

エジプト・アラブ共和国

保健人口省

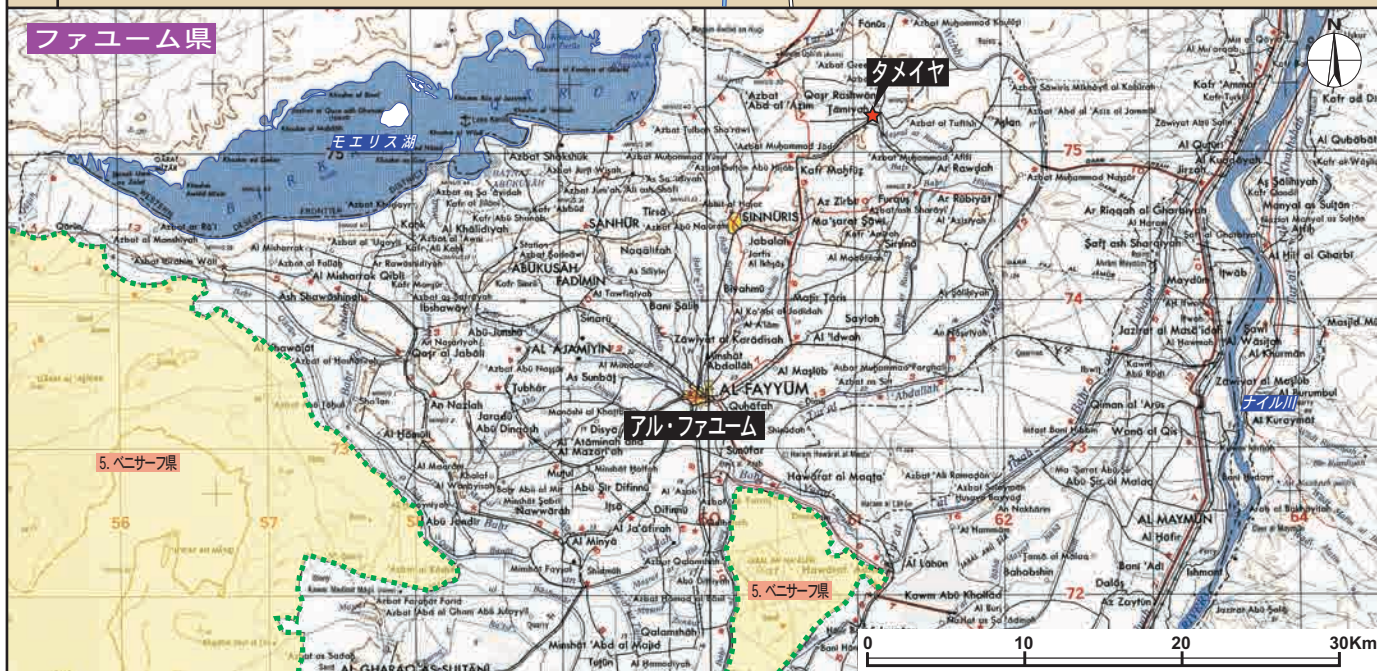
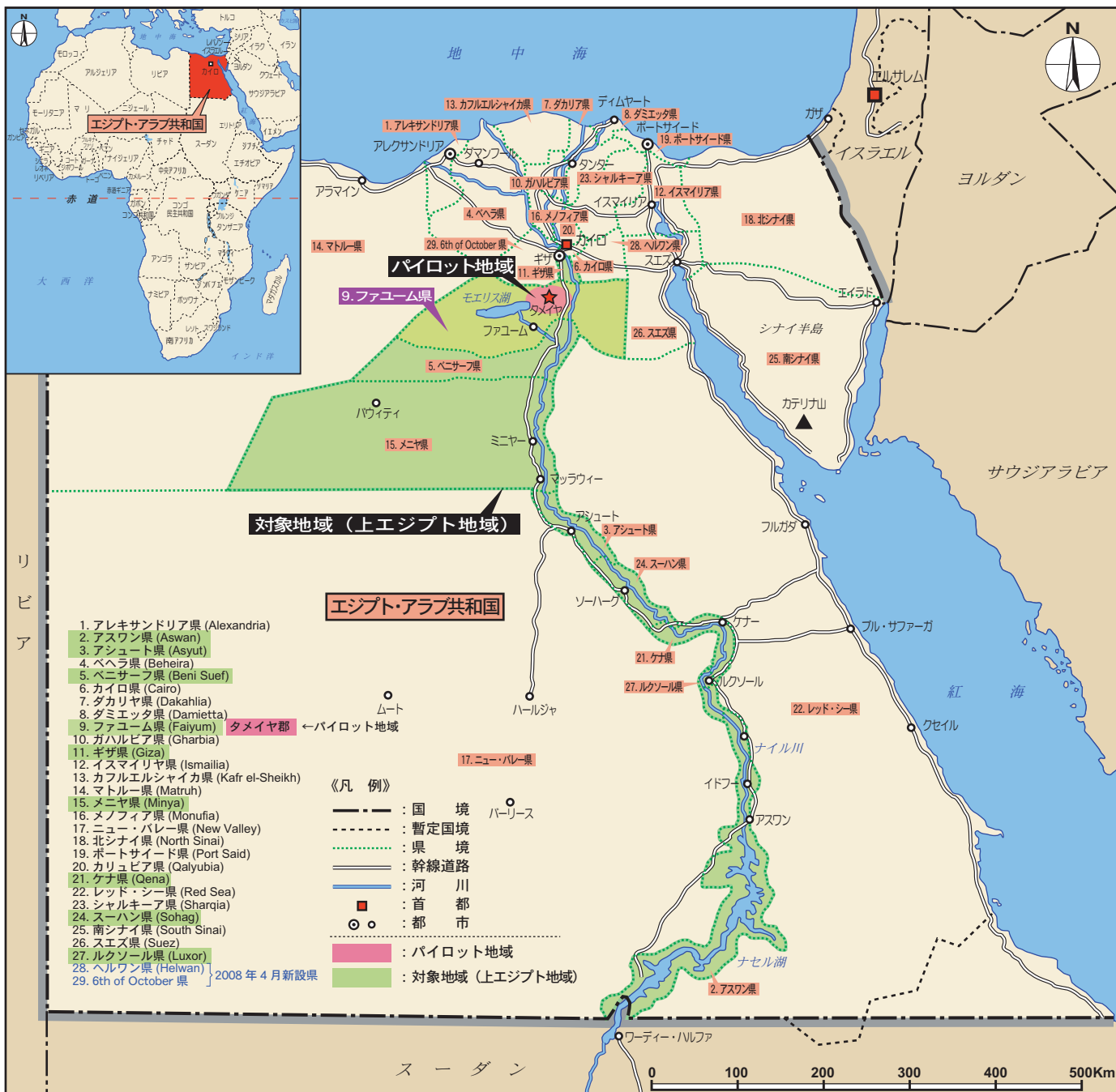
エジプト・アラブ共和国  
上エジプト学校保健サービス促進  
プロジェクト

事業完了報告書

平成 24 年 11 月

独立行政法人 国際協力機構  
システム科学コンサルタンツ株式会社  
特定非営利活動法人 HANDS





業務対象地域位置図

写真一覧



① 学校間交流の様子：日本の小学校に「手洗いの重要性」について描いたポスターを説明する女生徒



② 学校間交流の様子：日本の小学生の質問に答える「エ」国の小学生たち



③ 保健教材を開発する教師たち



④ 保健教材を発表する学校看護師



⑤ 保健教材（歌）を発表する教師たち



⑥ プロジェクトの成果品



⑦ 学校医による健康診断



⑧ 健康診断 DVD の開発



⑨ 健康診断 DVD の内容について議論する「エ」国参加者と JICA 専門家たち



⑩ 学校保健について議論をする学内保健委員会のメンバーたち



⑪ 手を洗う生徒たち



⑫ 正しい方法で身長を計る学校看護師



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別添 7: JCC 会議議事録
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## 略語

BOT	Board of Trustees
CoMES	Coordination Meeting on Environmental Sanitation
C/Ps	Counterparts
EDC	Endemic Disease Control
FGDs	Focus Group Discussions
HANDS	Health and Development Service
HIO	Health Insurance Organization
HPS	Health Promotion School
HV	Health Visitor
IEC	Information, Education and Communication
IHC	Integrated Health Care
IC/R	Inception Report
JICA	Japan International Cooperation Agency
JCC	Joint Coordination Committee
KG	Kindergarten
M&G	Implementation Manual and Guidelines of Monitoring and Supervision for School Health Services
MOHP	Ministry of Health and Population
MOE	Ministry of Education
MT	Monitoring Team
PDM	Project Design Matrix
PHC	Primary Health Care
PTA	Parent-Teacher Association
R/D	Record of Discussions
RM	Regular Meeting
SH	School Health
SN	School Nurse
SAHCD	School Aged Children Health Care Department
SHC	School Health Committee
SSC	System Science Consultants Inc.
TT	Trainer's Team
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organization

外貨交換レート

USD 1.00 = 98.23 JPY (2008 年 11 月時点)  
EGP 1.00 = 17.846 JPY (2008 年 11 月時点)

USD 1.00 = 77.68 JPY (2012 年 10 月時点)  
EGP 1.00 = 12.786 JPY (2012 年 10 月時点)

JICA 外貨換算レート表に基づく

# 第1章 業務実施の基本方針

## 1.1 プロジェクトの背景

「エ」国における保健をとりまく状況は全般的に改善傾向にあるが、地域、経済、教育水準などさまざまな要因により格差が拡大している。また、これまでの他ドナーの支援は、主に乳幼児や妊産婦を対象としており、上エジプト地域の農村部における学齢期の子どもの健康状態はあまり改善されていない。つまり、今後エジプト人口の約20%弱を占める1,300万人の小学生及び中学生の健康状態に焦点が当てられるべきであると言える。

「エ」国では1957年に学校保健部門が教育省から保健人口省に移管された。そして、1993年2月には全ての学童の健康保険加入が制度化され、「学校保険法ガイドライン」が定められた。しかし、現実的には地方における全ての生徒及び学齢期の子供が学校保険法に記載されているサービスを受用できてはいない。「エ」国の大半を占める農村地域である上エジプトにおけるこの状況を改善すべく、「エ」国政府は上エジプト地域における学校保健サービス強化のための技術協力を日本政府に要請した。

2008年9月16日、「エ」国のカイロにおいて日本国際協力機構とエジプト政府、保健人口省、健康保険庁および教育省の間で上エジプトにおける学校保健サービス促進プロジェクトのための実施協議議事録（R/D）が署名・交換された。

## 1.2 プロジェクトの概要

プロジェクトの概要を以下に記す。

表 1: プロジェクトの概要

<b>プロジェクト名</b>	
エジプト国上エジプト学校保健サービス促進プロジェクト	
<b>協力期間</b>	
2008年11月（2008年12月現地作業開始）～2012年11月	
<b>対象地域</b>	
上エジプト地域（人口約4500万人） *パイロット地域は、ファユーム県タメイヤ郡（人口約35万人）。	
<b>相手国関係者</b>	
関係省庁：	保健省
カウンターパート機関：	保健省 PHC セクター学齢期児童健康部（SAHCD） 保健省大臣官房健康保険庁（HIO）
関係機関：	教育省
受益者：	<直接受益者> 中央：保健省学齢期児童健康部及び健康保険庁の行政官 県・郡：ファユーム県タメイヤ郡の県・郡保健事務所の行政官、健康保険クリニックの学校医・学校看護師、保健所の医師・看護師等保健医療スタッフ 学校：ファユーム県タメイヤ郡の小中学生（約10,000人）、教員

	<p>&lt;間接受益者&gt;  中央：教育省の行政官  学校：上エジプト地域他県の小・中学生（約 500 万人）、教員</p>
<b>プロジェクト概要</b>	
<b>上位目標：</b>	上エジプト地域におけるヘルスプロモーションスクールと学校保健サービスの拡大を通じて、学校保健が推進される。
<b>指標：</b>	<ul style="list-style-type: none"> <li>・上エジプト地域 5 県以上でのヘルスプロモーションスクールの導入</li> <li>・保健省学齢期児童健康部による定期的な研修の実施</li> <li>・モニタリングで収集される保健指標が改善する</li> </ul>
<b>プロジェクト目標：</b>	<p>1) ヘルスプロモーションスクールの普及を通じて、タメイヤ郡において学校保健サービスの質が向上する。</p> <p>2) 上エジプト地域においてヘルスプロモーションスクール普及の基盤が整う。</p>
<b>指標：</b>	<ul style="list-style-type: none"> <li>・学校保健サービスに対する教員、児童、保護者の半数以上において満足度が増加する。</li> <li>・パイロット校の学内保健委員会が保健サービスの質が向上したと判断する。</li> <li>・ヘルスプロモーションスクールの概念が確立する</li> <li>・ヘルスプロモーションスクール普及のためのツールが開発される</li> </ul>
<b>成果 1：</b>	学校保健モニタリング・指導監督の仕組みが、郡レベルで開発・設置されると共に、中央・県レベルで強化される。
<b>指標：</b>	<ul style="list-style-type: none"> <li>・定期的なモニタリングを実施する。</li> <li>・定期的な指導監督を実施する。</li> </ul>
<b>成果 2：</b>	タメイヤ郡において、学校保健サービスの提供が促進される。
<b>指標：</b>	<ul style="list-style-type: none"> <li>・ヘルスプロモーションスクールの数が以下の指標に基づき 20 校以上に増加する。 <ul style="list-style-type: none"> <li>・健康教育の数</li> <li>・周辺住民が参加する支援活動の数</li> <li>・学校環境改善活動の数および定期的メンテナンスの実施</li> <li>・水、衛生環境改善活動の数および定期的メンテナンスの実施</li> <li>・学校健康診断のカバー率</li> </ul> </li> </ul>
<b>成果 3：</b>	学校保健に関わる人材が強化される。
<b>指標：</b>	・研修終了後の自己評価が向上する。
<b>成果 4：</b>	教員や保護者などによるヘルスプロモーションスクールを支援する活動が強化される。
<b>指標：</b>	<ul style="list-style-type: none"> <li>・各パイロット校における新しい支援活動を実施する。</li> <li>・各パイロット校において支援活動に参加する周辺住民の数が増加する。</li> </ul>

### 1.3 学校保健の現状と課題

「エ」国は国民皆保険体制を国是としており、1993 年に学校保険法ガイドライン (Manual of Student Health Insurance Act) が定められ、全ての学齢期の子供（6-18 歳）の健康保険加入が制度化された。同ガイドラインでは、保健人口大臣直属の健康保険庁 (Health Insurance Organization: HIO) の管轄するクリニックに所属する学校医、学校看護師等によって、定期健康診断、予防接種、健康的な学校環境の維持等の学校保健サービスが実施されることが規定されており、学校における児童の保健サービスはこの健康保険制度により保証されることになっている。

しかし、①農村部における保健人材や医療機材の不足、②農村部の関連省庁間における協力体制の欠如、③学校保健実施における財政および人的資源の不足、④政府レベルおよび学校レベルの学校保健におけるモニタリング、管理、評価の運営能力の不足により、学校保健サービスは未だ十分に実施されていない。学校医や学校看護師が児童・生徒の健康チェック・指導のため定期的に学校を訪問することになっているが、診療という本来業務に加え、複数の学校を受け持っているため、計画どおり行われていない。

それは、学校保健を規定する政策、実施マニュアルは存在するが、学校医、学校看護師などの保健人材、学校教員はその存在を十分には認知していないという事情も関係する。

学校保健の実施機関は、法律上は健康保険庁であるが、近年保健人口省のプライマリーヘルスケア・セクター（Family Planning, Preventive and Primary Health Care Sector: PHCS）の学齢期児童健康部（School Aged Health Care Department: SAHCD）との共同実施に移行しつつある。この2つの機関の役割分担は明確になっていない部分もあるが、主に健康保険庁が学校保健サービス提供、SAHCD が子供の健康改善に係る政策立案、計画作成、活動モニタリング等を担当している。

教育省では、人口教育セクターが学校保健を管轄している。各県にセクター支部が設置されて、人口・衛生に関する啓発活動を行っているが、学校保健のための教育活動の活発な実施は確認されていない。

#### 1.4 プロジェクト実施体制

プロジェクトの効果的・効率的な実施のため、プロジェクト合同調整員委員会（Joint Coordination Committee: JCC）を設置した。JCC は、プロジェクトの年間計画案の協議・承認、進捗確認及び年間計画における目標の達成度確認の機能を果たす。プロジェクト期間において計6回開催された。

また、現場レベルの活動計画作成、月ごとのプロジェクトの進捗確認を目的として、学校保健委員会（School Health Committee: SHC）をプロジェクト実施サイトのファユーム県保健局に設置した。SHC は、本プロジェクト期間を通じて16回開催された。

その他、学校保健に関する技術習得を目的とした研修の準備及び実施やモニタリングシステムの開発など具体的な目標ごとに、それぞれ Trainers' Team (TT)、Monitoring Team (MT) を構成し、その目標達成のために集中的に取り組む機会を定期的に開催した。こうした活動全体を細かく頻繁に話し合うため、会議の内容に合わせて中央、ファユーム、あるいは両方の C/P たちと定期会合を持ち、情報共有を強化した。

#### 1.5 ヘルスプロモーションスクールの概要

プロジェクトが普及に取り組んだヘルスプロモーションスクール（Health Promotion School: HPS）の概念は、専門家チームが提示し、JCC 並びに SHC 会議において議論、承認された。詳細は第4章にて後述するが、ヘルスプロモーションスクール（HPS）は「児童の健康状態の改善を目的に、本プロジェクトを通じて開発される学校保健活動を実施し、中央・地方（県・郡）レベルの学校保健モニタリング指導監督体制により支えられる学校」である。その普及拡大は、図1に示すとおり、JCC や SHC が学校保健活動の実施を管理し、中央のコアトレーナーが各県のコアトレーナーを養成し、各県のコアトレーナーが、県内

の学校（センター校）に研修を施し、更に、センター校が他の学校に研修を施すという仕組みで達成されるというモデルである。

# HPS の普及概念図

### JCC (合同調整委員会)

国家レベルの諮問機関

- 1. 機能**
  - 最低1年に一度の会合を開催し、SHC が作成する HPS 活動の年次計画を承認。
  - HPS 活動の進捗や活動を確認。
  - 実施上の課題について意見交換。
- 2. JCC のメンバー**
  - MOHP, MOE, HIO 中央レベルの行政職員。

指導・監督

### SHC (学校保健委員会)

県レベルの調整機関

- 1. 機能**
  - 定期的に会合を開催し、HPS 活動の年次計画を策定。
  - 県内全郡の学校保健活動を監督、指導。
  - コアトレーナー、センター校を選出。
- 2. SHC のメンバー**
  - MOHP, MOE, HIO (県レベル) から選出。

### コアトレーナー (中央レベル)

約 10 名

- 1. 機能**
  - ワークショップを開催し、M&G を用い、県レベルのコアトレーナーに対して研修を実施。
- 2. メンバー**
  - MOHP, MOE, HIO (中央レベル) より選出。

研修

### コアトレーナー (県レベル)

約 5 名

- 1. 機能**
  - ワークショップを開催し、M&G を用い、ISHC に対して研修を実施。
- 2. メンバー**
  - MOHP, MOE, HIO (県レベル) より選出。

## センター校

### ISHC (学内保健委員会)

SHC により選出

- 1. 機能**
  - M&G に基づき学校保健活動を実施。
  - 学内における学校保健活動の実施組織。
- 2. ISHC のメンバー**

学内における学校保健活動の実施組織

## トレーニー校 (他校)

### ISHC (学内保健委員会)

同地域内のセンター校より研修を受ける学校

- 1. 機能**
  - M&G に基づき学校保健活動を実施。
- 2. ISHC のメンバー**

学内における学校保健活動の実施組織

## センター校とトレーニー校との関係

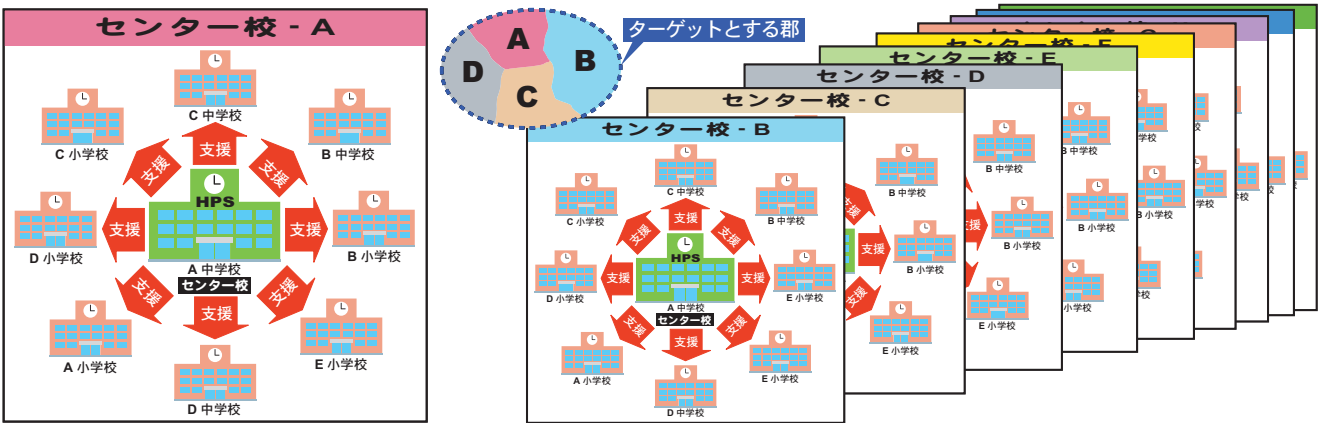


図1 ヘルス・プロモーション・スクール(HPS)の普及概念図





## 第2章 年次別活動実績

### 2.1. 第1年次活動実績（2008年11月～2009年3月）

第1年次には、学校保健の定義やプロジェクトの目的、実施方針についてC/Pとの共通認識を定着させ、プロジェクト活動の土台及び枠組みを構築した。活動地ファユーム県タメイヤ郡におけるパイロット校20校を選定し、対象地の学校保健関係者、生徒、保護者を対象としたベースライン調査により、「エ」国学校保健に関する課題を確認した。中央・地方の行政官やパイロット校の学校保健関係者には、日本の学校保健に関する研修を実施すると共に本プロジェクトの概念を説明した。

第1年次の主な活動は以下の通りである。全活動の詳細については、別添9：活動一覧に記す。

#### (1) JCC 等会議

第1年次はパイロット校の選定が早急の課題で、2008年12月28日に行われた第1回JCC会議においてその選定基準が決定された。その基準は、A. 学校医及び/または学校看護師が常駐すること、B. スクールクリニックがある、または設置する計画があることであり、その他に人口分布、学校・保健医療施設の配置、道路網へのアクセス等の諸条件を考慮した。左記の選定基準に基づき、2009年1月4日に開催された第1回SHC会議においてタメイヤ郡にある約120校の小中学校の中から20校のパイロット校が選定された。

続く第2回、第3回のSHC会議は、主にベースライン調査について検討し、調査委託先のローカルコンサルタントを交えて、ベースラインプレ調査結果の報告や質問票の作成、最終結果の報告会などを行った（別添7：JCC会議議事録、別添8：SHC会議議事録）。

#### (2) ベースライン調査

ベースライン調査は質問票を用いた量的調査と質的調査（フォーカスグループ・ディスカッションとキーインフォーマント・インタビュー）で構成され、予定通り実施され、契約期間内に完了した。医療機材の不足、トイレや飲み水の施設及び使用方法の衛生的問題、サービス提供の問題（制度としては存在するが、実施されていない）等が確認された。調査結果概要を下記の表に記す。

表 2: ベースライン調査の調査結果概要

- 保健室がある、または保健室設置の計画があることがパイロット校選定基準の一つであったが、半分のパイロット校において保健室が設置されていなかった。
- 水道水が来ていないことにより、おおよそ半分の調査校において飲み水やトイレに衛生上の問題があった。
- 学校医が学校を訪問するのは年間1、2回だが、学校看護師は常駐しているケースが多い。
- 調査対象生徒のうち、半分の生徒がこれまでに健康診断を受けていない。
- ほぼ全ての学校において保健委員会は存在しないか、機能していない。
- 多くの生徒や学校評議会は、現在の学校保健サービスに不満である。

出典：ベースライン調査報告書

### (3) 研修・ワークショップ

#### 1) 行政官に対する研修「日本の学校保健」の実施

中央行政官に対する研修を2008年12月30日、地方行政官に対する研修を2009年1月4日にそれぞれ実施した。研修は山崎専門家が担当し、日本の学校保健教育について関係者間で理解を深め、日本の学校保健との対比において「エ」国の学校保健の現状を共有する目的で行った。活発な質問や、意見交換が行われたが、その中でも日本の養護教員と似た役割をもつソーシャルワーカーが、「エ」国の学校保健活動において重要な役割を担える可能性があることが関係者間で認知された。

#### 2) パイロット校の学校保健関係者に対する研修の実施

当初、学校医、学校看護師に対する研修を計画していたが、これまでの現地調査から、現場の学校保健の担い手として、ソーシャルワーカー、教職員の参加が不可欠と判断し、対象者に彼らを含め、さらに、知識、技術習得を目的とした「研修」ではなく、現状の確認と学校保健の理想の姿を、議論を通して描くことによりアクションプランを立てる、グループワーク中心のワークショップを実施した。2009年3月3日、4日の2日間に渡り、パイロット校のうち5校を招いて実施した。内容は、プロジェクトの説明、日本の学校保健の紹介後、それぞれの学校での学校保健の実情と今後の改善のために活動案作成を行った。これにより、現地関係者のプロジェクトに対する理解も深まり、彼らの自主的活動のスタートが切られた。

### (4) その他

ロジスティック面に関しては、カイロ市内において保健人口省のPHCセクター内にプロジェクト事務所を、また、フィールド事務所として、タメイヤ保健センター内に事務所を設置した。加えて、プロジェクト事務所用機材なども購入し、2年次以降の活動に向けて体制を整えた。

## 2.2. 第2年次活動実績（2009年4月～2010年3月）

第2年次は、ワークショップを通じて、行政官と現場担当者たちによる議論を重ね、人的・物的資源が不足するパイロット校においても実践可能な学校保健サービスの内容を具体化した。また、各パイロット校内に学校保健実施委員会（Internal School Health Committee: ISHC）が組織され、学校ごとの活動が始まり、健康教育手法と学校健診の技術的研修により人材養成を開始した。その他、本邦研修へのC/P参加やそのフォローアップのためのTV会議を含め、プロジェクト活動が重層的に進み始めた。

第2年次の主な活動は以下の通りである。全活動の詳細については、別添9：活動一覧に記す。

### (1) JCC 等会議

JCC 会議及び SHC 会議において、学校現場や行政組織の中で学校保健活動を円滑に実施するために、学校保健サービス実践マニュアル（以下、実施マニュアル）、及び学校保健サービスモニタリング・ガイドライン（以下、モニタリングガイドライン）を新たに開発することが合意された。「エ」国には、学校保健活動を規定する保健人口省/健康保険庁作成の学校医対象のガイドライン及び WHO / 保健人口省作成の主に学校看護師対象のガイドラインが存在した。しかし、実際に学校を訪問して現場の状況を確認したところ、パイロット地域であるタメイヤ郡では、既存のガイドラインは利用されておらず、多くはその存在すら知らなかった。その点を改善するため、学校現場の関係者にとって使いやすい、実用性の高い実施マニュアル、モニタリングガイドラインの作成が求められた。

「エ」国における学校保健活動は、WHO、UNICEF、UNESCO、World Bank など関連機関が推進する学校保健モデル(FRESH: Focusing Resources on Effective School Health)の基礎的構成要素、A. 学校保健政策、B. 衛生環境、C. 技術に基づく健康教育、D. 学校に基盤を置く保健・栄養サービスの4点に沿った A. 学校保険法、B. 学校環境維持、C. 健康教育、D. 学校健診・予防接種・給食に加え、生徒向けの学校保険制度による学校外の医療施設での診療を含む治療サービスの5点であった。それらを踏まえ、学校保健サービスの質の向上、上エジプトにおける HPS モデルの構築という本プロジェクトの目標に向けて、強化対象のテーマを、C/P および学校現場関係者が最重要と考える A. 健康教育、B. 家族とコミュニティ参加、C. 学校環境、D. 水と衛生、E. 学校施設内でのヘルスケアサービス（この5つの具体的内容は、第4章記載）に設定し、実施マニュアルを作成することとなった。

その他、実施マニュアルおよびモニタリングガイドライン開発のためのワークショップや、それらの使用方法をパイロット校学校関係者が実習する研修の実施、パイロット校が保健活動を実施するために必要な基礎的医療機材のリストや供与スケジュールの作成などについても合意され、学校保健サービスを提供するための体制作りが進められた。

### (2) 研修・ワークショップ

#### 1) 実施マニュアル及びモニタリングガイドライン開発ワークショップ

SHC 会議において合意された5つのテーマについて実施マニュアル及びモニタリングガイドラインを開発すべく、テーマごとにタスクフォースが C/P たち、ファユーム、タメイ

ヤの学校保健行政官、学校現場関係者たちにより組織され、専門家と協議しながらマニュアルの開発を開始した。当初、マニュアルの具体的内容についての認識にはC/P間に相違があり、また専門家チームが「教えてくれるもの」という姿勢であった。これを改めるために、学校保健に長く関わってきた彼らの知識や考えを引き出し、再構成する目的で、5つのテーマごとにそれぞれ3つの最重要トピックを考え、各トピックの活動ステップを整理して、ドラフトをまとめた(表3)。その後、タスクフォースワークショップのリーダーが講師となり、2009年11月にはパイロット校の校長、教師、学校看護師、ソーシャルワーカー、学校医を対象に実施マニュアルの使用法研修を行った。

このドラフトは文字が小さくて使いにくいことや(A5サイズ)、絵や図が不足しているため内容が分かりにくいこと、最重要トピック3点に絞って作成したために必要な内容がカバーしきれていない等の問題があった。しかし、このドラフト開発過程を経ることにより、3省庁に渡るC/P及び現場の学校保健関係者が知識を出し合い、経験を共有し、議論して改善する作業スタイルが出来上がった。これは、プロジェクト全体を通じてC/P間の協働とオーナーシップの形成に役立つものであった。

表 3: 学校保健活動のテーマとトピック

テーマ	トピック
健康教育	<ul style="list-style-type: none"> <li>● 貧血予防</li> <li>● 喫煙予防</li> <li>● 結核予防</li> </ul>
家族とコミュニティ参加	<ul style="list-style-type: none"> <li>● 学内清掃の日</li> <li>● 買い食い禁止</li> <li>● 遠足</li> </ul>
学校環境	<ul style="list-style-type: none"> <li>● 安全で綺麗な校庭</li> <li>● 健康的な給食</li> <li>● 健康的な学校環境</li> </ul>
水と衛生	<ul style="list-style-type: none"> <li>● 掃除道具の提供</li> <li>● 水回りのメンテナンス</li> <li>● ポスターや演劇などを通じた健康教育</li> </ul>
ヘルスケアサービス	<ul style="list-style-type: none"> <li>● 保健室用医療機材と消耗品</li> <li>● 学内健康診断</li> <li>● 緊急手当</li> </ul>

## 2) パイロット校の学校保健関係者に対する研修やワークショップの実施

現場関係者の知識や経験を引き出すとともに、現場のニーズに基づいた学校保健活動の強化を目指すために、本プロジェクトは『学校現場ベース・アプローチ (School-based Approach)』で進められた。2年次は、パイロット校20校の学校看護師、学校医、ソーシャルワーカーや人口環境教諭などの学校関係者を対象に、学校保健の実践に関する様々なワークショップや研修を行った。まず、2009年3月から7月にかけて、今後の各校での活

動計画を決めるべく、実施者・実施時期・実施内容などを5つのテーマごとに明記した学校活動計画カレンダーを作成した。加えて、2009年7月に、各パイロット校における学校保健活動の実施組織となる学内保健委員会（Internal School Health Committee: ISHC）が組織された。ISHCは後に、学校保健サービス提供のコーナーストーンとC/Pたちが認識するようになった。

2009年11月には、学校現場で実施されている健康診断の現場視察を行い、健康診断の実施状況や問題点を整理した（表4）。

表 4: 健康診断の現場視察を通じて把握された主な課題

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| <ul style="list-style-type: none"><li>● 眼瞼結膜検査：貧血の有無を確認</li><li>● 舌圧子を用いた口腔内検査（証明灯無し）：口蓋扁桃を見て、扁桃肥大を確認</li><li>● 聴診：生徒がシャツを脱いだ後、医者が簡単に4、5か所を聴診するが、戸外の生徒の騒がしさ等を考えると聴診効果は疑わしい。</li><li>● 背部観察：皮膚病の有無を確認するが、聴診は行わない。</li><li>● 学校医は以上の所見を簡単に口述し、看護婦が名簿の余白欄に記載していた。</li><li>● 女生徒はシャツを脱がないため、聴診効果は更に疑わしい。</li><li>● 結果：20-30人の生徒の内、1－2名が貧血、2名が扁桃肥大だった。</li></ul> |
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上記の課題を踏まえ、2010年2月に健康診断現場実習を行った。日本の学校保健の経験に基づいた健康診断帳票の開発ならびに学校医、学校看護師を対象とした現場実習を行い、学校健康診断に関する技法、データ管理について具体的な技術指導を行った。

また、2009年12月には健康教育ニーズ調査を実施した（表5）。健康教育は実施マニュアルのテーマのひとつであると同時に、他の4つのテーマ：家族とコミュニティの参加、学校環境整備、水と衛生、健康診断においても不可欠な要素である。健康教育ニーズ調査において、病気や予防等の知識の不足とともに「教育技術の不足」も明らかとなったことを踏まえ、さまざまな内容に応用可能な教材開発を含めた教育手法に焦点を当てて、2010年2月、パイロット校学校関係者を対象とした健康教育研修を実施した。

表 5: 健康教育ニーズ調査の結果概要

<ul style="list-style-type: none"><li>● 健康教育に関する問題点：健康教育担当者の不足、健康教育教材の不足</li><li>● 学校で実施可能な健康教育の形式： グループセッション、朝礼、授業、意識啓発会議、キャンプ</li><li>● 健康教育教材の選択肢： ポスター、写真、小冊子・パンフレット、教科書</li><li>● 必要な健康教育のテーマ：感染症、貧血、喫煙、個人衛生</li><li>● 健康教育担当者の大多数は、健康教育を実施するにあたり教材の不足、生徒及び保護者が健康教育に無関心であること、教育者のスキル不足等の問題をあげている。</li><li>● 健康教育担当者は、以下の研修の受講を望んでいる。<ul style="list-style-type: none"><li>a. 健康問題に関する知識の習得</li><li>b. 健康教育教材の作成方法</li><li>c. 健康教育の効果的な教授方法とコミュニケーション能力の向上</li></ul></li></ul>
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### 3) 普及ワークショップ

2010年3月に実施した本普及ワークショップは、プロジェクトにおける普及ワークショップシリーズのイントロダクションとなる第一回目の普及ワークショップである。

目的は、上エジプト学校保健関係者に対し、A.本プロジェクトの趣旨、進捗状況及び今後の活動予定を説明する、B. SHC 及びパイロット校ISHC による発表を通して、学校保健サービス実践マニュアル及び学校保健サービスモニタリング・ガイドラインを使用した活動成果を周知させることであった。上エジプト各県の保健人口省、健康保険庁、教育省の代表及びファユーム県C/Pが参加し、プロジェクトの経験を共有した。

### 4) 本邦研修

2009年5月14日から7月4日まで、ファユーム県健康保険庁の行政官2名がJICA 中部主催の本邦研修に参加した。研修の詳細については、別添3：研修員受入実績を参照。本プロジェクトは、本邦研修終了後のフォローアップ研修におけるプレゼンテーションの準備を支援した。尚、このフォローアップ研修は、遠隔技術協力（JICA-NET）を用いて行われた。

また、2010年9月から10月にかけては、秋季国別研修として、短期間の本邦研修を実施した。これには、カイロのC/P2名がそれぞれ健康保険庁、教育省から参加した。

### (3) 基礎的医療機材の供与

第4回SHC会議において、基礎的医療機材の供与プロセスが確認され、新学期が始まる9月までに供与を終えることとした。機材の仕様については「エ」国内の基準に合わせた。また、会議後には、専門家チーム及びC/Pが共同でパイロット校の状況（保健室の広さや機材管理状況）を確認した。その後、専門家チームは2009年5月から8月にかけてパイロット校20校の学校保健室に基礎的医療機材を供与した（供与機材の詳細については、別添4：供与機材実績を参照）。2009年11月には、各校を訪問し、供与した機材が適切に使用されていることを確認した。

## 2.3. 第3年次活動実績（2010年4月～2011年3月）

第3年次は、特に健康教育と健康診断の実施方法及び保健情報モニタリングシステムの構築を進めた。健康教育及び健康診断については、活動を行う際に使用する実施マニュアルや教材等のツールを開発した。後に詳述するモニタリングシステムについては、新しいモニタリングシステムを開発し、これを試行した。また、トレーナーズチーム（Trainers' Team: TT）及びモニタリングチーム（Monitoring Team: MT）が組織され、JICA 専門家チームと共に上記の開発を行った。

第3年次の主な活動は以下の通りである。全活動の詳細については、別添9：活動一覧に記す。

### (1) JCC 等会議

第3年次における JCC 会議及び SHC 会議では、プロジェクト活動全体の進捗確認や、具体的な活動の流れを適切に反映するため、PDM の見直しについての議論をし、改定をした。（別添6：PDM の変遷）。

### (2) TT 及び MT の活動

TT は、C/P やヘルスビジター、パイロット校の一部教員、ソーシャルワーカーなどから成るチームであり、学校現場において「健康教育」と「健康診断」に関する研修の方法や教材の開発及び研修の実施を行うために組織された。また、MT は、既存の学校保健モニタリングシステムの分析及びそれに基づいた新モニタリングシステムを開発及びモニタリングガイドラインを開発するチームとして組織された。

