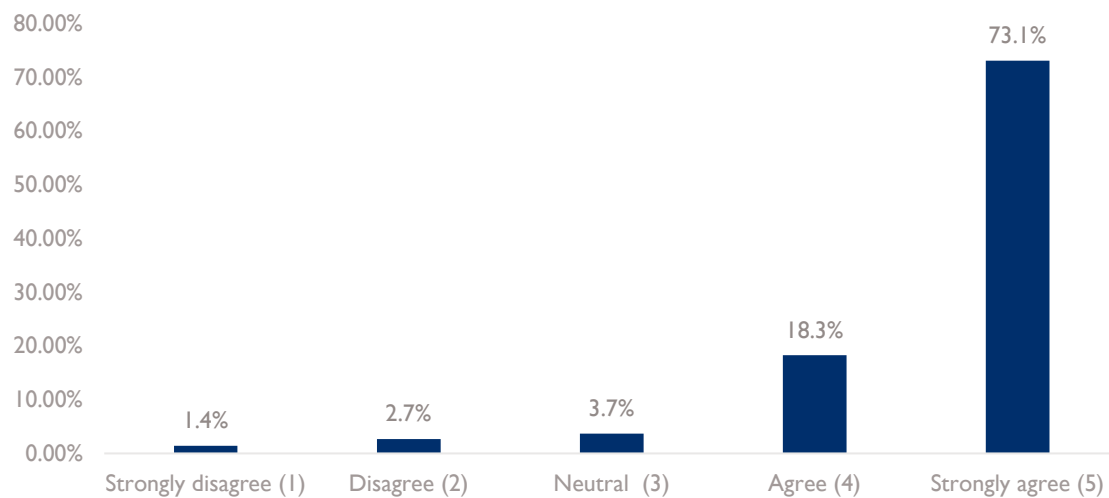


TABLE B-5: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THEIR ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK, DISAGGREGATED BY WORK GOVERNORATE

ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	10	9.1%	2	6.1%	2	8.0%	3	7.3%	0	0.0%	0	0.0%	17	7.8%
Disagree (2)	10	9.1%	3	9.1%	2	8.0%	1	2.4%	0	0.0%	0	0.0%	16	7.3%
Neutral (3)	11	10.0%	0	0.0%	0	0.0%	3	7.3%	1	11.1%	0	0.0%	15	6.8%
Agree (4)	31	28.2%	8	24.2%	3	12.0%	14	34.1%	2	22.2%	1	100.0%	59	26.9%
Strongly agree (5)	48	43.6%	19	57.6%	18	72.0%	20	48.8%	6	66.7%	0	0.0%	111	50.7%
Don't Know	0	0.0%	1	3.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Total	110	100.0%	33	100.0%	25	100.0%	41	100.0%	9	100.0%	1	100.0%	219	100.0%
Mean Rank	3.9		4.2		4.3		4.1		4.6		4.0		4.1	

FIGURE B-5: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THEIR ABILITY TO APPLY THE LEARNING THEY ACQUIRED IN THEIR WORK

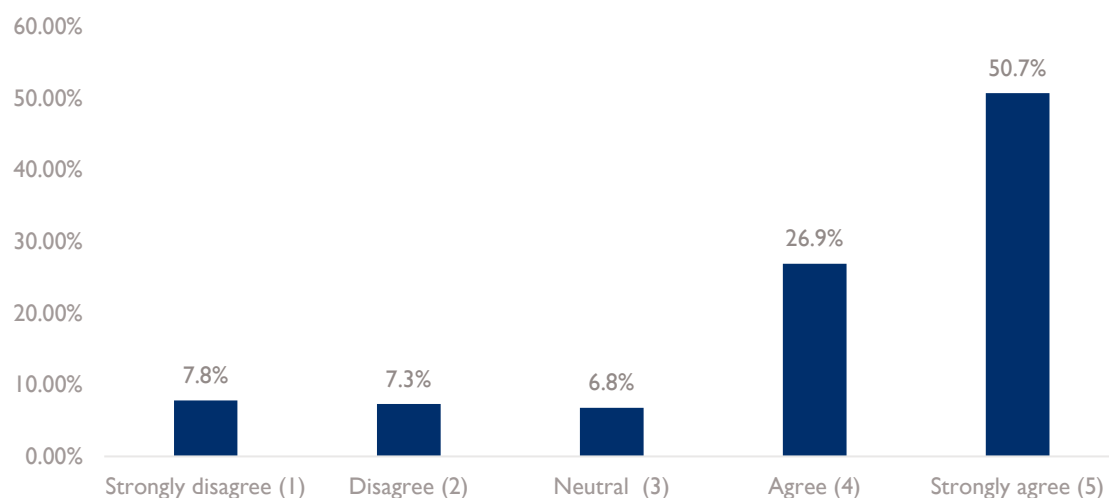
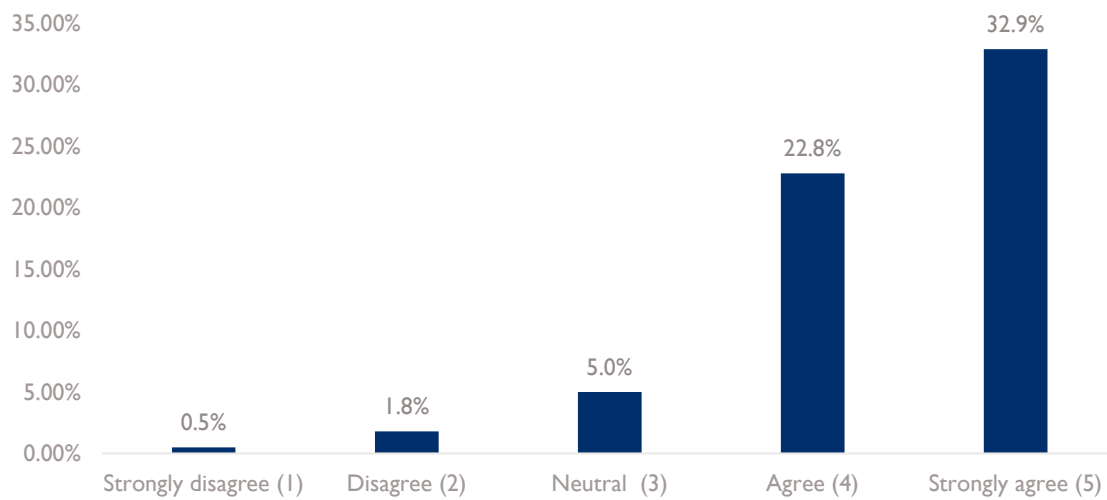


TABLE B-6: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING THE DEMAND FOR FP, DISAGGREGATED BY WORK GOVERNORATES

THE PROJECT HAS CONTRIBUTED TO THE INCREASE IN DEMAND FOR FP SERVICES	CAIRO		ALEXANDRIA		ASSIUT		QENA		LUXOR		OTHERS		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly disagree (1)	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Disagree (2)	1	0.9%	2	6.1%	0	0.0%	1	2.4%	0	0.0%	0	0.0%	4	1.8%
Neutral (3)	5	4.5%	1	3.0%	1	4.0%	1	2.4%	3	33.3%	0	0.0%	11	5.0%
Agree (4)	30	27.3%	8	24.2%	5	20.0%	5	12.2%	2	22.2%	0	0.0%	50	22.8%
Strongly agree (5)	15	13.6%	14	42.4%	14	56.0%	25	61.0%	4	44.4%	0	0.0%	72	32.9%
Don't Know	58	52.7%	8	24.2%	5	20.0%	9	22.0%	0	0.0%	1	100.0%	81	37.0%
Total	110	100.0%	33	100.0%	25	100.0%	41	100.0%	9	100.0%	1	100.0%	219	100.0%
Mean Rank	4.1		4.4		4.7		4.7		4.1				4.4	

FIGURE B-6: DISTRIBUTION OF NON-SERVICE PROVIDERS BY THEIR PERSPECTIVE ON THE CONTRIBUTION OF THE PROJECT TO INCREASING DEMAND FOR FP



ANNEX 7: SEFPP DATA COLLECTION TOOLS (ARABIC AND ENGLISH)

Quantitative and Qualitative Data Collection Tools

Activity Name	Strengthening Egypt's Family Planning Program SEFPP
Implementer	John Snow, Incorporated
Life of Activity	December 2017- December 2022
Activity's Geographic Regions	Assiut, Beni Suef, Fayoum, Giza, Luxor, Minya, Qena, Sohag, and in marginalized areas in Cairo and Alexandria
USAID Office	Office of Health and Education

LIST OF DATA COLLECTION TOOLS

5	TOOL TYPE	TARGET GROUP
T0	Key Informant Interview Protocol (KII)	USAID
T1	Key Informant Interview Protocol (KII)	Ministry of Health and Population (MOHP) Central Level National Population Council (NPC)
T2	Key Informant Interview Protocol (KII)	Ministry of Health and Population (MOHP) Governorate Level
T3	Key Informant Interview Protocol (KII)	Stakeholders – Strategic and Operational Levels
T4	Key Informant Interview Protocol (KII)	Implementing Partner (IP) – Management
T5	Key Informant Interview Protocol (KII)	Implementing Partner (IP) – Field Staff Members
T6	Key Informant Interview Protocol (KII)	Service Providers Training Recipients
T7	Key Informant Interview Protocol (KII)	Training Recipients (non-service providers)
T8	Phone Survey	Service Providers Training Recipients (Clinicians)
T9	Phone Survey	Non-Service Providers Training Recipients

SEFPP MID-TERM EVALUATION
QUALITATIVE DATA COLLECTION TOOLS
T0 – KII – USAID

Tool Description:

Data Source (Informant Category):	USAID
Type of Tool	KII
Specific Target Informants for the Tool:	SEFPP AOR, Health and Education Office M&E Officer
Time per tool implementation:	90 – 120 minutes per tool administration with a respondent - net time 150 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:			
Governorate:	Date: (mm/dd/yy)	District (if applicable):	
# of Interviewees/Participants: Total # () Male () Female ()			
Entity Name:		Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
How long have you been in this position/area?			

TOOL Questions

1. Relevance
1.1 Does the project constitute an adequate response to the current needs and rights of the target groups / end beneficiaries? (needs of beneficiaries)
1.2 Is the project adapted to the present institutional, human and financial capacities of the partner government and/or other key stakeholder(s) with a role in implementation?
1.3 Is the choice of implementing modality (Cooperative Agreement) proving to be appropriate? (project modality)
1.4 Do all government stakeholders demonstrate effective commitment to the objectives of the project (i.e., ownership)?
2. Coordination and Complementarity
2.1 Is the project likely to benefit from any complementarity / synergies with other projects funded by the USAID and other entities (donors, public and private) such as information systems, contraceptive quantification, FP clinical training programs?
3. Intervention Logic, Monitoring and Learning
3.1 To what extent does the project, as currently designed and implemented, take into account past experiences in the sector, good practices and lessons learnt from previous interventions? (learning culture)
3.2 What is the current quality of the intervention logic? Are planned outputs and outcomes coherent and feasible, and have key assumptions and risks been clearly identified?
3.3 Is the horizontal logic of the Logical Framework Matrix (LFM) adequate? I.e., choice of indicators, data availability, baseline data, target values and relevant disaggregation.
3.4 Does the project have an adequate internal monitoring system? (M&E system) (supplemental information will also be in the DQA reports)
3.5 Are there any lessons learned and good practices that would be useful to share beyond the project context? (good practices & lessons learned)
4. Efficiency
4.1 Has the project encountered any delays/challenges (e.g., data collection at community level) and was the planning revised accordingly? (activities)
4.2 Are the implementation mechanisms proving to be appropriate to achieve planned outputs and contribute to outcomes? (implementation mechanisms)
Other Questions/ Ending:
Is there anything you would like to add?

SEFPP MID-TERM EVALUATION
QUALITATIVE DATA COLLECTION TOOLS
T1 – KII – CENTRAL LEVEL – MOHP AND NPC

Tool Description:

Data Source (Informant Category):	MOHP NPC
Type of Tool	KII
Specific Target Informants for the Tool:	- Head of the MOHP/FP Sector (or his /her delegate) - The Head of Central Administration of M&E - Head of Central Administration of RR - Head of Media Department - Head of CS Department - Head of Private sector and NGOs Department - Head of Training Department - Head of Information Center (Focal Person for Slum Areas) - Head of the PHC sector - Head of HECU Unit - Head of HIC at MOHP - Director of NPC (or his/her delegate) - Head of the Policy Unit at NPC
Time per tool implementation:	45 - 60 minutes per tool administration with a respondent - net time 90 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:		
Governorate:	Date: (mm/dd/yy)	District (if applicable):
# of Interviewees/Participants: Total # () Male () Female ()		
Entity Name:	Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:	Position:	
Interviewee Name and Phone Number:	Position:	
Interviewee Name and Phone Number:	Position:	
How long have you been in this position/area?		

Standard SEFPP Evaluation Introductory Statement:

We are members of an independent evaluation team contracted by the USAID Mission in Egypt to conduct a mid-term performance evaluation of the Strengthening Egypt's Family Planning Program (SEFPP).

The findings of the evaluation will assist USAID in informing decisions regarding:

- 1) the effectiveness of SEFPP technical assistance approaches,
- 2) the most effective/sustainable approaches regarding the promotion of family planning in Egypt,
- And;
- 3) improvements that can be made by SEFPP implementers in the remaining years of the activity, including potential areas of future technical assistance based on the lessons learned from this project.

Your participation is entirely voluntary, but your participation is important to the results of this evaluation. Results will be anonymized (no personally identifiable information) and will be shared with project stakeholders.

