

Ministry of Health and Population

Arab Republic of Egypt

Arab Republic of Egypt
The Project on the Promotion of School
Health Service in Upper Egypt

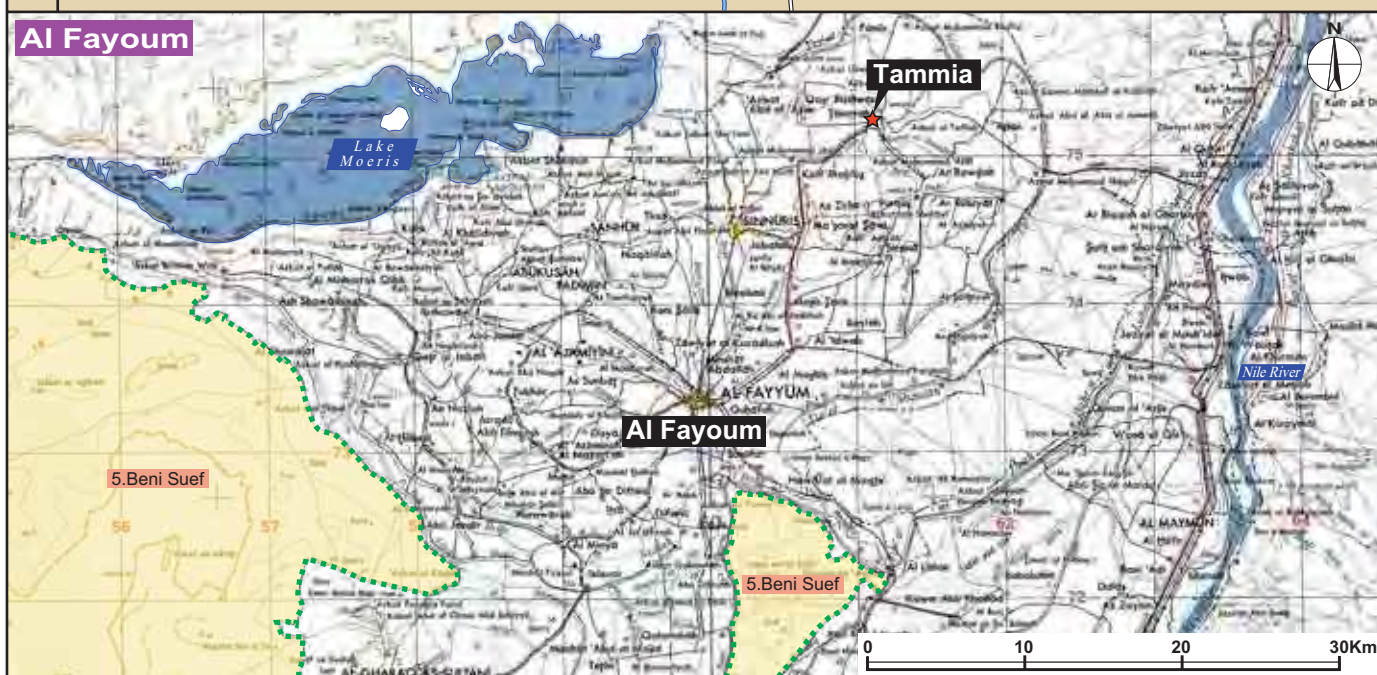
Project Completion Report

November 2012

Japan International Cooperation Agency (JICA)

System Science Consultants Inc. (SSC)

Health and Development Service (HANDS)



PROJECT LOCATION MAP

The project on the Promotion of School Health Service in Upper Egypt

The Activities of the Project on the Promotion of School Health Service in Upper Egypt



① An Egyptian student showing her poster on hand-washing to the Japanese children via the satellite TV system, the JICA Net



② The Egyptian children answering questions asked by the Japanese students



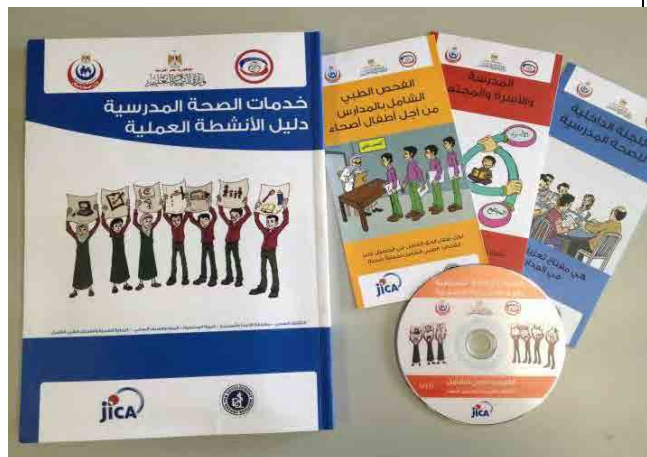
③ School health educators developing teaching aids for health education



④ A health visitor presenting her teaching aids for health education



⑤ School health educators performing their song on water conservation



⑥ The Project's outputs



⑥ Health examination by a school doctor



⑦ Making of Health Examination DVD



⑧ The cast (local doctors & health visitors) discussing the content of DVD on Comprehensive Medical Examination



⑨ The members of the ISHC discussing school health services



⑩ Children washing their hands at school



⑪ The health visitor practicing the correct way to measure students' height

Project Completion Report

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Abbreviation

Site Map

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Abbreviation

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	Trainers' Team
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organization

Exchange Rate

USD 1.00 = 98.23 JPY (Nov. 2008)

EGP 1.00 = 17.846 JPY (Nov. 2008)

USD 1.00 = 77.68 JPY (Oct 2012)

EGP 1.00 = 12.786 JPY (Oct 2012)

Chapter 1 Project Description and Framework

1.1 Background of the Project

In the last decades, the health indicators across Egypt have been improving. However, there is uneven distribution of such improvements from governorate to governorate, depending on social, economic, and environmental conditions as well as the educational background of the residents. The gap between rural and urban areas, as well as an economic disparity between the rich and the poor, still exist in Egypt. Most external assistance in the health sector provided to the country has been mainly for pregnant women/nursing mothers and children under five. Health services that directly contribute to the improvement of the health status of school-aged children are currently weak in rural areas – especially in Upper Egypt.