#### 1) TT 活動：健康教育及び健康診断で使うツールの開発

TT は、健康診断で使用する各種帳票、健康診断における学校医・学校看護師の職務内容及び健康診断法の DVD など、保健活動を行うためのツールを作成した。3年次の活動当初は、まず TT のメンバーが研修講師として効果的な健康診断を実施できるよう、健康診断の概念及び目的を理解すること、及び、健康診断で使用する機材について正しい知識や技術を習得することを目的とした会議やワークショップを実施した。加えて、JICA 専門家と話し合い、健康診断で使用する「学校健診結果一覧表」や保護者に対する「子どもの健康状態に関する調査票」、「専門病院紹介状フォーム」の作成や、健康診断の手順と役割を明確にした「職務表（ジョブ・ディスクリプション）」を作成した。更に、これらの教材や手法を普及するツールとして、タメイヤ郡の医師、ヘルスビジター、教師、ソーシャルワーカー、生徒の出演により、健康診断のステップを撮影した健康診断法の DVD（タイトルは”Healthy Children Learn Better”）を作成した。

これらのツールを用いて、TT はパイロット校 20 校の学校関係者に対して、健康診断及び健康教育の指導を行った。研修実施後の 2010 年 12 月には、TT が再度パイロット校を訪問し、健康診断及び健康教育のフォローアップ指導を行った。また、健康教育に関するリーフレット作成や、読みにくさの改善と内容の充実を目的に実施マニュアル第一ドラフトの改訂作業を行った。

2011年1月から3月は、一連の活動の成果を検証し、各ツールの改定を行う予定であった。しかし、2011年1月に発生した大規模な反政府デモの影響によりプロジェクト活動が中断したため、予定していた作業を第4年次へと先送りし、第3年次の活動を終えた。

## 2) MT活動：既存のモニタリングシステムの見直し、新モニタリングシステムの提案と試行

「エ」国において、保健情報システムは基本的に治療のために構築されており、また、学校保健活動は、保健人口省、教育省、健康保険庁の3つの省庁がそれぞれの指揮系統で独立して行われていた。一方、プロジェクトは「予防のための保健情報」や「三省庁が協力して活動を行う」モデルを提唱しており、この概念の違いから、第3年次のモニタリング活動は、学校保健モニタリングについて統一した考え方を定着させることに焦点を当てた。

新旧のモニタリングシステムの違いについて一例を挙げる。「エ」国では従来、学校が生徒の健康診断を行う際、学校看護師が健診結果をノートに記録し、必要に応じて県や郡行政に提出することになっている。提出する際、学校看護師は健診結果の控え等を取らないため、生徒の保健情報は学校から失われることになる。このことにより、例えば健康教育を策定する際、学校が抱えている保健問題を確認することが困難となる。つまり、健康診断結果の集計・分析（健康保険庁の指示系統）と、健康教育の策定（教育省の指示系統）がバラバラに行われているため、情報を生かしきれていないことが問題となる。新しいモニタリング体制では、健診結果を学校関係者間で保管し、学校保健関係の行政官たちが彼らに情報の活用法を指導することにより、学校保健活動計画の策定やその実施に貢献するように配慮した。

2010年11月には、新モニタリングシステムの実用性を計るため、パイロット校における導入試験が行われた。具体的には、MTがパイロット校の代表者に各種活動の記録方法について研修を施し（データ入力研修）、2010年12月から翌年1月にパイロット校からデータを回収した。表6に示すようにデータの質が低く、限られた時間と財源の問題により全てのデータを回収しきれない等の問題はあったが、全体におけるトレンド把握や、学校間の実績の比較などにおいて、学校から提出されるデータが有効活用できる可能性を確認することができた。



表 6: 新モニタリングシステムの主な試行結果

<p>データの質の問題の把握</p> <ul style="list-style-type: none"> <li>● 健診の結果、ほぼ全ての児童が成長障害や低体重とされたが、身長または体重の計り方の間違いと考えられる。(実施方法の問題)</li> <li>● 一部の生徒で、異常値(身長3メートル等)が確認された。(記入の問題)</li> </ul>
<p>データの量の問題の把握</p> <ul style="list-style-type: none"> <li>● 学校医による健診を受けている学校と受けていない学校があることを確認した。</li> <li>● 教育省の担当者が学校を訪問しデータを回収することになっていたが、限られた時間と財源の問題により、データを集めきれないことが明確となった。</li> </ul>
<p>データの活用方法の抽出</p> <ul style="list-style-type: none"> <li>● 健康診断の統計結果は、学校ごと(または地域ごと)の健康指標となる。</li> <li>● 医者による健康診断を行っていない学校を確認できる。</li> <li>● 学校環境系のデータは、学校間の施設の整備状況などの差異を確認することに有効である。</li> </ul>

2011年1月から3月にかけて、未回収校からのデータ収集の完了、データの分析方法および情報の活用方法の策定を予定していたが、上述の治安の急激な悪化によりプロジェクトは中断したため、第4年次へと活動を先送りした。

### (3) PDMの見直し

曖昧であった指標の定義(HPSの定義やGood Practiceの定義)を明確にし、プロジェクトの活動内容をより正確に把握できるよう、プロジェクト成果に関する指標を見直した。具体的な改定内容については、別添6「PDMの変遷」を参照のこと。

### (4) その他

2011年1月25日以降、エジプト各地で大規模な反政府デモが発生し、治安状況が急激に悪化した。プロジェクト専門家についてもJICA本部より国外退避が指示され、予定していた現地作業の一部を4年次に先送り、一部を取り止め、3年次の活動を終了した。これにより、第3年次活動内容及び第4年次活動方針が大幅に軌道修正された。3年次から4年次に先送りされた活動は、A. 実施マニュアル及びモニタリングガイドラインの改定、B. パイロット校を対象とした改訂版マニュアル・ガイドラインを用いた研修の実施である。2011年2月に予定していたTV会議システムを用いた遠隔技術協力/学校間交流については、残念ながら打ち切られた。

## 2.4. 第4年次活動実績（2011年6月～2012年11月）

第4年次は、ファユーム C/P の成長とカイロ C/P のコミットメントがさらに促進され、実施マニュアル及びモニタリングガイドラインの最終調整が進み、プロジェクト活動を完結するために見合った体制でスタートした。C/P の強い希望により、実施マニュアル及びモニタリングガイドライン（以下、M&G）を全国版とし、編集作業を現地専門業者に再委託し、C/P と文章の内容やレイアウトについて協議を重ね、M&G を完成させた。また、M&G を含めた HPS モデルを上エジプトに普及させるため、上エジプト各県の保健人口省、健康保険庁、教育省の代表者を対象としたワークショップを実施し、普及のための体制を整えた。

### (1) JCC 等会議

第4年次の JCC 会議及び SHC 会議では、中間評価やエンドライン調査、終了時評価結果を受けて、活動計画の見直しを行った。これらの会議で、M&G はファユーム県のみならず「エ」国全土で使えるものにしたいという C/P からの強い要望があり、ファユームの状況に沿った表現を普遍的な表現に変更するなど、「全国版」M&G を開発すること、M&G 開発にあたり編集作業を現地再委託とすること、他国や他援助機関へ HPS モデルを紹介するため英語版 M&G を作成することが決定された。

ファユーム県タメイヤ郡での HPS モデルの完成やファユーム版 M&G の完成に伴い SHC は本プロジェクトにおける役割を終えた。JCC も、今後「エ」国が HPS モデルを普及させるための普及ガイドラインの発表及び本報告書について議論をし、最終会議を無事終了した。

### (2) 中間評価（詳細は、『中間評価報告書』を参照）

2011年6月、革命の影響により当初の計画より約5カ月遅れ、中間評価が JICA 調査団により実施された。分析の結果、3年次終盤（2011年2月から3月）に実施予定だった M&G の改定作業が計画より遅れていることや、プロジェクトが導入を予定しているモニタリングシステムが「エ」国側の財源の問題から導入が難しいことが確認された。また、研修・ワークショップにおいて「エ」国人材を積極的に活用することが推奨された。

一方、TT、MT の組織化により C/P の役割が明確化したところへ、本邦研修を受けた成果（人材育成）がうまく連動し、ファユーム C/P がプロジェクト活動にさらに積極的に取り組み始めた。

2011年8月、JICA 専門家チームは、中間評価の結果を基に C/P 及び JICA 本部と協議を重ね、M&G を全国版とする開発方法の見直しや、導入するモニタリングシステムの見直しを行うことが決まった。M&G 開発には、アラビア語表現を適切にし、視覚的にもエジプト人利用者に親しみのあるものにするため、「エ」国内の現地業者を活用することとした。モニタリングシステムについては、「エ」国内の既存のモニタリング体制を有効活用し、且つ、学内自己評価システムを導入することで、「エ」国内の既存の人材や施設にて実践可能なシステムを構築することを確認した（詳細は第3章にて後述する）。

また、こうした活動を効果的に進めるため、カイロ C/P との定例会議を再び活性化させた。

### (3) M&G 開発

2011年11月より、カイロ C/P、ファユームのエジプト人プロジェクトスタッフ、アラビア語の編集専門会社スタッフおよび JICA 専門家による編集会議が実施され、全国版 M&G の編集が本格化した。11月中旬に「エ」国内で勃発したデモの影響により、JICA 専門家は再度の帰国を余儀なくされたが、専門家チームはメールベースでの情報交換を続けながら、ローカルコンサルタント、カイロ C/P、ファユームナショナルスタッフとともに全国版 M&G の編集を行い、アラビア語版を完成させた。その後直ちに、英語版作成が始まった。他ドナーや他国でも利用できるものという C/P の要望によるが、内容がエジプトのシステムに合わせたものであるため、英語版はアラビア語版 M&G の主な内容が理解できるという点を目的にした補完的資料という位置づけで製本することとなった。

### (4) HPS モデルの完成及び普及活動

2012年1月、20パイロット校の学校保健担当者たちを対象とした M&G に関する最後のワークショップを実施した。導入試験の結果をもとに改編して完成した上記のアラビア語版 M&G のコピーを配布し、内容を説明するとともに参加者からの質疑に答えた。この時に特に焦点を当てたのは、導入試験の結果、問題と認められた二つの点である。一つは、学校保健活動におけるコミュニティ参加の難しさにどのように対応するかという点である。もう一つは、保護者を対象とした子どもの健康状態に関する問診票が正しく回答されない、ヘルスビジターや教師による学校保健活動の記録が徹底されていないという保健情報収集に関する点である。これらに関し、他校及び C/P から、保護者の参加についてはコミュニティリーダーにも支援を仰ぐ、問診票についてはソーシャルワーカーが保護者宅に赴いて記入を手伝うなどのアイデアが出された。学校保健活動の記録の徹底については、このワークショップにおいて発表された、グラフやチャート化された導入試験の視覚的結果をみることにより、その重要さが認識された。参加者からは、記録は単なる業務ではなく、自分たちの活動の達成度を確認し改善点の明確化するためのものであるということが理解できたという意見が聞かれた。これが実際の記録の徹底につながるかどうかは今後の経過を待たなければいけないが、C/P たちが、この「記録の意味」をよく伝えることが普及活動において重要であると認識できたことは大きな進展であるといえる。

このワークショップではさらに、学内自己評価システム、健康診断プログラムなど、導入試験以降新たに追加または変更した学校保健活動の実習を行った（表7）。

アラビア語版 M&G このワークショップをもってアラビア語版 M&G 並びに HPS モデルが完成し、プロジェクトは普及活動の段階に入った。

表 7: HPS モデルの完成に向けたワークショップで取り扱った議題

<p>「パイロット校に未だ十分浸透していないと思われる課題」</p> <ul style="list-style-type: none"> <li>● コミュニティ参加の確認 コミュニティが学校保健活動を支援するとともに、学校からもコミュニティに学校保健活動を働きかけるなど、相互の関わりが必要である点を確認</li> <li>● 「保護者を対象とした問診票」の利用法 問診票の結果に基づいて各学校における健康課題を把握し、健康教育活動に取り入れることを確認</li> </ul> <p>「新たに追加または変更した学校保健活動」</p> <ul style="list-style-type: none"> <li>● 学内自己評価システム 学内自己評価システムの意義、目的、評価時期、評価方法を説明し、各学校が自己評価票を用いて自らの学校保健活動を評価</li> <li>● 健康診断プログラム 現地プログラマーの開発した健康診断の結果解析プログラムを配布し、使用法を説明</li> </ul>
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2012年2月には、新たに組織・承認されたセンター校選定委員会が中心となり、これまでの実績等に基づき20パイロット校の中からセンター校を5校選定した。各センター校はそれぞれが指導するノンパイロット校を1校ずつ選定し、HPSモデル普及トライアルとして、C/P、TT、MT、専門家の支援により、ファユームにおいてセンター校からノンパイロット校への普及研修を実施した。この研修ののち、各センター校とノンパイロット校とがペアになり、各センター校が普及プログラムを考え、センター校を活動拠点として、C/Pの代表者同席のもと、ノンパイロット校への普及活動を行った。

上記のファユーム県での試行的普及活動の結果を踏まえ、2012年5月より本プロジェクトの対象地域である、上エジプト9県（ファユーム県を除く）への普及活動の開始及び普及ガイドラインの作成を開始した。2012年6月にカイロにて開催した全体普及ワークショップでは、HPSモデルの紹介及び今後各県内においてHPSの普及を行うコアトレーナーを選出した。続く7月から8月には上エジプト4カ所に分けて個別のワークショップを開催し、各県のコアトレーナーの養成、トライアル校におけるISHC設置、及びHPSモデル試行のためのアクションプランが作成された。個別普及ワークショップ後、各県はトライアル校においてアクションプランに沿ってHPSモデルを期間限定的に実施した。2012年9月には、カイロにおいて最終の全体普及ワークショップを実施し、各県の活動報告を受け、これを普及ガイドラインに反映させた。尚、普及ガイドラインの詳細については第4章を参照のこと。

#### (5) エンドライン調査

プロジェクトの成果を確認するため、エンドライン調査を実施した。この調査は、革命後の大統領不在による治安悪化などで学校が休校となった期間において実施された。また、調査項目の中には、当プロジェクト活動の効果発現に至るまでに時間を要すると考えられるものや、プロジェクト取り扱わないものも含まれている。

調査では、モデル開発の対象となったパイロット校とノンパイロット校の比較（介入郡と非介入郡）、及びプロジェクト開始時から終了時の比較を行った。以下、各テーマにおける主要な指標を取り上げる。

#### 1) 健康教育

個人の健康・衛生に対する意識では、食事の前やトイレの後における手洗いが大きく改善された。栄養改善の指標の一つである低体重児童生徒の数が減った（特にパイロット校で顕著）。

#### 2) 家族とコミュニティ参加

教師および児童生徒の健康促進についての意識が高まった。健康・病気に対する学内研修受講者が増えた(特にパイロット校で)。教材・ゲームの利用頻度が増加している。

#### 3) 学校環境

この活動におけるソーシャルワーカーやラボ・テクニシヤンの参加が増加した。全く開催されていなかった ISHC が開催され、委員会の活動が活発化した。学校クリニックの整備状況が大幅に改善した（特にパイロット校において）、校庭の植樹数が増えた。校舎・教室が清潔になった。

#### 4) 水と衛生

安全な飲料水の供給、トイレ施設の清潔さが改善された。

#### 5) ヘルスケアサービス

健康問題・学校保健サービスの知識と理解が深まった。学校クリニックに関する知識が深まった（特にパイロット校で）。身長・体重の測定方法は急激に浸透した（特にパイロット校で）。レファラル患者は大幅に減少した。学校医・学校看護師に対する印象は高評価。

#### (6) 終了時評価

2012年6月16日から7月7日までの22日間、JICA 終了時評価調査団により終了時評価調査が実施された。C/P、プロジェクト関係者（パイロット校の教師、ヘルスビジター、ソーシャル・ワーカーなど）、専門家からの聞き取り調査及び政策・予算関連資料から得られた情報を評価5項目に沿って分析した結果、妥当性と有効性は「高い」、効率性、インパクト、持続性は「中程度」との結論に達し、プロジェクト終了後の学校保健活動促進のための活動計画策定の必要性、HPS モデルの普及に向けたドナーや NGO との協調、M&G 等各ツールの三省庁ウェブサイトへのアップロード等が提言された。評価の詳細は、『終了時評価報告書』を参照。



## 第3章 成果と課題

本章では終了時評価の結果を参考に本プロジェクトの成果と課題を述べる。

### 3.1. 成果1の達成状況

成果1：学校保健モニタリング・指導監督の仕組みが、群レベルで開発・設置されると共に、中央・県レベルで強化される。

指標1-1：定期的なモニタリング及び指導監督を実施する。

#### (1) 本プロジェクトの活動

##### 1) 「学校保健サービスに関するモニタリング・指導監督ガイドライン」の開発

本プロジェクトは、中央政府・地方政府・学校レベルで学校保健にそれぞれ関係する職員からの既存のモニタリングにおける問題点や限界を改善すると共に、彼らの技術的インプットを取り入れ、「学校保健サービスに関するモニタリング・指導監督ガイドライン」(M&Gの第6章)を開発した。改善された点は、中央政府、地方政府、学校現場レベルで学校保健活動のモニタリング・指導監督に従事する全ての関係者の役割及び責任が明記されていることと自己評価システムを取り入れ、モニタリングが当事者たちの学びのプロセスにもなるよう意図したことである。モニタリング・指導監督に充てる予算も、学校保健を担当する政府職員の数も極めて限られていたことから、自己評価システムにより、学校保健における学校の役割を最大限まで高めることを明記した。

##### 2) パイロット校におけるモニタリング活動

本プロジェクトによる指導のもと、タメイヤ地区の各省庁はガイドラインに従い、学期毎に20パイロット校のモニタリング及び指導監督活動を実施した。また、パイロット校を対象に、各学校保健活動の結果を記録し、成果・課題を評価し、改善策を立てるための研修を行った。約3年に亘る研修ののち、活動実績が最も優秀であったパイロット校5校が、HPSモデルの「センター校」としてSHCにより選出された。各センター校はノンパイロット校1校とペアを組み、ISHCの設立、学校保健活動の実施、活動の自己モニタリングに関する研修を行い、HPSモデルの普及活動を行った。

#### (2) 成果と課題

本プロジェクトは上記の活動を通して成果1を達成した。

一方、パイロット校の記録データには学校間にばらつきが認められ、誤記入も見受けられた。記録内容をより詳細に標準化し、記入法に関する研修を継続して行うなど、モニタリング及び指導監督の仕組みを改善するための継続的努力が必要である。

### 3.2. 成果 2 の達成状況

成果 2：タメイヤ群において、学校保健サービスの提供が促進される。

指標 2-1：ヘルス・プロモーション・スクールの数が以下の指標に基づき 20 校以上に増加する。

- A. 保健教育の数
- B. コミュニティが参加する支援活動の数
- C. 学校環境改善活動の数および定期的メンテナンスの実施
- D. 水、衛生環境改善活動の数および定期的メンテナンスの実施
- E. 学校健康診断の実施率

#### (1) 本プロジェクトの活動

##### 1) 学校保健実践マニュアル

本プロジェクトは、中央政府・地方政府・学校レベルで学校保健にそれぞれ関係する職員からの技術的インプットを取り入れ、「学校保健実践マニュアル」(M&G の第 1-5 章)、学校検診(第 5 章)の視覚的補助教材である DVD および 3 種類の学校保健サービス促進に関するリーフレットを開発した。

マニュアルでは学校医の不足を考慮し、学校看護師、ソーシャルワーカーが健康診断や健康教育といった学校保健サービスの中核的役割を担うよう、利用可能な人材の役割および責任を強調している。また、人口環境教諭、コンピューター教諭といった他の教諭や保護者の代表及び生徒の代表も、校長のリーダーシップのもと ISHC を通じて重要な役割を担うべきであることを明記している。

##### 2) 学校保健活動

本プロジェクトは、タメイヤ地区のパイロット校 20 校を対象に、マニュアルに従った学校保健サービス実施に関する研修を行った。また、パイロット校より選定されたセンター校計 5 校は、ノンパイロット校計 5 校を対象に、マニュアルに沿った学校保健サービス実施の研修を行った。その結果、パイロット校全 20 校及びノンパイロット校 1 校がプロジェクトの設定した HPS の基準を満たした。

#### A. 健康教育:

本プロジェクトの基準は「1つ以上の健康教育手法を用いて健康教育が行われていること」である。調査の結果、パイロット校全 20 校およびノンパイロット校 4 校が、1つ以上の手法を用いて健康教育活動を行っていることが示された。

表 8: 健康教育手法を導入している学校の数 (2012 年)

健康教育手法の数	0	1-2	3-4	5-6	7-8	合計
パイロット校	0	12	3	4	1	20
ノンパイロット校	1	3	1	0	0	5



#### B. コミュニティの参加:

本プロジェクトの基準は「生徒、保護者、コミュニティが参加する学校保健活動が1つ以上実施されていること」である。調査の結果、パイロット校全20校およびノンパイロット校5校が、生徒、保護者、コミュニティが参加する学校保健活動を1つ以上実施していることが示された。

表 9: コミュニティ参加型の学校保健活動を実施している学校の数 (2012年)

活動の数	0	1-2	3-4	5-6	7-8	合計
パイロット校	0	3	12	4	1	20
ノンパイロット校	0	2	3	0	0	5

#### C. 学校環境:

本プロジェクトの基準は「学校環境の状態（校舎、校庭、教室の状態など）を確認するチェックリストにおいて、全項目の7割以上が要求基準を満たしていること」である。調査の結果、パイロット校全20校およびノンパイロット校5校が、学校環境に関するチェックリストにおいて、全項目の7割以上が要求基準を満たしていることが示された。

表 10: 学校環境に関するチェックリストの結果 (2012年)

得点	>69%	70%-79%	80%-89%	90%-95%	96%-100%	合計
パイロット校	0	1	4	6	9	20
ノンパイロット校	0	0	0	1	4	5

#### D. 水・衛生環境:

本プロジェクトの基準は「水・衛生環境の状態（学校の水施設および男女別トイレの状態など）を確認するチェックリストにおいて、全項目の7割以上が要求基準を満たしていること」である。調査の結果、パイロット校20校およびノンパイロット校5校が、水・衛生環境に関するチェックリストにおいて、全項目の7割以上が要求基準を満たしていることが示された。

表 11: 水・衛生環境に関するチェックリストの結果 (2012年)

得点	>69%	70%-79%	80%-89%	90%-95%	96%-100%	合計
パイロット校	0	2	4	10	4	20
ノンパイロット校	0	0	0	2	3	5

#### E. ヘルスケアサービス:

本プロジェクトの基準は「対象生徒（小学1年、4年、中学1年）の大半に対して身長、体重、視力の測定を行うこと」である。調査の結果、パイロット校全20校およびノンパイロット校1校が、対象生徒に身長、体重、視力の測定を行っていることが示された。

## (2) 成果と課題

本プロジェクトは上記の活動を通して成果2を達成した。

エンドライン調査では、学校看護師によって健康診断の実施される割合が増大していることが示された。健康診断を受けたことのある生徒のうち、学校看護師から健康診断を受けたと回答した小学生は、パイロット校では2009年の7.7%から2012年の30.7%へと大幅に増加している一方、ノンパイロット校では5.6%から11.2%へと増加しているものの、その増加率はパイロット校より低い。中学生でも、パイロット校では6.4%から42.3%へと大幅に増加したが、ノンパイロット校では6.3%から16.5%へと穏やかな増加が認められるに留まった。

一方、学校医による検診については課題が残った。2011年10月に実施された第13回SHCで、2011年11月から12月にかけて実施される健康診断には、MOHPまたはHIOの学校医を各パイロット校に配置することが決定した。しかし、検診を実施したのは配置された医師の約50%のみであったばかりでなく、検診を完遂させたのはパイロット校20校のうちわずか7校であった。学校医は通常、医師として広大な管轄区域を担当するうえに学校医を兼任しており、非常に多忙である。学校医による検診率を上昇させるには、彼らの労働環境を見直し、改善する必要がある。

表 12: 学校医による検診の実施率

	全対象生徒に 対して実施	一部の対象生徒 に対して実施	未実施	合計
パイロット校	7校	2校	11校	20校
	35%	10%	55%	100%
ノンパイロット 校	0校	0校	5校	5校
	0%	0%	100%	100%

### 3.3. 成果3の達成状況

成果3：学校保健に関わる人材が強化される。

指標3-1：研修終了後の自己評価が向上する。

#### (1) 本プロジェクトの活動

##### 1) ファユームにおける学校保健に関わる人材の研修

本プロジェクトは、中央・地方レベルの学校保健サービスに関わる政府職員から ISHC メンバーに至るまで、HPS モデル確立に必須となる幅広い人材を対象に、学校保健活動に係るさまざまなテーマについて研修を行った。そして、その研修内容に参加者は非常に満足したという調査結果が得られている。例えば2009年2月、2010年10月、2012年3月に実施した研修コース終了後の自己評価アンケート調査によれば、「満足」と回答した参加者の割合はそれぞれ98%、100%、100%であった。こうした研修を継続した結果、関係職

員の技術力が養成、強化され、HPS モデルを他県で実施、普及する能力を有するまでに至った。

表 13: 日本人専門家による健康教育研修の自己評価アンケート結果  
(2009年2月15-17日)

非常に満足	満足	中程度	不満足	非常に不満足	合計
54 (87%)	7 (11%)	1 (2%)	0(0%)	0(0%)	60

表 14: TT による健康教育研修の自己評価アンケート結果  
(2010年10月24-25日)

非常に役に立つ	多少役に立つ	役に立たない	合計
52 (93%)	4 (7%)	0 (0%)	56

表 15: TT によるリフレッシャー研修の自己評価アンケート結果  
(テーマ1-4:2012年3月14日、テーマ5:2012年3月18日)

テーマ	非常に役に立つ	役に立つ	役に立たない	合計
1-4	76 (88%)	10 (12%)	0 (0%)	86
5	77 (91%)	8 (9%)	0 (0%)	85

## 2) 上エジプトにおける学校保健に関わる人材の研修

2012年6月から9月にかけて、カイロ及び上エジプトで行われた一連の普及ワークショップでは、上記研修を通じて能力の向上した職員が講師として重要な役割を果たし、成功裏のうちに終了した。

### (2) 成果と課題

本プロジェクトは上記の活動を通して成果3を達成した。普及ワークショップで講師として活躍した中央政府・地方政府・学校レベルの職員は、今後のHPSモデル普及活動においても中心的役割を果たすことが期待される。

## 3.4. 成果4の達成状況

成果4: 教員や保護者などによるヘルス・プロモーション・スクールを支援する活動が強化される。

指標4-1: パイロット校が最低1つのコミュニティとの協力によるヘルス・プロモーション・スクールのグッドプラクティスを実施する。

指標4-2: パイロット校において支援活動に参加する地域住民の数が増加する。

### (1) プロジェクト活動の成果

指標4-1に対する成果を1) および2) に、指標4-2に対する成果を3) に示す。

- 1) 学校保健実践マニュアルには、それまで曖昧だった学校保健における家族・コミュニティ参加の具体的な意味と重要性が明記され、家族・コミュニティ参加型学校保健活動のさまざまな実践方法が紹介されている。
- 2) 2012年5月から6月にかけて行われた ISHC 調査では、20 パイロット校全てにおいて保護者・コミュニティ参加型の保健活動が実施されていることが示された。こうした活動には、保健に関する講義やセミナー、生徒や保護者が参加した学校清掃活動、保護者を対象とした生徒の健康に関する問診票調査などが挙げられる。
- 3) ISHC 調査によれば、20 パイロット校のうちの 19 校が 2 年前に比べ、学校保健活動に参加するコミュニティメンバーの数、コミュニティ参加型保健活動の数が増加したと報告している。コミュニティメンバーの参加は 8 校（40%）で大幅に増加し、コミュニティ活動の数は 9 校（45%）で大幅に増加した。

## (2) 成果と課題

本プロジェクトは上記の活動を通して成果 3 を達成した。

パイロット校におけるコミュニティ参加は過去 2 年の間に強化されたものの、エンドライン調査の結果等によれば、保護者や教師がその重要性を広く認知するまでには至っていないのが現状である。学校保健の重要性をコミュニティに理解、浸透させるために、ISHC による継続的な学校保健活動を通してこの状況を改善していくことが望まれる。

## 第4章 HPS モデルの概要

プロジェクト活動のなかで導入試験を行いながら構築した HPS モデルは、以下の基本方針に基づいて開発した。

基本方針 1：「学校現場ベース・アプローチ」によるモデル開発を採用する。

中央政府からのトップダウンの指示命令のみに基づくモデル開発ではなく、モデル開発現場となる県・郡の行政官および学校教員・学校看護師が可能な限り積極的に関与する開発方式を採用した（「学校現場ベース・アプローチ」）。

基本方針 2：プロジェクト完了後も「エ」国側で実施できる自律成長モデルの作成を目指す。

医療従事者などの人的資源、インフラおよび財源が乏しいために学校保健システムがあまり機能していない農村地域の現状を鑑み、既存のリソースで実践可能な自立発展性及び持続性を考慮したモデルの作成を目指した。

基本方針 3：「エ」国の関係機関調整整備に着目したモデルとする。

「エ」国の学校保健には、保健省のみならず、健康保険庁および教育省がそれぞれの目的の基に分散関与している。これらを一体化した学校保健システムとして稼働できるよう、関係機関調整体制整備にも着目、「エ」国側自身による実行可能な仕組み作りを目指した。

### 4.1. HPS モデルの特徴

オタワ憲章における WHO のヘルスプロモーションの定義は「自らの健康を決定付ける要因を、自らよりよく管理できるようにしていくこと」である。さらに、ヘルスプロモーションの 2 つの柱として、①個人が健康を管理する能力をそなえるようにすること、②個人を取り巻く環境を健康に資するように改善すること、が挙げられている。

ヘルスプロモーションスクール（Health Promotion School: HPS）とは、児童の健康状態の改善を目的に、本プロジェクトを通じて開発される学校保健活動を実施し、中央・地方（県・郡）レベルの学校保健モニタリング指導監督体制により支えられる学校と特徴づけられる（表 15）。

表 16: HPS モデルの特徴

- |   |
|---|
| <ul style="list-style-type: none"><li>・学校保健活動は、（1）健康教育、（2）家族とコミュニティ参加、（3）学校環境、（4）水と衛生、（5）ヘルスケアサービスの 5 領域を網羅する。</li><li>・教師、生徒、保護者、コミュニティが積極的に参加する学内保健委員会（Internal School Health Committee: ISHC）が主体となり学校レベルで実施される。</li><li>・学校保健活動は、学校保健モニタリングシステムにより支えられている。</li><br/><li>・なお、学校保健室が存在すること、学校保健室に必要な機材が揃い機能することを前提条件とする。</li></ul> |
|---|

#### 4.1.1 組織体制

##### (1) 合同調整委員会 (Joint Coordination Committee: JCC)

JCCは、保健人口省、教育省、健康保険庁の代表から組織される、国家レベルの組織である。最低一年に一度の会合を開き、A. SHC（後述）が作成するHPS活動の年次計画を承認すること、B. HPS活動の進捗や活動の確認すること、C. 実施上の課題について意見校交換をすることを目的として組織される。

メンバーは主に、保健人口省（中央）プライマリーヘルスケア・予防医学・家族計画室の秘書官、教育省（中央）一般教育課第一次官、各県の保健人口省、教育省、健康保険庁長官、保健人口省（中央）学齢期児童健康部長官などにより組織される。

##### (2) 学校保健委員会 (School Health Committee: SHC)

JCCが国家レベルの組織なのに対し、SHCは県レベルの調整機関である。SHCは、定期的に会合を開催し、HPS活動の年次計画の策定、県内全郡の学校保健活動を監督、指導する。また、SHCは後述のコアトレーナーやセンター校を選出する機能を持つ。

メンバーは、県保健人口省、県教育省、県健康保険庁の長官を筆頭に、県保健人口省からは保健予防課や健康教育課の代表、健康保険庁からは健康教育課や学校健康保険管理課の代表、県教育省からは環境人口課の代表などから編成される。

##### (3) 学内保健委員会 (Internal School Health Committee: ISHC)

ISHCは、各学校内に組織される学校保健活動の実施組織である。M&Gに基づいて学校保健活動を主体的に行う。具体的には、年次計画の策定、定期会議の開催、セルフモニタリングを通じて質を確保し、各学校の状況に応じた保健活動を実施する。

ISHCのメンバーは、学校長、学校医、環境人口教諭、ソーシャルワーカー、学校看護師、生徒の代表、保護者の代表、コミュニティの代表など、その他学校内外の学校保健関係者によって組織され、生徒を取り巻く環境を包括的に見ることができる。

##### (4) コアトレーナー

コアトレーナーは、県レベルの保健人口省、教育省、健康保険庁の代表により組織され、M&Gを用いてISHCメンバーに対して研修を施す。コアトレーナーは、各県レベルでHPSモデルを導入する際に組織される。

##### (5) センター校

センター校は、SHCにより選出され、同地域内の他校に研修を施す役割を担う。

#### 4.1.2 学校保健活動

学校保健活動は、大きく以下の5つに分類される。

### (1) 健康教育

健康教育は、病気の予防など健康の自己管理のための知識と技術を与え、健康につながる行動へ導くための学校保健活動の基本である。HPS モデルでは、さまざまな健康課題及び保健活動に応用できる実践的な健康教育手法に焦点を当てた。朝の全校集会、教室、キャンプ、課外活動などの場面において、講義だけでなく、デモンストレーション、ロールプレイ、ドラマ、ケースストーリー、グループディスカッションの技術を組み合わせて効果的に実施することを目標とした。

### (2) 家族とコミュニティ参加

家族とコミュニティの参加とは、1) 家族、コミュニティに対する児童を通じた、あるいは直接の健康教育・啓発活動と2) 家族及びコミュニティと学校との保健活動におけるパートナーシップ、の両方を意味する。具体的に前者は、学校での保健活動への家族の参加に加え、プロジェクトで開発した学校健診のための児童の健康状態に関する保護者への質問表など、後者は、学校への物品の寄附、労働の提供など学校保健活動強化におけるリソースとしてコミュニティが位置づけられ、その過程で児童もコミュニティ全体の健康も推進しようとする考えである。

### (3) 学校環境

学校環境とは、生徒の身体的、心理的、精神的健康と学習に影響する学校施設内及びその周辺の安全性と衛生状態、また自然環境のことである。具体的には、生徒が健康を増進し、効率的に学ぶように、以下の学校環境を整備する。

- 門、壁、校舎（広さ、機能、安全性）
- 校庭（広さ、清潔さ、安全性（段差、穴、石等危険物が無いか）、植樹、遊具など）
- 教室（広さ、清潔さ、机・椅子、照明、換気など）

学校による建物・校庭・机・椅子の定期的メンテナンスに加え、ごみはゴミ箱に捨てるといった行動を生徒が身に付けられるよう健康教育を行う。

### (4) 水と衛生

このテーマは、水の大切さ、安全な飲料水、清潔な施設（トイレ）に関する意識と技術を高めることが目的である。生徒は、汚れた水と不衛生の健康への影響を、以下の環境衛生活動を通して学ぶ。

- 飲み水・手洗いの水（給水、水質、水道栓、手洗い台、清潔さ、排水、石鹼の有無など）
- トイレ（男女ごとに数、機能、清潔さ、排水機能など）

飲み水の適切な保存法、また、手洗い場とトイレの適切な使い方を身につけ、衛生環境の維持ができることを目的とする。

### (5) ヘルスケアサービス

学校現場での活動に重点を置く HPS モデルの視点から、このテーマでは健康診断と予防接種に焦点をあてている。特に健康診断で得られる体重、身長データや、疾病データ

は、学校保健活動のみならず地域の健康指標としても有益な情報を提供することから、学校現場での測定方法や記録方法、行政機関によるモニタリングについて具体的に構築することを目標とした。

また、スクールクリニックの備品や消耗品の管理についてもフォームを開発し方法を明確化することで、クリニック運営方法を具体化した。

#### 4.1.3 学校保健モニタリングシステム

学校保健モニタリングシステムは、学内セルフモニタリング及び行政によるモニタリングで構成される（図2）。

学校保健活動は、行政上、それぞれ別の目的を持つ三省庁（保健人口省、教育省、健康保険庁）により実施される。各機関は独自のモニタリング体制を持つため、本モニタリングシステムは、人的・物的資源の制限などを念頭に、既存のモニタリング体制を有効活用するよう開発された。例えば、学校健康診断に関する情報は、もともと担当していた健康保険庁がモニタリングする、学校設備については、教育省がモニタリングする等である。

郡や県レベルで各省庁が収集したモニタリングの結果は、SHCで共有され、JCC（国レベル）に報告される。中央の行政官から成るJCCでは、SHCからの報告された情報や各省庁内の開発計画などに基づき、学校保健活動を評価するシステムとなっている。

また、人的資源やインフラの制限（インターネットや道路・交通状況等）から、行政が全ての学校の保健活動を監督することは非効率であるため、各学校がそれぞれに保健活動を評価する学内自己評価システムを導入した。



