EVALUATION OF THE IMPROVING THE PERFORMANCE OF NURSES IN UPPER EGYPT PROGRAM

A FINAL PERFORMANCE EVALUATION

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DISCLAIMER

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EXECUTIVE SUMMARY

EVALUATION PURPOSE AND EVALUATION QUESTIONS

The purpose of this external, final project performance evaluation is:

1. To review, analyze, and evaluate the effectiveness of the Improved Performance of Nurses (IPN) project in achieving program objectives and completing deliverables;
2. To identify lessons learned in terms of implementation and relationships with counterparts in order to inform USAID future investments;
3. To assess the sustainability of the interventions at an individual (nurses) and an institutional (Ministry of Health and Population [MOHP] facilities) level; and
4. To inform a follow-on health personnel capacity development program.

Per the Evaluation Statement of Work (SOW) in Annex 1, the evaluation of the IPN project seeks to answer the following questions:

1. Given the turbulent operating environment, to what extent did the IPN Program achieve its intended goals and results?
   a. To what extent was IPN able to improve nurses' practices and services provided in hospitals and primary health care units in intervention governorates?
   b. To what extent was IPN able to empower nurses in intervention facilities? And how has this impacted their performance and their ability to address their challenges?
2. To what extent are project interventions sustainable at the level of nurses and at the level of the institutions?
3. What lessons have been learned through the IPN program that can advance future efforts to improve leadership and management skills of Egyptian health care personnel?

PROJECT BACKGROUND

The IPN project is one of several activities contributing to the Office of Population and Health’s current Development Objective 4: Access to Health Services Improved, and to Intermediate Result (IR) 3, Management of the Health Sector Improved. The objective of the project is to improve nursing services in MOHP hospitals and primary health care (PHC) units in Upper Egypt, specifically, in Aswan, Luxor, and Qena. USAID/Egypt field support allocated to the Global Health (GH) Bureau resulted in award of a Leader with Associate Cooperative Agreement (CA) to the Global Leadership, Management, and Sustainability (LMS) project implemented by Management Sciences for Health (MSH). The total funding provided through this mechanism was US $3,626,668, and IPN activities ran from November 2009 through June 2014.

Project Rationale. Building the technical and management capacity of physicians, nurses, and paramedic staff is critical for improving the impact of health and health-related services for Egyptian families. Nurses, in particular, may have experienced gaps in their pre-service training (especially high school or diploma nurses), and may have limited on-the-job and in-service training opportunities. IPN’s scope is intended to bring about improvements to health services in Aswan, Luxor, and Qena by improving the performance of nurses to lead and manage their teams to address specific, identified challenges and achieve measurable results in three focus areas: (1) infection control, (2) basic nursing
care, (3) communication between health care providers and patients. A fourth focus area, (4) primary health care, was added to the project under an Amendment to the CA in August 2010.

**EVALUATION DESIGN, METHODS, AND LIMITATIONS**

The primary audience of the evaluation report is USAID/Egypt, especially its health team and other decision makers. Other important audiences include USAID’s Global Health Bureau and Middle East Bureau, Egypt’s MOHP, and future leadership and human resource capacity building implementing partners.

This final evaluation of IPN was conducted using multiple mixed methods (both quantitative and qualitative techniques) to address these key evaluation questions and to test the development theory underlying the project’s design. Methods ranged from reviewing secondary reports to collecting primary data through interviews and focus groups discussions with stakeholders, principal actors, and project beneficiaries. As determined in consultation with USAID/Egypt, the evaluation team's principal data collection took place in the three governorates that IPN served during the project: Aswan, Luxor, and Qena. Sites were selected based on a stratified, purposive sampling method, and, on-site, all nurses or nurse facilitators involved in LDP were invited for interviews and/or focus group discussions (FGDs) in order to explore in greater depth the participant’s varied experiences and views of LDP. The evaluation team’s specific analysis methods for the IPN evaluation were tailored for each method of data collection and each level or category of respondent (i.e. nurses, nurse or physician supervisors, and stakeholders).

Data from the interview questionnaires and FGDs was processed to compile summary statistics for the findings, which are presented in text, tables, and graphs. The team developed its report based on the data collected and the team’s corresponding analysis for each evaluation question to help ensure evidence-based recommendations for future programming of IPN-type USAID activity.

**EVALUATION FINDINGS, CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATIONS**

The major **Findings** are:

- Despite the political turmoil and civil unrest, the project achieved or nearly achieved most of its performance targets. Analysis of the six performance indicators from the PMP reveals IPN exceeded one planned outcome and achieved or nearly achieved three of its six planned outcomes. Two indicator targets (#1 and #5) were not met.