In 1992, the Law 99 was enacted, expanding health insurance to all school students through the Ministry of Health and Population. In February 1993, the Student Health Insurance Program (SHIP) was created to cover all students and school-aged children. Challenges concerning access, quality and other aspects of students' health, however, still persist despite all exerted efforts to provide adequate and reliable health services to all school children in Upper Egypt. To tackle those challenges, the Government of Egypt requested the technical assistance through the project, the “Promotion of School Health Services in Upper Egypt”, to the Government of Japan.

1.2 Project Description

The Project outline and outputs are shown below.

Table 1: Project Outline and Outputs

Project Name	
The Project on the Promotion of School Health Service in Upper Egypt	
Project Period	
From November 2008 to November 2012 (field work: from December 2008)	
Target Area	
Upper Egypt (population: approximately 45million) *Pilot area is Tammia District, Fayoum Governorate (population: approximately 350,000)	
Major Stakeholders	
Executing Ministry	Ministry of Health (MOH)
Counterpart Agency	1. Preventive and Primary Health Care Sector, School Aged Health Care Department (SAHCD), MOH 2. Health Insurance Organization (HIO)
Relevant Agency	Ministry of Education (MOE)
Beneficiary	<i>1. Direct beneficiaries</i> (1) Central level: Central government staff in SAHCD and HIO (2) Governorate and district level: Government staff in Health Center, Tammia District, Fayoum Governorate. School doctors and nurses in Health Insurance Clinic. Doctors, nurses and medical staff in Health Center (3) School: Primary and preparatory school students in Tammia District, Fayoum Governorate (approximately 10,000 teachers)

	<p>2. <i>Indirect Beneficiaries</i></p> <p>(1) Central level: Central government staff in Ministry of Education</p> <p>(2) School: Primary and preparatory school students of other areas in Upper Egypt (approximately 5 million teachers)</p>
Project Outline	
Overall Goal:	School health is promoted by expanding Health promotion school and school health services in Upper Egypt
Indicators:	<p>1. Health promotion school are introduced to more than 5 governorates in Upper Egypt.</p> <p>2. SACHD, MOH is providing regular training on school health based on monitoring on pilot schools in Tammia.</p> <p>3. Some health indicators that are collected in the proposed monitoring mechanism are improved.</p>
Project Purpose:	<p>1. The quality of school health services in Tammia district is improved through the dissemination of the concept of Health Promotion School.</p> <p>2. The framework to disseminate Health Promotion School in Upper Egypt is prepared.</p>
Indicators:	<p>1-1. More than half of students, parents, and teachers are satisfied with the school health services.</p> <p>1-2. Internal School Health Committee Members at 20 pilot schools judge that the provision of school health services is improved.</p> <p>2-1. The concept of Health Promotion School is elaborated</p> <p>2-2. The tools for dissemination of Health Promotion School are developed.</p>
Output 1:	Monitoring and supervisory mechanism on school health is developed at district level and is strengthened at governorate/central level.
Indicators:	1-1. Monitoring and supervision are conducted regularly (frequency and the contents are based on the guideline of monitoring/supervision by schools and administration)
Output 2:	The provision of school health services is facilitated in Tammia district.
Indicators:	<p>2-1. The number of the Health Promotion School is more than 20 on the basis of the improvement of the following indicators.</p> <p>a. Number of health education activities</p> <p>b. Number of community participation activities</p> <p>c. Number of school environment activities/Regular maintenance</p> <p>d. Number of water and sanitation activities/Regular maintenance</p> <p>e. Health examination coverage</p>
Output 3:	Human resources for school health are strengthened.
Indicators:	3-1. Self-Evaluation after the training (number of personnel trained, post training/workshop evaluation by the trainees)
Output 4:	Supporting activities of health promotion school by supporters such as teachers and parents are strengthened.
Indicators:	<p>4-1. At least one good practice of health promotion school is conducted in collaboration with schools and communities among 20 pilot schools.</p> <p>4-2. Number of community people who attend supporting activity is increased among 20 pilot schools.</p>

1.3 Situation of School Health and Challenges

Egypt has a national policy that the health insurance system covers all citizens. The Manual of Student Health Insurance Act was issued in 1993, which enacted that every school-age child (6-18 years old) was benefited by the health insurance. The provided guideline states that the

school doctors and school nurses, who belong to the clinics of the Health Insurance Organization (HIO), administer regular vaccinations, checkups and maintenance of a healthy school environment. It also ensures that health services for students in schools are covered by the health insurance system.

The implementation of this new system, however, has faced the following challenges;

- (1) Shortage of health practitioners and equipment for school health services in rural areas.
- (2) Lack of coordination among concerned agencies in rural areas.
- (3) Shortage of human resources in general and the trained personnel for the implementation of school health services.
- (4) Insufficient coordination among agencies both at the governmental and school levels, which monitor, supervise, and evaluate school health services.
- (5) Inadequate school health system.

The school health services have not operated effectively and efficiently as a result of the above problems. School doctors and nurses have a responsibility to visit schools periodically and to check students' health. With their responsibilities for medical care at other health facilities, they have not been able to fulfill their duties effectively at schools. Especially in the rural areas, there are schools which have neither doctors' visits nor a full-time nurse working in the school. Therefore, doctors, nurses and other medical staff who belong to MOHP are important implementers of school health services. Although the Manual of Student Health Insurance Act details rules for school health, medical staff, school doctors, nurses and teachers are not often aware of such a document.

The implementing agency of school health is HIO under this law, but recently it has shifted to joint enforcement with the School Aged Health Care Department (SAHCD) and Family Planning, Preventive and Primary Health Care Sector (PHCS), MOHP. However, the demarcation of responsibilities is not necessarily clear. In general, HIO takes charge of school health services while SAHCD does policy-making, program planning, and monitoring of activities for the improvement of children's health.

In the Ministry of Education, the Population Education Sector is in charge of school health in all governorates. The branch offices of this Sector have provided and engaged in activities to promote awareness on hygiene, but they have not been particularly active in the framework of school health.