TOOL Questions

Introductory Questions:
What is the level of engagement with SEFPP?
EQ Questions:
EQ1.1. Based on your work with SEFPP, where do you see the areas of success of the project? (Probing: As needed mention examples of areas of success - as related to their position and role):
- Quality of FP/RH Programs - Private sector access and support to quality FP/RH service - Increased post-partum counselling - Community Participation - and its effect on strengthening the FP system - Enhanced FP behaviours among target populations - Improved data capture, data use, and data interpretation - and use for policy reformulation - Increased contraceptive security - NPC's role in shaping population and development policies

- The general FP climate in Egypt
EQ 1.2. What factors affected the achievement of results and supported/hindered their success? (Probing: Provide examples of such factors as needed: - Flexible planning - Participatory partnership - Coordination - Structural elements - Organizational factors - Operational factors - Cultural norms
EQ.1-3. How did MOHP / NCP address the challenges that SEFPP encountered ?
EQ. 1.4.A What is your viewpoint on SEFPP's approach to building the capacities of local health systems (health workforce, HMIS, health service delivery, supply chain/logistics management, etc.)?
EQ. 1.4.B How effective have SEFPP CB activities been in this regard? How does it complement what MOHP/NPC is doing in this area?
EQ. 1.4.C How will MOHP/NPC ensure the continued utilization of the improved capacities and systems (to ensure consistent level of access and delivery of quality FP services)?
EQ 1.5 How do you envision the role of the private sector/NGOs (private clinics/ hospitals/pharmaceutical companies) in promoting the national FP program? How has SEFPP supported the role of the private sector in this regard?
EQ.1.6. In your view, how has SEFPP contributed to the decision-making and policy shaping (e.g. national population strategy)?
EQ. 1.7. How effective was the project in assessing your informational and research needs? Please elaborate on how SEFPP enhanced the ability of MOHP/NPC in decision-making and evidence based planning?
EQ.1.8. How effective have the SEFPP advocacy actions (probe by type of advocacy actions: task-sharing, quantification, budget allocation, and public information/education, others) to date? Are there any additional areas of advocacy that the project might consider?
EQ. 4.1. How has SEFPP supported MOHP in responding to COVID-19 crisis? How effective has this support been?
EQ. 4.2. What other types of support that SEFPP can provide in this area?
Other Questions/ Ending:
Is there anything you would like to add?

تقييم منتصف المدة لمشروع تعزيز برنامج مصر لتنظيم الأسرة في مصر
الأدوات الكيفية

الأداة (1T) – مقابلة مع مصدر معلومات رئيسي – وزارة الصحة والسكان – المجلس القومي للسكان -
المستوى المركزي

وصف الأداة:

مصدر البيانات (الفئة المستهدفة):	وزارة الصحة والسكان المجلس القومي للسكان
نوع الأداة:	مقابلة مع مصدر معلومات رئيسي
مصادر المعلومات الرئيسيين للأداة:	- رئيس قطاع تنظيم الأسرة بوزارة الصحة والسكان (أو من ينوب عنه) - رئيس الإدارة المركزية للمتابعة والتقييم - رئيس الإدارة المركزية للرائدات الريفيات - مدير إدارة الإعلام - مدير إدارة تأمين وسائل تنظيم الأسرة - مدير إدارة القطاع الخاص والجمعيات الأهلية - مدير إدارة التدريب - مدير مركز المعلومات (المسئول عن المناطق العشوائية) - رئيس قطاع الرعاية الصحية الأولية - مدير وحدة الصحة والتعليم والتواصل - مدير المركز القومي للمعلومات الصحية - رئيس المجلس القومي للسكان (أو من ينوب عنه) - مدير وحدة السياسات بالمجلس القومي للسكان
الوقت المتوقع لتنفيذ الأداة:	45 – 60 دقيقة لكل استخدام للأداة مع مصدر معلومات رئيسي 90 دقيقة شاملة الترتيبات السابقة واللاحقة للمقابلة
الاحتياجات اللوجستية:	الإعداد: - دعوة المشاركين في المقابلات - ملء قائمة بيانات المشاركين/ات - التأكد من احتياطات وشروط السلامة الخاصة بفيروس كورونا - توفير مصدر للكهرباء (فيشات) - التوصيل بشبكة الإنترنت (إذا لزم الأمر) المستلزمات المطلوبة: - نسخ من أدوات جمع البيانات (لتسجيل محضر المقابلة) في حالة انقطاع التيار الكهربائي. - أدوات كتابية (دفاتر، أقلام، دوسيهات حفظ، مظاري، دبابيس، الخ)

البيانات الأساسية: (يتم ملء الخانات مع كل استخدام للأداة لكل مصدر معلومات رئيسي)

أسماء فريق العمل المنفذين للأداة:	مركزياً / أو تحديد المحافظة:
التاريخ: (يوم / شهر / سنة)	المركز (لو انطبق):
عدد المشاركين في المقابلة: الإجمالي () رجال () نساء ()	اسم الجهة:
نوع الجهة:	

(الوكالة الأمريكية للتنمية – الشريك المنفذ – الشريك القومي – القطاع الخاص – مقدمي التدريب – مقدمي الخدمة – متلقو التدريب – آخرون: تحديد ...)	
الوظيفة داخل المنظمة / مدة الوجود بالمنصب	اسم الشخص ورقم الهاتف:
الوظيفة داخل المنظمة / مدة الوجود بالمنصب	:اسم الشخص ورقم الهاتف
الوظيفة داخل المنظمة / مدة الوجود بالمنصب	:اسم الشخص ورقم الهاتف

الأداة (1T) – مقابلة شخصية مع مصدر معلومات رئيسي – المستوى المركزي

تقديم وافتتاحية:
صباح الخير،

أنا اسمي:----- و معي زميلي/زميلتي في العمل ----- .

نحن أعضاء فريق تقييم مستقل تعاقدت معه الوكالة الأمريكية للتنمية الدولية في مصر لإجراء تقييم منتصف المدة لأداء برنامج تعزيز تنظيم الأسرة في مصر

ستساعد نتائج التقييم الوكالة الأمريكية للتنمية الدولية بمصر على اتخاذ قرارات فيما يخص:

- (1) فعالية مناهج المساعدة الفنية المستخدمة من المشروع
- (2) النهج الأكثر فعالية / استدامة فيما يتعلق بتعزيز تنظيم الأسرة في مصر بشكل عام
- (3) التحسينات التي يمكن لمنفذي المشروع القيام بها في سنواته المتبقية بما يتضمن مجالات المساعدة الفنية المحتملة المبنية على الدروس المستفادة من المشروع.

مشاركتك معنا اليوم طوعية تمامًا ولكنها هامة للغاية لنتائج هذا التقييم. لن يتم الإفصاح عن أي بيانات شخصية للمشاركين/ات في هذا التقييم و لكن سيتم مشاركة نتائج التقييم مع أصحاب المصلحة في المشروع.

أسئلة الأداة:

أسئلة افتتاحية:

ما مدى مشاركتكم في مشروع تعزيز برنامج مصر لتنظيم الأسرة؟

الأسئلة المتعلقة بأسئلة التقييم:

س 1-1 بناء على خبرة عملكم مع مشروع تعزيز برنامج مصر لتنظيم الأسرة (المشروع)، ما هي النجاحات التي حققها البرنامج؟

(للمناقشة يمكن ذكر أمثلة لبعض المجالات من القائمة التالية – حسب وظيفة ودور المشارك):

- جودة برامج تنظيم الأسرة والصحة الإنجابية
- وصول القطاع الخاص
- ازدياد المشورة في فترة النفاس
- مشاركة مجتمعية
- تعزيز السلوكيات الداعمة لتنظيم الأسرة بين قطاع المستهدفين
- جمع واستخدام وتفسير البيانات واستخدامها في صياغة السياسات
- زيادة تأمين وسائل تنظيم الأسرة
- دور المجلس القومي للسكان في وضع السياسات السكانية والتنمية
- المناخ العام لتنظيم الأسرة في مصر

س 1-2 ما هي العوامل التي ساهمت في أو أعاققت الوصول للنتائج؟

(من أمثلة هذه العوامل للمناقشة: - التخطيط المرن - الشراكة - التنسيق - عوامل هيكلية - عوامل تشغيلية - الأعراف
س 1-3 كيف واجهت وزارة الصحة والسكان والمجلس القومي للسكان التحديات التي واجهت المشروع؟
س 1-4 أ. ما هي وجهة نظرك في النهج الذي استخدمه المشروع في بناء قدرات النظم الصحية المحلية (القوى العاملة في المجال الصحي، نظام إدارة المعلومات الصحية، تقديم الخدمات الصحية، سلسلة الإمداد/إدارة الخدمات اللوجستية، وغيرها)؟
س 1-4 ب. ما مدى فعالية أنشطة بناء القدرات بالمشروع في هذا الصدد؟ كيف تكمل تلك الأنشطة عمل وزارة الصحة والمجلس القومي للسكان في هذا المجال؟
س 1-4 ج. كيف ستضمن وزارة الصحة والسكان والمجلس القومي للسكان استمرارية استخدام النظم والقدرات المطورة (لضمان مستوى ثابت من إتاحة وتقديم خدمات تنظيم أسرة ذات جودة)؟
س 1-5 كيف ترى دور القطاع الخاص / (العيادات الخاصة / المستشفيات / شركات الأدوية) / المنظمات غير الحكومية في تعزيز البرنامج القومي لتنظيم الأسرة؟ كيف دعم المشروع دور القطاع الخاص في هذا الصدد؟
س 1-6 من وجهة نظرك، كيف ساهم المشروع في صنع القرار وتشكيل السياسات (مثل الاستراتيجية القومية للسكان)؟
س 1-7 ما مدى فعالية المشروع في تقييم احتياجاتك المعلوماتية والبحثية؟ يرجى توضيح كيفية تعزيز المشروع لقدرة وزارة الصحة والمجلس القومي للسكان في صنع القرار والتخطيط القائم على المعلومات؟
س 1-8 ما مدى فعالية إجراءات الدعوة الخاصة بالمشروع (التعمق في المناقشة حول أنواع أنشطة الدعوة مثل مشاركة المهام، والتحديد الكمي، وتخصيص الموازنة، ونشر المعلومات والتوعية، وغيرها) حتى الآن؟ هل يمكن للمشروع الأخذ في الاعتبار أي مجالات إضافية في هذا المجال؟
س 4-1 كيف دعم المشروع وزارة الصحة في الاستجابة لجائحة فيروس كورونا المستجد (COVID-19)؟ ما مدى فعالية هذا الدعم؟
س 4-2 ما هي أنواع الدعم الأخرى التي يمكن أن يقدمها المشروع في هذا المجال؟
أسئلة أخرى / إنهاء المقابلة:
هل ترغب في إضافة شيء آخر؟

SEFPP MID-TERM EVALUATION
QUALITATIVE DATA COLLECTION TOOLS
T2 – KII – GOVERNORATE LEVEL – MOHP

Tool Description:

Data Source (Informant Category):	MOHP
Type of Tool	KII
Specific Target Informants for the Tool:	- Undersecretary of MOHP - Head of Private sector and NGOs Department at the Governorate Level - Director of FP at Governorate Level - PHC Director at Governorate Level - Curative Medicine Director at Governorate Level - Head of Nursing Department at the Governorate Level - Head of RR Department
Time per tool implementation:	45 - 60 minutes per tool administration with a respondent - net time 90 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:			
Governorate:	Date: (mm/dd/yy)	District (if applicable):	
# of Interviewees/Participants: Total # () Male () Female ()			
Entity Name:		Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
How long have you been in this position/area?			

Standard SEFPP Evaluation Introductory Statement:

We are members of an independent evaluation team contracted by the USAID Mission in Egypt to conduct a mid-term performance evaluation of the Strengthening Egypt's Family Planning Program (SEFPP).

The findings of the evaluation will assist USAID in informing decisions regarding:

- 1) the effectiveness of SEFPP technical assistance approaches,
- 2) the most effective/sustainable approaches regarding the promotion of family planning in Egypt, and;
- 3) improvements that can be made by SEFPP implementers in the remaining years of the activity, including potential areas of future technical assistance based on the lessons learned from this project.

Your participation is entirely voluntary, but your participation is important to the results of this evaluation. Results will be anonymized (no personally identifiable information) and will be shared with project stakeholders.

TOOL Questions

Introductory Questions:
What is the level of engagement with SEFPP?
EQ Questions:
EQ1.1. Based on your work with SEFPP, where do you see the areas of success of the project? (Probing: As needed mention examples of areas of success - as related to their position and role):
- Quality of FP/RH Programs - Private sector access and support to quality FP/RH service - Increased post-partum counselling - Community Participation - and its effect on strengthening the FP system - Enhanced FP behaviours among target populations - Improved data capture, data use, and data interpretation - and use for policy reformulation - Increased contraceptive security - NPC's role in shaping population and development policies - The general FP climate in Egypt
EQ 1.2. What factors affected the achievement of results and supported/hindered their success?

(Probing: Provide examples of such factors as needed: - Flexible planning - Participatory partnership - Coordination - Structural elements - Organizational factors - Operational factors - Cultural norms
EQ.1-3. How did MOHP / NCP address the challenges that SEFPP encountered and hindered the achievement of results?
EQ. 1.4.A What is your viewpoint on SEFPP approach to building the capacities of local health systems (health workforce, HMIS, health service delivery, supply chain/logistics management, etc.)?
EQ. 1.4.B How effective have SEFPP Capacity Building activities been in this regard? How does it complement what MOHP/NPC is doing in this area?
EQ. 1.4.C How will MOHP/NPC ensure the continued utilization of the improved capacities and systems (to ensure consistent level of access and delivery of quality FP services)?
EQ 1.5 How do you envision the role of the private sector/NGOs (private clinics/ hospitals/pharmaceutical companies) in promoting the national FP program? How has SEFPP supported the role of the private sector in this regard?
EQ.1.6. In your view, how has SEFPP contributed to the decision-making and policy shaping (e.g. national population strategy)?
EQ. 1.7. How effective was the project in assessing your informational and research needs? Please elaborate on how SEFPP enhanced the ability of MOHP/NPC in decision-making and evidence based planning?
EQ.1.8. How effective have the SEFPP advocacy actions (probe by type of advocacy actions: task-sharing, quantification, budget allocation, and public information/education, others) to date? Are there any additional areas of advocacy that the project might consider?
EQ. 4.1. How has SEFPP supported MOHP in responding to COVID-19 crisis? How effective has this support been?
EQ. 4.2. What other types of support that SEFPP can provide in this area?
Other Questions/ Ending:
Is there anything you would like to add?