Monitoring Structure

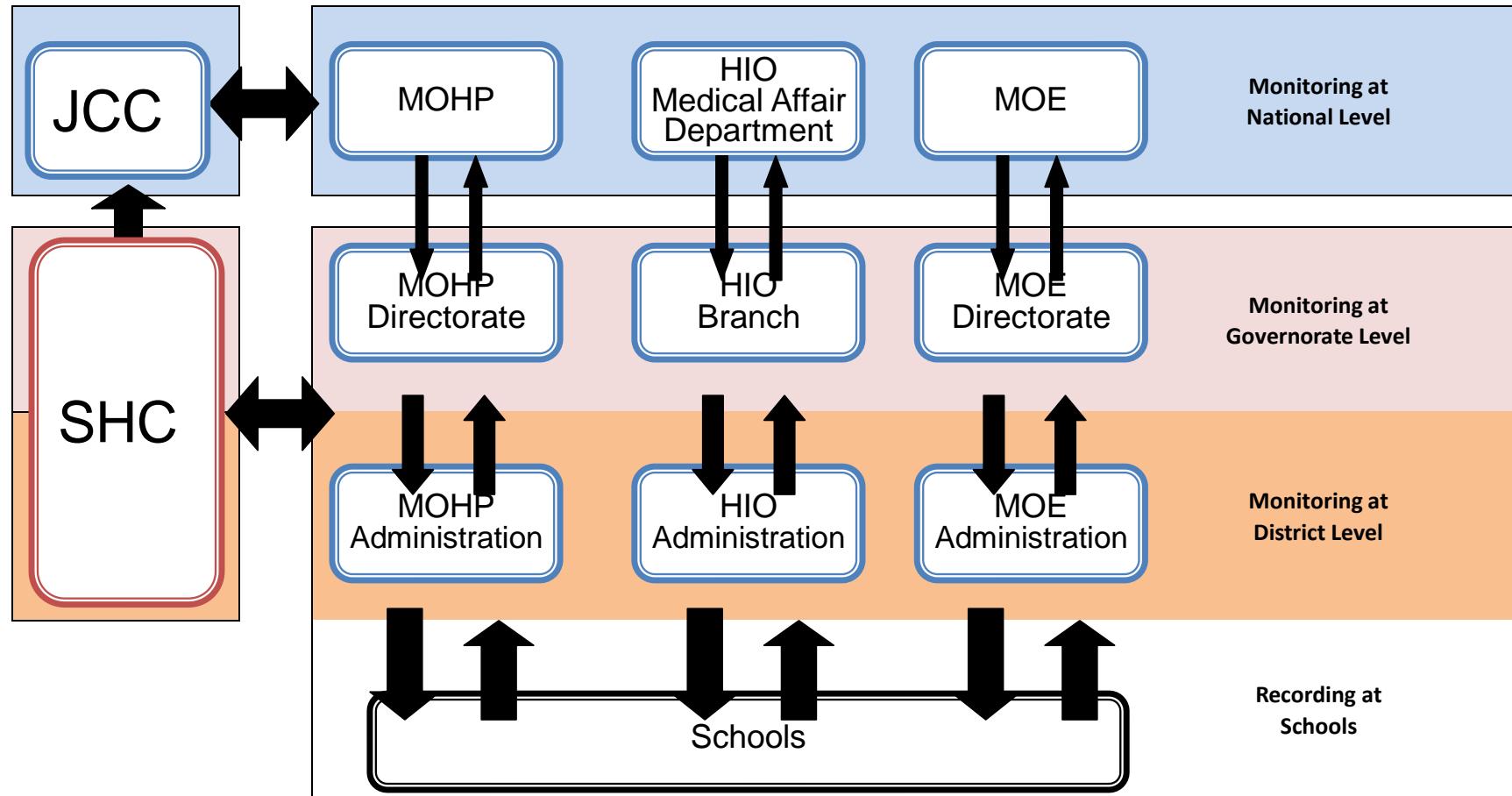


図 2: 学校保健モニタリングシステム

#### (1) 学内自己評価システム

タメイヤ郡だけでも 100 を超える小中学校があり、その全ての保健活動を行政官が直接に監督するのは、人的資源や各行政の財政、社会インフラ（交通網、道路やインターネット）の制限などから実質的に不可能な状況にあることから、各学校が自身で活動を評価する学内自己評価システムを開発した。

学内自己評価システムは、大きく分けて A. 活動の計画、B. 活動の実施、C. 活動の記録、D. 活動の見直し、（以下、繰り返し）の工程で実施される。A. 及び B. については、前項 4.1.2 『学校保健活動』にて触れているため、C. 及び D. について述べる。

活動の記録は、まず、M&G 内に添付されている入力様式に活動を記録する。その後、学期末に ISHC が主催する「自己評価会議」を開催し、活動の計画と記録を見直し、達成度、計画変更、改善事項などについて話し合う。また、会議には、より客観的に評価するため、コミュニティの代表など、外部の有識者を積極的に招待する。

情報入力と分析を支援するツールとして、学校健康診断解析コンピュータプログラムを開発した。このプログラムでは、健康診断の結果（身長や体重）を入力することで、例えば、低体重や肥満、発育不良の生徒の割合を確認できるなど、学内の健康問題を自動的に分析できる（図 3）。また、パイロット校がそれぞれ解析した健診結果を比較することで、学校間の健康課題の比較を容易に行うことができる（図 4）。

これらのツールを活用し、各学校は学期ごとに活動を見直し、次の学期の保健活動を計画する。

Result of Data Analysis on Height, Weight, and Eye Sight		
School Name	NAME of SCHOOL	
Grade	1st Primary	
Number of Students	141	
Date of Examination	2011/11/20	
<b>Major Findings</b>		
<b>1. Thinness and Overweight (BMI for age)</b>		
	Number	Percentage
(1) Severe Thinness (<-3SD)	12	9%
(2) Moderate Thinness(<-2SD)	6	4%
(3) Mild Thinness (not critical)(<-1SD)	28	20%
(4) Healthy	85	60%
(4) Overweight(>+1SD)	9	6%
(5) Obesity(>+2SD)	1	1%
(6) Severe Obesity(>+3SD)	0	0%
(7) False/Missing	0	0%
<b>2. Stunting (height for age)</b>		
	Number	Percentage
(1) Severe Stunting(<-3SD)	0	0%
(2) Moderate Stunting(<-2SD)	13	9%
(3) Mild Stunting (not critical)(<-1SD)	42	30%
(4) Healthy	86	61%
(5) False/Missing	0	0%
<b>3. Eye Sight</b>		
	Number	Percentage
(1) Left		
6 / 6	129	91%
6 / 9	0	0%
6 / 12	12	9%
Less than 6/12	0	0%
False/Missing	0	0%
(2) Right		
6 / 6	133	94%
6 / 9	0	0%
6 / 12	7	5%
Less than 6/12	1	1%
False/Missing	0	0%
<b>Medical Examination and Vaccination</b>		
	Number	Percentage
Urine Test (Positive)	3	2%
Stool Examination (Positive)	0	0%
Bivalent Vaccination Received	139	99%
Meningitis Vaccination Received	139	99%
Heart Test (Positive)	0	0%
Surgery (Positive)	0	0%
Skin Test (Positive)	4	3%
ENT (Positive)	5	4%
Eye Test (Positive)	1	1%
Orthopedics (Positive)	0	0%
Blood Disease (Positive)	0	0%
Psychological (Positive)	0	0%
Dental (Positive)	37	26%

図 3: 健診の集計結果 (サンプル)

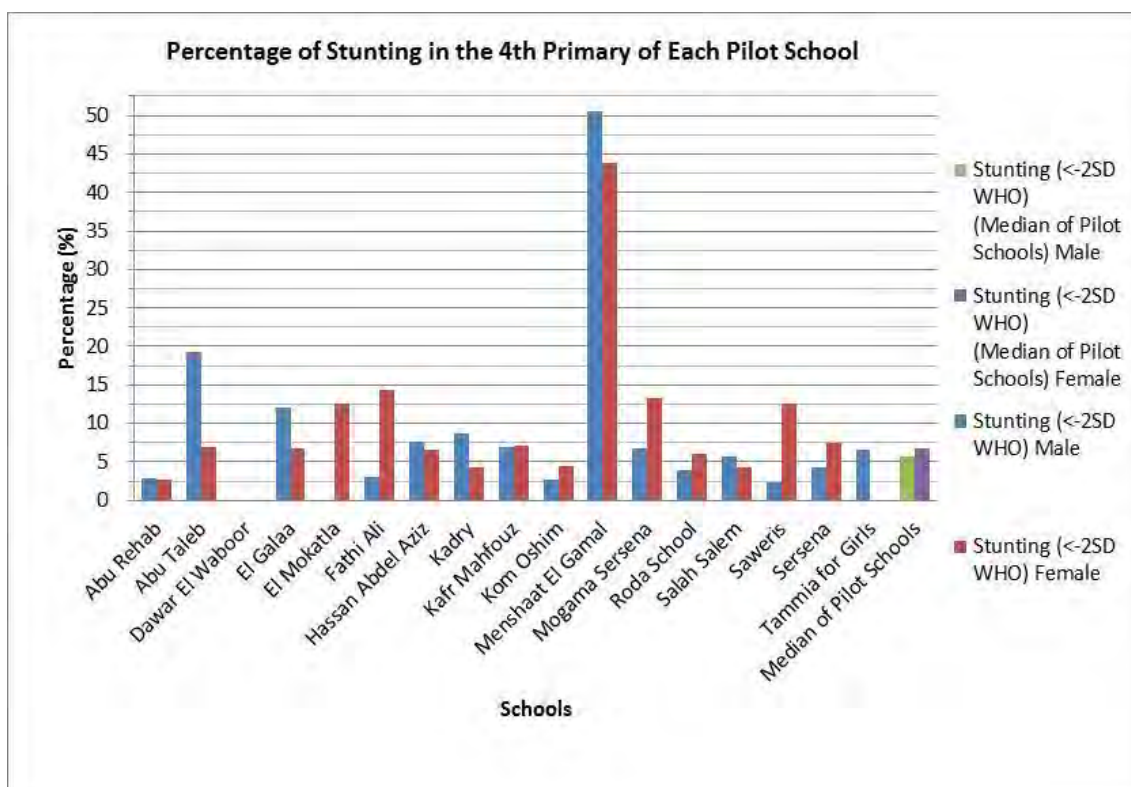


図 4: パイロット校における肥満度（4年生）の割合

## (2) 行政によるモニタリング

「エ」国の学校保健情報は、「2.3 第3年次活動実績」でも触れたように、主に治療を行うことを念頭にモニタリングシステムが構築され、予防を目的とした情報システムは脆弱であった。例えば、健康診断で生徒の疾病が発見されると病院に紹介されるが、病院に受診して初めて健康保険庁が生徒の情報を把握する。また、紹介された生徒の情報は、各学校で保管され、学校看護師の監督職員が定期的に情報を回収する。他の健康な生徒の情報は、基本的に保健省も関与していないため、例えば児童の身長や体重などを定期的に把握はされていない。つまり、行政は病気や怪我が起きた後の情報は把握しているが、疾病の予防に必要な情報は集約されていない。

省庁にて既に規定があるモニタリング活動の場合も、記録様式が統一されていない、収集方法が明確に指示されていない等の問題を抱えていたため、例えば地域ごとの比較が困難であった。本プロジェクトでは、学校保健活動において各省庁がなすべきことを整理し、M&Gに記載した。その中でA. 既に規定があるが実施されていないモニタリング活動、及びB. 既存の人材や財源で実施可能ものを明確にした（表17）。なお、現時点での人材や財源では対応できないことは、プロジェクト終了後、各省庁が実施するよう提言することに留めた。

表 17: 本プロジェクトで具体化されたモニタリング活動の例

既に規定があるが実施されていないモニタリング活動

- 保健省：  
保健省は尿検査と検便を行うことになっているが、検便は財源不足から実施されていない。そのため、検便に係るモニタリング活動は実施されていない。
- 教育省：  
学校環境に係るモニタリング活動は、実施されていない、もしくは指定のフォーマットが無いため、学校により出てくるデータにばらつきがある。

既存の人材や財源で実施可能ものを明確にした活動

- 教育省：  
学校環境に係る質問票を統一することにより、学校間・地域間の学校施設の整備状況を確認することができるようにした。
- 健康保険庁：  
応急処置用の薬や道具などの在庫管理ができることを明確にした。

#### 4.2. HPS モデルの開発手順

本プロジェクト期間の4年間をかけて開発した HPS モデルは、主に以下の工程で開発した。

- 1年次：HPS の定義の決定、行政官の研修、パイロット校の選定、ベースライン調査
- 2年次：M&G の開発
- 3年次：M&G 実施体制の確立（TT や MT の組織）
- 4年次：モデル校での実践を踏まえた M&G の改定及び HPS の完成

#### 4.3. HPS モデルの成果

プロジェクト開始当初、学校保健活動や学内学校保健委員会について訊ねると、行政側と学校現場の担当者からは「それは書いてある。でも動いていない」と繰り返し訴えていた。つまり、省庁が使用するマニュアルには、学校保健サービスとして実施すべき項目は記載されているが、学校現場ではまったく実施されていないか、たまに行われているとしても、組織的には動いておらず、機能していない。また、学校保健の現場担当者からは、学校保健サービスの重要性を十分認識しつつも、適切に実施するための知識、技術の不足が指摘された。こうした背景により、HPS モデル開発は、エジプト人たちが既存の学校保健サービス全体を見直し、「エ」国にふさわしい内容と実現可能な方法に練り直すプロセスであるとともに、知識・技術の学び直しの機会でもあった。

HPS モデル開発における具体的成果は以下のようにまとめられる。

- (1) 学校保健で扱うべきサービスの範囲、方法、システム、組織的構造、活動記録法、評価法、また学校保健担当者の役割が確立した。

- (2) 学校健診の内容と流れ、担当者の役割が保健人口省、健康保険庁、教育省の既存の枠組みとの関連で整理され、確定した。
- (3) 活動記録用紙、学校健診に用いる問診表、病院への紹介状などのツールが開発された。
- (4) (1) と (2) が、M&G (学校健診のデモンストレーションとしての DVD と啓発用リーフレットを含む) という形でひとつにまとめられた。
- (5) これまでの学校保健の実施ガイドラインなどが現場で使えるものではなかったことを C/P たちが最大の改善すべき点と認識し、M&G が非常に実践的な内容のものとなった。
- (6) 開発作業を、行政官と学校現場の担当者を集めてのワークショップ方式とした結果、学校保健の内容そのものの研修機会となるばかりでなく、その準備にかかわった行政官である C/P たちが研修の実施技術も習得した。
- (7) また、開発過程にはほぼ全員がかかわったため、3 年次には「我々の M&G」、「我々の学校保健」という表現が使われるようになり、C/P たちのみならず学校保健の現場担当者たちにもオーナーシップが育った。
- (8) 開発したモデルをパイロットスクールでテストし、困難や不可能な作業や活動を詳しく検討したことにより、予想される困難への工夫や解決法が共有され、普及ガイドラインに反映された。
- (9) 同テストは、記録の重要さと記録の持つ「力」を C/P 及び学校現場の担当者たちに認識させた。記録の集計によりできあがったグラフで傾向などがよく読み取れること、各学校がサービスの実施状況において自分たちがどこにあるかを確認でき、どうすれば改善できるかを話し合うきっかけになることが理解できるようになった。
- (10) 上記のような話し合いの過程で、モニタリングが単なる行政による監査だけではなく、改善、強化として生かすものであることが理解された。
- (11) ISHC の具体的役割が明確となり、学校保健の活動計画から実施、問題の解決及び改善案の検討・採用に至るまで、ISHC が不可欠であり重要な役割を果たすことが認識された。
- (12) その必要性は認識されつつも実際には協働の機会がなかった保健人口省、健康保険庁、教育省が、モデル開発のワークショップのたびに集まり、議論して各機関の役割や協力方法を話しあった。その過程で、学校保健サービスはこの 3 機関の協力が不可欠であることを再認識すると共に、協力が不可能ではないことを彼らが証明することができた。

## 第5章 上エジプト全域への普及

### 5.1. 普及ガイドラインの概要

普及ガイドラインは、HPS モデルを上エジプト全域に拡大するための方法論として、中央および地方の保健人口省、教育省、健康保険庁の関係者が参考とするものとして開発した。本ガイドラインは、ファユーム県タメイヤ郡のパイロット校における活動結果を基に、日本人専門家チームと「エ」国側 C/P との協議によりドラフトが作成され、2012年6月から始まった上エジプト普及活動の結果を取り込んだ上で最終版とされた。構成としては、第1章「イントロダクション」、第2章「政策と法律」、第3章「組織制度」、第4章「実施」、第5章「提言」となっている。2章から4章の概要を以下に記す。各種法令、普及ワークショッププログラムおよび参加者リスト、アクションプラン（案）および普及活動タイムライン（案）、予算（案）及び保健情報システム（案）の詳細については、添付資料に示した。

#### (1) 政策と法律

保健人口省は本プロジェクトを受け、2012年6月に省令369号を制定し、2010年の省令384号により設立された中央レベルの学校委員会（School Health Committee）を再活性化させている。また、同省は「2012年「エ」国における医療サービスと看護の向上に向けた戦略構想」において、「学齢児童の健康」を焦点の一つとして取り上げている。これらの法律・政策はWHOと保健人口省の学齢期児童健康部（SAHCD）が共同開発し、2008年に発行された「学内クリニックを通じた学校児童への医療サービスマニュアル」を先例としている。健康保険庁は1993年より学齢児童健康保険プログラムを実施し、6歳から18歳の学齢期児童をカバーし、教育においては、2007年に教育水準保証庁（National Agency for Quality Assurance and Accreditation of Education）が設立され、教育施設水準認定のための細かい基準を定めている。特に学校保健は重要な位置を占め、保健関連施設設備から教員と生徒の健康意識を含む5項目が含まれている。HPSモデルを普及するための法的な枠組みは急速に整備されつつあると言える。

#### (2) 組織制度

本プロジェクトで設立された組織制度を全国版として構成しなおして提案する（3.1.1参照）。基礎となるのは、中央レベルの「合同調整委員会」（JCC: Joint Coordination Committee）（上記保健人口省省令369号によれば School Health Committee）、県レベルの「学校保健委員会」（SHC: School Health Committee）、および学校レベルの「学内保健委員会」（ISHC: Internal School Health Committee）である。M&Gの構成からも明確であるが、HPSモデルの学校保健活動とその普及にはISHCが要となる。このほか、県においては各省庁（保健人口省、教育省、健康保険庁）を代表する「コアトレーナー」および最初に訓練される「センター校」が実施に必要である。

#### (3) 実施

HPSモデルの各県における普及は、以下のステップで実施するように提案している。

- 1) 中央レベルの C/P が「エ」国全体のコアトレーナーとなり、各県のコアトレーナーを養成する。このような中央レベルによる訓練は、通年フォローアップ・強化訓練が行われるべきである。
- 2) 各省は、より大きな国家保健・教育方針、また各県の長期・短期計画の中に HPS モデルが位置することを考慮して、その目標となる学校保健指標値を設定する。定期的にこれらの指標を中央・県レベルでモニタリングし、それぞれ目標値達成のための活動の進捗を測り、また評価を行って目標値および活動そのものの妥当性を考察する。これは HPS モデルで使用する指標と重なる場合と、各省が独自に設定する指標である場合が考えられる。
- 3) センター校を選出し、県のコアトレーナーによる訓練を行う。選出するセンター校の数は、SHC の定めた普及計画、コアトレーナーの能力と予算などの制約に合わせる。センター校の選出にはさまざまな条件が考慮される。なかでも、A. 常駐の学校看護師（ヘルス・ビジター）がいること、B. 学内クリニック専用のスペースがあること、C. クリニックに健康診断のための基本的な機材があり、応急処置の備えがあること、D. 校長に意欲があり、ISHC が他校を指導する能力があること、の 4 条件は必須である。次に、選出されたセンター校において ISHC を設置する（4.1.1 (3) 参照）。ISHC のメンバーのうち、学校医、学校看護師の訓練は、本プロジェクトで開発した学校保健実践マニュアルを健康保険庁における予防ケアの既存カリキュラムに組み込んで行うのが望ましい。また、その他の ISHC メンバーについては、学校保健実践マニュアルおよび学校保健モニタリングガイドライン・監督指導計画（M&G）に依拠して、コアトレーナーが学校保健活動の訓練を実施する。
- 4) 各センター校の ISHC は M&G の書式に沿ってアクションプランを計画し、活動を開始する。
- 5) コアトレーナーは各県の保健人口省、教育省、健康保険庁においてモニタリング担当に訓練を行う。モニタリング担当者は、M&G に従ってモニタリングを実施する。また、各 ISHC は自己評価を学校年度の終わりに行う。その結果から、次年度の普及活動に向けた提言を導く。
- 6) 学校間普及モデルを中心とした普及活動を実施する。まず、各県の SHC が長期の普及構想に基づく予算年次ごとの実施計画を策定する。この計画策定には予算、ロジスティクス、教材等の面を考慮に入れる必要がある。次にセンター校はコアトレーナーによる普及活動の訓練を受け、学校間普及活動に取り組む。センター校が指導できる学校の数は時間・予算の中で限られるため、これに加えて各県のスーパーバイザー・ナース、ソーシャルワーカー、環境人口教育担当教員などが、担当郡内において補完的普及活動を行うことが可能である。
- 7) 県のモニタリング担当者は、M&G に則して普及活動の進捗状況をモニタリングする。
- 8) (6) から (7) のサイクル、またはセンター校を年度ごとに増やせる場合は、(3) から (7) のサイクルを繰り返し、上エジプトのすべての小中学校が HPS となるよう進めていく。



## 5.2. HPS モデル普及のための提案

前項に記した普及ガイドライン実施においてとくに留意の必要な事項を提案する。

### (1) 国家レベルの計画

普及ガイドライン添付にある「アクションプラン（案）」を基にした国家レベルの計画は以下の要点を含むべきである。

- 1) HPS モデルの位置づけ：国家保健・教育政策の中において、学校保健、HPS モデルがどのような位置づけになるか確認する。
- 2) 実施計画：各県のアクションプランを基に、中央レベルで予算年度において行うトレーニング、教材配布等の計画を立案する。
- 3) 予算措置：上記計画のための予算確保の措置を取る。
- 4) 教材準備：M&G の更新が有用か否かを検討する。また、配布計画に従って必要な場合は増刷を発注する。

### (2) 実施・責任体制

#### 1) 中央レベルによるトレーニング

国家レベルでのトレーニング計画・実施の責任は、3省庁で分担する。本プロジェクトに中心的な役割を果たした保健人口省学齢期児童健康部（SAHCD）、教育省環境人口教育部、および健康保険庁学校保健部が主に担当する。すでに SAHCD トレーナーをはじめとしたコアトレーナーチームが本プロジェクト内で活動を開始しており、引き続き継続していくことが望ましい。

#### 2) 県レベルにおける HPS モデル実施

各県においては、SHC が中心となり計画立案、実施の監督を行う。中央レベル同様、本プロジェクトに深くかかわったファユーム県の省庁の部署に鑑み、県の保健人口省プライマリーヘルスケア部、教育省環境人口教育部、健康保険庁学校保健部の職員がコアトレーナーとして活動を継続する。なお、上エジプト9県は本プロジェクト内の普及ワークショップにおいて、コアトレーナーを選出済みであるが、今後は中央によるフォローアップと、人材（人数および能力）のさらなる強化を図っていくことが必要である。

### (3) 今後の業務の流れ

本プロジェクト終了後は、主として「エ」国の自助努力による活動継続が望まれる。その業務の流れとして添付「普及ガイドライン」の「普及活動タイムライン（案）」を参照の上、予算確保、トレーニング計画・実施を進めるべきである。とくに7月から6月の予算年度、および9月から3月の学校年度を考慮することが重要である。

### (4) その他

#### 1) 学校保健情報システム

本プロジェクトにおいて、パイロット校に導入した学校健康診断の解析コンピュータプログラムは、学校レベルにおける保健情報システムの有用性を確認するためのものであり、学校単位で予防を主とした保健情報を収集・分析する目的のものである。すなわち個人の

診断とフォローアップではなく、学校内で生徒全体の健康状態の概要を把握し、健康教育や健康改善のための活動計画に役立たせるために開発した。ファユーム県タメイヤ郡のパイロット校においては、このような趣旨でトレーニングを行い、情報システムを実施したところ、建設的な結果がみられた。従って、今後これに基づいた学校保健情報システムを全国展開することは有効であると予想される。そのためには、以下の課題に対応することが必須である。

A. 保健情報収集目的の明確化：

使用されている指標（低体重、成長障害）や基準（WHOの基準を使用）は、全国版として「エ」国の基準に見合ったものに設定しなおす必要がある。

B. プログラムの管理：

学校レベルや行政で使用する機材や人材などの配置や財源を明確にする。

2) その他の研修等の活用

上エジプト各県のコアトレーナーは、普及ワークショップにて2日間の訓練を受けているが、今後さらなる指導訓練が必要である。本プロジェクト期間中にも計14人のエジプト人研修生が日本における研修を受けており、このような人的資源を継続して活用しつつ、HPSモデルの普及を支えていくことが有益である。そのためには、県レベルのコアトレーナーに対し、とくに学校現場を重視した集約的な訓練を行うことが最も効果的といえる。同時に、各県への普及を指導・監督する中央レベルのコアトレーナーへもM&Gに基づいた訓練を徹底させ、保健人口省、教育省、健康保険庁それぞれが独自でHPSモデルの担当部分を担えるようサポートが必要である。将来は「エ」国が地域の学校保健分野のリーダーとして、近隣諸国にHPSモデルを普及できるような体制を整えていくことが望ましい。

## 第6章 プロジェクトの総括

本プロジェクトは、十分に整備されていない学校保健制度、関連省間における協力体制の欠如、学校保健実施における財政及び人的資源の不足、行政レベル及び学校レベルの学校保健におけるモニタリング、管理、評価の運営能力の不足の改善を課題として開始された。目標は、パイロット地域であるファユーム県タメイヤ郡において学校保健サービスの質が向上するとともに、上エジプト地域において HPS モデル普及の基盤が整うことであった。

その活動は、最初の3年間で、パイロット地域において HPS モデルを開発し、それを学校現場で試行し、その中での問題点や学びを基に改善し、最終的には「エ」国側自身で利用できる実践モデルを完成するというプロセスで実施された。最終年次には、このモデルを上エジプト全域に普及させるため、対象各県の関係者（主に行政側の人材）が普及活動に取りかけられるよう、上記モデルの導入試験を実施した。

HPS モデルは、このプロセスからも明確なように学校現場ベース・アプローチによる開発を基本としており、農村地域における少ない人的資源、インフラ及び財源を考慮した自立発展性及び持続性のあるモデルである。また、このモデルの実践の鍵は国家及び地方（県）において保健人口省、健康保険庁、教育省の3省庁が一体となり学校保健サービスを提供することであり、中央、県、郡レベルにおける同3省庁の協力体制の構築が鍵となる。HPS モデルの開発過程で培われた、学校保健サービスの内容、組織化、実施方法、役割分担、モニタリング方法の明確化、それに伴う学校保健人材の強化は、本プロジェクトの最大の成果であるといえる。

これらの成果は、以下の工夫が功を奏しており、今後、類似の事業を行う際の教訓となる。

### (1) 実施運営上の工夫と教訓

#### 1) 組織体制の構築

当プロジェクトは保健人口省、健康保険庁、教育省の3省庁の、カイロ（中央）、ファユーム県、タメイヤ郡に渡る保健人口省、健康保険庁、教育省の3省庁の各 C/P が関係するため、そのコミュニケーションの維持、協働の形の開発、また、自立発展に向けた3者の人材養成が、プロジェクト実施・運営上重要であると考え、組織体制の構築においていくつかの工夫がなされた。

#### A. 行政レベル

最終意思決定機関として中央3省庁の関係者も含む JCC、実務的な方針決定と進捗管理の場としてプロジェクトサイトのファユーム県に SHC を設置した。JCC は、プロジェクトの進捗状況の報告と重要事項の決定をもれなく行うと同時に、特に報告すべき現場からの個別課題、中央の戦略や新しい動きなども報告された。その他、PDM 改定や終了時評価結果の承認なども行われた。SHC では、現場での活動方針決定や具体的な進め方が報告・検討され、パイロット校での活動管理が行われた。更に、プロジェクト開始当初及び4年次の

HPS モデルの上エジプトへの普及段階では、カイロでの C/P との週例会議を行い、検討事項を細かく頻繁に話し合った。

## B. 学校レベル

漠然と理解されていた ISHC の姿を明らかにし、ISHC を各パイロット校に組織して実際に活動を開始させることによって、プロジェクトの学校現場レベルにおける学校関係者の自主的活動を促した。

### 2) 現場開発主義

「エ」国にふさわしい HPS モデルを構築するために、学校現場の現実の確認からスタートし、現場関係者の知識、知恵、ニーズが生かされるよう「学校現場ベース・アプローチ」を基本方針とした。プロジェクト開始当初にはすでに WHO が支援した学校保健マニュアルが存在したが、タメイヤの学校に置いては全く見られないばかりか、現場関係者はその存在も知らない状況であった。この点を改める（実践性のある学校保健マニュアルとする）のが当プロジェクトの本来的な役割と考え、「現場で使える親切で実践的なマニュアル」を開発するには、学校現場の関係者を巻き込んだプロセスが不可欠という認識に基づいた方針である。

当初、学校現場ベース・アプローチが可能なのか疑問視する意見も C/P 側にはあった。それは「「エ」国では上からやるべきことを指示すべきである」という見方に基づくものであった。しかし実際には学校現場ベース・アプローチが有効に働いたと言える。M&G は、現場の知識と問題意識を出し合うことからはじめ、その上にカイロ、ファユームの C/P たち、専門家チームがさらに内容を補って完成させたものである。また、モニタリング方法に関しても、「エ」国において学校現場から行政が情報を集積するという意味ではほとんど機能していなかった保健情報のモニタリングシステムに焦点を当てた。学校現場関係者間で話し合った結果、「エ」国学校保健において実施可能なモニタリング方法を構築することができた。それは、学内関係者による学校保健活動の記録を徹底させ、その記録に基づいたセルフモニタリングを行ってデータを蓄積する「学内セルフモニタリング」と、学内モニタリング結果を行政側がニーズに応じて提出を求め、活動をモニターし、データを健康問題の予防に生かす「行政モニタリング」の 2 段階方式である。

更に、このように現場の意見を取り入れ開発されたマニュアルやモニタリングがどの程度使用可能か実証テストを繰り返し行った。実証結果を発表するワークショップを開催し、実際に使った担当者たちからの意見、感想をくみ上げ、改定に生かした。現場の声が直接マニュアルの内容に影響することを彼ら自身が理解でき「我々の M&G」との考えが行き渡ったこと、また、活動記録がいかに使われるものであるかを彼らが具体的に理解する結果となった。

このようにプロジェクトの全てのプロセスにおける学びや試行錯誤のなかで生まれた工夫を、第 4 年次に取り組んだ「普及ガイドライン」の内容に生かすことができた。それは、共に歩いてきた C/P たちと、「実現可能」で、さらに環境やリソースの異なる地域でも「応用可能な」ガイドラインしたいという明確な方針を共有することができた結果でもあると言えよう。

### 3) 人材育成へのアプローチ

全てのプロジェクト活動について、学校保健人材の養成という視点を持って取り組んだ。例えば、必要に応じて日本の学校保健、学校健診、健康教育、コンピュータプログラムなどの実践的技術研修を実施した。また、忙しい C/P たちが「宿題」ではなく、その場で議論し、結果を形にできるよう、マニュアルやモニタリングシステムの開発はワークショップの形で実際の作業を進めるようにした。繰り返しかつ研修やワークショップを行い、次第に C/P たちを中心に準備・実施できるようになり、4年次には、ワークショップでの作業の理解が進み、時間内にアクションプランを作成できるようになった。

また、具体的な目標ごとにタスクチームを組織したことにより、C/P たちが責任とオーナーシップをもって進めることができた。こうしたタスクチームでの作業もワークショップ形式で進め、また、C/P たちとの準備会議に時間をさいた結果、討議すべき内容の準備、作業における役割の分担、結論を記録する用紙の作成など具体的作業を C/P たちが自発的にするようになった。

### 4) 治安悪化への対応

活動期間中に、2011年1月ムバラク政権崩壊、その後の国内治安情勢悪化を受けてプロジェクトは2回中断した。その結果、専門家チームによる現地活動が困難となり、プロジェクトの行程の大幅見直しを行ったが、予定期間内にプロジェクト目的を完遂することができた。その理由は、専門家チーム及び「エ」国側 C/P の協力体制強化や、上記に述べた C/P の成長、プロジェクトへのコミットメントの強化がタイムリーに進んでいたためであり、専門家チームによる遠隔指導で、C/P が主体となり予定していた会議やワークショップを行うことができた。

#### (2) 他の支援機関や JICA の多事業との連携の可能性

以下、本プロジェクトの成果と結びつく、将来的な他ドナーとの連携の可能性を記す。なお、「エ」国内では、HPS モデルの完成 (M&G を含む) と普及ワークショップの成果を受けて、保健人口省が普及活動の予算確保に動くことを示唆している。また、ドナー支援としては、コアトレーナー養成支援と学内利用完結型の学校保健情報システムを行政情報システムと連動させるためのモデル開発を期待している。

#### 1) WHO 地域事務所との連携

プロジェクト開始期より WHO 地域事務所から協力に関するアプローチがあり、当プロジェクト成果を見てからその方法を検討するとしている。

#### 2) 世銀コミュニティ保健プロジェクトとの連携

世銀は、学校保健と栄養または非感染症を対象とするプロジェクトを開始する予定であり、当プロジェクト開発の M&G を広域利用する検討している。学校保健とコミュニティ保健を効果的にリンクさせた総合的な予防プロジェクト形成が期待できる。

### 3) 民間国際 NGO との連携

アラブ医療連合（AMU、Arab Medical Union）が上エジプトの学校児童を対象としたプロジェクトを 2012 年 7 月より本格的に開始している。WHO のコンセプトに基づく JICA プロジェクトは予防主体であり、治療に重きを置いたこの AMU のプロジェクトとの相互補完的な連携効果が期待されている。AMU がファユーム県からプロジェクトに着手すると決めた点は当プロジェクトによって、保健人口省、教育省、健康保険庁の協力体制が整っていたこと、ISHC が設立されていたこと、訓練された人材が活用できること、当プロジェクト開発の M&G を活用できたこととしている。

### 4) 最終 JCC における結論と提言

2012 年 10 月 4 日、JCC が開催され、当該プロジェクト最終協議が行われた。その中で当プロジェクト成果活用に係る各関係機関の今後の取り組みについて、以下のとおり確認された。詳細は別添の JCC 議事録に記載されている。

#### A. 「エ」国保健省の方針

現在保健省で作成中の 5 ヶ年計画において、「学校保健」がプライマリーヘルスケア分野の最優先政策として取り上げられる予定である。この政策への反映は当プロジェクトの成果が大きく影響していることが強調された。

#### B. JCC における各ドナーの意見

JCC に参加した WHO、UNICEF、AMU 代表から、当該プロジェクトが高く評価され、特に M&G を画期的成果として、これら機関が既に実施中、もしくは実施予定の保健関連プロジェクトで、M&G の活用を視野に入りたいとの説明があった。また、WHO 代表から、これまで各ドナーが進めてきた学校保健関連プロジェクトはドナー間の調整が不足であったことを反省し、近々ドナー会合を開催し、ドナー間協力による学校とコミュニティを包含したプログラムの形成を行いたいとの発言があった。

別添1  
活動実施スケジュール  
(実績)





Plan Operation of the Project (the First Year)

No	Year	2008					2009			
		Month	11	12	1	2	3			
	First Year		11	12	1	2	3			
(1)	To Explain and discuss Inception Report			■						
(2)	To Setup Project Office			■	■					
(3)	To Establish School Health Committee(SHC)			■	■					
(4)	To comprehend the actual situation of the monitoring and supervisory mechanism on school health services			■	■					
(5)	To draft the guidelines and practical manual for the monitoring of school health services			■	■	■				
(6)	To select pilot Health Promotion Schools			■	■	■				
(7)	To conduct baseline survey			■	■	■				
(8)	To analyze baseline survey data to develop a detailed project plan			■	■	■				
(9)	To draft the plan for monitoring and supervision of school health services			■	■	■				
(10)	To conduct the training on school health to the administrative officers at national level			■	■	■				
(11)	To Promote the appropriate placement of school doctors and nurses among the pilot Health Promotion Schools			■	■	■				
(12)	To Secure and prepare the core place (school clinic) for the school health activities at each pilot Health Promotion School			■	■	■				
(13)	To Revise the school health manual for the school doctors, nurses and other related health personnel			■	■	■				
(14)	To provide the training for the school doctors and nurses in Tammia District, Favoum Governorate To provide the training/workshop for the school doctors and nurses in Tammia District, Favoum Governorate			■	■	■				
(15)	To hold Coordination Meeting on Environmental Sanitation(COMES)			■	■	■				
	Report		11	12	1	2	3			

■ : original schedule  
 ■ : actual performance



Plan Operation of the Project (the Second Year)

No	Year	2009												2010		
		Month	4	5	6	7	8	9	10	11	12	1	2	3		
Second Year		4	5	6	7	8	9	10	11	12	1	2	3			
(1)	To provide basic medical equipment for school clinics		■	■	■	■										
(2)	To conduct training on the use of school health manual					■				■			■			
(3)	To provide the school health services in accordance with the school health manual developed		■	■	■	■	■	■	■	■	■	■	■			
(4)	To provide the training on the use of guidelines and practical manual for the monitoring of school health services			■		■						■				
(5)	To develop and implement the draft guidelines and practical manual for the monitoring of school health services		■	■	■	■	■	■	■	■	■	■	■			
(6)	To provide the regular training to the teachers of the pilot schools					■										
(7)	To develop health education materials			■	■	■										
(8)	To implement health education materials								■	■	■	■	■			
(9)	To prepare and implement the training for the dissemination of school health activities										■	■	■			
(10)	To develop and improve the educational materials on school health to raise awareness among parents and community			■	■	■										
(11)	To run a school health campaign for awareness raising among parents and community			■	■	■					■	■	■			
(12)	To hold COMES			■					■				■			
Report		4	5	6	7	8	9	10	11	12	1	2	3			
		<ul style="list-style-type: none"> <li>▲ Progress report</li> <li>▲ Guideline Manual (Draft)</li> <li>▲ Monitoring Supervising Plan(Draft)</li> <li>▲ Baseline survey</li> <li>▲ Progress Report</li> <li>▲ School Health Manual (Draft)</li> <li>▲ Health Education Material(Draft)</li> </ul>														

■ : original schedule  
 ■ : actual performance

Plan Operation of the Project (the Third Year)