1.4 Execution Structure of the Project

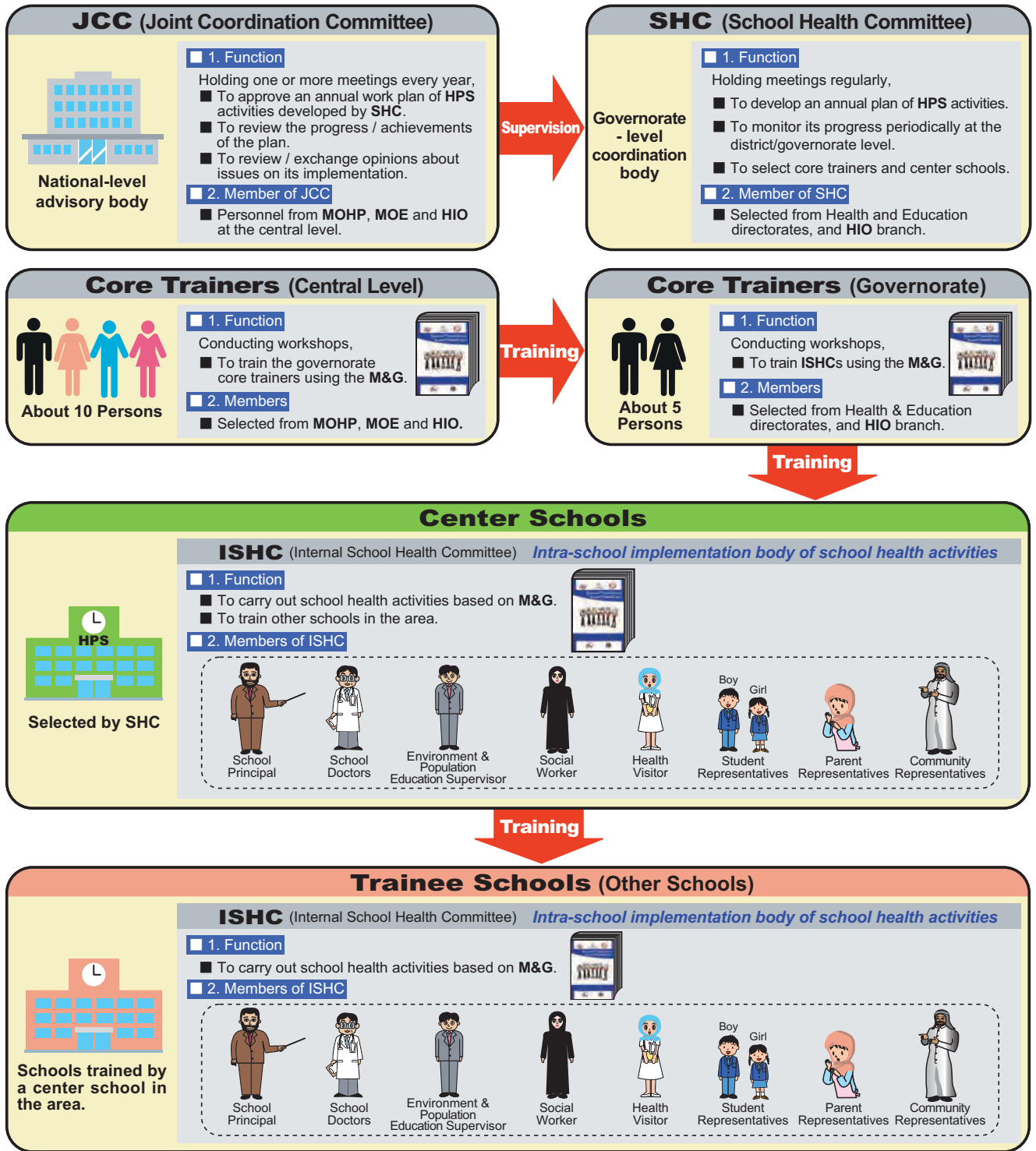
Two committees, the Joint Coordination Committee (JCC) and the School Health Organization (SHC) were organized to facilitate efficient implementation of the Project. The roles of JCC are (1) to discuss and approve project activities, and (2) to monitor and evaluate achievements of the project. The role of SHC is to plan and monitor project activities at the governorate (Fayoum) level. JCC meetings and SHC meetings were held six times and sixteen times during the project implementation, respectively.

In addition, the project organized other meetings such as Trainers' Team and Monitoring Team meetings to facilitate communication and cooperation among various actors of school health and to complete the tasks specifically assigned for each team.

1.5 Health Promotion School

The conceptual framework of Health Promotion School was clarified at the first JCC and SHC meetings, and a model of Health Promotion School (HPS) was proposed as shown in the following figure. The purpose of HPS is to promote the health of school children through school health activities. The activities are supported by School Health Monitoring System. The detailed description of HPS model is described in the Chapter 4.

Concept of the HPS Dissemination



Relationship between Center School and Trainee School

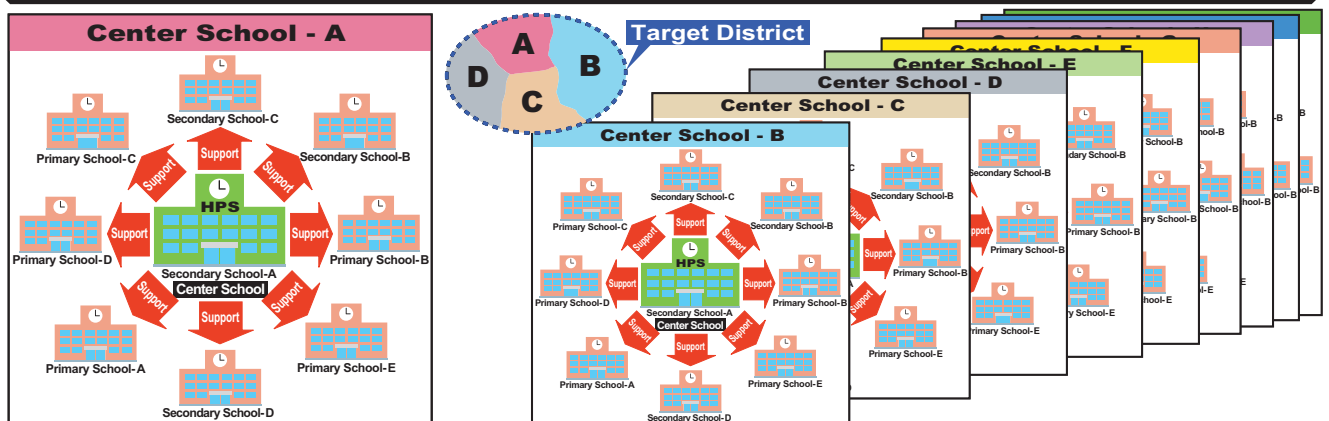


Figure 1-1 Conceptual Mapping of Health Promotion School (HPS) Dissemination

Chapter 2 Achievements of the Project Activities by Year

2.1. Achievement of Activities in the First Year (November 2008 –March 2009)

Summary

The first year was the preparation period of the project activities. The definition of the school health services were discussed and determined at the JCC meetings and the SHC meetings. 20 schools were also selected as pilot schools in the Tammia District of the Fayoum Governorate. In the baseline survey conducted to the school health personnel, students at pilot schools, and their parents, issues with school health services in Egypt were identified. We gave introductory seminars to the administrators of the central and local governments and school health personnel in pilot schools: one was to introduce the laws, the system and the operation of the school health services in Japan and another to present the concept of this Project.