تقييم منتصف المدة لمشروع تعزيز برنامج مصر لتنظيم الأسرة في مصر
الأدوات الكيفية
الأداة (2T) – مقابلة مع مصدر معلومات رئيسي – المستوى المجافطة

وصف الأداة:

مصدر البيانات (الفئة المستهدفة):	وزارة الصحة والسكان
نوع الأداة:	مقابلة مع مصدر معلومات رئيسي
مصادر المعلومات الرئيسيين للأداة:	- مكلاء وزارة الصحة بالمحافظات - مدير إدارة القطاع الخاص والجمعيات الأهلية - رئيس قطاع تنظيم الأسرة بالمحافظات - رئيس قطاع الرعاية الصحية الأولية بالمحافظات - رئيس الطب العلاجي بالمحافظات - مدير إدارات التمريض بالمحافظات - مدير إدارة الرائدات الريفيات بالمحافظات
الوقت المتوقع لتنفيذ الأداة:	45 – 60 دقيقة لكل استخدام للأداة مع مصدر معلومات رئيسي 90 دقيقة شاملة الترتيبات السابقة واللاحقة للمقابلة
الاحتياجات اللوجستية:	الإعداد: - دعوة المشاركين في المقابلات - ملء قائمة بيانات المشاركين/ات - التأكد من احتياجات وشروط السلامة الخاصة بفيروس كورونا - توفير مصدر للكهرباء (فيشات) - التوصيل بشبكة الإنترنت (إذا لزم الأمر) المستلزمات المطلوبة: - نسخ من أدوات جمع البيانات (لتسجيل محضر المقابلة) في حالة انقطاع التيار الكهربائي. - أدوات كتابية (دفاتر، أقلام، دوسيهات حفظ، مظاري، دبابيس، الخ)

البيانات الأساسية: (يتم ملء الخانات مع كل استخدام للأداة لكل مصدر معلومات رئيسي)

أسماء فريق العمل المنفذين للأداة:	المركز (لو انطبق):
مركزياً / أو تحديد المحافظة:	التاريخ: (يوم/ شهر / سنة)
عدد المشاركين في المقابلة: الإجمالي () رجال () نساء ()	
اسم الجهة:	نوع الجهة: (الوكالة الأمريكية للتنمية – الشريك المنفذ – الشريك القومي – القطاع الخاص – مقدمي التدريب – مقدمي الخدمة – متلقو التدريب – آخرون: تحديد ...)
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب

الأداة (2T) – مقابلة مع مصدر معلومات رئيسي – وزارة الصحة على مستوى المحافظة

تقديم وافتتاحية:

صباح الخير،

أنا اسمي:----- و معي زميلي/زميلتي في العمل ----- .

نحن أعضاء فريق تقييم مستقل تعاقدت معه الوكالة الأمريكية للتنمية الدولية في مصر لإجراء تقييم منتصف المدة لأداء برنامج تعزيز تنظيم الأسرة في مصر

ستساعد نتائج التقييم الوكالة الأمريكية للتنمية الدولية بمصر على اتخاذ قرارات فيما يخص:

- (1) فعالية مناهج المساعدة الفنية المستخدمة من المشروع
- (2) النهج الأكثر فعالية / استدامة فيما يتعلق بتعزيز تنظيم الأسرة في مصر بشكل عام
- (3) التحسينات التي يمكن لمنفذي المشروع القيام بها في سنواته المتبقية بما يتضمن مجالات المساعدة الفنية المحتملة المبنية على الدروس المستفادة من المشروع.

مشاركتك معنا اليوم طوعية تمامًا ولكنها هامة للغاية لنتائج هذا التقييم. لن يتم الإفصاح عن أي بيانات شخصية للمشاركين/ات في هذا التقييم و لكن سيتم مشاركة نتائج التقييم مع أصحاب المصلحة في المشروع.

أسئلة الأداة:

أسئلة افتتاحية:

ما مدى مشاركتكم في مشروع تعزيز برنامج مصر لتنظيم الأسرة؟

الأسئلة المتعلقة بأسئلة التقييم:

س 1-1 بناء على خبرة عملكم مع مشروع تعزيز برنامج مصر لتنظيم الأسرة (المشروع)، ما هي النجاحات التي حققها البرنامج؟

(للمناقشة يمكن ذكر أمثلة لبعض المجالات من القائمة التالية – حسب وظيفة ودور المشارك):

- جودة برامج تنظيم الأسرة والصحة الإنجابية
- وصول القطاع الخاص
- ازدياد المشورة في فترة النفاس
- مشاركة مجتمعية
- تعزيز السلوكيات الداعمة لتنظيم الأسرة بين قطاع المستهدفين
- جمع واستخدام وتفسير البيانات واستخدامها في صياغة السياسات
- زيادة تأمين وسائل تنظيم الأسرة
- دور المجلس القومي للسكان في وضع السياسات السكانية والتنمية
- المناخ العام لتنظيم الأسرة في مصر

س 2-1 ما هي العوامل التي ساهمت في أو أعاققت الوصول للنتائج؟

(من أمثلة هذه العوامل للمناقشة:

- التخطيط المرن
- الشراكة
- التنسيق
- عوامل هيكلية
- عوامل تشغيلية
- الأعراف المجتمعية

س 3-1 كيف واجهت وزارة الصحة والسكان والمجلس القومي للسكان التحديات التي واجهت المشروع وأعاققت الوصول لنتائجه؟

س 4-1 أ. ما هي وجهة نظرك في النهج الذي استخدمه المشروع في بناء قدرات النظم الصحية المحلية (القوى العاملة في المجال الصحي، نظام إدارة المعلومات الصحية، تقديم الخدمات الصحية، سلسلة الإمداد/إدارة الخدمات اللوجستية، وغيرها)؟

س 1-4 ب. ما مدى فعالية أنشطة بناء القدرات بالمشروع في هذا الصدد؟ كيف تكمل تلك الأنشطة عمل وزارة الصحة والمجلس القومي للسكان في هذا المجال؟
س 1-4 ج. كيف ستضمن وزارة الصحة والسكان والمجلس القومي للسكان استمرارية استخدام النظم والقدرات المطورة (لضمان مستوى ثابت من إتاحة وتقديم خدمات تنظيم أسرة ذات جودة)؟
س 1-5 كيف ترى دور القطاع الخاص / المنظمات غير الحكومية (العيادات الخاصة / المستشفيات / شركات الأدوية) في تعزيز البرنامج القومي لتنظيم الأسرة؟ كيف دعم المشروع دور القطاع الخاص في هذا الصدد؟
س 1-6 من وجهة نظرك، كيف ساهم المشروع في صنع القرار وتشكيل السياسات (مثل الاستراتيجية القومية للسكان)؟
س 1-7 ما مدى فعالية المشروع في تقييم احتياجاتك المعلوماتية والبحثية؟ يرجى توضيح كيفية تعزيز المشروع لقدرة وزارة الصحة والمجلس القومي للسكان في صنع القرار والتخطيط القائم على المعلومات؟
س 1-8 ما مدى فعالية إجراءات الدعوة الخاصة بالمشروع (التعمق في المناقشة حول أنواع أنشطة الدعوة مثل مشاركة المهام، والتحديد الكمي، وتخصيص الموازنة، ونشر المعلومات والتوعية، وغيرها) حتى الآن؟ هل يمكن للمشروع الأخذ في الاعتبار أي مجالات إضافية في هذا المجال؟
س 1-4 كيف دعم المشروع وزارة الصحة في الاستجابة لجائحة فيروس كورونا المستجد (COVID-19)؟ ما مدى فعالية هذا الدعم؟
س 4-2 ما هي أنواع الدعم الأخرى التي يمكن أن يقدمها المشروع في هذا المجال؟
أسئلة أخرى / إنهاء المقابلة:
هل ترغب في إضافة شيء آخر؟

SEFPP MID-TERM EVALUATION

QUALITATIVE DATA COLLECTION TOOLS

T3 – KII – STAKEHOLDERS – STRATEGIC AND OPERATIONAL LEVELS

Tool Description:

Data Source (Informant Category):	1. Strategic Level 2. Operational Level
Type of Tool	KII
Specific Target Informants for the Tool:	Strategic Level Stakeholders: - WHO - UNFPA Operational Level Stakeholders: - Marie Louis - Microsoft - DKT - Egyptian Family Planning Association (EFPA)
Time per tool implementation:	45 - 60 minutes per tool administration with a respondent - net time 90 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:			
Governorate:	Date: (mm/dd/yy)	District (if applicable):	
# of Interviewees/Participants: Total # () Male () Female ()			
Entity Name:		Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
How long have you been in this position/area?			

Standard SEFPP Evaluation Introductory Statement:

We are members of an independent evaluation team contracted by the USAID Mission in Egypt to conduct a mid-term performance evaluation of the Strengthening Egypt's Family Planning Program (SEFPP).

The findings of the evaluation will assist USAID in informing decisions regarding:

- 1) the effectiveness of SEFPP technical assistance approaches,
- 2) the most effective/sustainable approaches regarding the promotion of family planning in Egypt,
- and 3) improvements that can be made by SEFPP implementers in the remaining years of the activity, including potential areas of future technical assistance based on the lessons learned from this project.

Your participation is entirely voluntary, but your participation is important to the results of this evaluation. Results will be anonymized (no personally identifiable information) and will be shared with project stakeholders.

TOOL Questions

Introductory Questions:
What is the level of engagement with SEFPP?
EQ Questions:
EQ1.2. How has this partnership contributed to the achievements of SEFPP intended results? How has this partnership benefited your organization?
EQ1.4. How would you assess the project performance in terms of: responsiveness, coordination, integrated actions and sharing information? Examples are requested
EQ4.1. – What have been the main challenges that affected the partnership (Including COVID-19) and how were these challenges mitigated?
EQ.1-5. What would you recommend to enhance more productive partnership? What are other areas of engagement with SEFPP may be possible in the future?

EQ. 4.1. How has SEFPP supported MOHP in responding to COVID-19 crisis? How effective has this support been?
EQ. 4.2. What other types of support that SEFPP can provide in this area?
Other Questions/ Ending:
Is there anything you would like to add?

تقييم منتصف المدة لمشروع تعزيز برنامج مصر لتنظيم الأسرة في مصر
الأدوات الكيفية
الأداة (T3) – مقابلة مع مصدر معلومات رئيسي – الأطراف الفاعلة

وصف الأداة:

مصدر البيانات (الفئة المستهدفة):	1. المستوى الاستراتيجي 2. المستوى التنفيذي
نوع الأداة:	مقابلة مع مصدر معلومات رئيسي
مصادر المعلومات الرئيسيين للأداة:	الفاعلين على المستوى الاستراتيجي: - منظمة الصحة العالمية - صندوق الأمم المتحدة للسكان الفاعلين على المستوى التنفيذي: - مصنع ماري لويس للأزياء - شركة مايكروسوفت - منظمة DKT - الجمعية المصرية لتنظيم الأسرة
الوقت المتوقع لتنفيذ الأداة:	45 – 60 دقيقة لكل استخدام للأداة مع مصدر معلومات رئيسي 90 دقيقة شاملة الترتيبات السابقة واللاحقة للمقابلة
الاحتياجات اللوجستية:	الإعداد: - دعوة المشاركين في المقابلات - ملء قائمة بيانات المشاركين/ات - التأكد من احتياجات وشروط السلامة الخاصة بفيروس كورونا - توفير مصدر للكهرباء (فيشبات) - التوصيل بشبكة الإنترنت (إذا لزم الأمر) المستلزمات المطلوبة: - نسخ من أدوات جمع البيانات (لتسجيل محضر المقابلة) في حالة انقطاع التيار الكهربائي. - أدوات كتابية (دفاتر، أقلام، دوسيهات حفظ، مظاري، دبابيس، الخ)

البيانات الأساسية: (يتم ملء الخانات مع كل استخدام للأداة لكل مصدر معلومات رئيسي)

أسماء فريق العمل المنفذين للأداة:	التاريخ: (يوم/ شهر / سنة)	المركز (لو انطبق):
مركزياً / أو تحديد المحافظة:	عدد المشاركين في المقابلة: الإجمالي () رجال () نساء ()	
اسم الجهة:	نوع الجهة: (الوكالة الأمريكية للتنمية – الشريك المنفذ – الشريك القومي – القطاع الخاص – مقدمي التدريب – مقدمي الخدمة – متلقو التدريب – آخرون: تحديد ...)	
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	

الأداة (T3) – مقابلة مع مصدر معلومات رئيسي – الأطراف الفاعلة على المستوى الاستراتيجي والتنفيذي

تقديم وافتتاحية:
صباح الخير،

أنا اسمي:----- و معي زميلي/زميلتي في العمل ----- .

نحن أعضاء فريق تقييم مستقل تعاقدت معه الوكالة الأمريكية للتنمية الدولية في مصر لإجراء تقييم منتصف المدة لأداء برنامج تعزيز تنظيم الأسرة في مصر

ستساعد نتائج التقييم الوكالة الأمريكية للتنمية الدولية بمصر على اتخاذ قرارات فيما يخص:

- (1) فعالية مناهج المساعدة الفنية المستخدمة من المشروع
- (2) النهج الأكثر فعالية / استدامة فيما يتعلق بتعزيز تنظيم الأسرة في مصر بشكل عام
- (3) التحسينات التي يمكن لمنفذي المشروع القيام بها في سنواته المتبقية بما يتضمن مجالات المساعدة الفنية المحتملة المبنية على الدروس المستفادة من المشروع.

مشاركتك معنا اليوم طوعية تمامًا ولكنها هامة للغاية لنتائج هذا التقييم. لن يتم الإفصاح عن أي بيانات شخصية للمشاركين/ات في هذا التقييم و لكن سيتم مشاركة نتائج التقييم مع أصحاب المصلحة في المشروع.