No	Year	2010												2011					
		Month	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6		
Third Year																			
(1)	To implement the guidelines and practical manual for the monitoring of school health services To implement and revise the school health manual and the guidelines and practical manual for the monitoring of school health services (MSG)																		
(2)	To provide training on the guidelines and practical manual for the monitoring of school health services To provide training on MSG																		
(3)	To implement and improve the school health manual Integrated into (1)																		
(4)	To conduct training on the school health manual Integrated into (2)																		
(5)	To complete health education materials To provide on-the-job training on health education																		
(6)	To prepare and implement the training for the dissemination of school health activities Will be conducted in the 4th project year																		
(7)	To draft the job description of school doctors and nurses																		
(8)	To examine the potentials of flexible placement of health personnel such as school doctors and nurses Will be conducted in the 4th project year																		
(9)	To examine the curriculum of medical school and nursing school Will be conducted in the 4th project year																		
(10)	To hold seminars to disseminate the project activities Will be conducted in the 4th project year																		
(11)	To provide the regular training to the teachers of the pilot schools To conduct the regular training by Internal School Health Committee (ISHC)																		
(12)	To run a school health campaign for awareness raising among parents and community Will be conducted in the 4th project year																		
(13)	To hold COMES To conduct activities based on the school health manual by ISHC																		
(14)	To practice school health exchange between Japan and Egypt by distant technical cooperation																		
Report																			

 : original schedule  
 : actual performance

Plan Operation of the Project (the Fourth Year)

No	Year	2011												2012										
		Month	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
Fourth Year			4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
(1)	To implement the guidelines and practical manual for the monitoring of school health services <i>To implement and revise M&amp;G</i>																							
(2)	To provide the training on the use of guidelines and practical manual for the monitoring of school health services <i>To provide the trainings on M&amp;G</i>																							
(3)	To conduct the end-line survey of the project.																							
(4)	To implement and improve the school health manual <i>Integrated into (1)</i>																							
(5)	To conduct training on the use of school health manual <i>Integrated into (2)</i>																							
(6)	To prepare and implement the training for the dissemination of school health activities <i>To hold dissemination workshops for 8 governorates in Upper Egypt</i>																							
(7)	To develop a national action plan to disseminate Health Promotion School <i>To develop materials for a national action plan to disseminate Health Promotion School (including examination of feasibility placement of health personnel such as school doctors and nurses and their training before school officials)</i>																							
(8)	To hold seminar to disseminate the project activities <i>Integrated into (5)</i>																							
(9)	To provide the regular training to the teachers of the pilot schools <i>To conduct the regular training by SMO/ISW</i>																							
(10)	To run a school health campaign for awareness raising among parents and community <i>Deleted</i>																							
(11)	To hold QINES <i>To conduct activities based on the school health manual by ISW</i>																							
Fifth year			4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
<i>Integrated into Fourth year</i>																								
(1)	To complete the development of guidelines and practical manual for the monitoring of school health services																							
(2)	To complete the development of school health manual <i>Integrated into (1)</i>																							
(3)	To provide the training for administrators at district, governorate and national level and school doctors and nurses <i>Integrated into (1)</i>																							
(4)	To develop a national action plan to disseminate Health Promotion School <i>Deleted</i>																							
(5)	To hold seminar to disseminate the project activities <i>Integrated into (4)</i>																							
Report																								

: original schedule  
 : actual performance

別添 2

専門家派遣実績



## List of JICA Experts

### FY2008 (Project Year 1: November 2008 - March 2009)

No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
1	Mr. Tateo Kusano	Project Chief Advisor / Monitoring on School Health	Supervise the following tasks by JICA expert team. Establish and implement JCC and SHC.	2008/12/1	~2009/1/17	48	2.90
				2009/2/4	~2009/3/14	39	
2	Mr. Atsushi Takahashi	Institutional Expert (1)	Draft M&G based on the actual situation of school health monitoring and supervision.	2009/1/12	~2009/3/4	52	1.73
3	Ms. Hikari Morikawa	Institutional Expert (2)	Draft M&G based on the actual situation of school health monitoring and supervision.	2009/1/22	~2009/2/14	24	0.80
4	Dr. Yoshihisa Yamazaki	Child Health / Nutrition (1)	Conduct trainings on school health at national and local levels.	2008/12/28	~2009/1/6	10	1.00
				2009/2/16	~2009/3/7	20	
5	Ms. Tomoyo Wada	Child Health / Nutrition (2)	Explain and discuss Inception Report.	2008/12/1	~2008/12/15	15	0.50
6	Ms. Akiko Hayashi	Health Education	Draft M&G based on the actual situation of school health monitoring and supervision.	2009/1/10	~2009/3/16	66	2.20
7	Ms. Mika Nishihara	School Environment	Draft M&G based on the actual situation of school health monitoring and supervision.	2009/1/14	~2009/3/14	60	2.00
8	Ms. Madoka Mori	Training Programming	Select HPS and prepare school clinics. Conduct and analyze BLS. Plan and conduct the above trainings.	2008/12/1	~2009/3/14	104	3.47
<b>TOTAL PY1 (Local)</b>						<b>438</b>	<b>14.60</b>

No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
1	Mr. Tateo Kusano	Project Chief Advisor / Monitoring on School Health		2008/11/28	~2008/11/30	3	0.10
2	Mr. Atsushi Takahashi	Institutional Expert (1)		2009/3/9	~2009/3/10	2	0.07
3	Ms. Hikari Morikawa	Institutional Expert (2)		2008/11/28	~2008/11/30	3	0.10
6	Ms. Akiko Hayashi	Health Education		2008/12/29	~2008/12/31	3	0.10
8	Ms. Madoka Mori	Training Programming		2009/3/17	~2009/3/17	1	0.03
<b>TOTAL PY1 (Domestic)</b>						<b>11</b>	<b>0.37</b>

**FY2009 (Project Year 2: May 2009 - March 2010)**

No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
1	Mr. Tateo Kusano	Project Chief Advisor Monitoring on School Health	Supervise the following tasks by JICA expert team. Implement JCC and SHC.	2009/5/1	~2009/6/4	35	3.67
				2009/7/6	~2009/8/19	45	
				2010/2/12	~2010/3/13	30	
2	Dr. Allapichay Ibrahim	Vice Project Chief Advisor / Institutional Expert (1)	Provide basic medical equipment for school clinics. Develop draft M&G.	2009/5/1	~2009/7/13	74	5.00
				2009/10/3	~2009/12/17	76	
3	Ms. Hikari Morikawa	Institutional Expert (2)	Develop health education materials.	2009/7/9	~2009/7/23	15	1.00
				2010/2/11	~2010/2/25	15	
4	Dr. Yoshihisa Yamazaki	Child Health / Nutrition (1)	Practice draft M&G to monitor school health services.	2009/7/14	~2009/8/8	26	1.40
				2010/2/13	~2010/2/28	16	
5	Ms. Tomoyo Wada	Child Health / Nutrition	Revise PDM for monitoring and evaluation.	2009/5/17	~2009/5/31	15	0.50
6	Dr. Takeo Mori	Health Examination	Conduct trainings for health care providers.	2009/11/11	~2009/11/25	15	0.50
7	Ms. Akiko Hayashi	Health Education / IEC	Conduct trainings on the use of draft M&G. Practice school health services following draft M&G.	2009/5/1	~2009/6/29	60	6.00
				2009/10/6	~2009/12/4	60	
				2010/1/15	~2010/3/15	60	
8	Ms. Yoko Akasaka	Distance Technical Cooperation	Conduct the school health exchange between Japan and Egypt through satellite TV.	2009/10/21	~2009/11/14	25	0.83
9	Ms. Mika Nishihara	School Environment	Practice school health services following draft M&G.	2009/7/6	~2009/8/19	45	1.50
10	Ms. Madoka Mori	Training Programming	Plan, prepare and conduct the above trainings & workshops and a school health campaign.	2009/6/1	~2009/8/19	80	5.83
				2009/10/9	~2009/12/2	55	
				2010/2/4	~2010/3/15	40	
<b>TOTAL PY2 (Local)</b>						<b>787</b>	<b>26.23</b>

No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
8	Ms. Yoko Akasaka	Distance Technical Cooperation		2009/10/15	~2009/10/19	5	0.17
<b>TOTAL PY2 (Domestic)</b>						<b>5</b>	<b>0.17</b>



**FY2010 (Project Year 3: April 2008 - March 2009)**

No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
1	Mr. Tateo Kusano	Project Chief Advisor / Monitoring on School Health	Supervise the following tasks by JICA expert team. Implement JCC and SHC.	2010/6/8	~2010/7/15	38	2.47
				2010/10/9	~2010/11/13	36	
2	Dr. Kikuo Oishi	Vice Project Chief Advisor / Institutional Expert (1)	Develop and implement a new monitoring system.	2010/7/7	~2010/8/6	31	2.03
				2010/11/1	~2010/11/30	30	
3	Ms. Hikari Morikawa	Institutional Expert (2)	Conduct health education trainings.	2010/10/14	~2010/10/27	14	0.47
4	Dr. Yoshihisa Yamazaki	Child Health / Nutrition (1)	Develop job description. Conduct health examination trainings.	2010/7/3	~2010/7/23	21	1.10
				2010/10/9	~2010/10/20	12	
5	Ms. Tomoyo Wada	Child Health / Nutrition (2)	Collect and analyze school health data. Review the current monitoring system.	2010/6/8	~2010/6/17	10	0.33
6	Ms. Akiko Hayashi	Health Education / IEC	Develop a new monitoring system.	2010/7/5	~2010/8/3	30	2.60
				2010/10/1	~2010/10/31	31	
				2011/1/16	~2011/2/1	17	
7	Mr. Shinichiro Takeda	Distance Technical Cooperation	Develop Health Examination DVD.	2010/7/2	~2010/7/31	30	1.00
8	Ms. Sachiko Miyake	School Environment	Conduct research on school environment.	2010/11/1	~2010/11/30	30	1.00
9	Ms. Madoka Mori	Training Programming	Plan, prepare and conduct the above trainings.	2010/6/8	~2010/7/13	36	3.43
				2010/10/5	~2010/11/28	55	
				2011/1/21	~2011/2/1	12	
10	Mr. Daigo Sano	Information System Enforcement / Liaison Officer	Collect and analyze school health data. Review the current monitoring system.	2010/6/8	~2010/7/19	42	1.40
<b>TOTAL PY3 (Local)</b>						<b>475</b>	<b>15.83</b>

No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
1	Mr. Tateo Kusano	Project Chief Advisor / Monitoring on School Health		2011/2/9	~2011/2/15	7	0.23
6	Ms. Akiko Hayashi	Health Education / IEC		2011/2/2	~2011/2/15	14	0.47
7	Mr. Shinichiro Takeda	Distance Technical Cooperation		2010/6/16	~2010/6/30	15	0.97
				2010/11/3	~2010/11/29	7	
				2010/12/9	~2010/12/16	3	
				2011/1/24	~2011/1/26	3	
				2011/2/24	~2011/2/24	1	
9	Ms. Madoka Mori	Training Programming		2011/2/2	~2011/2/15	14	0.47
<b>TOTAL PY3 (Domestic)</b>						<b>64</b>	<b>2.13</b>

**FY2011-2012 (Project Year 4: May 2011 - November 2012)**

No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
1	Mr. Tateo Kusano	Project Chief Advisor / Monitoring on School Health	Supervise the following tasks by JICA expert team. Conduct JCC and SHC.	2011/6/13	~2011/7/12	30	4.40
				2011/9/20	~2011/10/19	30	
				2012/1/23	~2012/2/12	21	
				2012/4/29	~2012/5/12	14	
				2012/6/23	~2012/7/15	23	
				2012/10/1	~2012/10/14	14	
2	Ms. Maki Tanaka	Institutional Expert (1)	Prepare Dissemination Guideline. Plan, prepare and hold dissemination workshops	2012/1/21	~2012/3/1	41	5.37
				2012/4/28	~2012/6/6	40	
				2012/6/22	~2012/7/28	35	
				2012/8/23	~2012/10/6	45	
3	Ms. Hikari Morikawa	Institutional Expert (2) / Health Education	Prepare final M&G. Complete HPS model.	2011/6/11	~2011/6/25	15	1.00
				2012/3/4	~2012/3/18	15	
4	Dr. Yoshihisa Yamazaki	Child Health / Nutrition (1)	Prepare final M&G. Complete HPS model.	2011/6/18	~2011/7/11	24	2.23
				2011/10/22	~2011/11/4	14	
				2012/3/12	~2012/3/26	15	
				2012/9/29	~2012/10/12	14	
5	Dr. Takeo Mori	Health Examination	Conduct trainings for school doctors and nurses.	2011/6/11	~2011/6/23	13	0.43
6	Ms. Akiko Hayashi	Monitoring / Evaluation	Prepare final M&G. Complete HPS model. Prepare mid-term and terminal evaluations.	2011/6/3	~2011/7/17	45	6.07
				2011/10/10	~2011/11/23	45	
				2012/1/13	~2012/2/11	30	
				2012/5/7	~2012/7/7	62	
7	Ms. Mami Ishii	Training Programming	Prepare final M&G. Complete HPS model. Conduct End-line Survey. Plan, prepare and hold dissemination workshops.	2011/6/11	~2011/6/25	15	5.37
				2011/11/16	~2011/11/25	10	
				2011/12/17	~2012/1/18	33	
				2012/2/24	~2012/4/7	44	
				2012/5/17	~2012/7/1	46	
				2012/10/1	~2012/10/13	13	
8	Mr. Daigo Sano	Information System Enforcement / Liaison Officer	Prepare final M&G. Complete HPS model. Plan, prepare and hold dissemination workshops.	2011/6/10	~2011/7/1	22	5.40
				2011/9/20	~2011/11/25	67	
				2012/4/12	~2012/5/19	38	
				2012/8/16	~2012/9/14	30	
				2012/10/1	~2012/10/5	5	
<b>TOTAL PY4 (Local)</b>						<b>908</b>	<b>30.27</b>
No.	Name	Designation	Summary of Tasks	Period (year/month/date)		Duration (Day)	Duration (Month)
2	Ms. Maki Tanaka	Institutional Expert (1)		2012/7/26	~2012/7/27	2	0.06
3	Ms. Hikari Morikawa	Institutional Expert (2) / Health Education		2011/12/1	~2012/12/20	11	0.86
				2012/4/19	~2012/5/15	15	

4	Dr. Yoshihisa Yamazaki	Child Health / Nutrition (1)		2011/11/29	~2012/12/10	9	0.30
<b>TOTAL PY4 (Domestic)</b>						<b>37</b>	<b>1.22</b>

<b>Short Term Experts: Total Duration (month) — Local</b>	<b>86.93</b>
<b>Short Term Experts: Total Duration (month) — Domestic</b>	<b>3.89</b>
<b>Short Term Experts: Total Number of Experts</b>	<b>17</b>
<b>Short Term Experts: Total No. of Visits (visits)</b>	<b>83</b>
<b>Short Term Experts: Average Duration per Visit (month)</b>	<b>1.05</b>



別添 3

研修員受入実績



### CP Training in Japan

Title of the Training	Date	Place	Participant
School Health Training Course in Japan	May 14 to Jul. 4, 2009	JICA Chubu	1) Dr. Mohsen Goma Position: Director of School Health, Health Insurance Organization, Fayoum Governorate
			2) Dr. Doaa Mohmoud Position: Manager of School Health, Ministry of Health, Fayoum Governorate
Country Focused Training Course "School Health"	Sep. 23 to Oct. 9, 2009		1) Dr. Omayma Mostafa Position: Deputy Project Manager / Director of Specialized Center, Health Education and Nutrition Department in School Health Insurance Program, Health Insurance Organization
			2) Ms. Elham Mohamed Abul Khair Position: General Manager of Environment and Population Department, Ministry of Education
School Health Training Course in Japan	May 16 to Jul. 3, 2010		1) Dr. Farag Abdel Moaez Position: The Health Directorate, Tammia District, Ministry of Health
			2) Dr. Osama El Garhy Position: The Manager of School Health Insurance in Urban Fayoum, Health Insurance Organization, Fayoum Governorate
Country Focused Training Course "School Health"	Sep. 26 to Oct. 9, 2010		1) Dr. Abdel Rahman El Saqa Position: The Head of Central Administration, the Central Department of Medical Affairs, Health Insurance Organization
			2) Dr. Salah Abu Taleb Position: The General Director of Health Insurance Organization, Fayoum Governorate
School Health Training Course in Japan	Aug. 21 to Oct. 7, 2011	1) Dr. Sahar M. Ahmed Position: Research and Training Coordinator, Doctor in SAHCD, PHC, Ministry of Health	
Country Focused Training Course "School Health"	Feb. 12 to 28, 2012	1) Mr.Maklad Mossad Mostafa Abdou Position: Specialist, General Department for Environmental & Population Education, Ministry of Education	
		2) Dr.Boles Fakhky Farag Mikhuel Position: Medical Manager Division, School Health Division, Health Insurance Organization Fayoum Branch	
		3) Ms.Matouk Eman Ahmed Hamed Position: Director of Primary Care in the Gharbia Governorate, Directorate of Health Affairs, Gharbia Governorate / Ministry of Health	
School Health Training Course in Japan	May 20 to Jul. 06, 2012	1) Dr. Saleh Asser Mahmoud Sami Position: School Age Children Health Care Department, Ministry of Health and Population	
		2) Mr. Abdelaziz Mahmoud Abdel Aziz Mohamed Position: Supervisor of Tamia District, Population and Environment Department, Ministry of Education	

## **Overview of Trainings**

For the goal of improving a school health system, the participants learned the school health systems and their activities in Japan by various lectures and school inspections, and shared their experiences with other countries' participants. Identifying their own country's issues and obtaining clues to solve them, they made their action plans to implement after their return to Egypt at the end of the trainings. About a few months later after their return, they participated in their follow-up training session through JICA-Net, and each participant had a presentation about his/her action plan's progress.



別添 4

供与機材実績



## Equipment List

### 1) Provision of Office Equipment

Description	Specification	Qty.	Unit Price (LE)	Date of Purchase & Inspection	Place of Delivery	Condition
1 Photocopy machine	Canon iR 3035N	1	50,000	Feb. 2, 2009	MOHP Cairo	well managed
		1	50,000	Mar. 11, 2009	HIO Fayoum	
2 Lap top computer	Toshiba Tecra A10-11L	2	14,850	Mar. 8, 2009	MOHP Cairo	
3 Portable ink jet printer	HP Officejet Hp 470wbt	2	2,500	Mar. 8, 2009	MOHP Cairo	
4 Potable projector	Panasonic PT-LB75EA	1	8,800	Mar. 8, 2009	MOHP Cairo	
5 Handy video camera	Sony AVCHD-HDD-HDR-SR10E	1	8,020	Mar. 8, 2009	MOHP Cairo	
6 Screen with three legged support	VGA	1	3,510	Mar. 8, 2009	MOHP Fayoum	
7 Wireless Amp with a built-in speaker	Mipro 707	1	9,250	Mar. 8, 2009	MOHP Fayoum	
9 Laser printer	Canon i-sensys MF 4690	2	6,000	Mar. 11, 2009	MOHP Cairo MOHP Fayoum	
10 Digital camera	Canon power shot G10	1	5,000	Mar. 11, 2009	MOHP Cairo	
11 White Board on wheel	made in China	1	5,000	Mar. 11, 2009	MOHP Fayoum	

## 2) Provision of Basic Medical Equipment Supply

Description	Specification	Qty.	Unit Price (LE)	Date of Purchase	Date of Inspection	Place of Delivery	Condition
1 Desk for nurse/doctor	W120, D60, H80cm	20	600	Aug. 17, 2009	Aug. 9-12 &15, 2009	20 Pilot Schools: 1) Menshat El Gamal School (B.ED) 2) Saweris School (B.ED) 3) Mogama Sersena Primary School 4) Sersena School (B.ED) 5) Al Mokatla Primary School 6) Fathy Ali School (B.ED) 7) Abo Taleb School (B.ED) 8) Kafr Mahfoz Preparatory School (B.ED) 9) Tammia Primary School for Girls (B.ED) 10) Saleh Salem Primary School (B.ED) 11) El Rodda School for Boys 12) Dawar El Wabor Primary School 13) Kadry School (B.ED) 14) Hassan Abd El Aziz (B.ED) 15) Dar El Salam Preparatory School 16) El Galaa Primary School 17) Abo Rehab Primary School 18) Kom Oshem Primary School 19) Kasr Rashwan Preparatory School 20) Saad Roby Preparatory School	well managed
2 Chair for nurse/doctor	Steel with backrest, no caster	20	300				
3 Chair for patient	H50-60cm, wood without backrest, no caster	20	250				
4 Examination bed	W180, D60, H60cm, steel pipe (legs), reclining type	20	550				
5 Cabinet for records of patients	W45, D60, H105cm, 3 drawers steel	20	600				
6 Cabinet for medicine and equipment	W50, D27, H140cm, steel and glass with lock	20	550				
7 Height meter	Ranged up to 200cm, wooden, scale range 1mm	20	250				
8 Weight scale (analog) portable	ranged up to 130kg, scale range 1kg	20	150				
9 Medical lamp-stand type	Stand type-single, electronic power, steel 100-150cm	20	350				
5 Tape measure	Scale range, range up to 200cm	20	50				
11 Eyesight test chart	Plastic, L65, W35cm	20	100				
12 Stethoscope	Double head, aluminum, about 80 cm, about 100g	20	200				
13 Dental mirror	Diameter 2.2cm, length 15cm, round handle	20	50				
14 Dental tweezers	Stainless steel, length 15cm	20	50				
15 Medical treatment tweezers	Stainless steel, straight, length 15 cm	20	50				
16 Trash basket (type1)	5-liter red color	20	75				
17 Trash basket (type2)	5-liter another color	20	75				
18 Clinical thermometer	Mercury thermometer, scale range 0.1C	20	75				
19 Sphygmomanometer	Mercury, aneroid desktop	20	375				
20 Wash stand and wash basin	Stainless steel, single type	20	350				
21 Screen	W100, H150cm	20	350				
22 First aid kit only case	Metal W33, D45, H15cm	20	350				

### 3) Provision of Other Equipment

Description	Specification	Qty.	Unit Price (LE)	Date of Purchase & Inspection	Place of Delivery	Condition
1 Car (sedan)	Nissan Sunny Ex Salon	1	89,500	Dec. 19, 2009	MOHP Cairo	Well managed
2 Car (van)	Toyota Hiace Commuter DLX15	1	171,000	Dec. 17, 2009	MOHP Cairo	
3 Lap top Computer	HP Pavilion DV6-2150	2	11,150	Mar. 10, 2010	MOHP Cairo	
4 Desk top Computer	HP 6000 Pro Micro Tower	3	8,750	Mar. 10, 2010	Fayoum MOHP, HIO, MOE	
5 SPSS Software	PASW statistics base PASW custom tables	2	13,340	Mar. 8, 2010	MOHP Cairo	



別添 5

在外事業強化費実績





**List of Local Consultant Contracts**

Name of Contractor	Duration of Contract	Cost (USD)	Summary of Work Content	Result
1 El Zanaty & Associates	Jan. 6, 2009 - Mar. 12, 2009	77,788	Baseline Survey for the project	Complete
2 Center for Development Services	Oct. 26, 2011 - Jun. 18, 2012	59,989	Editing of Implementation Manual and Monitoring Guidelines for School Health Services	Complete
3 El Zanaty & Associates	Mar. 10, 2012 - Jun. 10, 2012	97,333	End-line Survey for the project	Complete



別添 6

**PDM** の変遷



別添 6 - 1

**PDM ver.0**



# Project Title: Promotion of school health services in Upper Egypt

Target Area: Tammiya district in Fayoum Governorate

Project Period :2008. 9 ~ 2012.8

21, Feb. 2008

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<b>Super Goal</b>			
Health status of school children in Upper Egypt is improved.	Health indicator	Records of school physical check-up	
<b>Overall Goal</b>			
School health is promoted by expanding <b>Health Promoting School*</b> and school health services in Upper Egypt.	1. Health promoting school are introduced to more than 5 governorates in Upper Egypt. 2. SAHCS, MOHP is providing regular training on school health based on monitoring on pilot schools in Tammia.	1. Records of monitoring/supervisory at district, governorate and central level. 2. Interview with school doctor, nurse, teacher and representative of parents committee	
<b>Project Purpose</b>			
The quality of school health services in Tammia district is improved through the dissemination of Health Promoting School.	1. Dissatisfaction rate on the school health services is decreased. 2. Some health indicators that are collected in the proposed monitoring mechanism are improved.	1. Dissatisfaction survey 2. Monitoring data of the Project	Strong commitment by the Government of Egypt is maintained.
<b>Output</b>			
(1) Monitoring and supervisory mechanism on school health is developed at district level and is strengthened at governorate/central level.	(1)-1. Monitoring is conducted regularly. (frequency and the content is decided by the draft of the monitoring plan) (1)-2. Supervision is conducted regularly.	(1)-1. Record of the Project (monitoring record) (1)-2. Record of the Project	a. The personnel trained in the Project are not transferred to other positions. b. Serious epidemic outbreaks do not occur c. Hospital functions are improved. d. Social Economic Standard is improved.
(2) The provision of school health services is facilitated in Tammia district.	(2)-1. The number of the Health Promoting School is more than 20. (2)-2. Teachers at 20 pilot schools judges that the provision of school health services is improved.	(2)-1. Record of the Project (2)-2. Questionnaire survey/interviews to the teachers at pilot schools	
(3) Human resources for school health are strengthened.	(3)-1. Self-Evaluation after the training (3)-2. Actual improvement in duties based on what is learned from the training on school health	(3)-1. Result of Questionnaire (3)-2. Interview of school doctors and nurse, lab. Technicians, administrative officers	
(4) Supporting activities of Health Promoting School by supporters such as teachers and parents are strengthened.	(4)-1. At least one new supporting activity is conducted at each pilot school. (4)-2. At least one good practice	(4)-1. Record of the Project (4)-2. Record of the Project	
<b>Activities</b>	<b>Input</b>		
(1)-1 To conduct the workshop on monitoring/supervisory of School Health to administrators at (1) district, (2) governorate, (3) central, and (4) representative of school doctors and nurses	<b>Egyptian Side</b> 1. Assignment of counterpart personnel 2. Provision of administration facilities (Office Space) 3. school clinic space of 20 pilot schools	<b>Japanese Side</b> 1. Training program in Egypt and abroad 2. Japanese experts 3. Local experts	
(1)-2 To draft the guideline and practical manual for the monitoring on school health			
(1)-3 To select pilot Health Promoting Schools in Tammia district by involving related actors including school principals			
(1)-4 To draft the plan of actual monitoring /supervision involving pilot schools in Tammia			
(1)-5 To collect the baseline data for the monitoring and evaluation			
(1)-6 To implement (registration, record at PHU and monitoring School doctors/nurses and pilot schools), evaluate, and modify the drafted plan of the monitoring/supervisory mechanism			
(1)-7 To provide the regular training on monitoring/supervisory of School Health to administrators at (1) district, (2) governorate, (3) central, and (4) representative of school doctors and nurses			
(2)-1 To appoint necessary school doctors, nurses and laboratory technicians for the pilot Health Promoting Schools			
(2)-2 To ensure, at each school, the place for the health activities by utilizing existing classroom in case of no existence of school clinic			
(2)-3 To provide the training on School Health and Health Promoting School to school doctors and school nurses and laboratory technician			
(2)-4 To develop health education manuals for school (learning materials for pupils, teaching materials for teachers/instructors, guiding manuals for school nurses)			
(2)-5 To hold coordination meeting regularly between SAHCD, HIO at central and governorate level			
(3)-1 To provide the training on School Health to (1) the administrative officers at central level (2) the school doctors and nurses in Tammia district, (3) the representative doctors/nurses (future trainers for other districts in Fayoum Governorate), and (4) the representative doctors/nurses and administrators (future trainers for other governorates)			
(3)-2 To draft the feasible job description of medical doctors and nurses and modify it based on Tammia pilot Health Promoting Schools			
(3)-3 To discuss, at central level to feedback to the policy, the creation of job description of health staff at PHC unit and allocation of full-time school doctor in charge of only school health			
(3)-4 To discuss, at central level, the revision of the curriculum of pre-service training so that school health is included as an independent subject			
(3)-5 To prepare an national action plan, based on the experiences in Tammia district, in order to replicate the practical model of health promoting school to other governorates			
(3)-6 To conduct national seminar to disseminate the output and outcome of the school health activities, including the practical model of health promoting school, to other governorates as well as to other relevant partners			
(4)-1 To provide training on school health and Health Promoting School to teachers at pilot Health Promoting Schools in Tammia district			
(4)-2 To activate Parents Committee through campaign, together with supporting teachers strengthened through the training, for the activities of Health Promoting School			
(4)-3 To develop visualized/practical materials for school health awareness raising for parents/community			
(4)-4 To set up the coordination meeting between pilot Health Promoting Schools and Local Council in Environmental Sanitation			
			Pre-Conditions
			a. Changes of MOH Policy(Reform on Health Management System) do not hinder Project's activities.
			b. Other organizations do not oppose the cooperative relationship with Project.
			c. Target area (district) agrees the Project.

\* Health Promoting School is defined as those schools that practice the school health activities developed through the Project. And it is supported by the monitoring/supervisory mechanism at district, governorate and central level in order to improve children's health status.





別添 6 - 2

**PDM ver.1**



MINUTES OF MEETINGS BETWEEN  
JICA EXPERT TEAM AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF  
THE ARAB REPUBLIC OF EGYPT  
ON THE PROJECT DESIGN MATRIX OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT

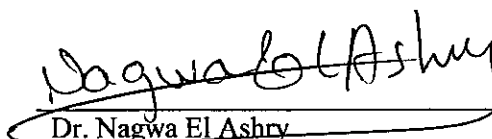
The Project Design Matrix (hereinafter referred to as "PDM") was changed through the discussion by JICA Expert Team and Egyptian authorities concerned for the Mid-Term evaluation of the Project. Both sides agreed to utilize the revised PDM throughout the implementation of the project, recognizing the PDM as important tool for the project management and the basis of monitoring and evaluation of the Project.

Cairo, October 27, 2010



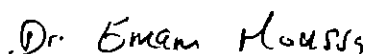
Mr. Tateo Kusano

Project Chief Advisor  
JICA Expert Team  
The Project on the Promotion of School  
Health Service in Upper Egypt



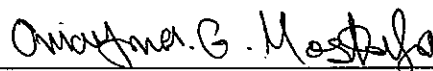
Dr. Nagwa El Ashry

Project Manager  
Director of School Aged Children Health Care  
Department, Primary Health Care  
Ministry of Health




Dr. Emam Mohamed Mosa

Undersecretary  
Fayoum Health Directorate  
Ministry of Health



Dr. Omayma Mostafa

Deputy Project Manager  
Officer, Health Insurance Organization



General Manager  
Fayoum Branch,  
Health Insurance Organization



General Director  
Environment and Population Department  
Ministry of Education



Narrative Summary		Objectively Verifiable Indicators	Mean of Verification	Important Assumptions
Health status of school children in Upper Egypt is improved.		Health indicators	Record of school physical check-up	
School health is promoted by expanding Health promotion school* and school health services in Upper Egypt.		1. Health promotion school are introduced to more than 5 governorates in Upper Egypt. 2. SACHD, MOH is providing regular training on school health based on monitoring on pilot schools in Tammia. 3. Some health indicators that are collected in the proposed monitoring mechanism are improved.	1. Records of monitoring/supervisory at district, governorate and central level. 2. Interview with school doctor, nurse, teacher, and representative of parents committee 3. Health survey data	
1. The quality of school health services in Tammia district is improved through the dissemination of the concept of Health Promotion School*.  2. The framework to disseminate Health Promotion School in Upper Egypt is prepared.		1-1. More than half of students, parents, and teachers are satisfied with the school health services. 1-2. Internal School Health Committee Members at 20 pilot schools judge that the provision of school health services is improved. 2-1. The concept of Health Promotion School is elaborated 2-2. The tools for dissemination of Health Promotion School are developed.	1-1. Baseline Survey, Endline Survey (both quantitative and qualitative survey) 1-2. Project records (monitoring and supervision records)  2-1. The concept of Health Promotion School 2-2. The tools of dissemination (The national action plan, the Implementation Manual, Monitoring Guidelines, training modules etc.).	Strong commitment by the Government of Egypt is maintained.
1.	Monitoring and supervisory mechanism on school health is developed at district level and is strengthened at governorate/central level.	1-1. Monitoring and supervision are conducted regularly (frequency and the contents are based on the guideline of monitoring/supervision by schools and administration )	1-1. Record of the project (monitoring and supervision records.)	a. The personnel trained in the Project are not transferred to other positions. b. Serious epidemic outbreaks do not occur.
2.	The provision of school health services is facilitated in Tammia district.	2-1. The number of the Health Promotion School is more than 20 on the basis of the improvement of the following indicators. a. Number of health education activities b. Number of community participation activities c. Number of school environment activities/Regular maintenance d. Number of water and sanitation activities/Regular maintenance	2-1. Record of the Project	
3.	Human resources for school health are strengthened.	3-1. Self-Evaluation after the training (number of personnel trained, post training/workshop evaluation by the trainees)	3-1. Training/workshop records 3-2. Self-evaluation 3-3. Minutes of ISHC, attendance of ISHC meetings	
4.	Supporting activities of Health Promotion School by supporters such as teachers and parents are strengthened.	4-1. At least one good practice** of health promotion school is conducted in collaboration with schools and communities among 20 pilot schools. 4-2. Number of community people who attend supporting activity is increased among 20 pilot schools.	4-1. Record of the Project 4-2. Record of the Project	
1-1	To select pilot Health Promotion Schools	Egyptian Side 1. Assignment of counterpart personnel 2. Provision of administration facilities (Office Space) 3. School clinic space of 20 pilot schools 4. Expense for Training (transportation, per diem)	Japanese Side 1. Japanese experts 2. Local experts 3. Equipment 4. C/P training	
1-2	To conduct the baseline survey			
1-3	To analyze the baseline survey data			
1-4	To comprehend the actual situation of the monitoring and supervisory mechanism on school health			
1-5	To organize taskforces and conduct training/workshop to develop and use guidelines and practical manual for the monitoring of school health services			
1-6	To draft the Guidelines of Monitoring and Supervision for School Health Services			
1-7	To draft the plan of monitoring and supervision of school health services			
1-8	To implement the draft Guidelines of Monitoring and Supervision for School Health Services			
1-9	To revise the draft Guidelines of Monitoring and Supervision for School Health Services			
2-1	To establish School Health Committee (SHC) for coordination of the Project			
2-2	To ensure and prepare the core place (school clinic) at each pilot school			
2-3	To provide the basic medical equipment for the school clinics of the pilot schools			
2-4	To organize taskforces and conduct training/workshop to develop and use school health manual			
2-5	To draft the Implementation Manual for School Health Services			
2-6	To provide school health services in accordance with the draft Implementation Manual for School Health Services			
2-7	To revise the Implementation Manual for School Health Services			
2-8	To develop health education materials and leaflets for community awareness raising			
2-9	To implement health education at schools			
2-10	To finalize health education methods and health education materials			
2-11	To discuss flexible allocation of school health service providers, such as school doctors and health visitors with SHC			
3-1	To conduct training on school health to administrative officers at national, governorate and district levels			Pre-Conditions a. Changes of MOHP Policy (Health Sector Reform) do not hinder Project's activities. b. Other organizations do not oppose the cooperative relationship with Project. c. Target area (district) agrees accepts the Project.
3-2	To conduct regular training/workshop to school health personnel (health visitors, teachers, social workers etc.) of the pilot schools			
3-3	To conduct training/workshop for the school doctors and nurses in Tammia district			
3-4	To conduct training on the use of the Implementation Manual for School Health Services and the Guidelines of Monitoring and Supervision for School Health Services			
3-5	To develop job description for school doctors and health visitors			
3-6	To discuss the pre-service training curriculum for school doctors and health visitors			
3-7	To implement the training/workshop for the dissemination of school health activities of Health Promotion School			
3-8	To implement the dissemination seminar of school health activities of Health Promotion School			
3-9	To formulate a national action plan, based on the experiences in Tammia district, in order to apply the practical model of Health Promotion School to other governorates			
3-10	To conduct the distant technical cooperation			
4-1	To run a school health campaign for awareness raising among parents and community			
4-2	To activate internal school health committees of each pilot school			

\* Health promotion school is defined as those schools that 1. being equipped with appropriately functioning school clinic, 2. provide the school health services in the fields of 1) health education, 2) family and community participation, 3) school environment, 4) water and sanitation, and 5) health care services, in accordance with the developed guidelines, manuals and plans, 3. supported by monitoring and supervisory systems of the school health, and 4. with participation of teachers, parents, students and communities.

\*\*"Good practice" means that some activities collaborate with community.



別添 7

**JCC 会議議事録**





A total of six Joint Coordination Committee (JCC) meetings were held for the four years of the Project. The date of each meeting is as follows;

- The first JCC: December 23, 2008
- The second JCC: May 26, 2009
- The third JCC: July 6, 2010
- The fourth JCC: June 27, 2011
- The fifth JCC: July 5, 2012
- The sixth JCC: October 4, 2012

Discussion and comments in each meeting are shown in the following minutes.

The 4<sup>th</sup> and 5<sup>th</sup> JCC meetings were held between the Mid-term Review Team and the Egyptian counterparts and between the Terminal Evaluation Team and the counterparts, respectively. For the detailed information, refer to the Mid-term Review Report and Terminal Evaluation Report.


MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

The first Joint Coordination Committee (JCC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on Dec.23<sup>rd</sup>, 2008 at Ministry of Health and Population (MOHP), Cairo, Egypt. JCC basically reached the agreement upon the contents of the draft of the Inception Report (IC-R). Discussion and agreement in details are shown in Annex I.

Cairo, Dec.24<sup>th</sup>, 2008



Mr. TATEO KUSANO  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Nasr El-Sayed  
Minister's Assistant  
Primary Health Care, Preventive Medicine and  
Family Planning Sectors  
Ministry of Health and Population  
The Arab Republic of Egypt

## I DISCUSSIONS

1. Opening Remarks were presented by Dr.Nasr El-Sayed.
2. Inception Report was explained by Mr.Tateo Kusano.
3. Egyptian side appreciated the project implementation method and approach which were proposed by JICA Expert Team.
4. Model of Health Promotion School
  - Tammia District will be divided into several zones based upon socio-economic indicators.
  - Health promotion center will be established as the best pilot school in each zone.
  - Internal School Health Committee will be organized and strengthened in each pilot school.
5. Egyptian side requested to JICA Expert Team to purchase 2 cars for transportation based upon Record of Discussion of the Project, while JICA Expert Team proposed to rent cars instead of purchasing cars, from the points of flexible car arrangement and effectiveness because of the wider target area and various types of stakeholders of the Project. JICA Representative Office and JICA Expert Team agreed to show the further information and to decide the purchasing and/or rental method of cars.