The main activities in the first year will be described below. For details of all activities, please refer to Appendix 9 attached hereto.

(1) Meetings

The selection of pilot schools was an urgent task in the first year. The selection criteria were determined at the first JCC meeting on December 28, 2008. They were: 1) a school doctor and/or a school nurse are stationed, 2) there is a school clinic or a concrete plan of setting one up, and 3) it is somewhat populated, close to medical care facilities, and has access to road networks. 20 schools, out of 120 elementary and middle schools in the Tammia district, which met all criteria were selected as pilot schools at the first SHC meeting held on January 4, 2009.

The content and the methodologies of the baseline survey were discussed in the second and third SHC meetings. An Egyptian representative of the survey company was invited to the meeting to report the results of the preliminary baseline survey, to finalize the questionnaires. The representative also held a meeting to present the final results to C/Ps and the JICA experts.

For the details of the JCC meetings and the SHC meetings, refer to Appendix 7 and Appendix 8 respectively.

(2) Baseline Survey

The baseline survey, completed as scheduled, consisted of both quantitative and qualitative methodologies. The main findings of the survey are listed in the Table 2.

Table 2: Main Findings of the Baseline Survey

- Although pilot schools were selected based on the reason that there was a school clinic or a plan of setting one up, half of the pilot schools did not have a school clinic.
- There were problems with the cleanliness of drinking water and lack of water service in toilets in about half of the schools.
- While the school doctors visit schools only once or twice a year, school nurses work permanently in many schools.
- Half of the students in the survey had never received health examination.
- There were very few school health committees or when there is one, it was not functioning.
- Many students and school councils were not satisfied with the school health services.

For the details of the methodologies and the findings of the baseline survey, refer to the “Baseline Survey Report.”

(3) Training and Workshops

1) Training for administrators on the “School Health Service in Japan”

The training programs for the administrators of the central government and those of the local governments were held on December 30, 2008 and on January 4, 2009 respectively. The expert team member, Dr. Yoshihisa Yamazaki, made a presentation on the school health services and the educational system of school health implementers, clarifying key factors in the successful school health services. Questions and opinions were actively exchanged on the Japanese system and the present status of school health services in Egypt. In comparing the system and roles of the school health implementers in Japan and Egypt, the participants recognized the important roles that their social workers could play as Yogo teachers in Japan.

2) Training of school health staff in pilot schools

At the beginning, the training was planned only for school doctors and school nurses but the participation by social workers, and teachers and other school staff was deemed indispensable as their roles were as important as doctors and nurses in for school health services. The training was provided in a group work format, where school health staff of different professions worked together. It was aimed at giving an opportunity for not only acquire knowledge and skills from the trainer, but also work as a team by learning from each other and draw up an action plan that enhances the existing school health services. The workshop was held for 2 days on March 3 and 4, 2009 with the participation of the teachers and staff from 5 pilot schools. During the training, the overview of the Project was introduced, the school health service in Japan was presented, and the current conditions of school health services in each of the 5 pilot schools were explained. The participants completed proposals for their future activities and became ready to start their activities in each school.

(4) Others

The Project Office was set up within the PHC Center in the Ministry of Health and Population in Cairo, and a field office was provided within the Tammia Health Center. In addition, the equipment and materials for the Project Office were procured to prepare for the activities for and after the second year.

2.2. Achievements of Activities in the Second Year (April 2009 – March 2010)

Summary

In the second year, details of school health services were discussed by school health personnel in the governmental offices as well as in the schools in several workshops. The focus was to determine the programs which were feasible even for the schools with limited human and material resources. The Internal School Health Committee was organized and activated in every school. In addition, training on health education methodologies and comprehensive medical examination were provided. Concurrently, the Egyptian counterparts received training in Japan and participated later in a follow-up TV conference to share experiences in applying the learning in their daily work.

The details of the activities in the second year will be described below. For the outline of other activities, refer to Appendix 9.

(1) Meetings

In the JCC and SHC meetings, it was agreed to develop an Implementation Manual for School Health Service (hereinafter referred to as “the Implementation Manual”) and Guidelines of Monitoring and Supervision for School Health Service (hereinafter referred to as “the Monitoring Guidelines”). There were already two guidelines for school health in Egypt; one for school doctors made by MOHP / HIO, and another mainly for school nurses made by WHO / MOHP. It became clear through field visits, however, that they were neither utilized nor even known to school health staff in schools in Tammia. It was agreed that a simple, practical and user-friendly Implementation Manual and Monitoring Guidelines should be developed in the Project.

The school health activities in Egypt have been composed of 1) the school insurance law, 2) maintenance of school environment, 3) health education, and 4) school health examination, immunization and school lunch, and 5) medical care services including examination and treatment at medical facilities outside schools. The last one is a category unique in Egypt since it is set forth in the Egyptian school insurance system for students. The rest of the categories is compatible with the framework of FRESH (Focusing Resources on Effective School Health), which WHO, UNICEF, UNESCO, and the World Bank have promoted as a school health model. They are: 1) school health policy, 2) hygienic environment, 3) health education based on techniques and skills, and 4) school-based health and nutrition services.

Incorporating the existing framework and areas which C/Ps and school health staff believes as most important, five themes to focus in this Project were identified: 1) Health education; 2) Participation of family and community; 3) School environment; 4) Water and sanitation; and 5) Health care service. (The specific description on the 5 themes is in Chapter 4)

Other actions determined were 1) to hold workshops to develop the Implementation Manual and the Monitoring Guidelines, and 2) to make a list of the basic medical equipment and materials and the delivery schedule to the pilot schools.