أسئلة الأداة:

أسئلة افتتاحية:
ما مدى مشاركتكم في مشروع تعزيز برنامج مصر لتنظيم الأسرة؟
الأسئلة المتعلقة بأسئلة التقييم:
س 1-2 كيف ساهمت تلك الشراكة في تحقيق نتائج المشروع؟ وكيف أفادت تلك الشراكة منظماتك / شركتكم؟
س 1-4 كيف تقيم أداء المشروع فيما يخص الاستجابة - التنسيق - الأنشطة التكاملية - مشاركة المعلومات ؟ برجاء سرد أمثله.
س 1-4 ما هي التحديات الرئيسية التي اثرت على تلك الشراكة (متضمنه جائحة كورونا) وكيف تم التعامل مع تلك التحديات؟
س 1-5 ما هي توصياتك لتعزيز تلك الشراكة؟ وما هي مجالات الشراكة الاخرى المحتملة التي يمكن العمل عليها مع المشروع في المستقبل؟
أسئلة أخرى / إنهاء المقابلة:
هل ترغب في إضافة شيء آخر؟

SEFPP MID-TERM EVALUATION
QUALITATIVE DATA COLLECTION TOOLS
T4 – KII – IMPLEMENTING PARTNER (IP) – MANAGEMENT

Tool Description:

Data Source (Informant Category):	JSI – Management
Type of Tool	KII
Specific Target Informants for the Tool:	- SEFPP CoP - Former CoP - SEFPP DCoP - SEFPP Units Directors - Former JSI Units Directors - Policy and advocacy Manager - HMIS Manager / Strategic Information unit - M&E and Research & Learning unit/PPP - Senior Technical SD Unit Director - Contraceptive Security Unit Director/Manager - Communication unit / SBCC unit (former Director) - Training Manager: Clinical / Implementation
Time per tool implementation:	90 – 120 minutes per tool administration with a respondent - net time 150 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:			
Governorate:	Date: (mm/dd/yy)	District (if applicable):	
# of Interviewees/Participants: Total # () Male () Female ()			
Entity Name:		Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
How long have you been in this position/area?			

Standard SEFPP Evaluation Introductory Statement:

We are members of an independent evaluation team contracted by the USAID Mission in Egypt to conduct a mid-term performance evaluation of the Strengthening Egypt's Family Planning Program (SEFPP).

The findings of the evaluation will assist USAID in informing decisions regarding:

- 1) the effectiveness of SEFPP technical assistance approaches,
- 2) the most effective/sustainable approaches regarding the promotion of family planning in Egypt,
- and 3) improvements that can be made by SEFPP implementers in the remaining years of the activity, including potential areas of future technical assistance based on the lessons learned from this project.

Your participation is entirely voluntary, but your participation is important to the results of this evaluation. Results will be anonymized (no personally identifiable information) and will be shared with project stakeholders.

TOOL Questions

Introductory Questions:
Briefly describe your role in SEFPP.
EQ Questions:
O1- Strengthen evidence-based planning
EQ 2.1 To what extent was the project effective in strengthening data capture for NPC & MOHP's Central Administration and MOHP/FP Sector HMIS/ logistics management information system (LMIS) units? Any challenges and how did the project address them?
EQ 2.2 How successful was the project support to (1) MOHP and NPC research, M&E, and IT staff to make use of available data and (2) build capacity to interpret and visualize results for policy formulation? What have been the challenges? Share examples for both.
EQ 2.4 CS Strategic Level. What are the project contributions in terms of: (1) development of RH Contraceptive Security Strategy, (2) CB of MOHP, NPC, MOF, and other stakeholders in national quantification, and development of a supply plan that includes financing and resource mobilization, & (3) feasibility of introducing new FP methods
Q2 - Quality FP/RH services supported

EQ 2.5 Training . How has the project supported the MoHP/FP sector in terms of the FP Trainer qualification tracking and updating (central office)? Examples
EQ 2.6 Training . How effective is the project FP TOT interventions targeting FP nurse supervisors and newly hired physician?
EQ 2.7 Training . How did the project strengthen e-learning systems and modules on MoHP/FP sector website for in-service training of all FP providers (physicians, pharmacists, nurses, and nurse/midwives)?
EQ 2.8 Training . What is the current status of FP CB and promoting (advocating for) task-sharing of nurses/nurse midwives? Any challenges and how did the project address them?
EQ 2.9 PPP . How successful was the project in increasing private sector <u>access</u> to high-quality RH/FP services (e.g., 1- planning and available for FP commodities in the private sector -2- collaboration with DKT Egypt)?
EQ 2.10 PPP . How effective were the private sector partnerships; in terms of (1) integration of peer-to-peer FP training program into the factory's vocational school curriculum, (2) TOT to create a cadre of trainers to promote FP awareness activities with factory peers and in their community with families, friends, and neighbours. (sustainability)
EQ 2.12 SD (Service Delivery) . How effective was the project in enhancing postpartum and post-abortion (miscarriage) FP counselling and methods?
EQ 2.13 SD . To what extent has the project task force strengthened FP systems through community participation in selected slum areas? (all targeted governorates) (improving community standards of living and health status and encouraging developmental projects) (sustainability)- Success Stories
O3 - Selected health behaviors enhanced
EQ 2.14 SBCC (Social and Behaviour Change Communication) . How successful was the project in building capacities of Media Officers/Media Professionals? To what extent the Media Officers/Media Professionals were able to influence health behaviours? (sustainability) Success Stories shared by Media Officers/News articles shared by Media Professionals
EQ 2.15 SBCC . Project faced challenges in conducting the behavioural mapping exercise of women and men of reproductive age on behavioural barriers to FP uptake for all methods, including LARC, to inform segmentation strategy. How did the project address this hurdle? Any project design adjustments (restrictions imposed by the GOE on access to data and conducting research)?
EQ 2.16 SBCC . What are the most effective, innovative and diverse communication and outreach channels used by the project to engage and influence targeted population behaviour? Provide examples
EQ 2.17 SBCC . How effective has the collaboration been with WHO, MoHP & NPC in engaging & developing the capacities of "influential media professionals"?
EQ 2.18 SBCC . How effective was the Capacity Building on FP/RH topics of the media practitioners in providing the information and skills needed to write about family planning now and long after the program ends (sustainability)? Share Media Articles, if possible.
EQ 2.19 CoP/DCoP . How did the project incorporate sustainability measures in its interventions?
EQ 2.20 CoP/DCoP . How effective was the project MEL system in informing project management and USAID decision making? What can be improved?
GN 1.1 CoP/DCoP SI . What is the contribution of this project to achieving gender equality outcomes?
GN 1.2 SEFPP Functional Units . What is the contribution of your unit to achieving gender equality outcomes?
EQ. 4.1. COVID-19 . How did the project address C-19 major changes & challenges in activities design and implementation pertaining to: (1) the work environment and accommodating the GOE regulation changes (e.g., C-19), (2) continuing SEFPP support of the MOHP/FP Sector at the governorate level? Please give examples. (Examples changing FP training to online mode, postponed refurbishment of government training centers)
Other Questions/ Ending:
What are your recommendations for the remaining project period (start date Dec 2017 – end date Dec 2022)
Is there anything you would like to add?

SEFPP MID-TERM EVALUATION

QUALITATIVE DATA COLLECTION TOOLS

T5 – KII – IMPLEMENTING PARTNER (IP) – FIELD STAFF MEMBERS

Tool Description:

Data Source (Informant Category):	JSI – Field Staff
Type of Tool	KII
Specific Target Informants for the Tool:	- SEFPP Project Managers at governorate level (per governorate) - SEFPP Field Officers at slum areas (in Cairo & Alex) - SEFPP Data Officer (at SI Unit)
Time per tool implementation:	90 – 120 minutes per tool administration with a respondent - net time 150 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:			
Governorate:	Date: (mm/dd/yy)	District (if applicable):	
# of Interviewees/Participants: Total # () Male () Female ()			
Entity Name:		Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
How long have you been in this position/area?			

Standard SEFPP Evaluation Introductory Statement:

We are members of an independent evaluation team contracted by the USAID Mission in Egypt to conduct a mid-term performance evaluation of the Strengthening Egypt’s Family Planning Program (SEFPP).

The findings of the evaluation will assist USAID in informing decisions regarding:

- 1) the effectiveness of SEFPP technical assistance approaches,
- 2) the most effective/sustainable approaches regarding the promotion of family planning in Egypt,
- and 3) improvements that can be made by SEFPP implementers in the remaining years of the activity, including potential areas of future technical assistance based on the lessons learned from this project.

Your participation is entirely voluntary, but your participation is important to the results of this evaluation. Results will be anonymized (no personally identifiable information) and will be shared with project stakeholders.

TOOL Questions

Introductory Questions:
Briefly describe your role in SEFPP.
EQ Questions:
Q2 - Quality FP/RH services supported
EQ 2.5 Training . How has the project supported the MoHP/FP sector in terms of the FP Trainer qualification tracking and updating (governorate level)? Examples
EQ 2.6 Training . How effective is the project FP TOT interventions targeting FP nurse supervisors and newly hired physician? (governorate level)
EQ 2.7 Training . How effective were the e-learning courses conducted to FP providers (physicians, pharmacists, nurses, and nurse/midwives)?
EQ 2.8 Training . What is the current status of FP Capacity Building and promoting (advocating for) task-sharing of nurses/nurse midwives? Any challenges and how did the project address them? (Assiut governorate pilot)
EQ 2.10 PPP . How effective were the private sector partnerships; in terms of (1) integration of peer-to-peer FP training program into the factory’s vocational school curriculum, (2) TOT to create a cadre of trainers to promote FP awareness activities with factory peers and in their community with families, friends, and neighbors. (sustainability)

EQ 2.12 SD . How effective was the project in enhancing postpartum and post-abortion (miscarriage) FP counselling and methods? (Cairo, Alex, & Assiut Governorates)
EQ 2.13 SD . To what extent has the project task force strengthened FP systems through community participation in selected slum areas? (all targeted governorates) (improving community standards of living and health status and encouraging developmental projects) (sustainability)- Success Stories
O3 - Selected health behaviors enhanced
EQ 2.14 SBCC . How successful was the project in building capacities of Media Officers/Media Professionals? To what extent the Media Officers/Media Professionals were able to influence health behaviours? (sustainability) Success Stories shared by Media Officers/News articles shared by Media Professionals
EQ 2.16 SBCC . What are the most effective, innovative and diverse communication and outreach channels used by the project to engage and influence targeted population behaviour? Provide examples
EQ 2.21 MEL . What challenges do you face in gathering data for monitoring purposes? What are the mitigation measures to address those challenges? Your suggestions for further improvements.
GN 1.3 What measures do you follow to ensure gender equality considered in all implemented activities?
EQ. 4.1. COVID-19 . How did the project address C-19 major changes & challenges in activities design and implementation pertaining to: (1) the work environment and accommodating the GOE regulation changes (e.g., C-19), (2) continuing SEFPP support of the MOHP/FP Sector at the governorate level? (Examples changing FP training to online mode, postponed refurbishment of government training centers)
Other Questions/ Ending:
What are your recommendations for the remaining project period (start date Dec 2017 – end date Dec 2022)
Is there anything you would like to add?

تقييم منتصف المدة لمشروع تعزيز برنامج مصر لتنظيم الأسرة في مصر
الأدوات الكيفية

الأداة (5T) – مقابلة مع مصدر معلومات رئيسي – إدارة المشروع – الفريق التنفيذي على مستوى المحافظة

وصف الأداة:

مصدر البيانات (الفئة المستهدفة):	إدارة المشروع – الفريق التنفيذي على مستوى المحافظة
نوع الأداة:	مقابلة مع مصدر معلومات رئيسي
مصادر المعلومات الرئيسيين للأداة:	- مدراء المشاريع على مستوى المحافظة - المسؤول بالمناطق العشوائية (في القاهرة والإسكندرية) - مسؤول البيانات في وحدة المعلومات الاستراتيجية (Strategic Information Unit)
الوقت المتوقع لتنفيذ الأداة:	90 - 120 دقيقة لكل استخدام للأداة مع مصدر معلومات رئيسي 150 دقيقة شاملة الترتيبات السابقة واللاحقة للمقابلة
الاحتياجات اللوجستية:	الإعداد: - دعوة المشاركين في المقابلات - ملء قائمة بيانات المشاركين/ات - التأكد من احتياطات وشروط السلامة الخاصة بفيروس كورونا - توفير مصدر للكهرباء (فيشات) - التوصيل بشبكة الإنترنت (إذا لزم الأمر) المستلزمات المطلوبة: - نسخ من أدوات جمع البيانات (لتسجيل محضر المقابلة) في حالة انقطاع التيار الكهربائي. - أدوات كتابية (دفاتر، أقلام، دوسيهات حفظ، مظاري، دبابيس، الخ)

البيانات الأساسية: (يتم ملء الخانات مع كل استخدام للأداة لكل مصدر معلومات رئيسي)

أسماء فريق العمل المنفذين للأداة:	المركز (لو انطبق):
مركزياً / أو تحديد المحافظة:	التاريخ: (يوم/ شهر / سنة)
عدد المشاركين في المقابلة: الإجمالي () رجال () نساء ()	
اسم الجهة:	نوع الجهة: (الوكالة الأمريكية للتنمية – الشريك المنفذ – الشريك القومي – القطاع الخاص – مقدمي التدريب – مقدمي الخدمة – متلقو التدريب – آخرون: تحديد ...)
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب

الأداة (5T) – مقابلة مع مصدر معلومات رئيسي – إدارة المشروع – الفريق التنفيذي

تقديم وافتتاحية:

صباح الخير،

أنا اسمي:----- و معي زميلي/زميلتي في العمل ----- .

نحن أعضاء فريق تقييم مستقل تعاقدت معه الوكالة الأمريكية للتنمية الدولية في مصر لإجراء تقييم منتصف المدة لأداء برنامج تعزيز تنظيم الأسرة في مصر

ستساعد نتائج التقييم الوكالة الأمريكية للتنمية الدولية بمصر على اتخاذ قرارات فيما يخص:

- (1) فعالية مناهج المساعدة الفنية المستخدمة من المشروع
- (2) النهج الأكثر فعالية / استدامة فيما يتعلق بتعزيز تنظيم الأسرة في مصر بشكل عام
- (3) التحسينات التي يمكن لمنفذي المشروع القيام بها في سنواته المتبقية بما يتضمن مجالات المساعدة الفنية المحتملة المبينة على الدروس المستفادة من المشروع.