## II AGREEMENTS

1. Definition of school Health: Egyptian and Japanese sides agreed to delete the curative services and to focus more on the preventive activities.
2. Selection criteria of pilot school for Health Promotion School was identified by JCC and School Health Committee will select 20 pilot schools in Tammia district.
3. Egyptian side identified the member organizations of JCC, based upon the Record of Discussion.
  - (1)Chairman: Minister's Assistant for Primary Health Care, Preventive Medicine and Family Planning, MOHP
  - (2)Co-chairman: Chairman, HIO, MOHP
  - (3)Members
    - 1)First Under Secretary, General Education Sector, Ministry of Education
    - 2)Director, Health Directorate, Fayoum Governorate
    - 3)Director, Education Directorate, Fayoum Governorate
    - 4)General manager, HIO, Fayoum Governorate
    - 5)General Director, SAHCD, MOHP
    - 6)Officer, HIO, MOHP

7) General Manager, Health Department, Tammia District

4. Egyptian side determined to include the representatives from Fayoum University and social workers as the other members of JCC.
5. JICA Expert Team will be provided the Project office space, such as (1) Main Office in Cairo for 3 persons and (2) Field Office in Tammia for 6 Japanese Experts and 6 Egyptian local assistants. JICA Expert Team will purchase and install equipment.
6. Egyptian side provides space for holding seminars and training during the project period. Egyptian side will provide space only and JICA Expert Team will purchase equipment in Fayoum.
7. Egyptian side pointed out the communication problems caused by language barrier. To solve the problem, JICA Expert Team agreed to use an interpreter and to prepare the brief document of the Project Report in Arabic language.
8. Egyptian side requested for JICA Expert Team to pay for the overtime activities by the government beneficiaries such as teachers/ social workers and other government staff of school. JICA Expert Team agreed to pay per-diem and transportation cost for the participants in workshop and in the other training activities of the Project. JICA Expert Team will be able to pay the fee to these persons in case of their working as facilitators for these purposes. Responsibility for the payment of the above-mentioned cost will be transferred from JICA to Egyptian side within two years from the commencement of the Project.  
JICA Expert Team will not pay the cost to participants of JCC and School Health Committee, because of the official regular meeting of the Project.

Two handwritten signatures in black ink. The first signature on the left is a stylized, cursive 'M'. The second signature on the right is a more complex, cursive signature that appears to start with 'N' and ends with a long horizontal stroke.

## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Nasr ElSayed	MOHP	Project Director, Minister's Assistant for Primary Health Care, Preventive Medicine and Family Planning Sector
2	Dr.Abd El Rahman El Saqa	HIO	Head of Medical Sector
3	Dr.Khalid Nasr	MOHP	Undersecretary of Primary Health Care Sector
4	Dr.Hussien Abu Taleb	MOHP, Fayoum Governorate	Undersecretary of Health and Population
5	Dr.Nagwa El Ashry	MOHP	Project Manager, Director of School Aged Children Health Care Department, Primary Health Care
6	Dr.Omayma Gad allah Mustafa	MOHP, HIO	Deputy Project Manager, Officer HIO
7	Dr.Sahar Mohamed Ahmed	MOHP	Researcher and Coordinator, School Aged Children Health Care Department, Primary Health Care
8	Ms.Zeinat Yousef Rashed	MOE, Fayoum Governorate	Officer
9	Dr.Abdel Kawi Lawag	Fayoum Governorate, Tammia District	Health Directorate
10	Dr.Anwar Ali Ahmed El Sewefy	MOHP, Fayoum Governorate	General Director of Endemic Disease Control, Directorate of Health
11	Mr.Tateo Kusano	Japanese expert team	Project Chief Advisor
12	Ms.Madoka Mori	Japanese expert team	Training Programming Expert
13	Ms.Yoko Akasaka	Japanese expert team	Liaison Officer
14	Ms.Sara Zaki	Japanese expert team	Secretary
15	Mr.Masakatsu Komori	JICA	Senior Representative
16	Ms.Hayashi Nobue	JICA	Resident Representative

MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

The first Joint Coordination Committee (JCC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on May 26, 2009 at the Ministry of Health (MOH), Cairo, Egypt. JCC basically agreed upon the contents of the progress of First year and Second Year activity, Main activities of Second Year and others (refer Annex-II). Discussion and agreement in details are shown in Annex I. List of participants is shown in Annex-III.

Cairo, May 26, 2009

  
Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan

  
Dr. Nasr El-Sayed  
Minister's Assistant  
Primary Health Care, Preventive Medicine and Family  
Planning Sectors  
Ministry of Health and Population  
The Arab Republic of Egypt

## Discussion and Agreement

### I Progress of First Year and Second Year Activity

A summary of the progress report was explained by Mr. Kusano, and requested that comments be provided within one week. JCC members agreed on the School-based approach for development of monitoring, supervision and evaluation adopted for the plan of operation for 2<sup>nd</sup> year plan (refer Attachment-1).

Under SHC, the five (5) Task Forces will be organized. JICA Expert Team, counterparts and Egyptian trainees in Japan will supervise the activities of Task Forces. The 2<sup>nd</sup> year activities are implemented into two phases with three elements:

- (1) Development of monitoring guidelines/manuals and service manuals for school health;
- (2) Organizing and activating Internal School Health Committee (ISHC); and
- (3) Supply of basic medical equipment

### II Main Activities of Second Year

#### Task Forces and themes

On the organization of task force for development of school health manuals and monitoring guidelines/manuals, five Task Forces formed for the 5 themes were presented. Dr. Hussien Abu Taleb agreed that Task Force-1, Task Force-2, Task Force-5 were satisfactory to the need of the project; however, he raised an issue on the Task Force 3 and 4 (referring to school environment and water & sanitation) whereby the MOE has no budget for these themes to improve their school environment facilities including water and sanitation. It was responded by the JICA representative that these facilities are outside the scope of this Project as it is not included in the R/D. JICA representative, therefore advised that a request of facilities be submitted as a new project by the Egyptian side. Dr. Hussein strongly suggested that the task members include one JICA expert as a member to each Task Force in order for the JICA expert to play an active role as coordinator and advisor in the Task Force workshops.

#### Supply and operation & maintenance of equipment

##### - Basic medical equipment

Ms Wada briefly explained the survey conducted for the 20 pilot schools in Tammia, and its findings (refer Attachment-2), especially the selection of basic equipment for the 20 school clinics. Dr. Nasr agreed to the findings and he strongly recommended that the provision of medical equipments be more of preventative and first-aid rather than curative. He further insisted that the provision of equipment be uniform and standard conform to area characteristics; this will serve as an ideal model to be emulated in other school clinics in future. Dr. Allahpichay explained the procedures for the procurement of the basic medical equipment whereby the purchase of the equipments will be of international standard and quality in Egyptian market. Also the delivery of the equipment will be in time for the new school year in September when the new school children are provided annual medical check-up. The basic medical equipments are basically owned by MOH, and the equipments are operated and maintained by HIO Fayoum.



1



- Project vehicles

JICA experts will purchase a sedan and a van for the project, and Dr. Allahpichay explained briefly the procedures for the purchase, application for license and registration. The ownership of the vehicles will be with the JICA, including the repair, maintenance and supply of gasoline. JICA experts agreed to engage and pay salaries to drivers. The use of the vehicles is exclusive for the project activity in Cairo, Fayoum and Tammia. The ownership of the vehicles will be transferred to MOH at the termination of the Project.

- Project office equipment

List of project office equipment purchased so far under JICA budget and SSC budget for the two offices (one in Cairo and Tammia) were presented to the JCC. The equipment purchased under JICA budget will be transferred to MOH at the termination of the Project.

- Training in Japan

Mr. Kusano explained that two candidates are undergoing group training in Japan now; Dr. Moshassen Gomaa and Dr. Doaa Mohmoud. For the training in autumn (September/October) four (4) counterparts are recommended that include Dr. Nagwa El Ashry (MOH), Dr. Omayma Mostafa (HIO), Ms. Elham Abu El-Kheer (MOE) at the central level, and at the local level Dr. Hussein Abu Taleb. In addition to these candidates it was suggested a second candidate in each institution is proposed, just in case the first candidate is unable to attend the training. It is also recommended that the candidates proposed are directly involved in the project now, and will be actively involved in the project.

III Others

- Distant Learning Program (JICA-Net)

Mr. Kusano explained the need for a distant learning in order to exchange the situation and experiences between two schools (one in Aichi Prefecture and one in Tammia) through TV-conferencing in February of 2010. Dr. Nasr liked the idea and a trial of video is proposed to be conducted in June between Cairo and Aichi Prefecture while the 2 Egyptian trainees are in Nagoya and chief counterparts of MOH, HIO and MOE and also Dr. Hussein.

- Project Main Office and Field Office in Tammia

Dr. Hussein explained that a new office (two rooms) has been provided in Tammia to the JICA expert which is located in Tammia Central Hospital. JICA experts expressed their thanks, and the team has moved the equipments from the old office to the new office. As regard to the main office in Cairo, Dr. Nasr mentioned that hopefully another office space might be provided in September 2009

- Project Design and Indicator for the Evaluation

Ms. Wada explained the necessity of indicators for the mid-term evaluation in 2010 and for the final evaluation of the project is more clearly clarified and identified within the second year. Dr. Hussein commented that the indicators be more objective rather than subjective. In regard to this, it is proposed this is discussed at the SHC meeting.





## ANNEX III

## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr. Nasr El Sayed	MOH	Project Director-Minister Assistant for Primary Health Care- MOH
2	Dr. Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary Ministry of Health
3	Dr. Nagwa El Ashry	MOH	Project Manager, Director of SAHCD, Primary Health Care
4	Dr. Omayma Mostafa	HIO	Deputy Project Manager, Officer HIO
5	Ms. Zenate Yousif	MOH, Fayoum Governorate	General Director of Environment and Population Department
6	Ms. Elham Abu El-Kheer	MOE	Director of Education Department
7	Dr. Jeanvieve Ratib Abed El Saged	MOH, Tammia District	Health Directorate
8	Ms. Nobue Hayashi	JICA Egypt office	Representative
9	Mr. Noriyuki Tsuruoka	JICA Egypt office	Representative
10	Mr. Nour Hussein	JICA Egypt office	Program Officer
11	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
12	Dr. Allahpichay Ibrahim	Japanese expert team	Vice Project Chief Advisor
13	Ms. Tomoyo Wada	Japanese expert team	Child Health/ Nutrition
14	Ms. Akiko Hayashi	Japanese expert team	Health Education Expert
15	Ms. Izumi Yoshioka	Japanese expert team	Liaison
16	Ms. Sara Zaki	Japanese expert team	Secretary/Interpreter
17	Ms. Magdah Amin	Japanese expert team	Coordinator/Interpreter
18	Dr. Assaa Younis Elsary	Japanese expert team	Coordinator/Technical Assistant

MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

The third Joint Coordination Committee (JCC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on July 6, 2010 at the Ministry of Health (MOH), Cairo, Egypt. JCC basically agreed upon the contents of the progress of Second year and Third Year activity. Discussion and suggestions are shown in this minutes of the meeting.

Cairo, July 7, 2010



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Nasr El-Sayed  
Minister's Assistant  
Primary Health Care, Preventive Medicine and  
Family Planning Sectors  
Ministry of Health  
The Arab Republic of Egypt

Discussion and agreement in the third Joint Coordination Committee (JCC)  
Meeting

July 6<sup>th</sup>, 2010

1. Dr. Nasr El Sayed requested to disseminate the model of health promotion school which will be developed in 20 pilot schools to Upper Egypt as far as possible.
2. Dr. Nasr raised the following six points to make importance of the efficient and effective proceeding of the Project.

- (1) Roles and functions of MOH and HIO
- (2) Linkage between Health Unit and School Clinic
- (3) Definition of the roles by actors for school health services, such as school managers/head masters, health visitors, social workers, and environment/population teachers
- (4) Training of personnel who belong to MOE in Japan
- (5) Lack of documentation on school health services
- (6) Flexible assignment of doctors who are involved in school health services

2. Explanation and Comment on ANNEX I

- (1) Mr. T. Kusano, chief advisor of JICA Project Team, made an introduction on discussion topics of the 3<sup>rd</sup> JCC Meeting.
- (2) Ms. M. Mori, JICA Expert Team member explained the project progress and output in the 2<sup>nd</sup> year.
- (3) Mr. D. Sano, JICA Expert Team member explained the plan of activities for the 3<sup>rd</sup> Year.

1) SHC organized the Trainers Team (TT) for strengthening of school health services through ISHC of each pilot school and also the Monitoring Team (MT) for review of the existing monitoring system and the development of the proposed system.

2) Project activities will be mainly focused on the development of Health Promotion School Model in 20 pilot schools in the 3<sup>rd</sup> year.

3) Dissemination workshop will be postponed to the beginning of the 4<sup>th</sup> year of the project because of the one-month delay of commencement of the Project in the 3<sup>rd</sup> year. The health promotion school model developed in 20 pilot schools will be disseminated with instruction of its application method and implementation schedule to the non-pilot schools in Tammia district and the other Upper Egypt. It will be discussed in February or March 2011 after the completion of MT and TT activities.

(4) Dr. Nagwa El Ashry explained the result of assessment on the existing monitoring system and preliminary statistical analysis of the provided data from ISHC.

- 1) Leadership of head master and role of each actor of ISHC are not clear
- 2) Recording and reporting system were not unified by SHC and partly introduced.



3) Monitoring system by the government authorities have not yet linked with self-monitoring system by ISHC

Dr. Nasr El Sayed asked who is the leader of ISHC, and whether the JICA Expert Team/counterparts instructed or not to head masters on how to lead the committee and how to make minutes of meeting.

Mr. T. Kusano answered that JICA Expert Team and Counterparts explained to the school managers/head masters of 20 pilot schools on the establishment of Internal School Health Committees (ISHC) in these schools. In addition to the kick-off meeting with these school managers, the Team and counterparts explained about the role and function of ISHC before commencement of school health activities in the second year of the Project. ISHC members composed of health visitors, social workers, teachers, prepared the monthly action calendars by actors depending upon the school health service conditions. These calendars by schools were formed for themselves according to "Implementation Manual for School Health Services" which was developed by Task Forces. As a result of monitoring on the ISHC activities in the second year, it was clarified that the role of each actor should be identified from the viewpoint of effective use of a limited human resources. And ISHC will prepare the minutes of meetings according to the revised form, which will be developed by Monitoring Team organized by SHC in the third year.

Dr. Hussein Abu Taleb stressed that coordination among agencies concerned, MOH, HIO and MOE should be improved through more frequent discussion in School Health Committee(SHC).

Dr. Salah Abu Taleb introduced HIO health information and monitoring system but it is not yet applied to health prevention system for students.

Mr. Mr. Ibrahim El Behery explained about the existing monitoring committee of MOE on school health environment.

Dr. Moataz Salah introduced a health information system of MOH on the medical treatment, and it is important to connect the information network system with this existing system and the proposed school health information system by the Project.

Mr. T. Kusano mentioned that the health information system in preventive and curative aspect seems to be significantly different. The Monitoring Team of the Project will develop the model of school health information system for monitoring.

(5) Dr. Omayma Mostafa explained Evaluation Indicators of the Project.

1) Common indicators for Task 1 to 5.

2) Indicators for each Task, such as Task1 health education, Task2 family and community participation, Task3 school environment, Task4 water and sanitation and Task5 health care services.

Dr. Moataz Salah asked about the difference of internal and external evaluation.



Mr. T. Kusano answered that internal monitoring corresponds to the self-monitoring at school level and the external monitoring at government level. External evaluation will be implemented by JICA and MOH as mid-term evaluation in November 2010.

A handwritten signature in blue ink, consisting of a cursive 'T' followed by a stylized 'K' and a long horizontal stroke.

## ANNEX II

## LIST PF PARTICIPANTS

No.	Name	Organization	Position
1	Dr. Nasr El Sayed	MOH	Project Director, Minister Assistant for Primary Health Care
2	Dr. Hussien Abu Taleb	MOH, Fayoum	Undersecretary of Health
3	Dr. Salah Abu Taleb	HIO, Fayoum	General Director
4	Dr. Nagwa El Ashry	MOH	Project Manager, Director of School Aged Children Health Care Department, Primary Health Care
5	Dr. Omayma Mostafa	HIO	Deputy Project Manager, Officer HIO
6	Ms. Elham Abu El Kheir	MOE	General manager of Environment and Population Department
7	Mr. Mossad Mekled	MOE	Expert of the General Administration for Environment and Population Sector
8	Mr. Ibrahim El Behery	MOE, Fayoum	General Director of Education Service
9	Dr. Sahar Ahmed	MOH	Research and Training Coordinator of School Aged Children Health Care Department, Primary Health Care
10	Dr. Eman El Labany	MOH	Pediatrician, Medical Epidemiologist
11	Dr. Moataz Salah	MOH	Personal Assistant of Dr.Nasr El Sayed
12	Mr. Nobuhiro Ikuro	JICA Egypt Office	Chief Representative
13	Mr. Noriyuki Tsuruoka	JICA Egypt Office	Representative
14	Mr. Tateo Kusano	Japanese Exert Team	Project Chief Advisor / Monitoring on School Health
15	Ms. Madoka Mori	Japanese Exert Team	Training Programming
16	Mr. Daigo Sano	Japanese Exert Team	Health Information System Enforcement
17	Ms. Sara Zaki	Japanese Exert Team	Secretary / Interpreter
18	Ms. Mona Bekhet	Japanese Exert Team	Assistant Secretary



**MINUTES OF MEETING  
BETWEEN  
JAPAN INTERNATIONAL COOPERATION AGENCY  
AND  
MINISTRY OF HEALTH OF THE ARAB REPUBLIC OF EGYPT  
ON  
JAPANESE TECHNICAL COOPERATION PROJECT  
FOR  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICES IN  
UPPER EGYPT**

The Japanese Mid-term Review Team (hereinafter referred to as “the Team”) organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) visited the Arab Republic of Egypt (hereinafter referred to as “Egypt”) from June 11 to June 29, 2011 for the purpose to review the implementation process and the achievements of “The Project on Promotion of School Health Services in Upper Egypt” (hereinafter referred to as “the Project”).

During its stay in Egypt, the Team exchanged their views and had a series of discussions with the Project personnel of the Ministry of Health (hereinafter referred to as “MOH”), Egyptian authorities concerned and other relevant parties.

As a result of discussions, both parties agreed to the matters referred to in the document attached hereto.

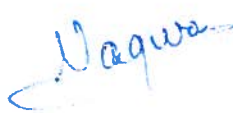
Cairo, October , 2011



Mr. Ikuro Nobuhiro  
Resident Representative  
JICA Egypt Office  
Japan International Cooperation Agency  
Japan



Dr. Nasr El Sayed  
Minister's Assistant for Primary Health Care,  
Preventive Medicine and Family Planning  
Sector  
The Government of the Republic of Egypt



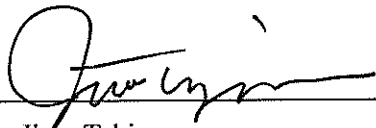
**MINUTES OF MEETING  
BETWEEN  
JAPAN INTERNATIONAL COOPERATION AGENCY  
AND  
MINISTRY OF HEALTH AND POPULATION OF THE ARAB REPUBLIC OF  
EGYPT  
ON  
TECHNICAL COOPERATION PROJECT  
FOR  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICES IN  
UPPER EGYPT**

The Japanese Terminal Evaluation Team (hereinafter referred to as “the Team”) organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) visited the Arab Republic of Egypt (hereinafter referred to as “Egypt”) from June 17 to July 6, 2012 for the purpose of the terminal evaluation on “The Project on Promotion of School Health Services in Upper Egypt” (hereinafter referred to as “the Project”).

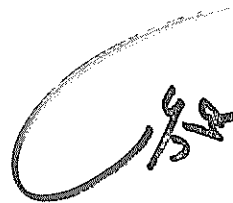
During its stay in Egypt, the Team exchanged their views and had a series of discussions with the project personnel of the Ministry of Health and Population (hereinafter referred to as “MOHP”), Egyptian authorities concerned and other relevant parties.

As a result of discussions, both parties agreed to the matters referred to in the document attached hereto.

Cairo, July 5, 2012



Mr. Ikko Takizawa  
Terminal Evaluation Team Leader  
Japan International Cooperation Agency  
Japan



Dr. Emad Ezzat  
Head of Primary Health Care and Nursing Sector  
Ministry of Health and Population  
The Government of the Republic of Egypt



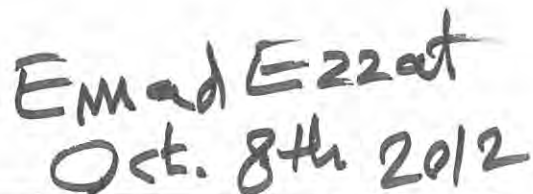
MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT

The sixth Joint Coordination Committee (JCC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on October 4, 2012 at the Ministry of Health and Population (MOHP), Cairo, Egypt. JCC basically agreed upon the contents of the Project Completion Report. Discussion and comments are shown in these minutes of the meeting.

Cairo, October 8, 2012



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Emad Ezzat  
Head of Primary Health Care and Nursing  
Sector  
The Arab Republic of Egypt

## Discussion and comments in the sixth Joint Coordination Committee (JCC) Meeting

October 4, 2012

### 1. **Dr. Emad Ezzat** (Chairperson of JCC)

- (1) Dr. Emad acknowledged that the Project has been completed successfully, achieving the goals of improving school health in Tammia, Fayoum, and establishing the dissemination basis of the Health Promotion School model to Upper Egypt, which has been proven that the Egyptian side can implement with Egyptian resources.
- (2) Dr. Emad acknowledged the following achievements of the Project specifically.
  - Establishment of the scope and framework of school health.
  - Development and promotion of the recording, reporting and monitoring system.
  - Clarification of the division of roles played by each school health personnel.
  - Enhancement of knowledge and skills of the school health personnel.
- (3) Dr. Emad stressed that School health issue is now on the top priority of the Egyptian government agenda. School health is now a main interest of MOHP and Dr. Nagwa is working right now on drafting a national 5 years action plan to tackle the issues of school health. Upon developing the 5 years action plan on school health, relevant stakeholders will be invited for a meeting to discuss and feedback and then agree on a joint agenda.

### 2. **Mr. Tateo Kusano** (Project Chief Advisor of the JICA Expert Team)

- (1) Mr. Kusano expressed his sincere thanks to the Egyptian counterparts and the representatives of donors, such as WHO, UNICEF and Arab Medical Union for their part up to the completion of the Project.
- (2) Mr. Kusano requested and JCC agreed that additional comments by the Egyptian side on the Project Completion Report and the Dissemination Guideline would be delivered by October 11, 2012.

### 3. **Explanation**

- (1) A summary of the Project Completion Report was presented (see Annex I).
- (2) A summary of the Dissemination Guideline was presented (see Annex II).

### 4. **Clarification and comments**

- (1) MOHP expressed their appreciation to the JICA Expert Team for the systematic approach and elaboration, and for completing the Project in spite of difficult coordination among agencies.
- (2) The MOHP is preparing a 5-year action plan on school-age health on the basis of the Strategic Vision 2012.



- (3) Fayoum Governorate will continue the effort to disseminate the HPS model to other districts outside of Tammia.
- (4) The Project has promoted school health as a significant issue within the health sector: the issuance of the ministerial decree 369/2012 (MOHP) and the incorporation of school health in the Strategic Vision 2012 (MOHP) are direct outcomes of the Project.
- (5) In order to establish a school health information system and a training system beyond the Project at the governorate level, future technical cooperation is desirable.
- (6) The MOHP's Gharbiya project on health information is an example of the Egyptian initiative to extend the benefit of the Project.
- (7) Comments from the Donors:
  - AMU has already benefited from the Project, especially the systematized Comprehensive Medical Examination (CME), strengthened monitoring system, the M&G.
  - The AMU is now in process of implementing a project on school health where they will benefit from the M&G.
  - UNICEF and WHO will especially benefit from M&G which was developed by the Project, and the CME program in their nutrition surveillance program in the communities including schools in 7 governorates in cooperation with MOHP.
  - UNICEF considers the M&G to be a useful tool, UNICEF works in related programs (water and sanitation in schools and homes, iodized salt program at schools and for school-age children) and the impact of the Project will enhance UNICEF's activities. UNICEF would like to expand the HPS model to include health education on nutrition.
  - WHO Country Office has worked with MOE on WHO's "Health Promoting School," especially health education, water and sanitation, and nutrition. With National Nutrition Institution, WHO has worked on nutritional improvement at school canteens.
  - WHO is planning to continue activities in Fayoum and Upper Egypt.
  - After long years on working on school health it seems that there is no strong impact. That could be because of the political context in Egypt and also because of the lack of coordination among different relevant bodies (National and international).
  - WHO is ready for cooperation, and concerted efforts of the Egyptian government, international organizations, and other donors will maximize impact of activities.

##### **5. Closing Remarks by Dr. Nagwa El Ashry**

- (1) The most important part of this project is the close cooperation between MOHP, MoE and HIO. Formulation of ISHC is an important mechanism to implement and coordinate the activities and also for twining with other schools. The M&G needs to be updated every 2 or 3 years in a regular manner.



- (2) Dr. Nagwa El Ashry thanked all the participants, and reiterated that the strength of this Project had been conducted under the close coordination and collaboration among different organizations, including the MOHP, MOE, HIO, JICA, and international organizations, and that she would look forward to future collaborations to better serve to the future generations of Egypt.



### ANNEX III

#### List of Participants

No.	Name	Organization	Position
1	Dr. Emad Ezzat	MOHP HQ.	Head of Primary Health Care and Nursing Sector
2	Dr. Mona Rakha	MOHP HQ.	Undersecretary of Primary Health Care Sector
3	Dr. Nagwa El Ashry	MOHP HQ.	Executive Director of the Project, General Director of the School-Age Health Care Dept.
4	Dr. Sahar Ahmed	MOHP HQ.	SAHCD
5	Dr. Osama Hassan	MOHP HQ.	School Aged Children Health Care Department
6	Dr. Emam Mohamed Mousa	MOHP Fayoum	Undersecretary of Fayoum Health and Population Directorate
7	Dr. Farag Abd El Moaez	MOHP Fayoum	Director of Health Education, Fayoum Health Directorate
8	Dr. Wefky Fouad Wefky	HIO HQ.	Focal Person responsible for School Health
9	Dr. Osama El Garhy	HIO, Fayoum	Manager of School Health Insurance in Urban Fayoum
10	Dr. Inas Hanafi Mahmoud	MOE HQ	General Director of Environmental and Population Education Department
11	Mr. Mosaad Maklad	MOE HQ.	Expert in Environmental and Population Education Department
12	Ms. Eatimad Ahmed	MOE HQ.	Environment & Population Administration
13	Ms. Ahlam Ewees	MOE, Fayoum	General Director of Environment and Population Department
14	Dr. Hala El Hennawy	WHO/WRO	WHO Program Officer
15	Dr. Maged Abu Manneh	UNICEF	Nutrition Specialist
16	Dr. Abdel Rahim Mohamed	AMU	Director of Internal Projects
17	Mr. Hideki Matsunaga	JICA Egypt Office	Chief Representative
18	Mr. Takahiro Goto	JICA Egypt Office	Representative
19	Ms. Dally Abdel Aziz	JICA Egypt Office	Project Assistant
20	Mr. Tateo Kusano	JICA Project Team	Project Chief Advisor
21	Dr. Yoshihisa Yamazaki	JICA Project Team	Children's Health & Nutrition Expert
22	Ms. Mami Ishii	JICA Project Team	Training Programming Expert
23	Dr. Maki Tanaka	JICA Project Team	Institutional Expert
24	Mr. Daigo Sano	JICA Project Team	Information System/Coordinator
25	Dr. Omayma Mostafa	JICA Project Team	HPS Model Dissemination Assistant
26	Mr. Emad Emam	JICA Project Team	Technical Assistant
27	Dr. Asmaa Younis Elsary	JICA Project Team	Project Coordinator
28	Mr. Sabry Ali	JICA Project Team	Assistant Secretary



別添 8

**SHC 会議議事録**





Fifteen School Health Committee meetings were held for the Project implementation period. The followings are the date of each meeting.

- The first SHC meeting: January 4, 2009
- The second SHC meeting: January 21, 2009
- The third SHC meeting: March 10, 2009
- The fourth SHC meeting: May 14, 2009
- The fifth SHC meeting: July 9, 2009
- The sixth SHC meeting: August 16, 2009
- The seventh SHC meeting: October 20, 2009
- The eighth SHC meeting: December 13, 2009
- The ninth SHC meeting: March 9, 2010
- The tenth SHC meeting: June 16, 2010
- The eleventh SHC meeting: October 27, 2010
- The twelfth SHC meeting: June 23, 2011
- The thirteenth SHC meeting: October 9, 2011
- The fourteenth SHC meeting: February 8, 2012
- The fifteenth SHC meeting: May 10, 2012
- The sixteenth SHC meeting: July 3, 2012


Discussion and comments in each meeting are shown in the following minutes.

The 16<sup>th</sup> SHC meeting was held between the Terminal Evaluation team and the Egyptian counterparts. For the detailed information, refer to the Terminal Evaluation Report.

MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

The first School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on Jan.4th, 2009 at Ministry of Health and Population (MOHP), Fayoum, Egypt. SHC basically reached the agreement upon the contents of the draft of the Inception Report (IC-R). Discussion and agreement in details are shown in Annex 1.

Fayoum, Jan.5<sup>th</sup>, 2009



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Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



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Dr. Hussein Abu Taleb  
Undersecretary of Health and Population  
Fayoum  
The Arab Republic of Egypt

AGREEMENTS

1. Egyptian side decided the School Health Committee members. The list of the members is attached as ANNEX III.
2. Counterparts, from Fayoum governorate and Tammia district, who were assigned in Joint Coordination Committee were reconfirmed according to the request from the Chairman of JCC.
3. Egyptian side selected 20 pilot schools based upon the selection criteria which were identified at Joint Coordination Committee.
4. Egyptian side requested to employ a project coordinator/secretary as a permanent officer for the Project, because Counterparts and JICA Experts are not fully assigned in a whole year. Egyptian side recommended Dr. Asmaa Younis from Fayoum University as a candidate for this person. Japanese Expert team answered that it will be able to finance for continuous hiring within the budget in annual year for this project coordinator.
5. Regarding Field office of the Project, Fayoum governorate recommended three options, two in Fayoum and one in Tammia, JICA Expert Team answered to study the facilities/working conditions and to select the acceptable option.
6. According to the result of the base line survey, SHC will set up the HPS centre/Zones and to formulate Annual Work Plan for the following year
7. Regular meeting with Counterparts and JICA Expert will be held in Fayoum on 21<sup>st</sup> of January for the preparation of Annual Work Plan of the first year of the Project, and on 4<sup>th</sup> of February for that of the second year of the Project.
8. School Health Committee will be held for monitoring and supervision of the result of Pre-test of Base Line Survey on 20<sup>th</sup> of January and for the review of the Draft Final Report on 9<sup>th</sup> of March.



## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOHP, Fayoum Governorate	Undersecretary of Health and Population
2	Dr. Mona Fouad Ass Manegen	MOHP, Fayoum Governorate	Director of Primary Health Care
3	Dr.Anwar Ali Ahmed El Sewefy	MOHP, Fayoum Governorate	General Director of Endemic Disease Control, Directorate of Health
4	Dr. Mohasen Gomaa	HIO, Fayoum Governorate	Director of School Health
5	Dr. Jeanvieve Ratib Abed El Saged	MOHP, Tammia District	Director Assistant
6	Dr. Zienab Sakran	MOHP, Fayoum Governorate	Director of Health Education
7	Mr. Saleh Al Beltegy	MOE, Tammia District	General Director of Tammia Education Directorate
8	Ms. Sahar Abd El Sattar El Gamal	MOE, Tammia District	Director of Education, Social Supervisor
9	Ms. Rasha Farouk El Gornal	MOE, Tammia District	Director of Education, Social Supervisor
10	Mr.Tateo Kusano	Japanese expert team	Project Chief Advisor
11	Dr. Yoshihisa Yamazaki	Japanese expert team	Children Health and Nutrition Expert
12	Ms.Madoka Mori	Japanese expert team	Training Programming Expert
13	Ms.Yoko Akasaka	Japanese expert team	Liaison Officer
14	Ms.Sara Zaki	Japanese expert team	Secretary
15	Dr. Asmaa	Fayoum Faculty of Medicine, Fayoum University	Assistant Lecture of Public Health
16	Ms. Noriko Nagata	JICA	Japanese Overseas Cooperation Volunteer

MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

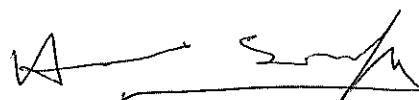
The Second School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on Jan.21th, 2009 at Ministry of Health and Population (MOHP), Fayoum, Egypt. SHC basically reached the agreement upon the baseline survey. Discussion and agreement in details are shown in Annex I.

Fayoum, Jan.22<sup>th</sup>, 2009



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Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



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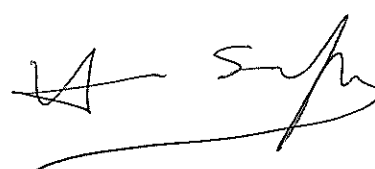
Dr. Hussein Abu Taleb  
Undersecretary of Health and Population  
Fayoum  
The Arab Republic of Egypt

DISCUSSIONS

1. Opening remarks were presented by Dr. Hussein Abu Taleb.
2. Baseline Survey and the result of pre-test were explained by Dr. Fatma El-Zanaty.
3. Dr. Fatma explained that El-Zanaty & Associates would start baseline survey next week. Survey will be implemented by 5 groups, each group contains 5 members, including 1 supervisor.
4. The Egyptian side asked Dr. Fatma how she would conduct this survey during the mid-term exam. Dr. Fatma explained that she already organized the schedule and survey team would try to finish on time.
5. The Egyptian side asked to remove "washing hands with soap" from Questionnaire, they said just washing hands with water was enough. But after discussions it was remained as before.
6. Dr. Fatma asked about the definition and meaning of "physically active". The Japanese side will answer it later.

AGREEMENTS

1. Dr. Hussein suggested adding some fruits and vegetables which were familiar in Fayoum Governorate to be easier for students to understand the meaning of the Questions. Dr. Fatma agreed to it.
2. Dr. Nagwa suggested asking nurses about physical examination period to avoid wrong information from children as they may have forgotten. Dr. Fatma agreed to it.
3. Dr. Hussein suggested adding a question about smoking teachers in the Questionnaire. Dr. Fatma agreed to it.
4. Dr. Fatma asked assistance to the Egyptian side about making digital map of Tammia District. Dr. Hussein agreed to it.
5. Dr. Fatma asked about selection of non-pilot schools. Participants agreed that each non-pilot school would be selected by geographically, which was close to each pilot school. It also should be selected by similar size and conditions of pilot school. For that purpose, Dr. Abd El Kawy will prepare the list of all schools in the Tammia District.



## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOHP, Fayoum Governorate	Undersecretary of Health and Population
2	Dr. Mona Fouad Ass Manegen	MOHP, Fayoum Governorate	Director of Primary Health Care
3	Dr. Abdel Kawi Lawag	MOHP, Tammia District	Health Directorate
4	Dr. Zienab Sakran	MOHP, Fayoum Governorate	Director of Health Education
5	Dr.Nagwa El Ashry	MOHP	Project Manager, Director of School Aged Children Health Care Department, Primary Health Care
6	Ms. Tatemad Ahmed Mohamed	MOE	Director of Environment and Population Department
7	Dr. Fatma El Zanaty	El-Zanaty & Associates	President & CEO
8	Mr. Mohamed El Ghazaly	El-Zanaty & Associates	Survey Coordinator
9	Ms. Akiko Hayashi	Japanese expert team	Health Education Expert
10	Mr. Atsushi Takahashi	Japanese expert team	Institutional Expert
11	Ms. Mika Nishihara	Japanese expert team	School Environment
12	Ms.Madoka Mori	Japanese expert team	Training Programming Expert
13	Ms.Sara Zaki	Japanese expert team	Secretary / Interpreter
14	Dr. Asmaa Younis	Japanese expert team	Coordinator / Technical Assistant
		Fayoum Faculty of Medicine Fayoum University	Assistant Lecture of Public Health
15	Ms. Noriko Nagata	JICA	Japanese Overseas Cooperation Volunteer

**MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN  
UPPER EGYPT**

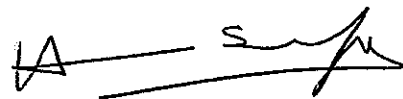
The Third School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on Mar.10th, 2009 at Ministry of Health and Population (MOHP), Fayoum, Egypt. SHC basically reached the agreement upon the baseline survey draft report, annual work plan framework and second year activities. Discussion and agreement in details are shown in Annex I and II.

Fayoum, Mar.11<sup>th</sup>, 2009



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Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



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Dr. Hussein Abu Taleb  
Undersecretary of Health and Population  
Fayoum  
The Arab Republic of Egypt



**Dr. Fatma El-Zanaty**

**Discussions and Comments:**

On presenting the survey results, many issues were discussed including

**a. Whether the schools have clinics..**

The survey shows that out of the 20 clinics, only 11 schools have clinics; thus there are 9 schools with no clinics. Despite of this result, representatives of the HIO kept telling that the whole 20 schools have clinics, affirming and reaffirming that they are 20 schools of 20 clinics.

On stating that that was the answer the researchers received from the students; noting that only 50% of students know whether there was a clinic in their schools. HIO representatives kept saying that the school students shall not be the source of the information collected; since they already do not know a lot of things. **Dr. Omayma** even noted that if those students were asked whether there was someone carrying out a survey in the school; some would say "NO."

**Dr. Hussien Abu Taleb:** "I want everyone to know that we are mainly here to stand on our main weak points; that's the aim of that survey."