(2) Training and Workshops

1) Workshops for development of the Implementation Manual and Monitoring Guidelines

Task forces for each of 5 themes were organized at the SHC meetings. Each task force was asked to identify three most important school health topics in each theme and to clearly instruct how to implement each activity to draft the Implementation Manual. The tasks were achieved by C/P s, schoolmasters, teachers, school nurses, social workers and school doctors of the pilot schools in a group work format

There were shortcomings in the drafted Manual. The fonts were too small to read and the contents hardly covered the necessary topics as an implementation manual. However, it is important to point out that a basic work style, communication and collaboration, was shaped through the process. That is, school health personnel in both governmental offices and schools in MOHP, HIO and MOE sat down together, exchanged opinions and collaboratively completed the planned tasks.

Table 3: Themes and the Topics of School Health Activities in the Drafted Manual

Theme	Topic
Health Education	Anemia prevention How to avoid smoking TB prevention
Family and Community Participation	Clean the school day Learning about street vender' foods Excursion
School Environment	Safe and clean school yard Healthy school lunch Healthy school environment
Water and Sanitation	Supplying cleaning tools and detergents Plumbing maintenance Poster making and dramas
Health Care Services	Keeping basic medical supply and equipment Comprehensive medical examination First aid

2) Training and workshops for school health personnel in pilot Schools

We employed a "School-based Approach" to utilize knowledge and experience of school health staff and to deal with their needs and skills at the school level. In the second year, various workshops and training programs for school nurses, doctors, social workers, population and environment teachers were provided. A series of workshops were held between March and July,

2009, to develop a “school health activity calendar”. The calendar specified the time and the activities on five themes.

In July, 2009, ISHC was organized and began to operate in each pilot school. As the implementation and management body for school health services, C/Ps later described ISHC as the “corner stone of Egypt’s school health services” born in the Project.

Several field visits on school health examination were made in November, 2009. The issues and challenges of the examination were identified (Table 4).

Table 4: Issues and Challenges observed in the School Health Examination

- | |
|---|
| <ul style="list-style-type: none">• Conjunctival examination: checking for anemia• Oral exam with tongue depressor (with no lighting): examination of oral tonsils• Auscultation: The doctors examine students by auscultating 4-5 places on the chest walls under shirts. However, the validity for the examination was questionable due to the noisy environment at school• Examination of the back: The doctors quickly examine dermatologic conditions but no auscultation• School doctors dictated findings while nurses recorded what doctors described on blank areas of the name list.• Female students did not take of their clothes. There was a question for the accuracy of auscultation.• The result: Among 20-30 students, one or two anemia and 2 hypertrophic tonsils were diagnosed. |
|---|

In response to the findings in the field visits, a practical seminar on comprehensive medical examination was provided to school doctors and nurses in February, 2010. The program included the introduction of the health check chart used in Japan and how to develop them, the data management and clinical skills on medical examination.

A “Health Education Needs Assessment Survey” was conducted in December, 2009 (Table 5). Health education is one of the five themes in school health services. It is a cross-cutting theme which is important in the activities on the rest of the themes. In the survey, “lack of teaching skills” was the most concerned area on top of the limited knowledge on diseases and the prevention among health educators. In February, 2010, training on health education methodologies and the development of teaching aids was provided for the school health personnel in pilot schools.

Table 5: Findings of the Health Education Needs Assessment Survey

- Issues with health education: Insufficient number of competent health educators, lack of teaching materials
- Possible health education opportunities in schools: Group sessions, morning meetings, classes, sensitization meetings and camps
- Choices of teaching materials: Posters, photos, booklets and textbooks
- Health education topics which schools need: Infectious diseases, anemia, smoking, and personal hygiene
- Most health educators listed lack of teaching materials, lack of students and parents' interest in health education and lack of health educators' teaching skills as problems
- Health educators requested training in the following areas:
 - a. Knowledge on health issues
 - b. How to make teaching materials
 - c. Effective teaching methods and improved communication skills

3) Workshops for dissemination

The first dissemination workshop was held in March 2010. The objectives were 1) to present the objectives and progress, and the future plans of this Project to the school health personnel in Upper Egypt; 2) to introduce the results of the activities with the School Health Service Implementation Manual and the School Health Service Monitoring Guidelines to the governmental school health personnel outside the pilot school areas (the presentations were made by SHC and ISHC of pilot schools). The representatives of the Ministry of Health and Population, the Health Insurance Organization, the Ministry of Education in Upper Egypt and the counterparts of the Fayoum Governorate participated in the workshop and shared the experiences in this Project.

4) Training in Japan

Two administrators of the Health Insurance Organization in the Fayoum Governorate participated in the training in Japan between May 14 and July 4, 2009 under the auspices of the JICA Chubu Regional Office. The training was followed up with a TV conference through the remote technical assistance (JICA-NET). For the details of the training, refer to Appendix 3.

In addition, two counterparts from the Health Insurance Organization and the Ministry of Education also participated in the short-term training in between September and October, 2010.

(3) Provision of Basic Medical Equipment

With the decision at the 4th SHC meeting, the basic medical equipment was delivered to the clinics of the 20 pilot schools between May and August 2009. For the details of the provided equipment, refer to Appendix 4. In November 2009, the Japanese Expert Team visited each pilot school to check on the conditions of the equipment and whether they are used appropriately.

2.3. Achievements of Activities in the Third Year (April 2010 – March 2011)

Summary

The implementation methods of school health activities, particularly health education and health examination, were developed and the tools such as the Implementation Manual were formulated. The monitoring system on health information was also intensely discussed and a new monitoring system was developed and put into a trial run. The Trainers' Team (TT) and the Monitoring Team (MT), described below, were organized to work closely with the JICA expert team.

The main activities in the third year will be described below. For the outline of other activities, refer to Appendix 9.

(1) Meetings

The progress of the Project activities were reviewed at the JCC and the SHC meetings. To reflect the actual progress and the situations, the Project Design Matrix (PDM) was revised. For the details of the revised PDM, refer to Appendix 6.

(2) Activities of the Trainers' Team (TT) and the Monitoring Team (MT)

TT, consisting of C/Ps, health visitors, teachers and social workers of the pilot schools, was in charge of implementing training programs on "health education" and "comprehensive medical examination". MT was organized to analyze the existing monitoring system for school health services and to develop a new system and Monitoring Guidelines based on the analysis.