- According to the MSH project reports and as confirmed through KIs with nurse supervisors and physician officers in charge, the LDP and refresher technical sessions led by the MOHP increased the capacity of nurses and promoted proper utilization of limited resources to provide care according to MOHP Polices and Guidelines.

- According to both nurses and their supervisors, LDP nurses felt empowered to influence other staff members, e.g., in making changes to enforce patient’s rights, to do their jobs thoroughly.

- As a basic measure of cost effectiveness, the project expended a total of $5,129 in each of the 707 persons who participated in and benefitted directly from the LDP. Without a clear standard for comparison, however, the team did not reach any evidence-based conclusion as to whether the costs are appropriate of cost-effective. In the eyes of the LDP participants, however, it’s clear that the training was perceived of high quality and of great professional and personal benefit.

- The IPN did not achieve or maintain the critical mass of trained nurses required to sustain change longer than a year after the LDP training, and to produce self-sustaining transformation
and/or systemic change within MOHP health services. This was particularly evident in hospitals, where only one or two persons from any one section or department were included in the LDP. Even with “in-house” follow-up trainings, the frequent staff transitions meant that the proportion of nurses in any department or throughout the facility were a minority of staff. This mitigated against achieving sustained changes in the facility.

- MSH introduced the LDP with USAID support into some 39 facilities in three UE governorates between 2009-2014, but the program was not formally adopted as an MOHP program – either at central or governorate level. Further expansion and sustainability of the leadership program are handicapped by perception that it is a “donor initiative” and the fact LDP has not and will not receive support under the MOHP recurrent budget.

- USAID added funds for expanding LDP in two other governorates through amendments to the IPN over the course of the project. However, changes in the MOHP leadership and policy as well as civil unrest made it impossible for MSH to work in these “expansion sites.” As a result, MSH and USAID agreed to use the incremental funding to expand the scope of the project in the three original governorates (Aswan, Luxor and Qena) and discontinue efforts to implement the LDP in the frontier or other UE governorates.

- As a basic measure of cost –effectiveness, the project expended a total of $5,129.66 per direct beneficiary (LDP participants and facilitators trained). In the absence of a basis for comparison, the team did not reach a conclusion on the appropriateness of these costs. As noted in other findings, however, greater involvement and use of indigenous organizations have the potential to reduce the average cost per beneficiary.

Primary Conclusions are:

- The LDP resulted in improved nurse capacity and performance, but, the small number trained (at any one department or hospital) during LDP, and the steady diminution of trained nurses in target facilities have reduced the momentum and sustainability of the project interventions.

- Completion of the LDP is associated with success in changing participant nurses’ motivation, mindset, and practices in intervention facilities. The evidence points to improvements in infection control practices, patient communication and care, communication and problem-solving among teams/departments, and improved ante-natal care.

- Further expansion and sustainability of the LDP are handicapped by the MOHP’s perception that it is a “donor initiative” and the fact LDP has not and is not expected to receive support from the MOHP under its next 5-year plan or next annual recurrent budget.

Primary Lessons Learned are:

- Leadership training requires further development and fine-tuning in the MOHP, and USAID is well positioned to assist in this with future programs.

- LDP training needs to continue indefinitely (after USAID support ends) to achieve and maintain the “critical mass” necessary for sustaining it.

- Multiple iterations (three major revisions) of the IPN show flexibility and commendable resolve by MSH and USAID to accommodate the turbulent situation in Egypt.

The main Recommendations for USAID are:

- During project implementation, engage with MOHP officials at the Governorate level regularly (e.g. quarterly) to monitor activities and to maintain support for USAID activities, especially when key changes occur (Effectiveness).
• New leadership programs need to provide frequent (at least monthly) and effective (i.e., supervision, refresher sessions) follow-up to sustain the momentum for improvement (Sustainability).
• Involve local NGOs (and Health Worker Syndicates) and gain from their experience and expertise in design and implementation of any future human resource development projects (Local Ownership and Effectiveness).
• Consider providing technical support to the nurses’ syndicate to promote leadership, professional growth, and improved performance of nursing through training, mentorship, and licensing and accreditation programs (Reinforce and Broaden Support for USAID Objectives).
• Future programs to develop human resources should include a gender training component, increasing awareness of gender as a workplace and as a health services issue.

A complete listing of Findings, Conclusions, Lessons Learned, and actionable Recommendations can be found starting on page 13 and also in Annex VI.