**b. Potable Clean Tab Water..**

**Mr. Saleh El-Beltagui;** "The problem of water covers the whole of Tamia, even the Health Center does not have water, my office in the Education Directorate does not have water. By the end of this a year; a project that is due to get implemented here in Fayoum, will provide a clean tab water for all."

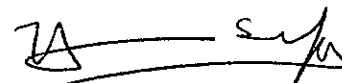
**c. Opinions mentioned in the Survey..**

**Dr. Hussien Abu Taleb:** "On presenting such important results, we should have norms and standards to refer to; the students' or the boards of trustees' opinions are not enough to build our works on; we should look forward into more than that."

**Dr. Fatma El-Zanaty:** "There was observation and field work as well."

**Dr. Hussien Abu Talen:** "I wonder, how could you reach the students during their mid-year vacation?"

**Dr. Fatma El-Zanaty:** "We asked the social workers to bring us 20 from every school,

so they brought them from their own homes, mainly for carrying out the survey.”

**Dr. Hussien Abu Taleb:** “We shall never keep defending for no reason.”

**Dr. Hussien Abu Taleb:** “Some of the wrong data, is not El-Zanaty’s fault, it is the people who are asked; whose answers can never be taken for granted. We will only stress on the points and the issues that we know are true; noting that most of these issues are easy to solve. The problem is mainly with us; we do not work on reaching our students; it is our mistake. We can only tell our children to wash their hands with soap and water; it doesn’t need more than that; but how can we tell them that, at a time where we do not provide for them the water they need. I am really so sad.”

**Dr. Omayma:** “Which School Students have you asked?”

**Dr. Fatma El-Zanaty:** “Students of the 5<sup>th</sup> and 6<sup>th</sup> Primary School Levels.”

#### **d. Toilettes..**

One of the HIO representatives said that there is no problem as we see all toilettes found in the ground floor. A German Team of experts made a research and found that the best way to build toilettes is to build them as separate units in the playground; far from the school buildings, so that it would be easier for maintenance and reconstruction.

#### **e. Whether the students take their breakfast..**

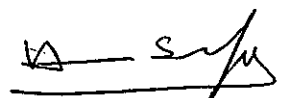
**Dr. Hussien Abu Taleb:** “It is the farmers’ and the peasants’ habit, that they never have their breakfast early in the mornings. They used to have it in the afternoon, when one’s wife take him the tray of breakfast.”

Results show that 46% of Primary Students and 42% of Preparatory Students do have their breakfast. Here, **Dr. Omayma** said: “This sounds weird, because nowadays, there’s a large number of students with anemia.”

#### **f. School Meal..**

Results show that there was a great difference between students of the Primary and students of the Preparatory in what regards the number of days, during which the school meal is dispensed among them.

**Dr. Hussien Abu Taleb:** “There is something wrong here, because there is no meal for the Preparatory Students.”



**Dr. Omayma:** “Again, the students?! in Menya governorate, we made a research with the school students, asking them to take us to their school canteen, they took us to a kiosk outside the school; that was the canteen they know.”

**Mr. Saleh El-Beltagui:** “We provide a pie for 100% of the school students; Primary Stage.”

**Dr. Fatma El-Zanaty:** “The problem is not with the 100% of the school students; it is whether the pie is palatable or unpalatable. Last year I carried out a survey for WFP on School Feeding, and we found that the majority of the students used to throw the pie away.”

**g. School Teachers..**

**Dr. Hussien Abu Taleb:** “Nowadays, most of the school teachers are working under contracts, they are not specialized; they need a lot to get experienced enough to stand in front of such students, thus their words or opinions cannot be taken for granted. Tamia is the poorest district ever, thus teachers of the lowest grade work here.”

**A representative from MOE:** “Not nowadays, this was in the past, today not anyone can be a teacher, the same as not anyone can be a doctor.”

**h. Smoking..**

**Mr. Saleh El-Beltagui:** “We don’t agree about the mentioned number of smokers from students of Primary Stage; may be in the Preparatory and the Secondary, but not in the Primary.”

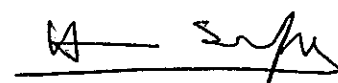
**i. Students’ Height and Weight..**

**Dr. Omayama:** “Students’ Height and weight are never measured because, schools do not have the materials required, there’s no balance to weight the students nor a ruler to measure their height; they either have one that’s out of service so, they either borrow one from the health unit or take the students into the health unit.”

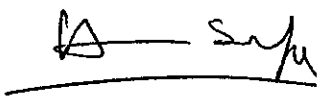
**Dr. Hussien Abu Taleb:** “See, it is that simple; draw a ruler on the wall and take the students’ height.”

**j. Others..**

**Dr. Hussien Abu Taleb:** “I really wonder, in the past we used to have copybooks were



something like the ten commandments used to be written on the back cover page, simply; wash your hands before and after eating. Brush your teeth after every meal. Where are these copybooks nowadays? Let them be written even on the back cover page of the book of science taught to students.



## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOHP, Fayoum Governorate	Undersecretary of Health and Population
2	Dr.Nagwa El Ashry	MOHP	Project Manager, Director of School Aged Children Health Care Department, Primary Health Care
3	Dr. Omayma Mostafa	HIO	Deputy Project Manager, Officer HIO
4	Dr.Anwar Ali Ahmed El Sewefy	MOHP, Fayoum Governorate	General Director of Endemic Disease Control, Directorate of Health
5	Dr. Mona Fouad	MOHP, Fayoum Governorate	Director of Primary Health Care
6	Dr. Zienab Sakran	MOHP, Fayoum Governorate	Director of Health Education
7	Dr. Mohassen Gomaa	HIO, Fayoum Governorate	Director of School Health
8	Dr. Fakry Farag	HIO, Fayoum Governorate	Health Education Sector
9	Mr. Ibrahim El Behery	MOE, Fayoum Governorate	General Director of Education Service
10	Ms. Zenate Yousif	MOE, Fayoum Governorate	General Director of Environment and Population Department
11	Dr. Jeanvieve Ratib Abed El Saged	MOHP, Tammia District	Health Directorate
12	Mr. Saleh Al Beltegy	MOE, Tammia District	General Director of Tammia Education Directorate
13	Ms. Sahar Abd El Sattar El Gamal	MOE, Tammia District	Director of Education, Social Supervisor
14	Dr. Fatma El Zanaty	El-Zanaty & Associates	President & CEO
15	Mr. Mohamed El Ghazaly	El-Zanaty & Associates	Survey Coordinator
16	Mr. Mahmoud Shehata	El-Zanaty & Associates	Senior Researcher

17	Ms. Nobuyo Hayashi	JICA	Resident Representative
18	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
19	Ms. Akiko Hayashi	Japanese expert team	Health Education Expert
20	Mr. Allapichay Ibrahim	Japanese expert team	Liasion
21	Ms. Mika Nishihara	Japanese expert team	School Environment
22	Ms. Madoka Mori	Japanese expert team	Training Programming Expert
23	Ms. Sara Zaki	Japanese expert team	Secretary / Interpreter
24	Ms. Magdah Amin	Japanese expert team	Coordinator / Interpreter
25	Dr. Asmaa Younis	Japanese expert team	Coordinator / Technical Assistant
		Fayoum Faculty of Medicine Fayoum University	Assistant Lecture of Public Health
26	Ms. Noriko Nagata	JICA	Japanese Overseas Cooperation Volunteer


MINUTES OF THE FOURTH SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

The Fourth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on May 14th, 2009 at Ministry of Health (MOH), Fayoum, Egypt. SHC basically agreed on the contents of the Progress of the 1<sup>st</sup> Year activities and the annual plan for the 2<sup>nd</sup> Year activities, and the items listed in the agenda (Annex-II). Discussion and agreement in details are shown in Annex-I.

Fayoum, May 14<sup>th</sup>, 2009

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Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



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Dr. Hussein Abu Taleb  
Undersecretary of Health  
Fayoum  
The Arab of Republic of Egypt



## Minutes of Discussion

### 1. Progress Report (1)

Comments to the Progress Report (1) are to be provided by the School Health Committee members within one week commencing from the day of meeting; Dr. Asmaa will coordinate the collection of the comments and forward to Ms. Sara.

### 2. Plan of Operation for 2<sup>nd</sup> year

#### (1) Organizing and formulation of Task Forces

The School Health Committee would organize and select the members of the task forces (for the 5 themes as discussed in the meeting) and have them ready for the meeting on Thursday (May 21, 2009). Task forces would be decided at this meeting, and the results will be reported to 2<sup>nd</sup> JCC Meeting on May 26, 2009.

#### (2) Supply of basic medical equipment to 20 pilot schools

##### a. Procurement of equipment

Egyptian side requested to purchase with Japan standard for non-medical equipment. JICA Expert Team responded that all equipment will be on international standard which will be procured in the Egyptian market to meet in time for September at the commencement of new school year. And also cost-saving is prioritized because these models with basic medical equipment will be disseminated to Upper Egypt.

##### b. Procedure of procurement

Upon approval by JCC of list of equipments prepared by JICA Team, MOH will prepare an official request using FORM A-4 to the JICA Egypt Office for approval from JICA Head Office in Tokyo. With the approval, the Team will initiate the procurement procedure. Since the new school term commences in the third week of September and medical equipments are needed for medical checkup of students, the Team will try its best to procure and distribute by the end of September.

##### c. Survey of 20 pilots schools for conditions of supply of medical equipment

JICA Team and counterparts will survey 20 pilot schools and Mr. Saleh Al Beltegy will accompany the team to facilitate the survey, to clarify.

- Availability of school clinics, rooms and space for storage.
- Responsibility on the use and repair of medical equipment.





- Adequate operation and maintenance budget for repair and consumables.

3. Distant Learning Program (JICA-Net)

Under the distant learning program, one pilot school will be selected to share and exchange information and their experience with a school in Japan in Nagoya by TV conferencing.

4. Training in Japan

For the training in Japan in Autumn MOH, MOE and HIO will coordinate to nominate the training candidates.



### LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary of Health
2	Dr.Nagwa El Ashry	MOH	Project Manager, Director of SAHCD, Primary Health Care
3	Dr. Anwar Ali Ahmed El Sewefy	MOH, Fayoum Governorate	Director of Primary Health Care
4	Dr. Mona Fouad	MOH, Fayoum Governorate	Director of Primary Health Care
5	Dr. Zienab Sakran	MOH, Fayoum Governorate	Director of Health Education
6	Dr. Mohassen Gomaa	HIO, Fayoum Governorate	Director of School Health Sector
7	Dr. Fakry Farag	HIO, Fayoum Governorate	Director of Health Education Sector
8	Mr. Ibrahim El Behery	MOE, Fayoum Governorate,	General Director of Education Service
9	Ms. Zenate Yousif	MOH, Fayoum Governorate	General Director of Environment and Population Department
10	Dr. Jeanvieve Ratib Aded El Saged	MOH, Tammia District	Director of Education, Social Supervisor
11	Ms. Sahar Abd El Sattar El Gamal	MOE, Tammia District	Director of Education, Social Supervisor
12	Dr. Doaa Mahmoud	MOH, Faoum	Manager of School Health, Directorate of Health
13	Ms. Nobuyo Hayashi	JICA Egypt Office	Representative
14	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
15	Dr. Allapichay Ibrahim	Japanese expert team	Vice Project Chief Advisor
16	Ms. Akiko Hayashi	Japanese expert team	Health Education Expert
17	Ms. Izumi Yoshioka	Japanese expert team	Liaison
18	Ms. Sara Zaki	Japanese expert team	Secretary/ Interpreter
19	Ms. Magdah Amin	Japanese expert team	Coordinator/ Interpreter
20	Dr. Asmaa Younis Elsary	Japanese expert team	Coordinator/Technical Assistant




**MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Fifth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on July.9th, 2009 at Ministry of Health (MOH), Fayoum, Egypt. Discussion and agreement in details are shown in Annex I and II.

Fayoum, July.12<sup>th</sup>, 2009



Mr. TATEO KUSANO  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Hussein Abu Taleb  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt

DISCUSSIONS

\* **Dr. Hussien** started the meeting marking out the agenda with its different components

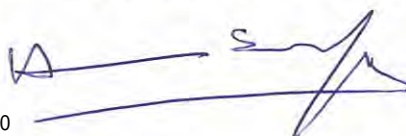
\* **Dr. Hussien** asked **Dr. Mohsen Gommaa** to talk about the experience he gained from the training course he received in Japan.

\* *Briefly*, **Dr. Mohsen Gommaa** gave notes on:

1. All knowledge and information he got specially in what regards the Yogo teacher and his roles and responsibilities in the schools of Japan; noting that he had visited the Yogo Teachers' Institute.
2. How the students do help in preparing the school meals.
3. The different facilities used in the school kitchens.
4. How most of the schools do have big kitchens.
5. The system they follow in the schools of Japan; as they take samples of food to be analyzed if any food poisoning happened to the children.
6. Dental Care in the schools of Japan.
7. The important role of Family participation in the schools of Japan as it emphasizes the importance of health education in schools as all parties' works together for the good of the whole students

\* **Dr. Hussien** then raised the issue of How to apply a new system for nurses training to carry out that same role played by the Yogo Teacher.

\* A serious discussion then started between the participants, giving different ideas and suggestions; noting firstly that *honestly speaking* it is so difficult nowadays to find a special institute to find Yogo Teachers, or even to find a new system of two or three years postgraduate diploma; as both would cost a lot in addition to many agreements and approvals from the head official authorities; therefore there was only one single way which is to find someone, provide for him all sorts of trainings required to be a Yogo Teacher;

thus.

\*\* First question raised was Where From shall that be Someone (*which authority or organization; MOE or MOH*)

After a long debate, they agreed –on Dr. Nagwa El-Ashry’s suggestion- that it shall be one from each organization; one from the MOE and the other from the MOH

\*\* **Mr. Ibrahim El Bihery** (MOE) said that in Fayoum Governorate they have an excess in the number of science teachers, thus if well-trained they can play the role played by the Yogo Teacher in Japan.

\*\* Then **Dr. Nagwa** raised a real serious issue; that we already have this Yogo Teacher in our teaching system in Egypt; in the Faculties of Teaching.

\*\* **Dr. Nagwa** said that while she was in Tunisia attending a conference one of the participants from Libya referred to a real interesting manual used all over the Arab nation; a manual used as an effective reference for School Health Service; when Dr. Nagwa asked him where did he bring that manual from; he told her that it is taught to the students of the Faculties of Teaching in Egypt; *something which means that we do have good manuals and good teaching system to find Yogo teachers but is not applied.*

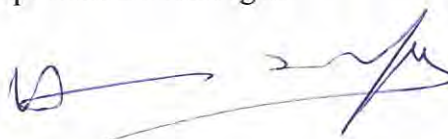
\* So once again, **Dr. Hussien** asked How can we apply this system in Egypt?

\*\* **Dr. Fakry Farag** (HIO) said that the best way is to introduce some special training courses for school nurses.

\*\* **Dr. Asmaa** then marked out the main difference between the school nurse and the Yogo teacher that the former gives medicine to the students but the latter doesn't.

\*\* **Mr. Mahmoud Abdel-Aziz** (MOE) marked out the important role played by the Environment and population teacher in the schools specially in introducing health education and awareness to all students delivering to them the different required health messages.

\*\* **Mr. Ibrahim El Bihery** (MOE) then said that both science teachers and Environment and Population Teachers can work together in introducing health education and awareness to all students delivering to them the different required health messages.



- \*\* Finally, **Dr. Doaa** said that we can ask both the science teacher and the school nurse to give the students some health education lessons.
- \* Then **Mr. Kusano** marked out the whole project schedule up to the month of August 2009.
- \* Afterwards, the floor was given to **Dr. Doaa** to tell about the indicators; and here many comments were given on such indicators..
- \* **Dr. Nagwa El-Ashry** said that such indicators are not accurate to function as basis for the monitoring system, adding that Dr. Doaa had learnt a lot in Japan but ought to know how to apply what she had learnt to the conditions of such a rural area as Tammia, one can never just make a copy and paste from the Japanese System. It is a matter that needs long discussions.
- \* **Dr. Anwar** then said that monitoring can never depend on such brief indicators; it ought to be a well-structured system; noting that we have many different monitoring systems followed and applied in different authorities, we can then work on taking what suit us to apply. He then asked for a whole monitoring system and not brief indicators.
- \* **Dr. Fakhry Farag** then asked about the base for such indicators; what about a fixed check-list, asking even the Japanese Experts whether or not they had brought such a check-list form to help us apply it here in Egypt.
- \* **Dr. Hussien** then asked both **Dr. Anwar** and **Dr. Fakhry** to submit to him by the next meeting the forms they think shall be followed and applied; **Dr. Anwar** shall submit a form for the monitoring system he thinks to be applied, whereas **Dr. Fakhry** shall submit a form for the check-list he thinks to be referred to.

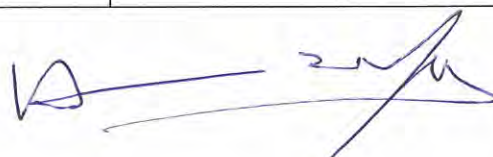
#### AGREEMENT

- \* Regarding the selection of the school to join the **Video Conference of the Distant Cooperation** that is scheduled to be held on February 2010, all participants agreed upon *El-Rowda School for Boys*; where 5 students will move to Cairo –together with their parents- to share with other students selected from a school in Japan their experience with their schools and to exchange some few questions about the different conditions in both countries.




## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary of Health
2	Dr.Nagwa El Ashry	MOH	Project Manager, Director of SAHCD, Primary Health Care
3	Dr. Omayma Mostafa	HIO	Deputy Project Manager, Officer HIO
3	Dr. Anwar Ali Ahmed El Sewefy	MOH, Fayoum Governorate	Director of Primary Health Care
4	Dr. Zienab Sakran	MOH, Fayoum Governorate	Director of Health Education
5	Dr. Abdel Kawi Lawag	MOH, Tammia District	Health Directorate
6	Dr. Mohassen Gomaa	HIO, Fayoum Governorate	Director of School Health Sector
7	Dr. Fakry Farag	HIO, Fayoum Governorate	Director of Health Education Sector
8	Mr. Ibrahim El Behery	MOE, Fayoum Governorate,	General Director of Education Service
9	Mr. Mahmoud Abd Aziz Mohammed	MOE, Tammia District	Head of Environment and Population Sector
10	Ms. Zenate Yousif	MOH, Fayoum Governorate	General Director of Environment and Population Department
11	Dr. Doaa Mahmoud	MOH, Faoum	Manager of School Health, Directorate of Health
12	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
13	Ms. Mika Nishihara	Japanese expert team	School Health Environment Expert
14	Ms. Madoka Mori	Japanese expert team	Training Programming Expert
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16	Ms. Magdah Amin	Japanese expert team	Coordinator/ Interpreter
17	Dr. Asmaa Younis Elsary	Japanese expert team	Coordinator/Technical Assistant

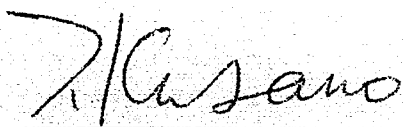




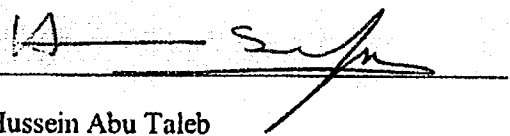
**MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Sixth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on Aug.16th, 2009 at Ministry of Health (MOH), Fayoum, Egypt. Discussion and agreement in details are shown in Annex I .

Fayoum, August.17<sup>th</sup>, 2009



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Hussein Abu Taleb  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt

Discussion and Agreement:

\*Implementation Manual of School Health Services and Guideline of Monitoring and Supervision for School Health Services: Comments from members of SHC will be submitted to JICA Expert Team within one week after this SHC. Booklets on these contents will be printed and distributed to all of the members of Internal School Health Committee (ISHC) in each pilot school and Counterpart personnel of this project before the commencement of the next school semester (See ANNEX II).

\*Continuous effort by ISHC:Members of ISHC, mainly teachers such as population/environment teachers should not be replaced during pilot project implementation period from July 2009 to the end of the next school year 2010 (See ANNEX III).

\*Training of ISHC members

(1)They will be trained by the relevant organizations, such as MOH, HIO and MOE through their own existing training system before the commencement of the new school semester

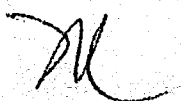
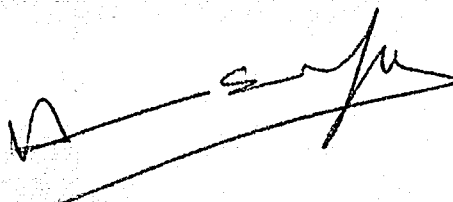
(2)Trainees of the Project through the "on the job training " according to the Action Plan (shown in the form of Calendar) in each school.

(3)Egyptian professionals will provide training to the members of ISHC. JICA Expert Team will support this training by providing the information on the knowledge and experiences in Japan and through the lectures.

\*Basic medical equipment supply

(1)It was completed by JICA Expert Team by distributing these equipment to 20 pilot schools by Aug. 15<sup>th</sup> 2009. These materials were stored at school clinics in these pilot schools.

(2)Regarding transfer of ownership and management/maintenance from JICA Expert Team to HIO Fayoum Governorate, MOH/ HIO of Fayoum Governorate and JICA Expert Team agreed and signed on this agreement in this SHC (see ANNEXIV).

**\*Project Evaluation indicators**

The indicators were proposed by JICA Expert Team as a reference to SHC, according to the Project Design Matrix of the Record of Discussion of the Project which was signed in Sept. 2009 between JICA and Egyptian side. SHC will identify the indicators and way of measurement for Project evaluation before the commencement of the next school semester (See ANNEX V).

**\*Project Action Plan for the next school semester has been shown by JICA Expert Team (See ANNEX VI).**

**\* Rodaa school was selected as a representative school for distance cooperation between Japan and Egypt**

**\*ANNEXVII: Change of SHC members and Counterparts from Fayoum/Tammia**

**\*ANNEXVIII: Participants list**

School Health Committee Members

No.	Name	Organization	Position
1	Dr. Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary of Health
2	Dr. Saleh Abu Taleb	HIO, Fayoum Governorate	General Director
3	Dr. Farag Abd El Moacz	MOH, Tammia District	Health Directorate
4	Dr. Anwar Ali Ahmed El Sewefy	MOH, Fayoum Governorate	General Director of Endemic Disease Control, Directorate of Health
5	Dr. Zienab Sakran	MOH, Fayoum Governorate	Director of Health Education
6	Dr. Mohassen Gomaa	HIO, Fayoum Governorate	Director of School Health Sector
7	Dr. Fakry Farag	HIO, Fayoum Governorate	Director of Health Education Sector
8	Mr. Ibrahim El Behery	MOE, Fayoum Governorate,	General Director of Education Service
9	Mr. Saleh Al Beltagy	MOE, Tammia District	Director of Education
10	Ms. Zenate Yousif	MOE, Fayoum Governorate	General Director of Environment and Population Department
11	Mr. Mahmoud Abd Aziz Mohammed	MOE, Tammia District	Head of Environment and Population Sector
12	Ms. Sahar Abd Elsattar Algammal	MOE, Tammia District	Social Supervisor
13	Dr. Doaa Mahmoud	MOH, Faoum	Manager of School Health, Directorate of Health

## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr. Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary of Health
2	Dr. Saleh Abu Taleb	HIO, Fayoum Governorate	General Director
3	Dr. Nagwa El Ashry	MOH	Project Manager, Director of SAHCD, Primary Health Care
4	Dr. Omayma Mostafa	HIO	Deputy Project Manager, Officer HIO
5	Dr. Farag Abd El Moaez	MOH, Tammia District	Health Directorate
6	Dr. Zienab Sakran	MOH, Fayoum Governorate	Director of Health Education
7	Dr. Mohassen Gomaa	HIO, Fayoum Governorate	Director of School Health Sector
8	Dr. Fakry Farag	HIO, Fayoum Governorate	Director of Health Education Sector
9	Mr. Ibrahim El Behery	MOE, Fayoum Governorate,	General Director of Education Service
10	Ms. Zenate Yousif	MOE, Fayoum Governorate	General Director of Environment and Population Department
11	Mr. Mahmoud Abd Aziz Mohammed	MOE, Tammia District	Head of Environment and Population Sector
12	Ms. Sahar Abd Elsattar Algammal	MOE, Tammia District	Social Supervisor
13	Dr. Doaa Mahmoud	MOH, Faoum	Manager of School Health, Directorate of Health
14	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
15	Ms. Mika Nishihara	Japanese expert team	School Health Environment Expert
16	Ms. Madoka Mori	Japanese expert team	Training Programming Expert
17	Ms. Sara Zaki	Japanese expert team	Office Staff (Secretary / Interpreter)
18	Ms. Magdah Amin	Japanese expert team	Office Coordinator/ Interpreter
19	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator/

**MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Seventh School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on Oct. 20th, 2009 at the Ministry of Health (MOH), Fayoum, Egypt. Discussion and agreement in details are shown in Annex I.

Fayoum, October.20<sup>th</sup>, 2009

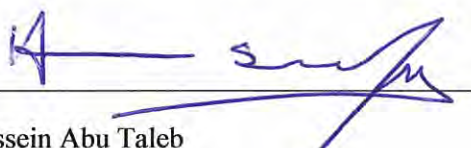


Mr. Allapichay Ibrahim

Vice Project Chief Advisor

JICA Expert Team

Japan



Dr. Hussein Abu Taleb

Undersecretary of Health

Fayoum

The Arab Republic of Egypt

Discussion and Agreement:

\* Dr. Hussien Abu Taleb, started the meeting with a brief introduction in English to the Japanese Experts Team, noting that the effect of the project for School and Health is currently under focus because most of it had been well exercised and put into action; specially with the spread of the Swine Flu.

\* He also noted that it is clear in El-Fayoum governorate that the only prepared and well equipped schools are the 20 pilot schools of the Project, adding that the Japanese Expert Team had provided and furnished the school clinics of the pilot schools with required basic medical equipments. The effect, he said, is even much more than had been expected, where he himself had visited El-Roda school; the only school where the comprehensive medical examination had been carried out, and where he found a First-aid with necessary equipments besides the bed, the cabinet, the table and the chairs, “something which means we are doing a good job”, Dr. Hussien added.

\* Dr. Hussien then said that the problem nowadays with the medical examination, is the schools are currently busy with the issue of Swine Flu, where in the past, they used to carry it out just for 1<sup>st</sup> and 4<sup>th</sup> primary, but now with the Swine Flu, they ought to make it for all the school. Then he asked the Japanese Expert Team, what can they do about it? Hayashi-san then said that Dr. Mori will provide training for the school doctors and nurses on how to carry out the medical examination.

\* Dr. Hussien then said: **“Our Schools Do Not Have Doctors to be trained on how to carry out the medical examination.”** Then Dr. Mohsen responded that it could be the doctors of the Health Units who had attended the Workshops and the trainings.

\* Dr. Omayma and Dr. Fakhry then agreed on that all what they have are just 3 or 4 doctors although they should have been 7 or 8. Dr. Hussien then said that they should have been 20 school doctors, one for each and every school of the 20 pilot schools.

\* **The Egyptian Side then started a long discussion about the number of doctors to attend such a training course to be given by Dr. Mori; they felt it would a shame to be attended by just 7 or 8 doctors.** Finally Dr. Fakhry concluded there could be around 17 doctors to attend the training course representing the 20 pilot schools.

\* On reading the papers distributed among the SHC members, they found out that the training course is for other school doctors from Tammia District besides the Health Visitors of the 20 Pilot Schools, so they indicated that the number of doctors is **35** in addition to the **20** health visitors, so it would be around **55** doctors and health visitors.

\* Dr. Hussien, wants the Japanese Expert Team to give more concern to the health visitors as he wants the health visitor to replace doctor in carrying out the medical examination procedures; a health visitor is always available in the school, and every school do have a health visitor. Then Dr. Omayma said that in such a condition, we can never bring both the doctors and the health visitors in the same session to teach them the procedures of carrying out the medical examination, since the style of teaching ought to differ, together with the methods of teaching.

\* The Japanese Expert Team then said that the time Dr. Mori would spend in Egypt is short to make separate lectures or even to make it more than one single day, referring to the training lectures, Dr. Mori is due to give in Cairo.

\* Dr. Hussien then said that the doctors and the health visitors of El-Fayoum should be given more time for training, where one day would never be enough, he even wondered, if time would be that short for Dr. Mori, why Cairo then??? The project site is Fayoum governorate, so all concern should be given to the project site and not anywhere else “you ought to satisfy Fayoum first” he said. He even added that the most important target is the school nurse. Hayashi-san said although it would be difficult to make major changes in the plan, the expert team would consult with Dr. Mori concerning extension of the training in Fayoum.

\* Dr. Nagwa El-Ashry then said that this plan for training should be changed referring to the dates mentioned, she said that from October 25<sup>th</sup> up till November 11<sup>th</sup> there is the Measles Vaccination Campaign, so neither doctors nor health visitors would be free to attend the training courses, they would not even be free before November 12<sup>th</sup> or 13<sup>th</sup>. After long deliberations on changing the dates, they agreed to change the dates to be as follows. Training on The Use of the School Health Manual will be on November 14<sup>th</sup> and 15<sup>th</sup>, whereas the Training on Health Education will be on November 21<sup>st</sup> and 22<sup>nd</sup>. As regard to the days of training, Ms. Mori said that if Dr. Nagwa and Dr. Omayma would agree on cancelling the training lectures in Cairo, then they could give more days of training in Fayoum; they both agreed to cancel the training lectures in Cairo.



\* Both Ms. Hayashi and Ms. Mori then pointed out the Follow-up seminar that is due to be held on November 24<sup>th</sup> for both Dr. Mohsen and Dr. Doaa under the title of “The Group Training on School Health in Japan.” The main aim of this seminar is to present the progress they achieved in the Action Plan based on the training they received in Japan.

\* With reference to the last point in the meeting agenda; the “Indicators” – as usual, Dr. Fakhry said that fixing the indicators, is not something that can be done through such SHC meetings or gatherings, it needs someone highly experienced may be in finance or economics; he said that since the beginning of the project he thought the Japanese Expert Team would provide the indicators or even give trainings on how to fix indicators, but since this did not happen, then it is something that needs a specialist not us; “we can never do it by ourselves that way” he said.

\* Dr. Omayma then said that she could find someone specialized to fix the indicators, and promised to introduce him/her to the project, and Dr. Hussien agreed on that. Ms. Hayashi proposed that the experts would work together with Dr. Mohsen and Dr. Doaa to analyze the existing data of health services which could serve as the project indicators. They could use the data analysis for the presentation of their action plan on 24<sup>th</sup> November.

## LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary of Health
2	Dr.Nagwa El Ashry	MOH	Project Manager, Director of SAHCD, Primary Health Care
3	Dr. Omayma Mostafa	HIO	Deputy Project Manager, Officer HIO
4	Mr. Mosaad Mostafa Abdo Mekled	MOE	Expert to the General Administration for Environment and Population Studies
5	Dr. Farag Abd El Moaez	MOH, Tammia District	Health Directorate
6	Dr. Zienab Sakran	MOH, Fayoum Governorate	Director of Health Education
7	Dr. Mohasen Gomaa	HIO, Fayoum Governorate	Director of School Health Sector
8	Dr. Fakry Farag	HIO, Fayoum Governorate	Director of Health Education Sector
9	Mr. Ibrahim El Behery	MOE, Fayoum Governorate	General Director of Education Service
10	Ms. Zenate Yousif	MOE, Fayoum Governorate	General Director of Environment and Population Department
11	Mr. Mahmoud Abd Aziz Mohammed	MOE, Tammia District	Head of Environment and Population Sector
12	Dr. Doaa Mahmoud	MOH, Faoum Governorate	Manager of School Health, Directorate of Health
13	Ms. Sahar El Gamal	MOE, Tammia District	Social Supervisor
14	Mr. Allapichay Ibrahim	Japanese expert team	Vice Project Chief Advisor
15	Ms. Akiko Hayashi	Japanese expert team	Health Education/IEC
16	Ms. Madoka Mori	Japanese expert team	Training Programming Expert
17	Ms. Sara Zaki	Japanese expert team	Office Staff (Secretary / Interpreter)


18	Ms. Magdah Amin	Japanese expert team	Office Coordinator/ Interpreter
19	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator

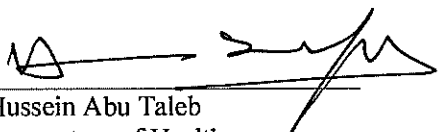


MINUTES OF SCHOOL HEALTH COMMITTEE MEETING  
OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN  
UPPER EGYPT

The Eighth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on December 13, 2009 at the Ministry of Health (MOH), Fayoum, Egypt. Discussions and agreements in details are shown in Annex-I and other relevant information are shown in Annexes II, III, IV and V.

Fayoum, December 13, 2009

  
\_\_\_\_\_  
Dr. Alfahpichay Ibrahim  
Vice Project Chief Advisor  
JICA Expert Team  
Japan

  
\_\_\_\_\_  
Dr. Hussein Abu Taleb  
Undersecretary of Health  
Fayoum Governorate  
The Arab Republic of Egypt

## Discussions and Agreements

### 1. Introduction

**Dr. Hussein Abu Taleb** started the meeting with a commendation of the project on School Health Promotion as it is timely and appropriate in view of the prevailing Swine Flu and Avian Flu. Further he stressed the roles of both the Health Visitors and Environment / Population teacher wherein the trainings and activities planned for them in February and March next year will equip them and enhance their roles to face the issue of the Comprehensive Medical Examination. We have been till now do not have a clear vision on the examination. He mentioned "The New Health Insurance Law" to be finalized may provide us what and how to deal further.

### 2. School Health Manual and Monitoring Guideline

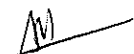
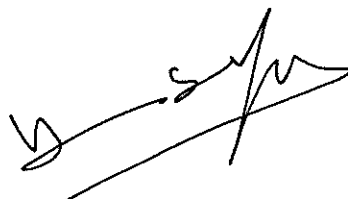
**Dr. Allahpichay** presented the agenda and purpose of the 8<sup>th</sup> SHC meeting, and the planned activities from January to March of 2010 (refer Annex-II). In addition, he reported the distribution of drafts (Arabic and English) of the Implementation Manual and Guidelines & Supervision for School Health Services during the workshops from November 14 to 18, 2009 (refer Annex-III). Draft manual copies were distributed in August to counterparts after the 6<sup>th</sup> SHC meeting with a request to submit their comment and feedbacks by the end of August. Since the comments were not received on time, the team decided to go ahead to print the draft manuals, and to consider the comments in the final version of the manuals which would be authorized by JCC in May or June 2010. Thus, these draft manuals would be finalized next year by June 2010 after receipts of further comments. In the meantime, Dr. Allahpichay and Sara Maher Saki met **Dr. Nagwa El Ashry** in Cairo on December 12, who was unable to attend today's meeting. She offered her comments and recommended the manuals be checked and reviewed by a team of professionals from counterparts before finalizing and printing as these manuals would represent an example to other districts and governorates in Upper Egypt. For example, the team consisting of Dr. Nagwa El Ashry (MOH), Dr. Sahar M. Ahmed (MOH), Dr. Fakry Farag (HIO Fayoum), Mr. Mahmoud Abd El Aziz (MOE Fayoum) and Dr. Asmaa Younis Elsary would be appropriate. A preface by Dr. Nasr El-Sayed should also be inserted in the manuals.

### 3. Health Education Needs Survey

**Dr. Allahpichay** explained the purpose, target (teachers, social workers, health visitors, parents and students) and method of the Health Education Needs Survey that would soon be conducted from December 14 to 17, 2009 by Dr. Asmaa Younis Elsary and Ms Magdah. **Dr. Hussein** welcomed the whole idea of this survey with a note that it is the most important item of the project as we could reflect their needs and opinions in the Health Education Training to be held in February 15 and 16, 2010 led by Ms. Hikari Morikawa, Dr. Yoshihisa Yamazaki and Ms. Akiko Hayashi.

As the representatives of ISHC members of each pilot school would be the targets in the survey, **Dr. Hussein**, asked whether the ISHC committees have been formed, activated and started to hold their regular meetings.

**Mr. Ibrahim El-Behiery (MOE)** responded that what the schools truly have now is the Board of Trustee (BOT), which is an old version of the Internal School Health Committee, and added that the main difference between both is that members of the BOT are elected and they do not include students. **Dr. Hussien**, then raised the question "Why don't we cancel the BOT, if it was the old version, and get it replaced with the Internal School Health Committee which is better and more convenient?" **Mr. Ibrahim El-Behiery** countered that the BOT is formed by a ministerial decree which one cannot replace it. So now the problem is having two committees where matters might be confusing when not applied correctly or accurately.

**Mr. Ibrahim El-Behiery and Mr. Mahmoud Abdel Aziz (Environment and Population)** agreed that through the Internal School Health Committee, we could get the matters done properly and better, especially related to the students' parents, noting that in the BOT, parents are mainly teachers who have sons or daughters in the school; whereas it would be a lot better if they were mere students' parents and not teachers. The only problem in such a case as **Mr. Ibrahim** said is that most of the students' parents are not that interested about their children's schools or even about their children.

**Mr. Ibrahim** then concluded that honestly the Internal School Health Committees as required by the project are formed but not activated yet; consequently they have not started to hold their meetings.

**Dr. Hussein** responded that we ought to care more about such an issue, since it is the cornerstone of all future activities, and if men or the students' fathers do not have the free time so why don't you (ISHC) get the mothers as women are always happy to get involved in such matters. All members agreed to this response from Dr. Hussein.

#### **4. Plan for January to March 2010**

Dr. Allahpichay presented the daily schedule and the programs planned for next year (refer Annex-I) as listed below.

##### **a. Workshop for Planning the Awareness Raising Campaign workshop and Dissemination workshop (proposed date: February 8, 2010) – Changed to February 7, 2010**

It was made clear that this preparation workshop be conducted on February 7, 2010 for planning and preparing the workshops on awareness campaign and dissemination. The purpose, time length, target participants, venue, contents and some ideas from the JICA Expert team were explained to the members.