1) TT activities: Development of tools for health education and comprehensive medical examination

The TT created essential tools including various forms for health examination and a DVD (entitled "Healthy Children Learn Better") which demonstrates the step-by-step tasks in comprehensive medical examination. To prepare TT members as trainers, meetings and workshops were held for them to understand the purpose of comprehensive medical examination and to acquire the skills to perform appropriate medical examination. Then, the TT members and the expert team completed a chart to record examination results, a children's health status questionnaire for parents, a referral form, and a list of job descriptions of each profession for an efficient medical examination. The actual process of the examination was videotaped for effective dissemination.

The school health personnel of the 20 pilot schools received training on how to use those tools and to perform comprehensive medical examination. In December 2010 TT made a follow-up visit to the pilot schools, assessing how each school did the medical examination or whether they ever did or not, and answering questions from the school health staff. In addition, TT also engaged in the on-going tasks to revise the contents of three leaflets. Although the

results of these activities were planned to be incorporated into the Implementation Manual which was then being edited, the Project was interrupted by the large-scale anti-government demonstrations. The task was put off to the fourth year.

- 2) MT activities: Review of the existing monitoring system and development and test-run of the new system

The health information system in Egypt was designed primarily for medical treatments and so was the data collected through the school health monitoring. The school health services were provided by three agencies, the Ministry of Health and Population, the Ministry of Education and the Health Insurance Organization, in separate chain of commands. The Project was trying to establish a school health model which focuses on “preventive health care information” and “collaboration among three agencies in school health activities.” The tasks to develop the monitoring system in the third year focused on establishing a new system with a standardized concept and the coordinated monitoring procedures among the school health personnel of MOHP, HIO and MOE.

Here is an example of the difference between the existing and the new monitoring systems. In the health examination in Egypt, the results have been recorded in a notebook by the health visitor. The notebook is submitted to the district or the governorate office upon request. As the health visitors do not make copies, the students’ health information is “lost” from the school. It means that the school does not have any data to identify the health issues and the educational needs specific to the particular school. In other words, they could have students’ health information to appropriately provide school health services but have failed to do so.

The new monitoring system instructs school health personnel to keep the health examination results in the schools. With some training, they can utilize the information to design their school health programs. New recording forms were developed and simple methods for data collection and analysis, and utilization of the data were determined.

The first test-run of the new monitoring system in pilot schools was made in November 2010. First, MT trained the representatives of the school health staff (training on data entry), and then the data was collected between December 2010 and January 2011. There were questionable and unrealistic numbers and even some data were not collected. But it was safe to say that the data collected from the schools could be effectively utilized to improve school health services with additional training programs.

Table 6: Test-run results of the New monitoring System

<p>Issues with the data quality</p> <ul style="list-style-type: none"> • Most students were categorized as stunting and low weight, but the possibility of incorrect measurements cannot be ruled out (problem with measurement) • There are abnormal values such as students whose height was 3 meters (problem with recording) • It was difficult to analyze the data since the recording form was different from school to school (problem with the forms)
<p>Issues with the quantity of the data</p> <ul style="list-style-type: none"> • There were schools with doctor’s medical examination and schools without it. • The MOE officer was scheduled to visit schools and collect the data. It turned out that the officer’s visits were unrealistic due to the time constraint and the limited budget.
<p>Utilization of the data</p> <ul style="list-style-type: none"> • The results of the medical examination are the health indicators of the school (or of the community) • The schools without doctor’s medical examination can be identified. • The data related to the school environment can be used to compare schools.

The data collection and discussion on the methods of analysis and the application of the information were scheduled to be done between January to March 2011. However, the Project was suspended due to the revolution and the above tasks were postponed to the fourth year.

(3) Review of PDM

In the third year, the PDM of this Project was revised. Some of the vague expressions (the definition of HPS and “good practice”) were clarified. For the detailed revision, refer to Appendix 6.

(4) Other

After January 25, 2011, large-scale demonstrations to oppose the President broke out and the public security deteriorated. Following the JICA’s enforcement of evacuation, the expert team members had to suspend the activities and leave the country. The project suspension forced substantial revision of the work schedule in the third and fourth years.

2.4. Achievements of Activities in the Fourth Year (June 2011 – November 2012)

Summary

The C/Ps in Fayoum continued to exert efforts, and the C/Ps in Cairo also engaged in the activities with further commitment. The editing of the Implementation Manual and the Monitoring Guidelines continued to be completed by the end of the Project. As C/Ps requested to ensure correct Arabic language and culturally sensitive visual interest, editing of the Implementation Manual and the Monitoring Guidelines (hereinafter referred to as “M&G”) was subcontracted to an Egyptian company. The contents were finalized through numerous discussions among the C/Ps, the Egyptian editors and the Japanese experts. The workshops to disseminate the HPS model to Upper Egypt were held and the foundation of the dissemination system in the area was established.

(1) Meetings

In the JCC and the SHC meetings held in the fourth year, the Project activities including the mid-term and terminal evaluation of the Project were explained. It was decided to develop the national edition of M&G for use in the entire Egypt, to subcontract the editing of the M&G to a local company and to make the English version of M&G to introduce the HPS model to other countries and organizations.

SHC finished its role with the completion of the HPS model and the Fayoum edition of M&G. In the final JCC the Dissemination Guideline of the HPS model was presented, and the content of the final Project Report was discussed.

(2) Mid-term Evaluation

In June 2011, the mid-term evaluation, which had been delayed about 5 months from the original dates due to the Revolution, was conducted by the JICA Study Team. In the evaluation, it was pointed out that some portion of the Project was behind the schedule.

In the meantime, forming TT and MT had clarified C/Ps’ roles. With the increased number of the C/Ps trained in Japan, the C/Ps contribution as a whole to the Project was drastically enhanced.

In August 2011, the C/Ps in Cairo provided additional comments on the mid-term evaluation report. The JICA Expert Team had a series of discussions on the results of the mid-term evaluation and the additional comments from the C/Ps, and determined the activities in the fourth year and how to implement them. They were to subcontract with an Egyptian company to revise the Fayoum edition of M&G to the national edition of M&G and to develop a monitoring system that were feasible in the limited human and material resources. For the details of the mid-term evaluation, refer to the “Report on Mid-Term Evaluation.”