مشاركتك معنا اليوم طوعية تمامًا ولكنها هامة للغاية لنتائج هذا التقييم. لن يتم الإفصاح عن أي بيانات شخصية للمشاركين/ات في هذا التقييم و لكن سيتم مشاركة نتائج التقييم مع أصحاب المصلحة في المشروع.

أسئلة الأداة:

أسئلة افتتاحية:

صف دورك في مشروع تعزيز برنامج مصر لتنظيم الأسرة (SEFPP) بإيجاز.

الأسئلة المتعلقة بأسئلة التقييم:

نتيجة 2 - جودة خدمات الصحة الإنجابية وتنظيم الأسرة

س 2-5 - التدريب. كيف دعم المشروع وزارة الصحة والسكان / قطاع تنظيم الأسرة من حيث متابعة وتطوير كفاءة مدربي تنظيم الأسرة (على مستوى المحافظة)؟ أمثلة

س 2-6 - التدريب. ما مدى فاعلية برنامج تدريب المدربين لتنظيم الأسرة لمشرفات الممرضات والأطباء المعينون حديثاً؟ (على مستوى المحافظة)

س 2-7 - التدريب. ما مدى فاعلية دورات التعلم عن بعد (التعلم الإلكتروني) التي تم تقديمها لمقدمي برامج تنظيم الأسرة (الأطباء والصيادلة والممرضات / القابلات)؟

س 2-8 - التدريب. ما هو الوضع الحالي لبناء قدرات تنظيم الأسرة وتعزيز (الدعوة إلى) تقاسم المهام مع الممرضات / القابلات الممرضات؟ هل كانت هناك تحديات وكيف واجهها المشروع؟ (تجربة محافظة أسيوط)

س 2-10 - PPP. ما مدى فاعلية شراكات القطاع الخاص ؛ من حيث (1) دمج برنامج تدريب تنظيم الأسرة مثقفى الأقران في منهج المدرسة المهنية للمصنع ، (2) تدريب المدربين لتكوين كادر من المدربين لتعزيز أنشطة التوعية ببرنامج تنظيم الأسرة مع أقرانهم في المصنع وفي مجتمعهم مع العائلات والأصدقاء ، والجيران. (الاستدامة)

س 2-12 - SD. ما مدى فاعلية المشروع في ازدياد المشورة و وسائل تنظيم الأسرة ف فترة النفاس وبعد الإجهاض. (محافظات القاهرة والإسكندرية وأسيوط)

س 2-13 - SD. إلى أي مدى دعم فريق عمل المشروع أنظمة تنظيم الأسرة من خلال مشاركة المجتمع في المناطق العشوائية المختارة؟ (جميع المحافظات المستهدفة) (تحسين مستوى المعيشة للمجتمع والحالة الصحية وتشجيع المشاريع التنموية) (الاستدامة) - قصص نجاح

نتيجة 3 - تعزيز السلوكيات الصحية المختارة

س 2-14 - SBCC. ما مدى نجاح المشروع في بناء قدرات المسؤولين الإعلاميين / الإعلاميين المهنيين؟ إلى أي مدى استطاع المسؤولون الإعلاميون / الإعلاميون المهنيون التأثير على السلوكيات الصحية؟ (الاستدامة) قصص النجاح التي شاركها المسؤولون الإعلاميون / المقالات الإخبارية التي شاركها الإعلاميون المهنيون.

س 2-16 - SBCC. ما هي قنوات الاتصال والتواصل الأكثر فاعلية وابتكاراً وتوعاً التي يستخدمها المشروع لإشراك المستهدفين من السكان والتأثير في سلوكهم؟ قدم أمثلة

س 2-21 - MEL. ما هي التحديات التي تواجهها في جمع البيانات لأغراض المتابعة؟ ما هي تدابير التخفيف لمواجهة تلك التحديات؟ اقتراحاتك لمزيد من التحسينات.

أسئلة أخرى / إنهاء المقابلة:

س 1-4 – COVID-19 - كيف عالج المشروع التغييرات والتحديات الرئيسية لجائحة كورونا في تصميم الأنشطة وتنفيذها المتعلقة بـ:
(1) بيئة العمل واستيعاب التعليمات التنظيمية للحكومة المصرية،
(2) استمرار دعم المشروع لوزارة الصحة والسكان / قطاع تنظيم الأسرة على مستوى المحافظة؟
(أمثلة على تغيير تدريب تنظيم الأسرة إلى الوضع عبر الإنترنت، وتأجيل تجديد مراكز التدريب الحكومية)
أسئلة أخرى / إنهاء المقابلة:
توصيات لفترة المشروع المتبقية (تاريخ البدء ديسمبر 2017 - تاريخ الانتهاء ديسمبر 2022)
هل ترغب في إضافة شيء آخر؟

SEFPP MID-TERM EVALUATION
QUALITATIVE DATA COLLECTION TOOLS
T6 – KII – SERVICE PROVIDERS TRAINING RECIPIENTS

Tool Description:

Data Source (Informant Category):	Service Providers Training Recipients
Type of Tool	KII
Specific Target Informants for the Tool:	- Public service providers (e.g., physicians, nurses, nursing supervisors, midwives, RR, GYN/OP, Pharmacists, administrative staff). - Private service providers (e.g., private clinics, private hospitals).
Time per tool implementation:	45 – 60 minutes per tool administration with a respondent - net time 90 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:			
Governorate:	Date: (mm/dd/yy)	District (if applicable):	
# of Interviewees/Participants: Total # () Male () Female ()			
Entity Name:		Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
How long have you been in this position/area?			

Standard SEFPP Evaluation Introductory Statement:

We are members of an independent evaluation team contracted by the USAID Mission in Egypt to conduct a mid-term performance evaluation of the Strengthening Egypt's Family Planning Program (SEFPP).

The findings of the evaluation will assist USAID in informing decisions regarding:

- 1) the effectiveness of SEFPP technical assistance approaches,
- 2) the most effective/sustainable approaches regarding the promotion of family planning in Egypt,
- and 3) improvements that can be made by SEFPP implementers in the remaining years of the activity, including potential areas of future technical assistance based on the lessons learned from this project.

Your participation is entirely voluntary, but your participation is important to the results of this evaluation. Results will be anonymized (no personally identifiable information) and will be shared with project stakeholders.

TOOL Questions

Introductory Questions:
How are you engaged in SEFPP project?
Can you specify the training activities you participated in under SEFPP?
EQ Questions:
EQ3.1. How would you assess the relevance of received capacity building (e.g., training, coaching, incentive programs, policies, IT resources) to your needs and practice jobs?
EQ3.2. What alternative resources (e.g., institutional supports and programs, other agencies support) have you identified and utilized as a complement to what you already have from the project?
EQ3.3. How did the knowledge and skills received translate into practice in relationship to enhancing access/quality of FP services? In case of receiving multiple training, which training program is the most beneficial? and why? Provide examples.
E.Q.3.4. In your opinion, what are the chances of sustaining the FP services accessibility (such as affordability) and quality? Do you have the required resources to apply and sustain the learnings derived from the capacity building? What gaps are still there?

E.Q.2.1. What can drive and increase demand in FP methods in your community? What tools do you have to assess the demand? How do you shape your messages to create demand?
E.Q.3.6. What are the innovations and best practices that have proven to be effective and worth replicating in the accessibility and delivery of quality FP services?
E.Q.4.1. How has COVID-19 affected the training programs and your ability to deliver services? How the project contributed to addressing those challenges?
Other Questions/ Ending:
Is there anything you would like to add?

تقديم منتصف المدة لمشروع تعزيز برنامج مصر لتنظيم الأسرة في مصر
الأدوات الكيفية
الأداة (6T) – مقابلة شخصية – مقدمي الخدمات المتلقين للتدريب

وصف الأداة:

مقدمي الخدمات المتلقين للتدريب	مصدر البيانات (الفئة المستهدفة):
مقابلة مع مصدر معلومات رئيسي	نوع الأداة:
- مقدمي الخدمات من القطاع العام (الأطباء و الممرضات و مشرفي الممرضات و الرائدات الريفيات و قابلات و أخصائي أمراض النساء والتوليد والصيادلة والموظفين الإداريين) - مقدمي الخدمات من القطاع الخاص (العيادات الخاصة والمستشفيات الخاصة)	مصادر المعلومات الرئيسيين للأداة:
45 – 60 دقيقة لكل استخدام للأداة مع مصدر معلومات رئيسي 90 دقيقة شاملة الترتيبات السابقة واللاحقة للمقابلة	الوقت المتوقع لتنفيذ الأداة:
الإعداد: - دعوة المشاركين في المقابلات - ملء قائمة بيانات المشاركين/ات - التأكد من احتياجات وشروط السلامة الخاصة بفيروس كورونا - توفير مصدر للكهرباء (فيشات) - التوصيل بشبكة الإنترنت (إذا لزم الأمر) المستلزمات المطلوبة: - نسخ من أدوات جمع البيانات (لتسجيل محضر المقابلة) في حالة انقطاع التيار الكهربائي. - أدوات كتابية (دفاتر، أقلام، دوسيهات حفظ، مظاري، دبابيس، الخ)	الاحتياجات اللوجستية:

البيانات الأساسية: (يتم ملء الخانات مع كل استخدام للأداة لكل مصدر معلومات رئيسي)

أسماء فريق العمل المنفذين للأداة:	التاريخ: (يوم/ شهر / سنة)	المركز (لو انطبق):
مركزياً / أو تحديد المحافظة:	عدد المشاركين في المقابلة: الإجمالي () رجال () نساء ()	اسم الجهة:
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	نوع الجهة: (الوكالة الأمريكية للتنمية – الشريك المنفذ – الشريك القومي – القطاع الخاص – مقدمي التدريب – مقدمي الخدمة – متلقو التدريب – آخرون: تحديد ...)
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	

الأداة (6T) – مقابلة مع مصدر معلومات رئيسي – مقدمي الخدمة المتلقين للتدريب

تقديم وافتتاحية: صباح الخير،

أنا اسمي:----- و معي زميلي/زميلتي في العمل ----- .

نحن أعضاء فريق تقييم مستقل تعاقدت معه الوكالة الأمريكية للتنمية الدولية في مصر لإجراء تقييم منتصف المدة لأداء برنامج تعزيز تنظيم الأسرة في مصر

ستساعد نتائج التقييم الوكالة الأمريكية للتنمية الدولية بمصر على اتخاذ قرارات فيما يخص:

- (1) فعالية مناهج المساعدة الفنية المستخدمة من المشروع
- (2) النهج الأكثر فعالية / استدامة فيما يتعلق بتعزيز تنظيم الأسرة في مصر بشكل عام
- (3) التحسينات التي يمكن لمنفذي المشروع القيام بها في سنواته المتبقية بما يتضمن مجالات المساعدة الفنية المحتملة المبنية على الدروس المستفادة من المشروع.

مشاركتك معنا اليوم طوعية تمامًا ولكنها هامة للغاية لنتائج هذا التقييم. لن يتم الإفصاح عن أي بيانات شخصية للمشاركين/ات في هذا التقييم ولكن سيتم مشاركة نتائج التقييم مع أصحاب المصلحة في المشروع.

أسئلة الأدلة:

أسئلة افتتاحية:
سؤال افتتاحي: ما هو شكل مشاركتكم في مشروع تعزيز برنامج مصر لتنظيم الأسرة؟
هل يمكن تحديد الأنشطة التدريبية التي شاركت فيها في إطار مشروع تعزيز برنامج مصر لتنظيم الأسرة؟
الأسئلة المتعلقة بأسئلة التقييم:
س 1-3 ما هو تقييمكم لملائمة برامج بناء القدرات التي حصلتم عليها (على سبيل المثال، التدريب، والتوجيه، وبرامج التحفيز، والسياسات، وموارد تكنولوجيا المعلومات) لاحتياجاتكم وممارسة مهام وظيفتكم؟
س 2-3 ما هي الموارد الأخرى (على سبيل المثال، الدعم المؤسسي والبرامج، ودعم الوكالات الأخرى) التي حددتها واستخدمتها كمكمل لما لديكم بالفعل من المشروع؟
س 3-3 كيف قمت بتحويل المعارف والمهارات التي حصلت عليها إلى ممارسات فيما يتعلق بتحسين إمكانية الوصول وتعزيز جودة خدمات تنظيم الأسرة؟ في حالة تلقي تدريبات متعددة، ما هو البرنامج التدريبي الأكثر فائدة؟ ولماذا؟ يرجى تقديم أمثلة.
س 3-4 في رأيك، ما هي فرص استدامة تحسين إمكانية الوصول إلى خدمات تنظيم الأسرة (مثل القدرة على تحمل التكاليف) وتحسين جودة تلك الخدمات؟ هل لديك الموارد المطلوبة لتطبيق الدروس المستفادة من بناء القدرات والحفاظ عليها؟ ما هي الفجوات التي لا تزال موجودة؟
س 1-2 ما الذي يمكنه أن يحفز ويزيد الطلب على وسائل تنظيم الأسرة في مجتمعك؟ ما هي الأدوات التي لديك لتقييم الطلب؟ كيف تصيغ رسائلك لخلق الطلب على تلك الخدمات؟
س 3-6 ما هي الابتكارات وأفضل الممارسات التي أثبتت فعاليتها وتستحق تكرارها في تعزيز إمكانية الوصول وتقديم خدمات تنظيم الأسرة عالية الجودة؟
س 1-4 كيف أثرت جائحة كورونا على برامج التدريب وقدرتك على تقديم الخدمات؟ كيف ساهم المشروع في مواجهة تلك التحديات؟
أسئلة أخرى / إنهاء المقابلة:
هل ترغب في إضافة شيء آخر؟

SEFPP MID-TERM EVALUATION
QUALITATIVE DATA COLLECTION TOOLS
T7 – KII – TRAINING RECIPIENTS (NON-SERVICE PROVIDERS)

Tool Description:

Data Source (Informant Category):	Training Recipients (non-service providers)
Type of Tool	KII
Specific Target Informants for the Tool:	Non-service delivery personnel: - Media officers - Media professionals - HMIS information staff - Peer educator - NGOs volunteers - NPC administrative staff
Time per tool implementation:	45 – 60 minutes per tool administration with a respondent - net time 90 minutes per tool – including pre-and post-arrangements:
Logistical Needs:	Preparation: - Inviting participants - Fill in the key informant data - Observing COVID safety precautions - Ensuring electric plugs availability for laptops - Online connectivity (if needed) Materials Needed: - Hard copies of fill-in tool (for field notes) – in case of outage/technical problems - Stationary (notebooks, pens, staples, folders and envelopes, clips, etc.)