**Dr. Hussein agreed it is a good idea, and** expressed it would better if the awareness raising campaign is held during the mid-term vacation when even the school teachers or staff members could get involved. Dr. Allahpichay explained that the team needs considerable time to prepare for the SH Dissemination Workshop scheduled for March 1 & 2, 2010 and the Awareness Raising Campaign on March 8, 2010 and that is the reason the preparatory workshop to be held on February 8, 2010 is for the counterparts and representatives of selected pilot schools to prepare and organize the workshops for awareness campaign and school health dissemination. The members agreed to the preparatory workshop and to have it one day earlier that is on February 7, 2010 (Sunday).

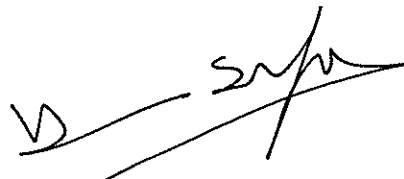
On the idea of conducting the campaign half a day in an out-door location, **Dr. Hussein** suggested it would not be easy for parents to move from the one place or district to the other, and he suggested carrying out using open-vehicles (cars) to a wider area with banners and microphone with music band, to inform and invite people to attend this campaign, and giving out T-shirts & caps, etc., including meals during the campaign.

The members agreed on that suggestion, but **Dr. Fakhry Farag** advised that it will need special arrangements and security measures, but not impossible to do. Dr. Allahpichay explained for reason of logistics, security and time factor, it is ideal to conduct at one venue.

Finally, they all agreed that such an issue will be discussed in full details in the meeting that is due to be held on February 7, 2010.

##### **b. JICA Net Follow-up of the training in Japan (Action Plan Progress) February 10, 2010**

Dr. Mohassen Gomaa and Dr. Doaa Mahmoud expressed their availability for the TV conference on February 10, 2010. It was explained to them that this a presentation of their progress report, and the



conference would be connected to 3 or 4 countries whose trainees participated in the training in Japan in May 2009.

**c. Health Education Training: February 15 & 16, 2010**

**Dr. Hussein** is very supportive of this training as the most important item the results and opinions of the current Health Needs Survey conducted now in 20 pilot schools would be reflected. The dates (February 15 & 16, 2010) have already been agreed earlier by Dr. Hussein and Dr. Nagwa in view of the presence of **Ms Hikari Morikawa** who would lead the 2-day training with Dr. Yoshihisa Yamazaki and Ms. Akiko Hayashi.

**d. JICA Net Exchange between schools**

**Dr. Allahpichay** brought to the attention of the members the date for the planned exchange between schools in Egypt and Japan is fixed on February 25, 2010.

**e. School Health Dissemination Workshop: Proposed March 1 & 2, 2010; Changed to March 2 & 3, 2010**

**Dr. Hussein** expressed that since the dissemination workshop involves the participation of representatives of other governorates, it is a real critical issue. Thus, it is advisable to discuss at the central level; such a workshop be held in Cairo and be attended by ministers and deputies from MOH and MOE. He also mentioned it is to be discussed at a JCC meeting to fix the number of governorates in Upper Egypt for this workshop; probably not all governorates need promotion or dissemination only the poor governorates.

**Dr. Allahpichay** explained it is a fine idea but at this juncture to have a JCC meeting at central level for dissemination would delay the preparation for the workshop. The team will no doubt seek the assistance at central level in selecting and inviting representatives of governorates. He also added that holding the workshop in Fayoum is appropriate (instead of Cairo) as the project pilot area is the Tammia district in Fayoum governorate, and the aim of the workshop is to disseminate the concepts, progress and achievements from the pilot area to other selected governorates.


Finally, the dates of the "SH dissemination Workshop days was agreed to change to March 2 & 3, 2010 from March 1 & 2 in view of the fact that Dr. Hussein is not always free on Mondays.

**5. Project Vehicles**

**Dr. Allahpichay** explained the project would soon be acquiring two project vehicles (a sedan and a van/minibus); it would be registered and based in Cairo and parked at MOH Embaba garage. The vehicles would be managed by the JICA expert team and exclusively be used in this project. **Dr. Hussein** wondered why the project does not leave one vehicle in Fayoum, for the project's need with a driver from Fayoum, noting that even parking will be safe. He also added for example **Dr. Asmaa** and **Magdah** would go around the 20 schools in Tammia district to carry out the questionnaire survey instead of using rented vehicles. **Dr. Allahpichay** responded we understand your viewpoint but it has been decided at the JCC meeting on May 26, 2009 that two vehicles would be based in Cairo and exclusively used for project activities in Tammia and Fayoum and in the other areas of the Project in Upper Egypt.

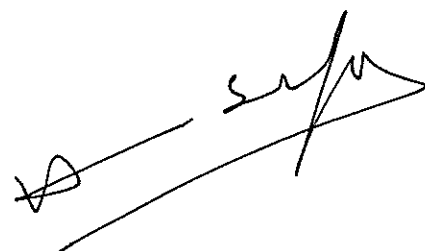
**6. Replacement for Dr. Anwar El Sweffey**

**Dr. Asmaa** requested for a replacement to **Dr. Anwar El-Sweffey**; **Dr. Hussein** mentioned **Dr. Mohamed Tharwat** (Endemic Disease Dept., MOH Fayoum) as the new member of SHC.



## LIST OF PARTICIPANTS

No	Name	Organization	Position
1	Dr. Hussein Abu Taleb	MOH, Fayoum Gov.	Undersecretary of Health
2	Dr. Sahar M. Ahmed	MOH	Res. & Training Coordinator
3	Dr. farag Abd. El Moaez	MOH, Tammia District	Health Directorate
4	Dr. Zienab Sakran	MOH, Fayoum Gov	Director of Health Education
5	Dr. Mohasen Gomaa	HIO, Fayoum Gov.	Director of School Health
6	Dr. Fakry Farag	HIO, Fayoum Gov.	Director of Health Education
7	Mr. Ibrahim El Behery	MOE, Fayoum Gov.	General Director of Education Service
8	Ms. Zenate Yousif	MOE, Fayoum Gov.	General Director of Environment and Population Dept.
9	Mr. Mohmoud Abd Aziz Mohammed	MOE, Tammia District	Head of Environment and Population Sector
10	Dr. Doaa Mahmoud	MOH, Fayoum Gov.	Manager of School Health, Directorate of Health
11	Ms. Sahar El Gamal	MOE, Tammia District	Social Supervisor
12	Adel Abd El Hamed	MOE, Tammia District	
13	Dr. Allahpichay Ibrahim	JICA Expert Team	Vice Project Chief Advisor
14	Dr. Asmaa Younis Elsary	JICA Expert Team	Project Coordinator
15	Ms Magdah Amin	JICA Expert Team	Office Coordinator/Interpreter

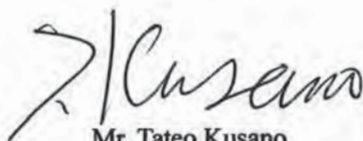





**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Ninth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as "the Project") was held on March 9th, 2010 at Ministry of Health (MOH), Fayoum, Egypt. Discussion and suggestions are shown in this minutes of the meeting.

Fayoum, March 11<sup>th</sup>, 2010



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Hussein Abu Taleb  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt

## Discussion and Suggestions of Ninth School Health Committee (SHC) Meeting

March 9<sup>th</sup>, 2010

### (1) Opening Speech by Dr. Hussein

Even though the whole matter is still under search and many things are still unclear, the brainstorming and even the School Health Dissemination Workshop made a lot of things much clearer. I could understand a lot of things only through such a workshop as same as the governorates representatives.

We ought to find a way to sit together to discuss what we recently understood. The only problem is that we are all so busy and not of HIO wholly devoted, so I believe that the whole matter can be referred to Dr. Salah, HIO Fayoum.

It became clear to me that what we discussed through the School Health Dissemination Workshop will start getting applied by the 4<sup>th</sup> year of the project; so why was it now "The Dissemination Workshop".

### (2) Explanation of Draft Progress Report 3

Mr. Kusano raised main themes of discussion; 1) the activities in the second half of the second fiscal year (October 2009 to March 2010), and 2) the activities of the third fiscal year (April 2010 to March 2011) in the draft of the 3<sup>rd</sup> Progress Report.

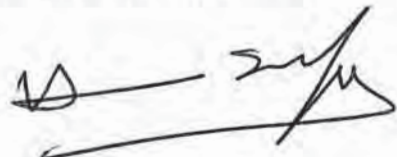
Based on the discussion and suggestions, the 3<sup>rd</sup> Progress Report will be finalized by May, 2010. In the SHC meeting at the end of May, solutions for the ideas mentioned in the discussion and suggestions are authorized and submitted to the third JCC meeting.

The discussion and suggestions are as follows.

### (3) Progress of activities in the second half of the second fiscal year (October 2009 to March 2010)

#### 1) Discussion on monitoring and evaluation system of the project.

The idea of the monitoring and evaluation system was mentioned by the JICA Expert Team.



To enable this system to function, activities of ISHC and monitoring system by the administration were clarified and further detail actions should be implemented by concerned organizations.

## 2) Roles and Actions of ISHC

The Egyptian side recognized that more interest and concern to the ISHC Meetings' minutes and reports submission should be paid. In addition, it is also mentioned that it is important for everyone, especially the Health Visitor Supervisor, to recognize their rolls in the application process.

In order to be monitored by the government, the roles and actions of ISHC should be identified and authorized by SHC.

## 3) Current monitoring system

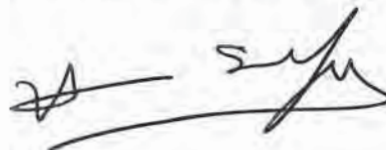
Currently, health visitors submit reports to HIO through Health Visitor Supervisors, while environmental and population teachers and social workers to MOE. Because ISHC is not legally formed under the law, the administration doesn't have right to order ISHCs to submit the report as shown in "Basic Concept of Monitoring System" (see Annex 1). Therefore, records of discussion from ISHC don't reach the administration level of the government.

The Egyptian side raised a point how the monitoring and supervision system can be applied in the right way. It is also mentioned that the Egyptian side must make it clear that it has nothing to do with the Japanese Expert Team, but it is all in their hands: a system to follow, practice and apply.

Currently, HIO Fayoum only has offices in three districts in Fayoum governorate but not in Tammia district. As MOH and HIO are going to be united under the new law in the near future, there will be HIO representative counterparts under MOH in Tammia district. The representative counterparts, as members of SHC are responsible for gathering the information from ISHC for the project.

## 4) Suggestions of monitoring system

- ① JICA Expert Team would support collecting the records of discussion of ISHC meetings from 20 pilot schools.



- ② The information from ISHC is compared to the data collected through the existing monitoring channel which was shown in 3).
- ③ The administration at Fayoum and Tammia level will organize the Monitoring Team (provisional name) and monitoring schedule for the project.

(4) Activities of the 3<sup>rd</sup> fiscal year (April 2010 to March 2011)

1) Training

a. Team of Trainers

The Egyptian side mentioned that it needs a strong, steady team to work as trainers to train the trainees and candidates of trainers. It is suggested those who are able to contribute to the project in Egypt and at the same time received training from JICA Expert Team form a team. The team is composed of a school doctor, a health visitor, an environmental and population teacher, and a social worker. The last two, the environmental and population teacher and a social worker, are suggested to play the role of the Yogo Teacher in Japan. The team will be a core in Egyptian side, and will implement training for the representatives from non-pilot schools in Tammia district, and schools in other districts in Fayoum governorate.

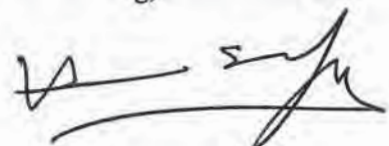
b. The method of training

JICA Expert Team will train the members of Team of Trainers to develop the model of Health Promotion School at three to five schools selected from 20 pilot schools. Afterward, the Team of Trainers takes responsibility for training the rest of the pilot schools, and JICA Expert Team is going to support the Team of Trainers.

The Egyptian side requested the Japanese side to think about a method to encourage such a Team members to carry out their role may be with incentives. But it is recognized that it is more important to decide the details of the Team of Trainers such as length of operation and number of Team members.

c. Non-pilot schools

It may not be until the fourth fiscal year for the non-pilot schools to receive training. It is not decided whether the representatives from the schools gather for training, or the Team of



Trainers visits the schools. However, the Team is going to transfer the model of techniques and knowledge learned at the three to five selected schools.

The Egyptian side suggested if the Japanese Expert Team and counterparts will start working on three to five selected pilot schools, then the Egyptian side should prepare working from now with the other pilot schools.

d. Other governorates

For other governorates, the project doesn't touch in terms of training. However, the project may (1) provide information on the model of Health Promotion School, or (2) have JICA Expert Team and representatives of the counterparts explain the information to the representatives of the governorates.

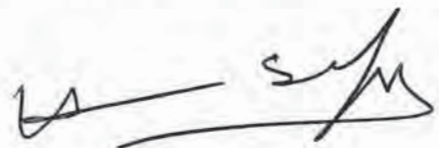
e. Training material

The training materials are suggested to be a whole package, including manuals, guideline, posters and video to support face to face training by JICA Expert Team and/or the counterparts. The counterparts suggested there would be several types of manuals: each specialized for school doctors, health visitors, and social workers. It is suggested that the letters in the manuals to be bigger, and the manuals itself to be bigger, so that it is easier to read. The video produced in this fiscal year is good for demonstration and promotion purposes. For the 3<sup>rd</sup> fiscal year, it is suggested for the video to be more detailed and technical to explain the technical knowledge.

2) New activity

According to the Plan of Operation in the Record of Discussions, in Activity 3-4 for Output 3 in the third fiscal year, it mentions "to discuss, at central level, the revision of the curriculum of pre-service training so that school health is included as an independent subject". As it doesn't mention "pre-graduate education", the project focuses on pre-service training for school doctors and nurses.

Currently, there is training courses for medical doctors and nurses by HIO. Whether it is possible to include the pre-service training in the current program will be discussed.



The Egyptian side mentioned that on March 16<sup>th</sup> the HIO will start a training course for nurses on school health so that by June there will be a complete service training. By means of giving a lecture in the training course, a soft copy of the manuals was requested.

3) Training in Japan

The Egyptian side mentioned that the members of the Team of Trainers should be prioritized for the training in Japan.



Annex II  
LIST OF PARTICIPANTS

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary of Health
2	Dr.Nagwa El Ashry	MOH	Project Manager, Director of SAHCD, Primary Health Care
3	Dr. Zienab Sakran	MOH, Fayoum Governorate	Director of Health Education
4	Dr.Salah Abu Taleb	HIO, Fayoum Governorate	General Director
5	Dr. Mohassen Gomaa	HIO, Fayoum Governorate	Director of School Health Sector
6	Ms. Zenate Yousif	MOE, Fayoum Governorate	General Director of Environment and Population Department
7	Mr. Mahmoud Abd Aziz Mohammed	MOE, Tammia District	Head of Environment and Population Sector
8	Dr. Doaa Mahmoud	MOH, Faoum Governorate	Manager of School Health, Directorate of Health
9	Ms. Sahar El Gamal	MOE, Tammia District	Social Supervisor
10	Ms.Elham abu El Kheir	MOE	General director of Environment and population Department.
11	Dr.Osama Saad Abd El Kawey	HIO,Fayoum Governorate	Manager of School Health Insurance in Urban Fayoum
12	Mr.Tateo Kusano	Japanese expert team	Project Chief Advisor
13	Ms. Akiko Hayashi	Japanese expert team	Health Education/IEC
14	Ms. Madoka Mori	Japanese expert team	Training Programming Expert
15	Mr.Sano Daigo	Japanese expert team	Liaison
16	Ms.Mona Bekhet	Japanese expert team	Assistant Secretary
17	Ms. Magdah Amin	Japanese expert team	Office Coordinator/ Interpreter
18	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator/

A-2

**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

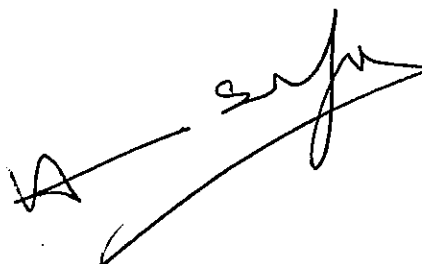
The Tenth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on June 16th, 2010 at Auberge Hotel, Fayoum, Egypt. Discussion and suggestions are shown in this minutes of the meeting.

Fayoum, June 17<sup>th</sup>, 2010



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan

Dr. Hussein Abu Taleb  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt





## Discussion of Tenth School Health Committee (SHC) Meeting

June 16<sup>th</sup>, 2010

The following issues were discussed and clarified at the 10<sup>th</sup> SHC Meetings.

### 1. Activity Schedule of the 3<sup>rd</sup> Year

The activities in the 3<sup>rd</sup> year were basically agreed between SHC and JICA Expert Team.

(Refer to A-1)

(1) SHC agreed that the following activities would be shifted from the 3<sup>rd</sup> Year to 4<sup>th</sup> Year of the Project.

- a. Health Education Materials (Final Version)
- b. Pre-service Training Curriculum Review
- c. Flexible Assignment of school doctors and health visitors
- d. Dissemination Workshop
- e. Regular SHC Meeting at the end of 3<sup>rd</sup> fiscal year

(2) SHC agreed that the following activities would be deleted from the project.

- a. School Health Awareness Raising Campaign
- b. School Health Awareness Raising Education Materials and Guideline

Dr. Hussein stressed that (1) the Trainers Team should be trained in Japan, and that (2) data should be compiled by computers for all health services.

### 2. Formation of Teams

(1) Formation of Trainers Team (TT)

(Refer to A-2)

#### a. Members of TT

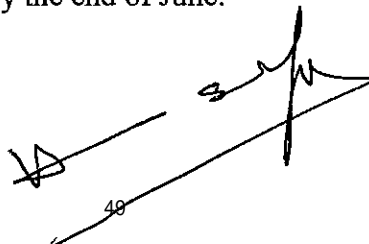
The three TTs will be organized with the following 15 personnel.

- a. Three School Doctors
- b. Six Health Visitors
- c. Three Social Workers
- d. Three Environment and Population Teachers
- e. Project Coordinator: Dr. Asmaa Younis

Dr. Hussein Abu Taleb, Dr. Salah Abu Taleb, and Mr. Ibrahim El Behery are at the positions to supervise the TT activities of these 15 personnel.

SHC agreed that TT would be formed by the end of June.

#### b. Responsibilities



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The responsibilities of TT as proposed by JICA Expert Team were modified and clarified as follows.

- ① TT will be trained by JICA Expert Team at three selected schools on Health Education and Health Examination
- ② For all of the pilot schools, TT will monitor and supervise the activities of ISHC together with C/Ps without support of JICA Expert Team.
- ③ At the end of the 3<sup>rd</sup> Year of the Project, TT will report the result of ① and ② to Taskforce. And the Taskforce will modify the Implementation Manual for School Health Services including Job Description for School Health Services and the Draft Health Education Material.

## (2) Formation of Monitoring Team (MT)

(Refer to A-2)

### a. Members of MT:

Fayoum HIO: Dr. Mohasen Gomma, Dr. Fakhry Farag, Dr. Osama Saad Abd El Kawey, Ms. Sabah Mohamed Abdel Motaleb,

Fayoum MOE: Ms. Zeinat Yuusef

Fayoum MOH: Dr. Mohamed Thrawat, Dr. Doaa Mahmoud

Tammia MOE: Mr. Mahmoud Abdel Aziz, Ms. Sahar Abd El Sattar Algammal

Tammia MOH: Dr. Farag Abd El Moez

Project Coordinator Dr. Asmaa Younis

SHC agreed that MT would start their activities on the 17<sup>th</sup> of June.

### b. Responsibilities

The responsibilities of MT as proposed by JICA Expert Team were agreed without modification.

## (3) Formation of Internal School Health Committee (ISHC)

(Refer to A-2)

### a. Member of ISHC

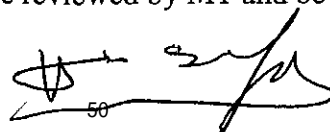
The members of ISHC as proposed by JICA Expert Team were agreed without modification.

### b. Responsibilities of ISHC

The responsibilities of ISHC as proposed by JICA Expert Team were agreed without modification.

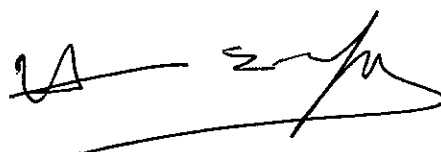
## 3. Evaluation Indicators

JICA Expert Team explained the concept and framework of PDM, including the evaluation indicators. SHC agreed that evaluation indicators will be reviewed by MT and be submitted to SHC.



## List of Participants

No.	Name	Organization	Position
1	Dr.Hussien Abu Taleb	MOH, Fayoum Governorate	Undersecretary of Health
2	Dr. Salah Abu Taleb	HIO, Fayoum Governorate	General Director
3	Dr. Sahar Ahmad	MOH	Research and Training Coordinator, SAHCD,PHC
4	Mr. Mosaad Mostafa Abdo Mekled	MOE	Expert to the General Administration for Environment and Ppopulation Sector
5	Dr. Mohassen Gomaa	HIO, Fayoum Governorate	Director of School Health Sector
6	Dr. Fakhry Farag	HIO, Fayoum Governorate	Director of Health Education Sector
7	Dr. Mohamed Tharwat	MOH, Fayoum Governorate	General Director of Endemic Disease Control
8	Dr. Doaa Mahmoud	MOH, Faoum Governorate	Manager of School Health, Directorate of Health
9	Dr. Zienab Sakran	MOH, Fayoum Governorate	Director of Health Education
10	Mr. Ibrahim El Bahery	MOE, Fayoum Governorate	General Director of Education Service
11	Ms. Zeinat Yuusef	MOE, Fayoum Governorate	General Director of Environment and Population Department
12	Mr. Mahmoud Abd Aziz Mohammed	MOE, Tammia District	Head of Environment and Population Sector
13	Ms. Sahar El Gamal	MOE, Tammia District	Director of Education, Social Supervisor
14	Dr. Jeanvive Rateb	MOH, Tammia	Director of Health
15	Mr.Tateo Kusano	Japanese expert team	Project Chief Advisor
16	Ms. Madoka Mori	Japanese expert team	Training Programming Expert
17	Mr.Sano Daigo	Japanese expert team	Information System Enforcement
18	Ms.Mona Bekhet	Japanese expert team	Assistant Secretary
19	Ms. Magdah Amin	Japanese expert team	Office Coordinator/ Interpreter
20	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator/

**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Eleventh School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on October 27th, 2010 at Auberge Hotel, Fayoum, Egypt. Discussion and suggestions are shown in this minutes of the meeting.

Fayoum, October 27<sup>th</sup>, 2010



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Eman Mohamed Mousa  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt

## Discussion and Conclusion of Eleventh School Health Committee (SHC) Meeting

October 27<sup>th</sup>, 2010

Dr. Fakhry was selected as a chairman of this meeting for Dr. Emam, who is a new chairman of SHC, because of the emergency of MOH, Fayoum.

Dr. Omayma requested for all participants to inform the progress and problems encountered during TT training/workshop and preparation of MT training/workshop.

Dr. Fakhry also stressed for the participants to provide their opinions to solve these problems.

1. Working schedule for the second half of the third year (April 2010 to March 2011) activities of the Project

Mr. Kusano explained activities of the Project during this period (October 2010 to March 2011) as follows. **(Refer to A-1)**

These activities until March 2011 were basically agreed upon between SHC and JICA Expert Team.

(1) Project mid-term evaluation will be conducted jointly together with JICA and JCC in February 2011. Chief counterparts from MOH, HIO and MOE, as Dr. Nagwa, Dr. Omayma and Ms. Elham are members of this joint evaluation.

(2) The training by TT to members of ISHCs will be postponed from 31<sup>st</sup> of October and 1<sup>st</sup> of November to 7<sup>th</sup> and 8<sup>th</sup> of November because of the preparation as discussed in No. 3 of this minutes.

2. Revision of Project Design Matrix (PDM) and Evaluation Indicators

Ms. Hayashi explained the revised draft of PDM of the Project.

*Dr. Emam H. H. H.*



Dr. Omayma proposed to identify the definition of "more than 20 Health Promotion Schools". This matter should be identified among chief counterparts as Dr. Nagwa, Dr. Omayma and Ms. Elham for JCC and Dr. Emam, Dr. Salah and Mr. Gamal for SHC.

Dr. Salah suggested that firstly the Tammia model in 20 pilot schools will be developed and check whether the model is applicable or not for non pilot schools, secondly identify the definition of "more than 20 Health Promotion Schools" before its dissemination to Upper Egypt.

Finally, Mr. Kusano asked SHC members to revise the PDM of the Project as soon as possible. Dr. Fakhry said that the Counterparts including Dr. Salah, Dr. Omayma and Dr. Nagwa will meet together soon to revise the PDM.

### 3. Progress and findings of TT and MT activities

Dr. Omayma asked when the manuals and guidelines will be ready for distribution to the other areas of Upper Egypt.

Mr. Kusano answered that printing of the revised draft of School Health Service Manual and Monitoring Guideline would be completed in May 2011. Therefore, the revised draft should be provided to JICA Expert Team by the end of February 2011. Counterparts of MOH, HIO and MOE in Cairo and SHC members have a responsibility to submit it in time.

Mr. Kusano appreciated for the TT members to have implemented effectively their training/workshop to the members of ISHCs of 20 pilot schools. He requested for Egyptian side to solve following problems.

Ms. Mori and Mr. Kusano explained these problems to be solved before the final training/workshop of Health Examination as follows:

- (1) Revision of Format of the pre-test and post-test of School Health Examination training to participants. **(Refer to A-3-2):** Egyptian side answered to revise this Format.
- (2) Numbers of available personal computers for data recording at 20 pilot schools: MOE of the SHC promised to identify and to authorize the existing numbers, and their availability in 20 pilot schools for the monitoring of the Project **(Refer to A-4).**

*Dr. Emam Houshy*



Mr. Gamal Abd El Halem of MOE promised to send an official letter to Tammia MOE directorate to identify this situation.

- (3) List of schools on School Health Examination before and after TT training/workshop: HIO of SHC promised to identify the real situation of School Health Examination implementation (Refer to A-5).

Dr. Omayma said that the DVDs of School Health Examination were very effective and useful, but the computers in schools are very old and not to open this DVD. Egyptian side and JICA Expert team will find out the optional way of solution of use of the DVD by the end of 3<sup>rd</sup> year.

Dr. Omayma mentioned to finalize the Leaflet for community participation as the attached papers to the Health Education Materials before its printing on May 2011 by counterparts of Cairo as well as SHC members.

Dr. Omayma and Dr. Fakhry mentioned to find out the way of solution on scientific approach by selecting and nominating the right trainers to apply the developed Health Education Method.

Dr. Omayma requested to postpone the School Health Examination training by TT team (c) to 7<sup>th</sup> and 8<sup>th</sup> November because of some preparation. JICA Expert Team agreed to do it.

Dr. Omayma and Dr. Salah requested to distribute the minutes of SHC to all members of SHC.

Dr. Engam Hossain



A-6

## List of Participants

No.	Name	Organization	Position
1	Dr. Salah Abu Taleb	HIO, Fayoum Governorate	General Director
2	Dr. Omayma Mostafa	HIO	Deputy Project Manager, Officer HIO
3	Dr. Fakhry Farag	HIO, Fayoum Governorate	Health Education Sector
4	Dr. Mohsen Gomaa	HIO, Fayoum Governorate	Director of School Health
5	Dr. Osama El Garhy	HIO, Fayoum Governorate	Manager of School Health Insurance in Urban Fayoum
6	Dr. Anwar Ali Ahmed El-Swefy	MOH, Fayoum Governorate	Director of Preventive Department, Deputy of Undersecretary
7	Dr. Sahar Mohamed	MOH	Research and Training Coordinator, SAHCD, PHC
8	Dr. Farag Abdel Moaez	MOH, Faoum Governorate	Director of Health Education
9	Dr. Mohamed Tharwat	MOH, Fayoum Governorate	Director of Endemic Disease Control
10	Dr. Zienab Sakan	MOH, Fayoum Governorate	Director of Rural Sector in Primary Health Care
11	Mr. Gamal Abdel Hakem	MOE, Fayoum Governorate	General Director of Education Service
12	Mr. Mossad Mostafa Abdo Mekled	MOE	Expert to the General Administration for Environment and Population Sector
13	Ms. Eatamad Ahmed Mohamed	MOE	Director of General Administration for Environment and Population
14	Ms. Zeinat Yussef	MOE, Fayoum Governorate	General Manager to the Population and Environment Sector, Fayoum Governorate
15	Mr. Mahmoud Abdul Aziz	MOE, Tammia District	Population and Environment Sector

Dr. Eman Hussien



16	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
17	Ms. Akiko Hayashi	Japanese expert team	Health Education/IEC
18	Ms. Madoka Mori	Japanese expert team	Training Programming
19	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator
20	Ms. Magdah Amin	Japanese expert team	Office Coordinator/ Interpreter
21	Ms. Sara Maher Mohamed Zaki	Japanese expert team	Office Staff
22	Mr. Sameh Mohammad El Sayed	Japanese expert team	Assistant Secretary

Dr. Eman Houssein



**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF  
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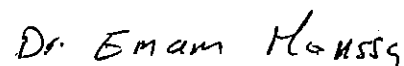
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Fayoum, June 23<sup>rd</sup> 2010

Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Emam Mohamed Mousa  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt



## Discussion and Conclusion of Twelfth School Health Committee (SHC) Meeting

June 23<sup>rd</sup>, 2011

The following issues were discussed and clarified at the 12<sup>th</sup> SHC Meetings.

### 1. Activities Progress of the 3<sup>rd</sup> Year and Schedule of the 4<sup>th</sup> and 5<sup>th</sup> Years

Mr. Kusano explained the project The SHC agreed the achievements and the plan activities in the 4<sup>th</sup> and 5<sup>th</sup> year. the following achievements:

- (1) 1<sup>st</sup> Year (Preparatory Stage): 1) Selection of 20 pilot schools in Tammia, Fayoum, 2) The formation of School Health Committee and Joint Coordination Committee
  - (2) 2<sup>nd</sup> Year (Development Stage): Development of “Implementation Manual for School Health Services (Draft)” and “Guideline of Monitoring and Supervision for School Health Services (Draft)” through organizing the Internal School Health Committee of each Pilot School and the Taskforce by theme of school health
  - (3) 3<sup>rd</sup> Year (Operational Stage): The formation of Trainers Team and Monitoring Team to support the activities of the Internal School Health Committees and government officials concerned
  - (4) The plan of activities in the 4<sup>th</sup> and 5<sup>th</sup> year as attached in the reference (A-1)
2. Revision of “Implementation Manual for School Health Services (Draft)” and “Guideline of Monitoring and Supervision for School Health Services (Draft)”

Dr.Fakrhi explained the basic principles of its revision and it was basically agreed between SHC and JICA Expert Team. (Refer to A-2)

Additionally, the importance of School Health Committee was emphasized as it facilitates to integrate the manual and the guideline and to supervise its activities.

### 3. Result of Monitoring in the 3<sup>rd</sup> Year

Dr. Osama explained the monitoring result of data analysis on the activities implemented by pilot schools in the 3<sup>rd</sup> year. The result indicates that the implementation of health activities are generally well among most of pilot schools. However, it was recognized that (1) limited number of school doctors implemented the



comprehensive health examination, and (2) limited number of participants from students and parents for community participation activities on theme 2.

#### 4. Discussion and conclusion

(1) Revision of “Implementation Manual for School Health Services (Draft)” and “Guideline of Monitoring and Supervision for School Health Services (2<sup>nd</sup> Draft)”

- 1) To develop revised manual and guideline by middle of July when Japanese experts leave Egypt.
- 2) To print the revised manual and guideline before pilot schools starts new semester in October 2011.
- 3) To develop the final Draft of manual and guideline (central) from October to January.
- 4) To finalize manual and guideline reflecting to the result of implementation during the above mentioned period at the pilot schools.

(2) Assignment of school doctors for 20 pilot schools

It was recognized that the MOH central has right to nominate school doctors. However, it was agreed that MOH Fayoum and MOH Tammia will temporary assign school doctors for the pilot schools to implement comprehensive health examination. The school doctors will attend the intensive training before the examination starts in October, which is to be approved on the monthly MOH/HIO meeting.

(3) Selection of non-pilot schools for dissemination in Fayoum Governorate

MOE Fayoum will select one school from each district in Fayoum. Through being supported by the existing system of supervisory nurse and trainers of TT/MT, the revised manual and guideline will be implemented at the selected schools to transfer the techniques and knowledge to each district in Fayoum.



D. EH

A-4: List of Attendants

No.	Name	Organization	Position
1	Dr.Emam Mohamed Mousa	MOH, Fayoum	Undersecretary of Health, Fayoum Governorate
2	Dr.Anwar El-Sewafey	MOH, Fayoum	Director of Preventive Department, Deputy of Undersecretary, Fayoum Governorate
3	Dr.Farag Abd El Moaez	MOH, Fayoum	Director of Health Education, Fayoum Governorate
4	Dr. Mohamed Tharwat	MOH, Fayoum	General Director of Endemic Disease Control, Fayoum Governorate
5	Dr. Zienab Sakran	MOH, Fayoum	Director of Rural Sector in Primary Health Care, Fayoum Governorate
6	Dr. Ibrahim Desoky Abd Allah	MOH, Tammia	Director
7	Dr. Abdel Rahman El Saka	HIO, Fayoum	Head of Central Administration, Central Department of Medical Affairs
8	Dr. Mohsen Gomaa	HIO, Fayoum	Director of School Health, Fayoum Governorate
9	Dr. Fakhry Farag	HIO, Fayoum	Director of Health Education, Fayoum Governorate
10	Dr. Osama El Garhy	HIO, Fayoum	Manager of School Health Insurance in Urban Fayoum, Fayoum Governorate
11	Mr. Hassan Hegazy	MOE, Fayoum	Undersecretary of Education
12	Mr. Gamal Abdel Hakem	MOE, Fayoum	General Director of Education Service, Fayoum Governorate
13	Ms. Zeinat Yuusef	MOE, Fayoum	General Director of Environment and Population Department, Fayoum Governorate
14	Mr. Mohamed said El Marakby	MOE, Fayoum	Director of Education, Tammia District
15	Mr. Mahmoud Abdel Aziz	MOE, Fayoum	Head of Environment and Population Sector, Tammia District
16	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
17	Mr. Hikari Morikawa	Japanese expert team	Institutional Expert / Health Education
18	Dr. Yoshihisa Yamazaki	Japanese expert team	Child Health / Nutrition
19	Ms. Akiko Hayashi	Japanese expert team	Monitoring / Evaluation Experts
20	Ms. Mami Ishii	Japanese expert team	Training Programming Expert
21	Mr. Daigo Sano	Japanese expert team	Information System Enforcement
22	Ms. Magdah Amin	Japanese expert team	Office Coordinator/ Interpreter
23	Mr. Sara Maher Mohamed Zaki	Japanese expert team	Office Staff
24	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator
25	Mr. Sameh Mohammad El Sayed	Japanese expert team	Assistant Secretary

Dr EH

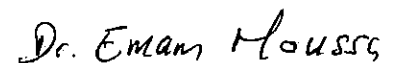
**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Thirteenth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on Oct. 9, 2011 at Ministry of Health, Fayoum, Egypt. Discussion and conclusion are shown in this minutes of the meeting.

Fayoum, October 9<sup>th</sup> 2011



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Emam Mohamed Mousa  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt

## Discussion and Conclusion of Thirteenth School Health Committee (SHC) Meeting

Oct 9<sup>th</sup>, 2011

The following issues were discussed and clarified at the 13<sup>th</sup> SHC Meeting.

### 1. Implementation Manual and Monitoring Guideline (M&G) (See attachment 1)

It was agreed that Egyptian counterparts and JICA Expert Team take the responsibility of revision and finalization of M&G national version. In addition, Center for Development Services (CDS) is sub contracted with the project to proceed revision and finalization smoothly.

Monthly editing meeting is held in Cairo to report and share the progress in revision with Cairo counterparts and JICA Expert Team. CDS is expected to share the contents of revision with Cairo and Fayoum counterparts and JICA Expert Team at least three days prior to the meeting. It was also agreed that Dr. Asmaa will represent as an editing coordinator for Fayoum counterparts to share comments with Cairo counterparts.

### 2. Completion of School Health Promotion Model (Health Promotion School (HPS))

#### (1) Kick off meeting with the representatives of 20 pilot schools

This meeting will be held to clarify and identify the achievement, the lessons learned and future challenges during the final year of the Project

#### (2) Main points of further promotion of school health activities (See attachment 2)

##### 1) Participation of school doctors for Comprehensive Health Examination


It was recognized that comprehensive health examinations by school doctors were not implemented at most of pilot schools during the 3<sup>rd</sup> year. Therefore, it was agreed that a team of 4 or 5 doctors were organized as school health doctors of the pilot schools to complete comprehensive school examination. Dr. Emam agreed to assign these school health doctors after discussing this issue with the director of MOH in Tammia and to select the doctors and allocate them for the completion of comprehensive examination at 20 pilot schools.

##### 2) Community participation through more involvement of students/parents for school health services

**It was also recognized that the community participation was less achieved compared to other school health activities. It was agreed that Egyptian counterparts and JICA Expert Team takes prompt action to solve the issue.**

#### (3) Monitoring System (See attachment 3)

It was agreed that the monitoring activity in the 2010 did not meet the expectation due to the limitation in budget and human resources in Fayoum governorate and Tammia district. JICA Expert Team proposed new monitoring system where the roles and responsibilities of government should be



minimized and schools should instead strengthen self-monitoring system. The participants agreed on the idea and decided to discuss in detail in the following Monitoring Team (MT) Meeting.

(4) Center Schools for dissemination of HPS in Tammia district

The following list of pilot schools is nominated to act as center for the dissemination of HPS to non-pilot schools in Tammia. The list will be finalized by MOE.

- El-Rodaa
- Hassan Abdel Aziz
- Menshat El-Gamaal
- Saweris
- Tammia School for Girls

At the kick-off meeting with 20 pilot schools, the center schools will choose non-pilot schools to facilitate cooperation between center schools and non-pilot schools.