(3) M&G Development

In November 2011, an editorial conference was held to compile the national edition of M&G. The attendants were C/Ps in Cairo, the national staff of the Project in Fayoum, the Egyptian editors, and the JICA experts. Although the expert team had to leave the country due to another large-scale demonstration, the Egyptian editors, C/Ps in Cairo and the Project national staff in Fayoum, and the expert team continued to communicate by emails and completed the national edition of M&G. The English version of M&G was originally planned to be made for non-Arabic speakers as an unofficial text. At the request of C/Ps, however the “English version” was to be prepared as a complementary edition to the Arabic M&G.

(4) Completion of the HPS model and dissemination activities

In January 2012, the final workshops to review activities in M&G were held for the school health staff at 20 pilot schools and the press proof copies of the final Arabic M&G were distributed for review. The workshops focused on two areas: one is to review how to improve family and community participation to school health activities and another is to discuss how to enforce complete filling of the children’s health status questionnaire to the parents and complete recording of school health activities to health visitors and teachers. The participants shared their trials and errors and possible solutions to each issue.

The test-run indicated that some staff did not or could not record activities completely. When the monitoring results were presented in the workshop, the participants understood why they should record and how the data could be used. Then, their interest in recording increased immediately. They reviewed the recording methods in the workshop. It is too early to say this can result in the better performance in recording but it is important to note that C/Ps realized from the test-run and the workshops that complete recording is one of the important topics to take time in the dissemination activities.

Table 7: Issues discussed in the workshop

<p>“Areas to be improved in the pilot schools”</p> <ul style="list-style-type: none">• Community participation<ul style="list-style-type: none">- It means a partnership between the school and the community. The community should assist school health activities and the school should invite community members to their programs.• The Children’s Health Status Questionnaire to the Parents<ul style="list-style-type: none">- The data collected from the questionnaire can be used to understand the health issues in the school and the community. They should be utilized to determine school health activities. <p>“School health activities added after the last workshop”</p> <ul style="list-style-type: none">• School’s self-evaluation system<ul style="list-style-type: none">- The purpose, timing, method to be explained and each school makes an assessment on their own activities.• Medical Examination Information Program<ul style="list-style-type: none">- A computer analysis program that an Egyptian programmer developed to be distributed and explained.
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In February, 2012, the center school selection committee selected five “center schools” based on the performance of their school health activities. Each center school selected a non-pilot school as their “trainee” school and provided HPS model dissemination training as a trial.

With lessons learned from this activity, wider dissemination activities to nine governorates in Upper Egypt started in May 2012. Concurrently, the “Dissemination Guideline” (Chapter 5) was being developed. The core trainers for the dissemination were selected in the following month. As the dissemination workshops in Upper Egypt continued, the core trainers in each governorate were selected and trained, ISHC was organized and a school health action plan was developed in some schools as a trial. The trial schools in each governorate implemented the HPS model to a limited extent according to their action plans. As shown in the Attachment A: “Achievements of Dissemination Trial”, 5 activities were tried in all governorates. In September, 2012, the activities of each governorate were reported at a dissemination workshop in Cairo and lessons learned from the activities were incorporated in the “Dissemination Guidelines”. The detailed description of the “Dissemination Guidelines” is in Chapter 5.

(5) End line Survey

The end line survey was subcontracted to the same Egyptian company which did the base line survey. It was conducted in a difficult period when schools were not open due to a political turmoil caused by the absence of the President and public security concerns.

The results included some indicators that needed much more time to measure the effects of the Project, and some data are not relevant to the project activities. However, the comparisons on the improvements in items related to school health were made between the pilot schools and non-pilot schools (with and without intervention) and between the initial and the current situations. Some indicators did show remarkable changes and are described below.

1) Health education

The awareness in personal health and hygiene, hand washing before eating and after using the toilet substantially improved. The number of underweight children decreased (especially in pilot schools), indicating nutritional improvement.

2) Community participation

The health awareness was enhanced among teachers and children. In the pilot schools, the number of people who participated in the health education sessions increased. The use of teaching materials and games also increased.

3) School environment

The number of social workers and laboratory technicians increased. ISHC was activated and the meetings were held. The equipment of school clinics has substantially improved, especially in the pilot schools. There are more plants in the school ground. School buildings and classrooms were cleaner.

4) Water and Sanitation

The coverage of safe water supply and the cleanliness of the toilets substantially improved.

5) Health Care Service

The students and teachers' knowledge on health issues and school health services improved. The methods of measuring height and weight were understood better in pilot schools. The knowledge of school clinics was spread (in the pilot schools). The number of referral cases decreased substantially for the improved services in clinics. The students and teachers had a better impression of school doctors and nurses.

(6) Terminal evaluation of the Project

The terminal evaluation of this Project was conducted by the JICA Study Team between June 16 and July 7, 2012. The information obtained from interviewing C/Ps, other personnel involved in this Project (including teachers, health visitors, and social workers of the pilot schools) and the experts, was analyzed along with policy- and budget-related documents along the line of the JICA's 5 evaluation criteria. The evaluation concluded that appropriateness and validity was 'high' and that efficiency, impact and sustainability were 'medium.' A

recommendation was made to plan the promotion of school health activities after the completion of this Project. For the details of the evaluation, refer to the “Terminal Evaluation Report.”

Chapter 3 Achievements and Issues

This section shows achievements and issues of the Project activities based on the terminal evaluation results.

3.1. Output 1: Achievements

Output 1

Monitoring and supervisory mechanism on school health is developed at the district level and is strengthened at the governorate/central levels

Indicator 1-1

Monitoring and supervision are conducted regularly (frequency and the contents should follow the guideline of monitoring/supervision by schools and administration)

(1) Project Activities

1) Guidelines of Monitoring and Supervision for School Health Services

With the practical inputs from school health personnel at the central, governorate, district and school levels, the Project developed the Guidelines of Monitoring and Supervision for School Health Services (Chapter 6 of M&G). It defines roles and responsibilities of all actors in monitoring and supervision of school health activities at the central, governorate, district, and school levels.

The Project developed the Guidelines of Monitoring and Supervision based on the trial run conducted at the pilot schools. As human resources and the budgets are limited for monitoring and supervision, the guidelines instruct each school to play maximum roles by incorporating the self-monitoring system.