Basic Data – to be filled by evaluators (per tool administration/per KII):

Team Members Administering the Tool:			
Governorate:	Date: (mm/dd/yy)	District (if applicable):	
# of Interviewees/Participants: Total # () Male () Female ()			
Entity Name:		Type of Entity: (USAID – IP - National Partner – Private Sector - Training Provider – Service Provider – Training Recipient - Other)	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
Interviewee Name and Phone Number:		Position:	
How long have you been in this position/area?			

Standard SEFPP Evaluation Introductory Statement:

We are members of an independent evaluation team contracted by the USAID Mission in Egypt to conduct a mid-term performance evaluation of the Strengthening Egypt's Family Planning Program (SEFPP).

The findings of the evaluation will assist USAID in informing decisions regarding:

- 1) the effectiveness of SEFPP technical assistance approaches,
- 2) the most effective/sustainable approaches regarding the promotion of family planning in Egypt,
- and 3) improvements that can be made by SEFPP implementers in the remaining years of the activity, including potential areas of future technical assistance based on the lessons learned from this project.

Your participation is entirely voluntary, but your participation is important to the results of this evaluation. Results will be anonymized (no personally identifiable information) and will be shared with project stakeholders.

TOOL Questions

Introductory Questions:
How are you engaged in SEFPP project?
Can you specify the training activities you participated in under SEFPP?
EQ Questions:
EQ3.1. How would you assess the relevance of received capacity building (e.g., training, coaching, incentive programs, policies, IT resources) to your needs and practice jobs?
EQ.3.3. ³³ How did the knowledge and skills received translate into practice in relationship to your professional functions? In case of receiving multiple training, which training program has been the most beneficial? and why? Provide examples.
E.Q.3.4. In your opinion, what are the chances of sustaining the FP services accessibility (such as affordability) and quality? Do you have the required resources to apply and sustain the learnings derived from the capacity building? What gaps are still there?

³³ Other training beneficiaries who are not media staff

E.Q.2.1. What can drive and increase demand in FP methods in your community? What tools do you have to assess the demand? How do you shape your messages to create demand?
E.Q.2.2. ³⁴ How did the knowledge and skills received translate into practice in relation to raising community awareness (interpreting and presenting data) and creating demand for FP services? In case of receiving multiple training, which training program has been the most beneficial? Why? Provide examples.
E.Q.2.3 What are the key challenges you face conducting your work?
E.Q.3.4. Do you have the required enabling environment to apply and sustain the learnings/action plans derived from the training? What gaps are still there?
E.Q.3.6. What are the innovations and best practices that have proven to be effective and worth replicating in the accessibility and delivery of quality FP services?
E.Q.4.1. How has COVID-19 affected the training programs and your ability to deliver services? How the project contributed to addressing those challenges?
Other Questions/ Ending:
Is there anything you would like to add?

³⁴ (media officers and media professionals and NGOs volunteers)

تقييم منتصف المدة لمشروع تعزيز برنامج مصر لتنظيم الأسرة في مصر
الأدوات الكيفية
الأداة (T7) – مقابلة شخصية – متلقو التدريب (من غير مقدمي الخدمات)

وصف الأداة:

مصدر البيانات (الفئة المستهدفة):	متلقو التدريب (من غير مقدمي الخدمات)
نوع الأداة:	مقابلة مع مصدر معلومات رئيسي
مصادر المعلومات الرئيسيين للأداة:	متلقو التدريب من غير مقدمي الخدمة: - مسئولين الإعلام - الإعلاميون - موظفو المعلومات في نظام إدارة المعلومات الصحية - مثقفو الأقران - المتطوعون من المنظمات غير الحكومية - الموظفون الإداريون في المجلس القومي للسكان
الوقت المتوقع لتنفيذ الأداة:	45 – 60 دقيقة لكل استخدام للأداة مع مصدر معلومات رئيسي 90 دقيقة شاملة الترتيبات السابقة واللاحقة للمقابلة
الاحتياجات اللوجستية:	الإعداد: - دعوة المشاركين في المقابلات - ملء قائمة بيانات المشاركين/ات - التأكد من احتياجات وشروط السلامة الخاصة بفيروس كورونا - توفير مصدر للكهرباء (فيشات) - التوصيل بشبكة الإنترنت (إذا لزم الأمر) المستلزمات المطلوبة: - نسخ من أدوات جمع البيانات (لتسجيل محضر المقابلة) في حالة انقطاع التيار الكهربائي. - أدوات كتابية (دفاتر، أقلام، دوسيهات حفظ، مظاري، دبابيس، الخ)

البيانات الأساسية: (يتم ملء الخانات مع كل استخدام للأداة لكل مصدر معلومات رئيسي)

أسماء فريق العمل المنفذين للأداة:	التاريخ: (يوم/ شهر / سنة)	المركز (لو انطبق):
مركزياً / أو تحديد المحافظة:		
عدد المشاركين في المقابلة: الإجمالي () رجال () نساء ()		
اسم الجهة:	نوع الجهة: (الوكالة الأمريكية للتنمية – الشريك المنفذ – الشريك القومي – القطاع الخاص – مقدمي التدريب – مقدمي الخدمة – متلقو التدريب – آخرون: تحديد ...)	
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	
اسم الشخص ورقم الهاتف:	الوظيفة داخل المنظمة / مدة الوجود بالمنصب	

الأداة (7T) – مقابلة مع مصدر معلومات رئيسي – متلقو التدريب من غير مقدمي الخدمة

تقديم وافتتاحية:
صباح الخير،

أنا اسمي:----- و معي زميلي/زميلتي في العمل ----- .

نحن أعضاء فريق تقييم مستقل تعاقدت معه الوكالة الأمريكية للتنمية الدولية في مصر لإجراء تقييم منتصف المدة لأداء برنامج تعزيز تنظيم الأسرة في مصر

ستساعد نتائج التقييم الوكالة الأمريكية للتنمية الدولية بمصر على اتخاذ قرارات فيما يخص:

- (1) فعالية مناهج المساعدة الفنية المستخدمة من المشروع
- (2) النهج الأكثر فعالية / استدامة فيما يتعلق بتعزيز تنظيم الأسرة في مصر بشكل عام
- (3) التحسينات التي يمكن لمنفذي المشروع القيام بها في سنواته المتبقية بما يتضمن مجالات المساعدة الفنية المحتملة المبنية على الدروس المستفادة من المشروع.

مشاركتك معنا اليوم طوعية تمامًا ولكنها هامة للغاية لنتائج هذا التقييم. لن يتم الإفصاح عن أي بيانات شخصية للمشاركين/ات في هذا التقييم ولكن سيتم مشاركة نتائج التقييم مع أصحاب المصلحة في المشروع.

أسئلة الأداة:

أسئلة افتتاحية:
سؤال افتتاحي: ما هو شكل مشاركتكم في مشروع تعزيز برنامج مصر لتنظيم الأسرة؟
هل يمكن تحديد الأنشطة التدريبية التي شاركت فيها في إطار مشروع تعزيز برنامج مصر لتنظيم الأسرة؟
الأسئلة المتعلقة بأسئلة التقييم:
س 1-3 ما هو تقييمك لملائمة برامج بناء القدرات التي حصلت عليها (على سبيل المثال، التدريب، والتوجيه، وبرامج التحفيز، والسياسات، وموارد تكنولوجيا المعلومات) لاحتياجاتك وممارسة مهام وظيفتك؟
س 3-3 ³⁵ كيف قمت بتحويل المعارف والمهارات التي حصلت عليها إلى ممارسات فيما يتعلق بتحسين إمكانية الوصول وتعزيز جودة خدمات تنظيم الأسرة؟ في حالة تلقي تدريبات متعددة، ما هو البرنامج التدريبي الأكثر فائدة؟ ولماذا؟ يرجى تقديم أمثلة.
س 2-2 ³⁶ كيف قمت بتحويل المعارف والمهارات التي حصلت عليها في التدريبات إلى ممارسات بخصوص رفع وعي المجتمع (تفسير وعرض البيانات) وخلق/زيادة الطلب على خدمات تنظيم الأسرة؟ في حالة تلقي تدريبات متعددة، ما هو البرنامج التدريبي الأكثر فائدة؟ ولماذا؟ برجاء تقديم أمثلة
س 2-3 ما هي التحديات الرئيسية التي تواجهها أثناء تنفيذ عملك؟
س 3-4 في رأيك، ما هي فرص استدامة تحسين إمكانية الوصول إلى خدمات تنظيم الأسرة (مثل القدرة على تحمل التكاليف) وتحسين جودة تلك الخدمات؟ هل لديك الموارد المطلوبة لتطبيق الدروس المستفادة من بناء القدرات والحفاظ عليها؟ ما هي الفجوات التي لا تزال موجودة؟
س 3-6 ما هي الابتكارات وأفضل الممارسات التي أثبتت فعاليتها وتستحق تكرارها في تعزيز إمكانية الوصول وتقديم خدمات تنظيم الأسرة عالية الجودة؟
س 1-4 كيف أثرت جائحة كورونا على برامج التدريب وقدرتك على تقديم الخدمات؟ كيف ساهم المشروع في مواجهة تلك التحديات؟

³⁵ المستفيدون الآخرون من التدريبات ليسوا إعلاميين

³⁶ المسؤولين الإعلاميين والمتطوعون من المنظمات غير الحكومية

أسئلة أخرى / إنهاء المقابلة:
هل ترغب في إضافة شيء آخر؟

SEFPP MID-TERM EVALUATION
QUANTITATIVE DATA COLLECTION TOOLS
T8 – SERVICE PROVIDERS TRAINING RECIPIENTS (CLINICIANS) QUESTIONNAIRE

This section to be filled by the enumerator:										
Implementation Date:				Enumerator Name:						
Participant name:										
Participant phone number:										

Occupation (Pharmacist-Physician-Nurse)

Beneficiary ID					

Introduction: Good morning. I am I am calling you on behalf of an independent evaluation team for the Strengthening Egypt's Family Planning Program that is implemented by the Ministry of Health in coordination with USAID and JSI. We are contacting you because – at the mid-term of the project, we were asked an as independent evaluation team to evaluate the previous period of the project to assess the effectiveness of the implemented activities and to identify the most successful approaches. This will help the project to better plan for the coming years and the design of new similar projects. As you were one of the training recipients or participated in workshops and similar activities, we would like to ask your opinion about those trainings and their impact n the project's implementation. If you agree, I will ask you a few questions and won't take more than a few minutes of your time.
--

Participants respond to the questions from this point onwards:

Work Governorate	
District/Area:	
Job Title:	

1- Most Beneficial Trainings or Workshops:

1-1 Have you ever participated in any training activity/events with SEFPP?

The enumerator might need to remind the respondent of types of events like:

Training – workshops –round table discussions – workshops for reviewing a training or procedural manual
 – panning workshop, ... etc.

a) Yes (Continue to next Question)

b) No (End the Survey)

1-2 If yes, what was the most beneficial training(s) that you received with SEFPP?

Training/Workshop/Activity/Event Titles	

2- Respondent Opinion about training and effect on his work:

We will say some statement related to the project's performance and the training component. Please rate the statements with a score from 1 to 5, where 1 is strongly disagree and 5 is strongly agree as follows:

- 1- Strongly disagree
- 2- Agree
- 3- Neutral
- 4- Agree
- 5- Strongly Agree

2-1. The training topics were relevant to your work responsibilities.					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

2-2. The training provided you with sufficient information and skills					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

2-3. You were able to apply the learning you received in the training in your workplace (through which you attended the training).					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

2-4. Comments/Clarifications/Reasons

3- Availability of the FP methods at the health Facilities:

3-1. The project has contributed to the increased access to quality FP methods					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

3-2. The project has contributed to the improved quality of FP services					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

4- Enhancing Selected Community behaviours:

4-1. The project has contributed to the increase of the demand for FP services					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

مشروع تعزيز برنامج مصر لتنظيم الأسرة
تقييم منتصف المدة
أدوات جمع البيانات الكمية
أداة (8T) - استمارة متلقو التدريب من مقدمي الخدمات

يقوم جامع البيانات بملء هذا الجزء	
تاريخ تنفيذ الاستمارة	منفذ الاستمارة

اسم المبحوث									
رقم التليفون:									

الفئة (طبيب – ممرض – صيدلي):

الرقم التعريفي:

المقدمة صباح الخير انا بكلم حضرتك نيابة عن فريق تقييم مشروع تنظيم الأسرة اللي بتنفعه وزارة الصحة بالتعاون مع المعونة الأمريكية وهيئة جون سنو بكلمك عشان عدا نص مدة المشروع واتطلب منا كفريق تقييم مستقل نعمل تقييم للفترة اللي فاتت من المشروع عشان نحدد فاعلية الأنشطة اللي اتنفذت ونحدد ايه اكثر الطرق كانت مناسبة – وكمان ده هيساعد المشروع يخطط بشكل افضل للسنوات الباقية من المشروع وكمان يخطط افضل لمشروعات مماثلة بعد كدة. احنا بكلم حضرتك عشان حضرتك من الناس اللي حضرت بعض التدريبات أو شاركت في ورش عمل أو أنشطة شبيهة تبع المشروع واحنا كفريق تقييم حابين نأخذ رأيكم في التدريبات دي وتأثيرها على تنفيذ المشروع. لو حضرتك موافق هاسألك بعض الأسئلة ومش هأخذ من وقتك أكثر من دقائق.
--

يقوم المبحوث بالرد على الأسئلة بدءا من هذا الجزء:

محافظة العمل الأساسية:	
المركز / المنطقة:	
المسمى الوظيفي:	

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أولاً – أكثر التدريبات وورش العمل فائدة:

1-1 هل سبق انك شاركت في تدريبات أو ورش عمل مشروع تنظيم الأسرة الذي تنفذه الوزارة مع المعونة الأمريكية وهيئة جون سنو؟
على الباحث تذكرة المشارك بأنواع الأنشطة التي يمكن أن يكون قد شارك فيها مثل:
التدريب – ورش العمل – مناقشات مائدة مستديرة – ورش عمل لمراجعة دليل تدريبي أو دليل إجرائي – ورش عمل تخطيطية – وغيرها

1. نعم (الاستمرار الى السؤال التالي) ب. لا (انهي الاستمارة)

1-2. اذا كانت الإجابة بنعم ، ما هي أكثر التدريبات أو ورش العمل فائدةً بالنسبة لك بشكل عام؟

اسم التدريب/ورشة العمل/الاجتماع/النشاط	

ثانيًا – رأى المشارك في التدريبات وتأثيرها على عمله:

2. ما هو رأيك في التدريبات التي حصلت عليها بشكل عام؟
سنقوم بسرد بعض العبارات المتعلقة بأداء المشروع بشكل عام وبمكون التدريبات. رجاء تقييم العبارة بإعطائها درجة من 1 إلى 5 بحيث تعني 5 "أوافق جدًا" و 1 "لا أوافق تمامًا" وهي كالتالي:

- 1- لا أوافق تمامًا
- 2- لا أوافق
- 3- محايد
- 4- أوافق
- 5- أوافق جدًا

1-2 موضوعات التدريبات ملائمة لمسؤوليات عملك					
لا أوافق تمامًا (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جدًا (5)	لا اعرف

2-2 التدريب وفر لك معلومات ومهارات كافية					
لا أوافق تمامًا (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جدًا (5)	لا اعرف

2-3 استطعت تطبيق ما تم مناقشته في التدريب في مكان عملك (الذي حضرت التدريب من خلاله)					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا أعرف

4-2 ملاحظات / شرح / الأسباب:

ثالثاً - توافر وجودة وسائل تنظيم الأسرة في المرافق الصحية:

3-1 ساهم المشروع في زيادة إتاحة وسائل تنظيم الأسرة ذات الجودة					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا أعرف

3-2 المشروع ساهم في تطوير جودة خدمات تنظيم الأسرة					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا أعرف

رابعاً - تعزيز السلوكيات الصحية المختارة:

4-1 ساهم المشروع في زيادة الطلب على خدمات تنظيم الأسرة من المنتفعين					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا أعرف

SEFPP MID-TERM EVALUATION
QUANTITATIVE DATA COLLECTION TOOLS
T9 – TRAINING RECIPIENTS (NON-SERVICE PROVIDERS)
(MEDIA OFFICERS, MEDIA PROFESSIONALS, HMIS INFORMATION STAFF, PEER EDUCATOR,
NGOs VOLUNTEERS, NPC ADMINISTRATIVE STAFF) QUESTIONNAIRE

This section to be filled by the enumerator:										
Implementation Date:					Enumerator Name:					
Participant name:										
Participant phone number:										

Occupation (Media officers, Media professionals, HMIS information staff, Peer educator, NGOs volunteers, Factory Workers, NPC administrative staff, Other)
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Beneficiary ID					

Introduction:
 Good morning. I am I am calling you on behalf of an independent evaluation team for the Strengthening Egypt's Family Planning Program that is implemented by the Ministry of Health in coordination with USAID and JSI.
 We are contacting you because – at the mid-term of the project, we were asked an as independent evaluation team to evaluate the previous period of the project to assess the effectiveness of the implemented activities and to identify the most successful approaches. This will help the project to better plan for the coming years and the design of new similar projects.
 As you were one of the training recipients or participated in workshops and similar activities, we would like to ask your opinion about those trainings and their impact n the project's implementation.
 If you agree, I will ask you a few questions and won't take more than a few minutes of your time.

Participants respond to the questions from this point onwards:

Work Governorate	
District/Area:	
Job Title:	

1- Most Beneficial Trainings or Workshops:

1-1 Have you ever participated in any training activity/events with SEFPP?
 The enumerator might need to remind the respondent of types of events like:
 Training – workshops –round table discussions – workshops for reviewing a training or procedural manual – panning workshop, ... etc.

b) Yes (Continue to next Question)

b) No (End the Survey)

1-2 If yes, what was the most beneficial training(s) that you received with SEFPP?

Training/Workshop/Activity/Event Titles	

2- Respondent Opinion about training and effect on his work:

We will say some statement related to the project's performance and the training component. Please rate the statements with a score from 1 to 5, where 1 is strongly disagree and 5 is strongly agree as follows:

- 6- Strongly disagree
- 7- Agree
- 8- Neutral
- 9- Agree
- 10- Strongly Agree

2-1. The training topics were relevant to your work responsibilities.					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

2-2. The training provided you with sufficient information and skills					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

2-3. You were able to apply the learning you received in the training in your workplace (through which you attended the training).					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

2-4. Comments/Clarifications/Reasons

--

3- Enhancing Selected Community behaviours:

4-1. The project has contributed to the increase of the demand for FP services					
Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't Know

مشروع تعزيز برنامج مصر لتنظيم الأسرة
تقييم منتصف المدة
أدوات جمع البيانات الكمية
أداة (9T) - استمارة متلقو التدريب من غير مقدمي الخدمات
(المسؤولون الإعلاميون و المنسقون الاعلاميون و موظفي نظم المعلومات و متقفي الاقران و متطوعي المنظمات الغير حكومية و الموظفون الإداريون لدى المجلس القومي للسكان)

يقوم جامع البيانات بملء هذا الجزء
تاريخ تنفيذ الاستمارة
منفذ الاستمارة

اسم المبحوث
رقم التليفون:

الفئة (مسئول اعلامي – منسق اعلامي – نظم معلومات – مثقف – متطوع بمنظمة غير حكومية – موظف إداري- عامل مصنع – أخرى):

الرقم التعريفي:

المقدمة صباح الخير انا بكلم حضرتك نيابة عن فريق تقييم مشروع تنظيم الأسرة اللي بتنفعه وزارة الصحة بالتعاون مع المعونة الأمريكية وهيئة جون سنو بكلمك عشان عدا نص مدة المشروع واتطلب مننا كفريق تقييم مستقل نعمل تقييم للفترة اللي فاتت من المشروع عشان نحدد فاعلية الأنشطة اللي اتنفذت ونحدد ايه اكثر الطرق كانت مناسبة – وكمان ده هيساعد المشروع يخطط بشكل افضل السنوات الباقية من المشروع وكمان يخطط افضل لمشروعات مماثلة بعد كدة. احنا بكلم حضرتك عشان حضرتك من الناس اللي حضرت بعض التدريبات أو شاركت في ورش عمل أو أنشطة شبيهة تبع المشروع واحنا كفريق تقييم حابين نأخذ رأيكم في التدريبات دي وتأثيرها على تنفيذ المشروع. لو حضرتك موافق هاسألك بعض الأسئلة ومش هأخذ من وقتك أكثر من دقائق.

يقوم المبحوث بالرد على الأسئلة بدءاً من هذا الجزء:

محافظة العمل الأساسية:
منطقة العمل الأساسية:
المسمى الوظيفي:

أولاً – أكثر التدريبات فائدة:

أولاً – أكثر التدريبات وورش العمل فائدة:

1-1 هل سبق انك شاركت في تدريبات أو ورش عمل مشروع تنظيم الأسرة الذي تنفذه الوزارة مع المعونة الأمريكية وهيئة جون سنو ؟
على الباحث تذكرة المشاركون بأنواع الأنشطة التي يمكن أن يكون قد شارك فيها مثل:
التدريب – ورش العمل – مناقشات مائدة مستديرة – ورش عمل لمراجعة دليل تدريبي أو دليل إجرائي – ورش عمل تخطيطية – وغيرها

1. نعم (الاستمرار الى السؤال التالي) ب. لا (انهي الاستمارة)

2-1 ما هي أكثر التدريبات أو ورش العمل فائدةً بالنسبة لك بشكل عام؟

اسم التدريب/ورشة العمل/الاجتماع/النشاط	

ثانياً – رأي المشاركون في التدريبات وتأثيرها على عمله:

2. ما هو رأيك في التدريبات التي حصلت عليها بشكل عام؟
سنقوم بسرد بعض العبارات المتعلقة بأداء المشروع بشكل عام وبمكون التدريبات. رجاء تقييم العبارة بإعطائها درجة من 1 إلى 5 بحيث تعني 5 "أوافق جداً" و 1 "لا أوافق تماماً" وهي كالتالي:

- 1- لا أوافق تماماً
- 2- لا أوافق
- 3- محايد
- 4- أوافق
- 5- أوافق جداً

2-1 موضوعات التدريبات ملائمة لمسؤوليات عملك					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا اعرف

2-2 التدريب وفر لك معلومات ومهارات كافية					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا اعرف

2-3 استطعت تطبيق ما تم مناقشته في التدريب في مكان عملك (الذي حضرت التدريب من خلاله)					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا أعرف

2-4 ملاحظات / شرح / الأسباب:

رابعاً – تعزيز السلوكيات الصحية المختارة:

4-1 ساهم المشروع في زيادة الطلب على خدمات تنظيم الأسرة من المنتفعين					
لا أوافق تماماً (1)	لا أوافق (2)	محايد (3)	أوافق (4)	أوافق جداً (5)	لا أعرف

ANNEX 8: LIST OF REVIEWED DOCUMENTS

#	DOCUMENT NAME
1	Annex 1 – EQ 2 Sub-questions
2	Annex 1 – EQ 3 Sub-questions
3	Approved 2020.05.13-SEFPP_Planned_Activities_6Month-WithCOVID-19-SEFPP_24 june 2020
4	JSI CA 72026318CA00001 (1)
5	JSI CA 72026318CA00001
6	JSI CA 72026318CA00001
7	JSI MOD 03 signed
8	List of Desk Review Documents - 21 Jan 2021
9	MOD P005 (1)
10	Mod P008 - SEFPP- JSI 12072020 - Fully Executed (1)
11	P002 - Countersigned Modification
12	SEFPP MELP updated codes 10th-DecV2
13	SEFPP Mod 1_fully executed
14	SEFPP Mod 1_fully executed
15	SEFPP Mod 4_fully executed
16	SEFPP MOD P006 - fully executed (3)
17	SEFPP Annual Report Y1_Final
18	SEFPP Annual Report Y1_Final
19	SEFPP Annual Report Y2_Final
20	SEFPP Annual Report Y3_Final (1)
21	SEFPP Annual Report Y3_Final (2)
22	SEFPP Annual Report Y3_Final (3)
23	SEFPP Annual Report Y3_Final
24	SEFPP Annual Report Y3_Final
25	SEFPP Annual Report Y3_Final
26	SEFPP_Y1 Annual Workplan_FINAL
27	SEFPP_Y1 Annual Workplan_FINAL
28	SEFPP_Y2 Annual Workplan_FINAL
29	SEFPP_Y3 Annual Workplan_FINAL
30	SEFPP_Y4 Annual Work Plan_ 29 Dec.2020 (1)

#	DOCUMENT NAME
31	AY3_Q2_Quarterly Report_Jan-Mar2020_SEFPP_Response 2
32	PY1-Q3_Quarterly Report_final
33	PY1_Q2_Quarterly Report_final (I)
34	PY1_Q2_Quarterly Report_final
35	PY1_Q2_Quarterly Report_final
36	PY2-Q1 Progress Report to MOHP_ Oct.-Dec. 18_ Final
37	PY2-Q2_SEFPP QuarterlyProgressReport_Final
38	PY2-Q3_SEFPP QuarterlyProgressReport_July 29
39	PY3-Q1 Quarterly Report_FINAL-Oct-Dec2019
40	PY3-Q3 Quarterly Report_FINAL-April-June2020
41	El Galaa teaching hospital visit report
42	MSDS for FP training venue-Galaa
43	MSDS for Public FP training clinics-Galaa
44	El Matareya Teaching hospital visit report
45	MSDS for FP training venue-Matareya
46	MSDS for Public FP training clinics-Matareya
47	El Monera hospital visit report
48	MSDS for FP training venue - المنيرة
49	MSDS for Public FP training clinics - المنيرة
50	20-Jan2020-MOHP needs assessment
51	SEFPP_Cs Assessment report Arabic version_word_NY_2018
52	SEFPP_Cs Assessment report English version_word_NY_2018
53	SEFPP_Egypt Quantification Report_word_BL.NY Feb 2019
54	Criteria of selection for FP physician - Service provider
55	SOW for FP physician - Service provider
56	Criteria of selection for FP Trainer - Nurse supervisor
57	SOW for FP Trainer - Nurse supervisor
58	1-SOW for FP Trainer - Physician
59	2-Criteria of selection for FP Trainer - Physician
60	3-SKILLS CHECKLIST FOR FP TRAINER - Physician
61	Gap Analysis Session presentation Arabic-Final-S Edit

#	DOCUMENT NAME
62	Gap Analysis and Needs Assessment Workshop Report July 19 2018
63	Gap Analysis and Needs Assessment Workshop Report July 19 2018
64	20-OctPY2 Reporting GAP
65	Consultant Assignment Workplan V2
66	GAP_USAID_Final- resp USAID comments_28Mar2018_v2
67	Gender Implementation Plan AY4-5
68	Worksheet in C Users User Desktop SEFPP Final Deliverables Annual Reports SEFPP AY3 Annual Report Final
69	2020.09.28-Gender Mainstreaming Strategy v2- USAID comments addressed_Jan.19th
70	HMIS Assessment Final Report-USAID comments+SEFPP Response - USAID Approved-clean
71	USAID Staff List
72	WHO Workshop for Media Practitioners_24-25 Feb 2019
73	SEFPP- ME Manual-Y4.workplan
74	Training register summary
75	Final-English CS Assessment Report
76	Capacity Building Workshop on Behaviour Segmentation Report August 5 – 9 2018 - Final Version - V2
77	Capacity Building Workshop on Behaviour Segmentation Report August 5 – 9 2018 - Final Version - V2
78	Core trainers workshop_ Report 26 _ 27 Dec 2019 - Final
79	Core trainers workshop_ Report 26 _ 27 Dec 2019 - Final
80	SBCC Capacity Building Workshop Report_Feb 2019_ Revised Final
81	SBCC Capacity Building Workshop Report_Feb 2019_ Revised Final
82	Email to UNFPA
83	SBCC CB Agenda
84	Advocacy Assessment in Arabic with Answers
85	BE Assessment in Arabic with Answers
86	IPC Assessment in Arabic with Answers
87	SBCC Assessment in Arabic with Answers
88	Advocacy Assessment in Arabic
89	BE Assessment in Arabic
90	IPC Assessment in Arabic
91	SBCC Assessment in Arabic
92	Micro Teaching Evaluation