3. Focal persons and Annual Work Plan in the final year of the Project (See attachment 4)

Counterparts basically agreed its requirement to identify the government roles and functions from the viewpoint of sustainability after the end of the Project based on the suggestion from JICA Expert Team.





## List of Participants

No.	Name	Organization	Position
1	Dr.Emam Mohamed Mousa	MOH, Fayoum	Undersecretary of Health, Fayoum Governorate
2	Dr. Nagwa El Ashry	MOH	Project manager, Director of SAHCD, Primary Health Care
3	Dr. Omayma Mostafa	HIO	Deputy project manager, Officer HIO
4	Mr. Mosaad Mekled	MOE	Expert of General Administration for Environment and Population Sector
5	Dr.Anwar El-Sewafey	MOH, Fayoum	Director of Preventive Department, Deputy of Undersecretary, Fayoum Governorate
6	Dr. Doaa Mahmoud	MOH, Fayoum	Manager of School Health, Directorate of Health
7	Dr.Farag Abd El Moaez	MOH, Fayoum	Director of Health Education, Fayoum Governorate
8	Dr. Zienab Sakran	MOH, Fayoum	Director of Rural Sector in Primary Health Care, Fayoum Governorate
9	Dr. Mohsen Gomaa	HIO, Fayoum	Director of School Health, Fayoum Governorate
7	Dr. Osama El Garhy	HIO, Fayoum	Manager of School Health Insurance in Urban Fayoum, Fayoum Governorate
8	Ms. Zeinat Yuusef	MOE, Fayoum	General Director of Environment and Population Department, Fayoum Governorate
9	Mr. Mahmoud Abdel Aziz	MOE, Fayoum	Head of Environment and Population Sector, Tammia District
10	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
11	Mr. Daigo Sano	Japanese expert team	Information System Enforcement
12	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator
13	Mr. Sabry Ali Al Sayed	Japanese expert team	Assistant Secretary
14	Mr. Takahiro Goto	JICA Egypt Office	Representative, JICA Egypt Office
15	Mr. Nour Hussein	JICA Egypt Office	Senior Program Officer, JICA Egypt Office

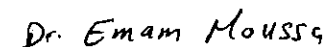
**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Fourteenth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on February. 8, 2012, at Ministry of Health, Fayoum, Egypt. Discussion and suggestions are shown in these minutes of the meeting.

Fayoum, February 8th 2012



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan



Dr. Emam Mohamed Mousa  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt

## Discussion and Conclusion of Thirteenth School Health Committee (SHC) Meeting

February 8th, 2012

The following issues were discussed and clarified at the 14th SHC Meeting.

### 1. Project Schedule

The current plan of work until the end of the Project in November, 2012, was agreed.

- M&G will be printed and submitted to MOH by the end of March
- Dissemination Guideline will be drafted between February and June
- Endline survey will be conducted in May, and the JICA Mission will evaluate the Project in June
- Dissemination of the Health Promotion School will begin in June

### 2. Implementation Manual and Monitoring Guideline (M&G)

#### (1) Implementation Manual

The main text is complete. The part on “Recording, Reporting and Monitoring” will be finalized and edited by CDS. The specific edits are as follows.

- Arabic phrasing, and wording
- Changes in tables
  - Delete cells in the “total” row, in the “date” and “responsible persons” columns
  - Theme 2, replace “trips” with “educational trips and field visits”
  - Merge “leaflets,” “booklets,” “posters,” and “magazines” into one as “materials used in the activity” in each table

#### (2) Monitoring Guideline

It was agreed that the Guideline will be drafted and revised by the Cairo and Fayoum counterparts before the middle of February. The specific edits are as follows.

- The part on the responsibilities of each organization will be revised by all C/Ps of Fayoum and Cairo
- Technical revision: each C/P on his/her specialty area; Dr. Anwar on vaccination and water sanitation
- The Project Team (national staff and the experts) will compile the C/P revision with the Cairo C/P, and CDS will edit the final version

### 3. Center Schools Selection

- (1) The selection committee formed in the TT/MT meeting on February 6, 2012 was approved, along

with the selection methods.

- Selection Committee
  - Dr. Osama Elgarhy (HIO)
  - Ms. Sabah Mohamed (HIO)
  - Dr. Amgad Abd el Azem (MOH)
  - Mr. Mahmoud Abd el Aziz (MOE)
  - Ms. Zeinat Youssef (MOE)
- Selection methods: Of the 7 schools selected as candidates in the TT/MT meeting, 5 will be selected by the committee, according to the agreed criteria. The committee will visit candidate schools between February 12 and 14. The 7 candidate schools are as follows.
  - Roda
  - Tammia school for Girls
  - Minshat Gamal
  - El Mokatla
  - Sawers
  - Sersena BE
  - Abu Taleb

(2) The selection criteria were agreed as follows.

- Evaluation by the revised monitoring sheets, using points (0, 1, 2)
- In addition to the monitoring sheets, the following items will be considered.
  - The school understands and is interested in the Project
  - The school has experience in using the M&G
  - There is good coordination among the personnel
  - The school has the ability to train non-pilot schools
  - The school has an annual plan that it executes

Attachment: List of participants

List of Participants

No.	Name	Organization	Position
1	Dr. Emam Mohamed Mousa	MOH, Fayoum	Undersecretary of Health, Fayoum Governorate
2	Dr. Anwar El-Sewafey	MOH, Fayoum	Director of Preventive Department, Deputy of Undersecretary, Fayoum Governorate
3	Dr. Farag Abd El Moeaz	MOH, Fayoum	Director of Health Education, Fayoum Governorate
4	Dr. Zienab Sakran	MOH, Fayoum	Director of Rural Sector in Primary Health Care, Fayoum Governorate
5	Dr. Mohamed Tharwat	MOH, Fayoum	General Director of Endemic Disease Control
6	Dr. Amgad Abd Elzaher	MOH, Tammia	Director, Tammia District MOH
7	Dr. Fakhry Farag	HIO, Fayoum	Health Education Director
8	Dr. Mohsen Gomaa	HIO, Fayoum	Director of School Health, Fayoum Governorate
9	Dr. Osama El Garhy	HIO, Fayoum	Manager of School Health Insurance in Urban Fayoum, Fayoum Governorate
10	Mr. Gamal Abdel Halem	MOE, Fayoum	Director of Education Services
11	Ms. Zeinat Yuusef	MOE, Fayoum	General Director of Environment and Population Department, Fayoum Governorate
12	Mr. Mahmoud Abdel Aziz	MOE, Tammia	Head of Environment and Population Sector, Tammia District
13	Dr. Nagwa El Ashry	MOH, Cairo	Project manager, Director of SAHCD, Primary Health Care
14	Dr. Sahar Mohamed Ahmed	MOH, Cairo	Research and Training Coordinator, SAHCD, PHC
15	Mr. Mosaad Maklad	MOE, Cairo	Expert in Population and Environment Department
16	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
17	Ms. Akiko Hayashi	Japanese expert team	Monitoring and Evaluation
18	Ms. Maki Tanaka	Japanese expert team	Institutional Expert
19	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator
20	Mr. Sabry Ali Al Sayed	Japanese expert team	Assistant Secretary

**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF  
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE  
IN UPPER EGYPT**

The Sixteenth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on May 10, 2012, at Helnan Auberge Hotel, Fayoum, Egypt. Discussion and suggestions are shown in these minutes of the meeting.

Fayoum, May 10th, 2012



Mr. Tateo Kusano  
Project Chief Advisor  
JICA Expert Team  
Japan

Dr. Emam Mohamed Mousa  
Undersecretary of Health  
Fayoum  
The Arab Republic of Egypt

*Dr. Emam Mousa*

## Discussion and Conclusion of Sixteenth School Health Committee (SHC) Meeting

May 10th, 2012

The following issues were discussed and clarified at the 16th SHC Meeting.

### 1. Endline Survey

El Zanaty & Associates presented the draft report of the endline survey. It was decided that the Egyptian C/Ps and the Japanese Expert Team will put together comments for the revision of the report by May 17th. Based on the comments, El Zanaty & Associates will finalize the report.

### 2. Implementation Manual and Monitoring Guidelines (M&G)

The final version of the Arabic was presented to the participants. The Egyptian C/Ps will check the consistency of the English and the Arabic texts, and together with the Japanese Expert Team, present comments on the English text by May 24th.

### 3. HPS Model Dissemination

(1) It was agreed that the following members would be responsible for the content of dissemination workshops:

- Dr. Farag Abd El Moez (MOHP Fayoum)
- Dr. Osama Elgarny (HIO Fayoum)
- Dr. Mohsen Gomaa (HIO Fayoum)
- Dr. Fakhry Farag (HIO Fayoum)

(2) Schedule

The schedule for dissemination was agreed as follows.

- 1st Cairo Workshop (participants from 9 governorates): June 27-28, 2012
- Aswan Training Workshop (participants from Aswan): July 8-9, 2012
- Luxor Training Workshop (participants from Luxor and Qena): July 11-12, 2012
- Fayoum Training Workshop (participants from Fayoum, Giza, Beni Suef): July 16-17, 2012
- Asyut Training Workshop (participants from Asyut, Minya, Sohag): August 22-23, 2012
- 2nd Cairo Workshop (participants from 9 governorates): mid-September, 2012

Attachment: List of participants



2

Dr. Emam Mousa

List of Participants

No.	Name	Organization	Position
1	Dr. Emam Mohamed Mousa	MOHP, Fayoum	Undersecretary of Health, Fayoum Governorate
2	Dr. Anwar El-Sewafey	MOHP, Fayoum	Director of Preventive Department, Deputy of Undersecretary, Fayoum Governorate
3	Dr. Amgad Abd Elzaher	MOHP, Tammia	Director, Tammia District MOHP
4	Dr. Fakhry Farag	HIO, Fayoum	Health Education Director
5	Dr. Mohsen Gomaa	HIO, Fayoum	Director of School Health, Fayoum Governorate
6	Dr. Osama El Garhy	HIO, Fayoum	Manager of School Health Insurance in Urban Fayoum, Fayoum Governorate
7	Mr. Gamal Abdel Halem	MOE, Fayoum	Director of Education Services
8	Ms. Zeinat Yuusef	MOE, Fayoum	General Director of Environmental and Population Education Department
9	Ms. Ahlam Ewes	MOE, Fayoum	Environmental and Population Education Department
10	Mr. Mahmoud Abdel Aziz	MOE, Tammia	Head of Environmental and Population Education Sector, Tammia District
11	Mr. Tateo Kusano	Japanese expert team	Project Chief Advisor
12	Ms. Akiko Hayashi	Japanese expert team	Monitoring and Evaluation
13	Ms. Maki Tanaka	Japanese expert team	Institutional Expert
14	Mr. Daigo Sano	Japanese expert team	Information Systems Enforcement
15	Dr. Omayma Mostafa	Japanese expert team	HPS Model-Dissemination Assistant
16	Dr. Asmaa Younis Elsary	Japanese expert team	Project Coordinator
17	Mr. Sabry Ali Al Sayed	Japanese expert team	Assistant Secretary



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### List of Project Activities in the First Project Year

Date	Activities	Place	Lecturer and Participants	Remarks
December 30, 2008	School Health in Japan	Cairo	(1) 6 administrative officers for school health at the central level (2) Lecturer: Dr. Yoshihisa Yamazaki	(1) Introduced Japanese school health and JICA's training course in Japan "School Health" (2) Explained about the concepts of Health Promotion School and Center Schools, and the idea on zoning
January 4, 2009	School Health in Japan	Fayoum	(1) 10 administrative officers for school health at the governorate level (2) 1 Japanese expert (3) Lecturer: Dr. Yoshihisa Yamazaki	(1) Introduced Japanese school health and JICA's training course in Japan "School Health" (2) Explained about the concepts of Health Promotion School and Center Schools, and the idea on zoning
March 3-4	Training of 5 Pilot Schools for School Health Services	Fayoum	(1) 82 school personnel (school teacher, school doctor and nurse, and social worker) of 5 Pilot Schools (2) Lecturer: Dr. Yoshihisa Yamazaki	Participants made the action plan for school health activities.

### List of Project Activities in the Second Project Year

Date	Activities	Place	Lecturer and Participants	Remarks
May 6-7, 2009	Training of 15 Pilot Schools for School Health Services	Fayoum	(1) 169 school personnel (teachers, school doctor and nurse, and social worker) of 15 Pilot Schools (2) Lecturer: Dr. Yoshihisa Yamazaki	Participants made the action plan for school health activities.
June 15-17	Workshop for Development of Implementation Manual for School Health Services -1	Fayoum	(1) 33 TF1-4 members (2) JICA expert team (JET)	Developed the operational manual on Theme1 (Health Education), Theme2 (Family and Community Participation), Theme3 (School Environment), and Theme 4 (Water and Sanitation).
July 12	Kick-off Meeting of Internal School Health Committee	Fayoum	(1) 20 Pilot Schools (2) 5 Fayoum C/P (3) 8 JET members	Agreed to organize and form Internal School Health Committee (ISHC) for each of the pilot schools by the end of July.
July 14-16	Workshop for Development of Implementation Manual for school health services -2	Fayoum	(1) 36 TF1-5 members (2) JET	Developed the Implementation Manual for School Health Services (Manual) on There 1, 2, 3, 4 and 5 (Health Care).
July 20-22	Workshop for Development of Implementation Manual for school health services -3	Fayoum	(1) 11 TF-5 members (2) JET	Developed the operational manual on Theme 5.

July 28-29	Follow-up Training of 20 Pilot Schools	Fayoum	(1) 19 Pilot Schools (2) JET	Each of the pilot schools made a calendar for school health activities as a follow-up training for the workshops of the 20 pilot schools held in March and May, 2009.
August 3-5	Workshop for Development of Monitoring Guidelines for School Health	Fayoum	(1) 43 TF members (2) JET	The Monitoring Guidelines for School Health Services (Guideline) (1) Booklet (2) School calendar
November 14-15	Training of Health Visitors, Teachers and Social Workers on the Use of Manual and Guideline	Fayoum	(1) Representatives of Taskforce 1, 2, 3, 4 (2) 176 school personnel / 2 days (3) 32 C/P / 2 days	Conducted a training on the following themes (1) Theme 1: Health Education (Task 1) (2) Theme 2: Community participation (Task 2) (3) Theme 3: School Environment (Task 3) (4) Theme 4: Water and Sanitation (Task 4)
November 17	Training of Health Visitors and School Doctors on the Use of the Manual and Guideline	Fayoum	(1) 41 school doctors & health visitors (2) 5 C/P (3) Lecturer: Dr. Sameh Ahmed Mohamed	Conducted a training on Theme 5: Health Care Services
November 17-18	Training of Health Visitors and School Doctors in Tammia District	Tammia	(1) 41 school doctors and health visitors: 41 (2) 5 C/P (3) Lecturer: Dr. Takeo Mori	(1) Session 1: Health Statistics (2) Session 2: Emergency and usual work at school clinic
November 22	Training of Medical Personnel of HIO (central and 20 governorates)	Cairo	(1) 17 school health care service providers (2) HIO offices in 20 governorates (3) Lecturer: Dr. Takeo Mori	Subject: Public health and swine flu

February 15-17, 2010	Health Education Training	Fayoum	(1) 49 C/P / 3 days (2) 190 school personnel / 3 days (3) Lecturer: Ms. Hikari Morikawa	(1) Goal: The participants acquire knowledge, skills and attitude for effective health education in schools (2) Objectives 1) Understand the concept and purpose of health education in Schools 2) Learn and practice various methodologies and techniques on health education 3) Acquire knowledge and skills of health education activities and teaching aids 4) Develop own health education materials or teaching aids (3) Outputs: Posters, drama skits and songs for health education
February 23-24	Field Practicum on Health Examination at Abo Taleb BE School in Tammia	Tammia	(1) 9 C/P / 2 days (2) 6 school personnel / 2 days (3) Lecturer: Dr. Yoshihisa Yamazaki	Objectives: (1) To understand the concept and purpose of comprehensive school health examination (SHE) (2) To learn and practice data management of SHE (3) To acquire knowledge and skills of equipment for SHE (4) To develop data collecting sheets and files for SHE
February 25	JICA Net School Experience Exchange on School Health	Cairo and Japan	(1) Egypt 1) Rodda Primary School: 5 children, head master, social worker, health visitor, env. and pop. teacher, social studies teacher, science teacher 2) 7 C/P 3) JET (2) Japan 1) 4 Japanese experts 2) Ashihara School: children, Yogo teacher, head master	Exchanged experiences on school health activities between Rodda Primary School in Tammia, Fayoum Gov. and Ashihara School in Japan through JICA-Net.

March 2-3	School Health Dissemination Workshop	Cairo	<ul style="list-style-type: none"> <li>(1) 54 representatives from 9 governorates in Upper Egypt / 2 days</li> <li>(2) 36 representatives from 6 districts in Fayoum / 2 days</li> <li>(3) 8 representatives from 2 schools in Tammia district / 2days</li> <li>(4) 31 C/P / 2days</li> <li>(5) 1 JICA Representative / 2days</li> <li>(6) 8 JET members / 2days</li> </ul>	<ul style="list-style-type: none"> <li>(1) Introduction of the project concept</li> <li>(2) Project achievements</li> <li>(3) Issues of dissemination of the Health Promotion School</li> <li>(4) Group discussions and presentations on how to apply the concept of the Health Promotion School</li> </ul>
March 6	Community Awareness-raising Campaign	Tammia	<ul style="list-style-type: none"> <li>(1) 400 of Parents and children of Elementary and preparatory schools from all Tammia</li> <li>(2) 10 C/P</li> <li>(3) 2 JET members</li> </ul>	<ul style="list-style-type: none"> <li>(1) Aim To enhance awareness concerning school health and promotion of students' health among communities and their parents in Tammia district</li> <li>(2) Contents <ul style="list-style-type: none"> <li>1) Lecture on general health</li> <li>2) Song</li> <li>3) Role play</li> <li>4) Poem</li> <li>5) Quiz</li> <li>6) Video</li> </ul> </li> </ul>

### List of Project Activities in the Third Project Year

Date	Activities	Place	Lecturer and Participants	Remarks
June 17, 2010	1 <sup>st</sup> MT Meeting	Fayoum	(1) 5 MT members	<ul style="list-style-type: none"> <li>(1) Discussed the MT's role and its schedule</li> <li>(2) Recognized the importance of monitoring school health activities</li> <li>(3) Discussed the monitoring schedule and formats for school health activities</li> </ul>
June 28	2 <sup>nd</sup> MT Meeting	Fayoum	(1) 11 MT members	<ul style="list-style-type: none"> <li>(1) Discussed the current monitoring system at school and governorate level</li> <li>(2) Discussed the monitoring indicators and its format</li> </ul>
July 6-8	1 <sup>st</sup> TT Meeting for Health Examination	Fayoum	<ul style="list-style-type: none"> <li>(1) 44 TT members / 3days</li> <li>(2) 3 C/P / 3days</li> </ul>	<ul style="list-style-type: none"> <li>(1) Goal: The participants acquire knowledge and skills for effective school health examination</li> <li>(2) Objectives: <ul style="list-style-type: none"> <li>1) Understand the concept and purpose of comprehensive school health examination (SHE)</li> <li>2) Acquire knowledge and skills of equipment for SHE</li> <li>3) Develop data sheets, questionnaires and letters for SHE</li> <li>4) Develop the methods and materials for TT's training on SHE</li> </ul> </li> </ul>
July 15	3 <sup>rd</sup> MT Meeting	Fayoum	(1) 13 MT members	<ul style="list-style-type: none"> <li>(1) Selected a Team Leader and a Recorder</li> <li>(2) Planned new monitoring systems for school health</li> <li>(3) Reviewed recording formats of school health activities and ISHC meeting minutes</li> <li>(4) Planned MT activities</li> </ul>



July 20-21	2 <sup>nd</sup> TT Meeting for Health Examination	Fayoum	(1) 29 TT members / 2days (2) 5 C/P / 2days	(1) Goal: The Trainer Team develop a training program for effective school health examination (2) Objectives: 1) Understand the concept and purpose of comprehensive school health examination (SHE) 2) Clarify the job description of school health personnel for SHE 3) Develop a TT's training program on SHE
August 1	4 <sup>th</sup> MT Meeting	Fayoum	(1) 11 MT members	(1) Presented the collected data of the school year 2009/10 (2) Revised the monitoring system for school health (3) Planned MT activities
October 11	TT Kick-off Meeting	Fayoum	(1) 12 TT members (2) 19 head masters (3) 4 C/P (4) 4 JET members	Discussed (1) The objectives of the training on health examination and health education by TT and participation of the school personnel (2) Coordination concerning the schedule of training by TT
October 17-18	Health Examination Training by TT (Team A)	Fayoum	(1) 24 TT members / 2 days (2) 68 school personnel / 2 days (3) 9 C/P / 2 days (4) 10 JET members / 2 days	Training subjects: (1) How to do health examination (2) Roles and responsibilities of ISHC (3) Infectious diseases and school health
October 20-21	Health Examination Training by TT (Team B)	Fayoum	(1) 16 TT members / 2 days (2) 45 school personnel / 2 days (3) 10 C/P / 2 days (4) 8 JET members / 2 days	Training subjects: (1) How to do health examination (2) Roles and responsibilities of ISHC (3) Infectious diseases and school health
October 24-25	Health Education Training by TT	Fayoum	(1) 21 TT members / 2 days (2) 161 school personnel / 2 days (3) 10 C/P / 2 days (4) 8 JET members / 2 days	Training subjects: (1) Significance of health education (2) Methodologies of health education (3) Development of health education and presentations

October 26	1 <sup>st</sup> TT & MT Coordination Meeting	Fayoum	(1) 11 TT/MT members (2) 6 C/P (3) 3 JET members	Discussed (1) Review of the activities by TT & MT and plans (2) Results of pre-test/post-test and their modification (3) Number of computers owned by the pilot schools (4) Scheduling of the health examination training by TT and health examination at schools
November 3	MT Kick-off Meeting /Data Entry Training of School Personnel	Tammia	(1) 11 MT members (2) 62 school personnel (3) 4 JET members	Discussion and training subjects: (1) Significance of monitoring of school health and the new monitoring system (2) Recording formats and how to fill them in
November 7-8	Health Examination Training by TT (Team C)	Fayoum	(1) 14 TT members / 2 days (2) 55 school personnel / 2 days (3) 15 C/P / 2 days (4) 6 JET members / 2 days	Training subjects: (1) How to do health examination (2) Roles and responsibilities of ISHC (3) Infectious diseases and school health
November 11	5 <sup>th</sup> MT Meeting	Fayoum	(1) 12 MT members (2) 2 JET members	Discussed (1) Assignment of PC teachers as persons in charge of data entry (2) Development and modification of the school environment monitoring sheets (3) Workshop for health examination data entry
November 23	6 <sup>th</sup> MT Meeting	Fayoum	(1) 16 MT members (2) 2 JET members	Discussed (1) Final version of the school environment monitoring sheets (2) Processes of data collection and analysis, and agreement on demarcation
November 24	Health Examination Data Analysis Workshop (for HIO staff)	Fayoum	(1) 5 MT members (2) 1 JET member	Training subjects: 1) Roles of MT in data collection and analysis 2) Data collection process 3) Concept of data analysis

November 25	Data Entry Training for School Personnel (school environment)	Tammia	(1) 14 MT members (2) 76 school personnel (3) 3 JET members	Training subjects: 1) How to record school environment and data entry
January 27, 2011	2 <sup>nd</sup> TT & MT Coordination Meeting	Fayoum	(1) 14 TT/MT members (2) 6 C/P (3) 2 JET members	Discussed (1) Follow-up of health examination (2) Revision of the school health implementation manual (3) Development of health education leaflets (4) Allocation of two computers to schools (5) School data collection (6) Plans for January-March 2011 and schedule of the mid-term review study

### List of Project Activities in the Fourth Project Year

Date	Activities	Place	Lecturer and Participants	Remarks
June 13, 2011	7 <sup>th</sup> MT Meeting	Fayoum	(1) 10 MT members (2) 1 JET member	Discussed (1) Data analysis (2) Reporting formats
June 14	Training for Health Visitors, Supervisor Nurses and School Doctors	Fayoum	(1) 17 health visitors (2) 2 supervisory nurses (3) 2 school doctors (4) 3 JET members	Training subjects: (3) Pediatric care based on symptoms
June 15	Training for Health Visitors, Supervisor Nurses and School Doctors	Fayoum	(1) 18 health visitors (2) 2 supervisory nurses (3) 3 school doctors (4) 1 C/P (5) 3 JET members	Training subjects: (1) Specific methods of medical examination for children (2) Training for school health examination on young doctors
June 16	Manual and Guideline Revision Workshop (Theme 1&2)	Fayoum	(1) 19 MT&TT members (2) 1 MOH personnel (3) 1 HIO personnel (4) 1 school teacher (5) 4 JET members	Discussed (1) Purposes of MT&TT meetings (2) Presentation of feedback from health educators in schools (3) Identification of areas which need to be improved “Implementation Manual for School Health Services (Draft)” “Guideline of Monitoring and Supervision for School Health Services (Draft)” (4) Wrapping-up : Who does what by when
June 19	Manual and Guideline Revision Workshop (Theme 3&4)	Fayoum	(1) 17 MT&TT members (2) 1 MOH personnel (3) 1 school teacher (4) 4 JET members	Discussed (1) How to revise Implementation Manual especially on Theme 3 (school environment) and Theme 4 (family and community participation)

June 20	Training of School Doctors and Health Visitors	Fayoum	(1) 4 supervisor nurses (2) 7 school doctors (3) 1 C/P (4) 4 JET members	Discussed (1) Training of young doctors for school health examination
June 21-22	Manual and Guideline Revision Workshop (Theme 1-5)	Fayoum	(1) 16 MT&TT members (2) 3 supervisory nurses (3) 1 school teacher (4) 4 JET members	Discussed (1) How to revise Manual and Guideline especially on AHA moment and monitoring methods (all themes)
June 29	8 <sup>th</sup> MT Meeting	Fayoum	(1) 10 MT members (2) 2 JET members	Discussed (1) The result of monitoring activities (2) Revision of the monitoring system
July 5	Meeting for Editing the Draft Manual & Guideline	Fayoum	(1) 7 C/P (2) 2 JET members	Discussed (1) Editing methods and future plan
July 6	On-the-job Training of Health Visitors and School Nurses	Fayoum	(1) 4 supervisory nurses (2) 5 C/P (3) 2 JET members	Training subjects: (1) Understand the usefulness of Parents Questionnaire properly (2) Conduct its importance to community / parents
October 12	9 <sup>th</sup> MT Meeting	Fayoum	(1) 12 MT members (2) 1 MOE personnel (3) 3 JET members	Discussed (1) Construction of another motoring system (collection and analysis) (2) Revision of Motoring Guidelines
October 13	Kick-off Meeting on School Health Activities with Pilot Schools	Fayoum	(1) 7 C/P (2) 2 computer trainers (3) 2 social workers (4) 99 school personnel (5) 3 JET members	Discussed (1) Annual Work Plan for 4th year activities (2) Questionnaire survey on the achievements, lessons learned, and remaining challenges
October 20	10 <sup>th</sup> MT Meeting	Fayoum	(1) 11 C/P (2) 2 Expert	Discussed (1) Draft monitoring system from each organization

October 25	11 <sup>th</sup> MT Meeting	Fayoum	(1) 10 MT members (2) 2MOE personnel (3) 2 JET members	Discussed (1) Revision of Monitoring Guidelines
October 26	TT Meeting	Fayoum	(1) 16 TT members (2) 1 HIO personnel (3) 1 supervisory nurse (4) 3 JET members	Discussed (1) How to implement training for school doctors by TT members on Oct 30
October 30	Medical Examination Training of School Doctors	Fayoum	(1) 16 TT members (2) 1 CP (3) 6 school doctors (4) 1 health visitor (5) 3 JET members	Training subjects: (1) Learn how to implement comprehensive health examination
October 31- November 1	Medical Examination Training at schools	Fayoum	(1) 2 health visitors, 1 school nurse, 2 school doctors at pilot schools (2) 3 JET members	Training subjects: (1) Understand the situation of comprehensive health examination by school doctors after the training (follow-up)
November 20	TT Meeting	Fayoum	(1) 19 TT members (2) 2 C/P	Discussed (1) A method to instruct how to use the analysis program of health examination results to the pilot schools. (2) Check of the program contents.
November 22	Training for Computer Analysis	Fayoum	(1) 12 TT members (2) 41 school personnel	Training subjects: (1) Learn how to use the analysis program of health examination results. (2) Learn how to install the program, how to input the data results, and how to prepare a report.
January 5, 2012	Capacity Building Training of Pilot School for School Health Activities	Fayoum	(1) 98school personnel (2) 5 C/P (3) 1 JET member	Training subjects: (1) Learn a self-evaluation system of school health activities. (2) Re-confirm the meaning of Community Participation. (3) Review how to analyze health examination results using the final ver. of analysis program. (4) Learn how to utilize “Parents Questionnaire”.

January 10	Pre-test of Manual	Fayoum	(1) 26 school personnel (2) 12 MT/TT members (3) 17 C/P (4) 1 JET member	Discussed (1) If the revised Manual deserves to be used as a national version.
January 22	Pre-test of Monitoring Guidelines	Fayoum	(1) 16 C/P (2) 7 MT/TT members (3) 1 information officer (4) 1 JET member	Discussed (1) If the revised Guidelines deserve to be used as a national version.
February 6	TT & MT Coordination Meeting	Fayoum	(1) 17 MT/TT members (2) 3 JET members	Discussed (1) The analysis results of school health activity records during Sep. to Dec., 2011 from each Pilot School. (2) Selection of Center Schools through school visits by the Center School-Selection Committee.
March 7	TT Meeting	Fayoum	(1) 20 TT members (2) 2 JET members	Discussed (1) Refresher training of the pilot schools on Theme 1-4. (2) Center Schools' training of Non-pilot Schools on Theme 1-5.
March 14	Refresher Training of Pilot Schools for Theme 1-4	Fayoum	(1) 105 school personnel (2) 12 MT/TT members (3) 19 C/P (4) 3 JET members	Training subjects: (1) Review all the school health activities and confirm the importance of recording. (2) Share problems in carrying out school health activities and their solutions.
March 15	Center Schools' Dissemination Kick-off Workshop for Non-pilot Schools (Kick-off Workshop for Dissemination Trial)	Fayoum	(1) 49 school personnel (2) 11 MT/TT members (3) 16 CP (4) 3 JET members	Training subjects: (1) Understand the overview of the project and school health activities. (2) Learn how to conduct comprehensive medical examination through DVD. (3) Prepare an action plan for dissemination activities.

March 18	Refresher Training of Pilot Schools for Theme 5	Fayoum	(1) 107 school personnel (2) 13 MT/TT members (3) 18 CP (4) 3 JET members	Training subjects: (1) Share the result of a questionnaire for Parents Questionnaire. (2) Share the analysis results of health examination conducted in autumn, 2011. (3) Discuss children's health issues and problems and improvements on data recording. (4) Review the analysis program of health examination results through Q&A.
March 19 – April 3	Supervision of Center Schools' Training of Non-pilot Schools	Fayoum	(1) 4 MT/TT members / 5 days (2) 1 JET member /4 days	Supervised the training of the 5 Non-pilot Schools by the 5 Center Schools about the following points. (1) The meaning of health examination and sharing of its roles among persons in charge (2) Distribution, collection and revision of Parents Questionnaire (3) Skills on height and weight measurements and eye test (4) Recording of health examination results, health check-up by a school doctor, and referral to clinics.
April 10	TT Meeting	Fayoum	(1) 24TT members	Discussed (1) Supervision results of Center Schools' training of Non-pilot Schools (2) Preparation for the follow-up workshop of Dissemination Trial
April 17	Follow-up Workshop of Dissemination Trial	Fayoum	(1) 54 School health personnel from 5 Center Schools and 5 Non-pilot Schools (2) 30 TT members & C/P (3) 1 JET member	Summarized the results of Dissemination Trial and shared lessons learned.
June 24	Preparatory Meeting for Dissemination Workshop on Health Promotion School	Fayoum	(1) 11 TT members & C/P (2) 1 school master (3) 1 JET member	Lecturers-to-be rehearsed lectures they would present at the Dissemination Workshop held on June 27-28.



June 27-28	Dissemination Workshop on Health Promotion School	Cairo	<ul style="list-style-type: none"> <li>(1) 50 admin. officers from MOHP, HIO and MOE of 9 Governorates in Upper Egypt</li> <li>(2) 25 C/P</li> <li>(3) 2 Donors (WHO, AMU)</li> <li>(4) 1 JPN Embassy staff</li> <li>(5) 2 JICA personnel</li> <li>(6) 4 JET members</li> </ul>	<ul style="list-style-type: none"> <li>(1) Understood the concept of Health Promotion School (HPS) model.</li> <li>(2) Learned school health activities on Theme 1-5.</li> <li>(3) Knew a Pilot School' experience as an example of the HPS model.</li> <li>(4) Selected focal persons, core trainers, 1 district and 1 school for dissemination trial by governorate.</li> </ul>
July 8-9	Training Workshop on Health Promotion School -1	Aswan	<ul style="list-style-type: none"> <li>(1) From Aswan, <ul style="list-style-type: none"> <li>1) 17 admin. officers from 3 ministries</li> <li>2) 5 school personnel</li> </ul> </li> <li>(2) 8 C/P</li> <li>(3) 1 Fayoum school personnel (SP)</li> <li>(4) 2 JET members</li> </ul>	<ul style="list-style-type: none"> <li>(1) Understood the concept of HPS model.</li> <li>(2) Learned school health activities on Theme 1-5</li> <li>(3) Knew a Pilot School' experience as an example of the HPS model.</li> <li>(4) Made a plan of trial operation whose results would be presented at the 2<sup>nd</sup> Dissemination Workshop held in Cairo on September 10-11.</li> </ul>
July 11-12	Training Workshop on Health Promotion School -2	Luxor	<ul style="list-style-type: none"> <li>(1) From Luxor and Qena, <ul style="list-style-type: none"> <li>1) 33 admin. officers from 3 ministries</li> <li>2) 10 school personnel</li> </ul> </li> <li>(2) 7 C/P</li> <li>(3) 1 Fayoum SP</li> <li>(4) 2 JET members</li> </ul>	<ul style="list-style-type: none"> <li>(1) Understood the concept of HPS model.</li> <li>(2) Learned school health activities on Theme 1-5</li> <li>(3) Knew a Pilot School' experience as an example of the HPS model.</li> <li>(4) Made a plan of trial operation whose results would be presented at the 2<sup>nd</sup> Dissemination Workshop held in Cairo on September 10-11.</li> </ul>
July 16-17	Training Workshop on Health Promotion School -3	Fayoum	<ul style="list-style-type: none"> <li>(1) From Fayoum, Giza and Beni Suef, <ul style="list-style-type: none"> <li>1) 17 admin. Officers from 3 ministries</li> <li>2) 16 school personnel</li> </ul> </li> <li>(2) 15 C/P</li> <li>(3) 1 Fayoum SP</li> <li>(4) 1 JET members</li> </ul>	<ul style="list-style-type: none"> <li>(1) Understood the concept of HPS model.</li> <li>(2) Learned school health activities on Theme 1-5</li> <li>(3) Knew a Pilot School' experience as an example of the HPS model.</li> <li>(4) Made a plan of trial operation whose results would be presented at the 2<sup>nd</sup> Dissemination Workshop held in Cairo on September 10-11.</li> </ul>

August 27-28	Training Workshop on Health Promotion School -4	Assiut	(1) From Assiut, Sohag and Menia 1) 30 admin. officers from 3 ministries 2) 14 school personnel (2) 7 C/P (3) 1 Fayoum SP (4) 2 JET members	(1) Understood the concept of HPS model. (2) Learned school health activities on Theme 1-5 (3) Knew a Pilot School' experience as an example of the HPS model. (4) Made a plan of trial operation whose results would be presented at the 2 <sup>nd</sup> Dissemination Workshop held in Cairo on September 10-11.
September 10-11	Workshop on Health Promotion School	Cairo	(1) 22 admin. officers from MOHP, HIO and MOE of 9 Governorates in Upper Egypt (2) 9 school personnel of 9 Gov. in Upper Egypt (3) 17 C/P (4) 2 JET members	(1) Each of the 9 Governorates made a presentation of their achievements and action plan and obtained feedback and comments.

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## List of Outputs

No.	Title	The Number of Copies	Submission Period
1.	Baseline Survey-Final Report	20 Arabic, 20 English, 5 CD-ROMs including Arabic, English and Japanese	Mar. 2009
2.	Implementation Manual for School Health Services (draft)	250 Arabic, 30 English, 1 CD-ROM including Arabic and English	Dec. 2009
3.	Guidelines of Monitoring and Supervision for School Health Services Monitoring Guideline (draft)	250 Arabic, 30 English, 1 CD-ROM including English and Arabic	Dec. 2009
4.	Health Education Training and Development of Health Education Materials (draft)	32 Arabic, 5 English, 1 CD-ROM including Arabic and English	Apr. 2010
5.	End-line Survey – Final Report	20 Arabic, 20 English, 5 CD-ROM including Arabic, English and Japanese	Jun. 2012
6.	Implementation Manual for School Health Services and Guidelines of Monitoring and Supervision for School Health Services (final) 3 kinds of Leaflets – 1) School Comprehensive Medical Examination for Health Children, 2) School, Family and Community, 3) The Internal school Health Committee DVD/CD – Comprehensive Medical Examination: Healthy Children Learn Better	1,000 Arabic, 1,000 CD-ROM including Arabic  1,000Arabic for each  1,000 Arabic	Jun. 2012
7.	Implementation Manual for School Health Services and Guidelines of Monitoring and Supervision for School Health Services (final) 3 kinds of Leaflets – 1) School Comprehensive Medical Examination for Health Children, 2) School, Family and Community, 3) The Internal school Health Committee DVD/CD – Comprehensive Medical Examination: Healthy Children Learn Better	500 English, 1,000 CD-ROM including English  500 English for each  500 Arabic (with English translation in the textbook)	Oct. 2012
8.	Dissemination Guideline	102 Arabic, 5 English, 1 CD-ROM including Arabic and English	Oct. 2012