#	DOCUMENT NAME
93	Overall Evaluation
94	Participant_s Checklist Evaluation
95	SBCC Facilitator Guide - Final
96	Handouts slides
97	Advocacy Unit
98	BE Unit
99	Embrace Life - always wear your seat belt
100	IPC Unit
101	SBCC Unit
102	ما هو ختان البنات؟
103	SBBCC - Participant Guide
104	Arabic PLGHA_Media
105	Introduction
106	Unit 1 _ 2 (SBCC _ IPC)
107	Unit 3 (BE)
108	Unit 4 (Advocacy)
109	1- Facilitator Guide
110	2- Participant Guide
111	3- PowerPoint
112	Agenda
113	Advocacy Assessment in Arabic with Answers
114	BE Assessment in Arabic with Answers
115	IPC Assessment in Arabic with Answers
116	SBCC Assessment in Arabic with Answers
117	Advocacy Assessment in Arabic
118	BE Assessment in Arabic
119	IPC Assessment in Arabic
120	SBCC Assessment in Arabic
121	Micro Teaching Evaluation
122	Overall Evaluation
123	Participant_s Checklist Evaluation

#	DOCUMENT NAME
124	SEFPP_New method action plan for pilot phase_word_NY_2020
125	SEFPP_New method data collection GuideI,2,3_word_NY_2020
126	SEFPP_New method Geograph Scope MOHP letter_NY_2020
127	SEFPP_New method Geograph ScopeWorkshopReport_word_NY_2020
128	SEFPP_New method Instrument to collect data-form 3_word_NY_2020
129	SEFPP_New method Instrument to collect data-form I_word_NY_2020
130	SEFPP_New method introduction Guideline arabic_word_NY_2020
131	SEFPP_New method manual validationWorkshopReport_word_NY_2019
132	SEFPP_New method meeting report_word_NY_I-2Feb2019
133	SEFPP_New method workshop I Reort_word_NY_2018
134	SEFPP_New method Workshop II Report_word_JF.NY_Jan2019
135	SEFPP_New method Instrument to collect data- form2_word_NY_2020
136	Monitoring Plan Arabic
137	Monitoring Plan English
138	0-TOT Nurses and Physicians - مجمع 0-
139	00-Cadre_s Manual-word
140	I-Pre- Post Test Ar-nu
141	10.Overall Evaluation-ph
142	2-Key Answer-Ar-nu
143	3-Facilitation Evaluation Ar-nu
144	4-Overall Evaluation Ar-nu
145	5-pre- post test final, Feb 2019-ph
146	6-pre- post test final, Feb 2019-answers-ph
147	7.Checklist for Implanon insertion _ removal-ph
148	8.Checklist for IUD insertion _ removal-ph
149	9.facilitaion Evaluation-ph
150	TOT Nurses and Physicians - مجمع
151	I-Course Objectives
152	لماذا تنظيم الاسرة-2
153	تعليمات
154	I-Anatomy and physiology

#	DOCUMENT NAME
155	2-contraceptive methods overview
156	3-Clinical Assessment _ IUD insertion
157	5-Overview of Counseling
158	Ovulation the menstrual cycle - Narrated 3D animation - YouTube.avi
159	Presentation I
160	MEC 2015
161	MEC full-2015
162	Wheel contraception
163	I-IUD
164	2-Problems associated with IUD
165	3-RTIs
166	How Intrauterine Device Prevent Pregnancy - Manipal Hospital
167	I-Combined hormonal contraception
168	2-Problems associated with combined hormonal methods
169	3-مكافحة العدوي-
170	6 step hand cleaning technique
171	I-Progestin only contraception
172	2-Problems associated with progestin only hormonal methods (2)
173	3-Emergency contraception
174	barrier , local _ natural
175	CleanVersion_SEFPP Private Sector Strategy- 210120
176	2020.06.29-SustainabilityReport-Draft- USAID comments-SEFPP Responses - Based on the old version _Not Approved yet
177	SEFPP__Sustainability Plan_ May 22 2019_FINAL_Approved_Old Version
178	SEFPP__Sustainability Plan_ 14.12.2020-Final_Not Approved yet
179	Communication Skills for Media Engagement_AR-Final
180	Communication Skills for Media Engagement_EN_Final
181	Data Visualization Manual_AR
182	Data Visualization Manual_EN
183	Reporting _ Writing Skills_AR_Final
184	Reporting _ Writing Skills_EN_Final
185	2.1.5.2. Data Visualization Workshop Final Report AR

#	DOCUMENT NAME
186	2.1.5.2. Data Visualization Workshop Final Report EN
187	2.1.5.2. Reporting and Writing Skills Workshop Final Report AR
188	2.1.5.2. Reporting and Writing Skills Workshop Final Report EN
189	Basic CB Workshop_Dealing with the Media_6-9 February 2020_Final Report AR
190	Basic CB Workshop_Dealing with the Media_6-9 February 2020_Final Report EN
191	1-TOT Universities and Factories - Agenda and Objectives
192	2-SEFPP Compliance Standard PPT - Final Arabic 12 Jan 2019
193	3-SEFPP Program Introduction PPT
194	4-Behavior Economics - الإقتصاد السلوكي
195	5-Gender - عربي
196	6-COVID-19 Protection
197	7-Training of Trainer Final - Ar
198	Facilitation Evaluation Ar
199	H -التقييم الختامي للدورة
200	Private Pharmacist Pre-PostTest_
201	Private Pharmacist key answers Pre-PostTest_
202	Private Pharmacists Training agenda - Master En.
203	1 لماذا تنظيم الأسرة-
204	2-SEFPP Program Introduction PPT
205	3-SEFPP Compliance Standard PPT - Final Arabic 12 Jan 2019
206	4-Gender - عربي
207	5-Behavior Economics - الإقتصاد السلوكي
208	6-وسائل تنظيم الأسرة-
209	7-الشائعات-
210	8-رسائل اعلامية للصحة الانجابية-
211	الاختبار القبلي-لا يستخدم
212	المحتوي التدريبي
213	H - للتمريض - MEC- قائمة إختيار الوسائل الهرمونية
214	Private Physician Training agenda - Master En.
215	Private Physicians pre-post Test_ Answers
216	1-SEFPP Program Introduction PPT

#	DOCUMENT NAME
217	2-SEFPP Compliance Standard PPT - Final English 12 Jan 2019
218	3-Gender - عربي
219	4-Behavior Economics - الإقتصاد السلوكي
220	5-Contraceptive methods overview
221	6-الشائعات
222	7- MEC - 2015
223	global-handbook-2018-full-web
224	MEC
225	أسئلة استبعاد الحمل - موعد بدء الوسائل
226	PY1-2 indicators
227	PY3 indicators

ANNEX 9: BIOGRAPHIES

MILDRED HOWARD, TEAM LEADER

Mildred Howard has over 30 years of experience in over a dozen countries in international development assistance as a program manager, evaluator, and independent technical consultant. Her career has focused on the health sector, where she has held several positions, including overseeing, directing, and/or managing health programs for USAID missions in several countries, as well as leading teams conducting evaluations of health programs. These opportunities gave her a solid understanding of the sector from both a programmatic and evaluative angle, including nine years of family planning-specific experience. Ms. Howard has lived and worked in Egypt, including directly working on family planning activities. For example, in 2013, Ms. Howard served as team leader of the Evaluation of the Health Systems Strengthening Technical Assistance Activity, implemented by Social Impact, Inc. Earlier, from 2001 to 2006, Ms. Howard lived and worked full-time in Cairo. As Health Sector Reform and Financing Advisor for USAID/Egypt, she was assigned to implement USAID's support for the Government of Egypt's Health Sector Reform Program, which involved implementation of a national family health (including family planning) service delivery model. She has authored several publications, including many evaluation reports and other research. She comes highly recommended by a QED Group colleague who has worked with her in the past. Ms. Howard holds a master's in social policy and program evaluation from the prestigious Harvard University in the United States, as well as several health-related certificates from other universities.

RAFEEL RAMZY, SUBJECT MATTER EXPERT

Dr. Rafeel Ramzy has 28 years of professional experience. He began his career as a physician and branched out to working on development activities, many of which were in the health and population sector. He has had extensive direct work experience with population and/or reproductive health activities over many years. This has included the population and health activity of the Non-Governmental Organizations Service Center (NGOSC) funded by USAID, the European Commission Support to Population Program in Upper Egypt, and close coordination with the Ministry of Health and Population (MOHP) under primary health care through a community participation activity funded by the Catholic Coptic Diocese. He has worked extensively with NGOs and has been involved in several training efforts, including recently preparing a training manual on peer education for Family Health International (FHI). In addition to direct work with reproductive health and population activities, he brings hands-on experience with training efforts, which is very relevant to examining the training component for the SEFPP evaluation. Dr. Rafeel has worked for prominent USAID and EU-funded activities. Through these opportunities, he has gained extensive experience in institutional capacity building, monitoring, and evaluation, as well as management of a wide portfolio of development activities. He has also served as team leader for five evaluations. Dr. Rafeel holds a master's degree in the field.

NIVINE RAMSES, EVALUATOR

With more than 25 years of experience in the field of development and humanitarian work, Ms. Ramses is an expert evaluator in various sectors, with a special focus on gender. Her expertise is Monitoring Evaluation, Accountability, and Learning (MEAL)-focused, carrying out program and project evaluations; conducting situation analyses, pre-project research, evaluability assessments, baselines, endlines, and organizational assessments; developing monitoring and evaluation systems; building evaluation capacities in organizations; designing and implementing multi-themed surveys; and implementing participatory planning and participatory monitoring and evaluation. Some organizations

that Ms. Ramses has worked with include U.N. Women, the World Food Programme (WFP), the U.N. High Commissioner for Refugees (UNHCR), Food and Agriculture Organization (FAO), USAID/Egypt's SIMPLE Project, CARE International, Save the Children, Plan International, UNICEF, Face, Oxfam, and GreenWorld. Her most recent consultancy assignments varied broadly, covering topics such as national food loss programs, education programs for refugees, economic empowerment for women through value chains and asset transfer, youth and smallholder farmers, climate change resilience, gender equality, gender transformative strategies, gender-based violence, agribusiness development, and cultural heritage.

NOHA HASSAN, EVALUATOR

Noha Hassan is a monitoring and evaluation (M&E) specialist with a master's in development management from the London School of Economics. She has extensive experience working with national, multinational, and government entities in Egypt, the United States, and the United Kingdom. Ms. Hassan's fields of expertise are monitoring and evaluation, entrepreneurship, and economics. Ms. Hassan worked with clients such as USAID, the European Union, GIZ, Plan International, the Drosos Foundation, Oxfam Novib, the International Organization for Migration (IOM), and Christian Aid.

NORHAN BADER, EVALUATOR

Norhan Bader is a physician by training, having graduated from Cairo University, with extensive experience in the field of Sexual and Reproductive Health and Rights (SRHR) for more than ten years. She is currently working as a Planning, Monitoring, Evaluation, and Learning (PMEL) Specialist in RNW Media at the Love Matters Arabic project. She worked as an M&E Officer at the Population Council for two years, in the Egypt office of the "Expanding the role of the private sector in addressing family planning needs of Egyptian young people" project. Additionally, Norhan acted as a Director of Projects for two years at International Youth Alliance for Family Planning (IYAFFP), where she supervised the implementation of advocacy projects performed by 81 country coordinators. As a researcher, she is interested in studying such topics as Female Genital Cutting (FGC), Intimate Partner Violence (IPV), puberty and sexuality, and unmet needs for family planning. She completed her Master's in Public Health (MPH), with a concentration in health promotion and community health, at the American University of Beirut (AUB) after being awarded a scholarship by the World Health Organization's (WHO) Special Program for Research and Training on Tropical Diseases. She was selected as a Young Leader in Women Deliver Young Leaders program in 2015 and, in 2017, as a winner of I20 under 40, organized by The Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health for her efforts in the reproductive health field.

HANAN KWINANA, EVALUATOR

Ms. Kwinana is a results-oriented quality management expert with hands-on experience in project cycle management and design, monitoring & evaluation (DME) experience in qualitative & quantitative participatory tools and theory-based models of complex projects, documentation of lessons learned and sustainability measures, baseline/endline research studies, and human and institutional capacity assessment and development. She is experienced in various social and economic development sectors: health (primary, secondary, and tertiary healthcare systems), education (basic & higher education, TVET, employment, employability, youth development, and transition from school to work, labor market studies, active labor market strategies, and career guidance), entrepreneurship, micro/small and medium enterprises development, and others. She has managed

development cooperation and technical assistance interventions engaging the private sector, government institutions, donor communities, and development organizations: IFAD, KfW, UN Women, Oxfam GB, GIZ, EU/EC, DFID, USAID, World Bank Group, SIDA, AFD, Italian SWAP, UNDP, ILO, Qatar Foundation, and others. Ms. Kwinana is fluent in English and Arabic.

EHAB SAKR, STATISTICIAN

Ehab Sakr is a Ph.D. candidate and assistant lecturer in the Department of Demography and Biostatistics at the Institute of Statistical Studies and Research of Cairo University in Egypt. Mr. Sakr holds a master's degree in statistics from the university's Faculty of Economics and Political Science. He has more than 18 years' experience in research, working at both the national (e.g., National Population Council and the Industrial Modernization Center) and international (e.g., United Nations Population Fund, Demographic and Health Surveys Program, and ILO) levels. He contributes to questionnaire design and provides guidance on the quality of data collection, data entry, and data analysis using statistical packages, including STATA and SPSS. He also has experience in software and web development, as well as digital marketing.

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