2) Monitoring activities at pilot schools and by the administration

Under the supervision of the expert team, each school health related public offices (MOHP, HIO and MOE) in the Tammia District conducted monitoring and supervision of the 20 pilot schools once in every school semester according to the guidelines.

We trained the schools to record the results of each school health services, make an assessment on their accomplishments and challenges, and to identify plans for improvement. After about three-year consecutive training, five top performing pilot schools were selected as “center schools” of the Health Promotion School (HPS) model by SHC. Each center school paired up with one non-pilot school and trained school health staff at non-pilot school to establish ISHC, to practice health education activities, and to monitor them by themselves.

(2) Achievements and Issues

Based on the above performances, Output 1 was achieved. However, there were dispersion in values and errors in the data recorded by the pilot schools. Further efforts are recommended to improve the monitoring and supervision mechanism, such as standardization of what to record and follow-up training on recording tips and methodologies.

3.2. Output 2: Achievements

Output 2

The provision of school health services is facilitated in the Tammia district.

Indicator 2-1

The number of the Health Promotion School is more than 20 on the basis of the following indicators.

- A. The number of health education activities**
- B. The number of community participation activities**
- C. The number of environment activities/Regular maintenance**
- D. The number of water and sanitation activities/Regular maintenance**
- E. The health examination coverage**

(1) Project Activities

1) Implementation Manual for School Health Services

With practical inputs from the school health staff at the central, governorate, district and school levels, an Implementation Manual for School Health Services (Chapter 1-5 of M&G), a DVD on the comprehensive medical examination entitled “Healthy Children Learn Better”, and three educational leaflets on school health services were developed. The DVD is a visual teaching aid for the Chapter 5 and the leaflets are about “Family and Community Participation”, “the Internal School Health Committee” and “the Comprehensive Medical Examination”.

As there is a chronic shortage of school doctors, utilizing available human resources is encouraged in the Manual. The roles and responsibilities of that health visitors and social workers in health checkups and health education are particularly essential. The Manual also describes that other teachers such as population and environment education supervisors and computer teachers, and representatives of parents should play significant roles under the leadership of the school principals through ISHC.

2) School Health Activities in the Tammia District

The school health staff at the 20 pilot schools was trained to implement school health services in accordance with the Manual. Then, the 5 center schools selected in the pilot schools trained the school health staff at the total of 5 non-pilot schools on the implementation of school

health services. As a result, all 20 pilot schools and one non-pilot school met the criteria as the Health Promotion School defined by the Project.

A. Health education:

The indicator is “implementation of at least one health education method”. The survey result shows that all the 20 pilot schools and 4 non-pilot schools have used more than one method in their health education activities.

Table 8: The Number of Health Education Methods Employed (2012)

No. of Methods	0	1-2	3-4	5-6	7-8	Total
No. of Pilot Schools	0	12	3	4	1	20
No. of Non-Pilot Schools	1	3	1	0	0	5

B. Community Participation:

The indicator is “implementation of at least one activity, in which students, parents, and/or community members participate.” The survey result shows that all the 20 pilot schools and 5 non-pilot schools have conducted at least one activity involving students, parents, and community members.

Table 9: The Number of Family and Community Participation Activities Conducted (2012)

No of Activities	0	1-2	3-4	5-6	7-8	Total
No. of Pilot Schools	0	3	12	4	1	20
No. of Non-Pilot Schools	0	2	3	0	0	5

C. School Environment:

The indicator is “fulfillment of more than 70% of check-items for required school environment conditions (conditions of school building, playground, and classrooms).” The survey result shows that all the 20 pilot schools and 5 non-pilot schools fulfilled checking more than 70% of required school environment conditions.

Table 10: The Result of School Environment Report (2012)

Score	>69%	70%-79%	80%-89%	90%-95%	96%-100%	Total
No. of Pilot Schools	0	1	4	6	9	20
No. of Non-Pilot Schools	0	0	0	1	4	5

D. Water and Sanitation:

The indicator is “fulfillment of more than 70% of check-items for required water and sanitation conditions (conditions of water facilities in the school and toilets for boys and girls).” The survey result shows that all 20 pilot schools and 5 non-pilot schools fulfilled checking more than 70% of required water and sanitation conditions.

Table 11: The Result of Water and Sanitation Report (2012)

Score	>69%	70%-79%	80%-89%	90%-95%	96%-100%	Total
No. of Pilot Schools	0	2	4	10	4	20
No. of Non-Pilot Schools	0	0	0	2	3	5

E. Health Care Service:

The indicator is “measurements of height, weight and vision for the majority of target students.” The survey result shows that all 20 pilot schools and 1 non-pilot school measured height, weight and vision of the majority of target students.

(2) Achievements and Issues

Based on the above performances, Output 2 is considered to be “achieved”.

The End line survey revealed that the percentage of health examination conducted by school nurses has increased. Among the students who had ever received health checkups, those received from school nurses increased from 7.7% in 2009 to 30.7% in 2012 in the pilot primary schools, while there was a change from 5.6% to 11.2% in the non-pilot primary schools. The proportion increased from 6.4% to 42.3% in the pilot preparatory school, compared to the change from 6.3% to 16.5% in the non-pilot preparatory schools.

On the other hand, an issue still remains in the involvement of school doctors in medical examination. In October 2011, the assigning of school doctors from MOHP or HIO to each pilot school for medical examination during Nov. to Dec., 2011 was decided in the 13th SHC. However, only about 50% of the doctors did show up and conducted medical examination. It was just 7 pilot schools that completed all the examination for target students. Generally, school doctors are in charge of taking care of patients in a vast catchment area, which have often resulted in preventing him/her from fulfilling his/her duties as a school doctor. In order to improve the school doctors’ coverage of medical examination, it is essential to review and improve their work environment.

Table 12: The Medical Examination Conducted by Doctors

	Fully Conducted	Partially Conducted	Not Conducted	Total
Pilot Schools	7	2	11	20
	35%	10%	55%	100%
Non-Pilot Schools	0	0	5	5
	0%	0%	100%	100%

3.3. Output 3: Achievements

Output 3

Human resources for school health are strengthened.

Indicator 3-1

Self-Evaluation after the training (the number of personnel trained, post training/workshop evaluation by trainees)

(1) Project Activities

1) Training of Human Resources in Fayoum

A wide range of essential people for developing the HPS model, from the governmental officers for school health services at the central and the governorate, and the district levels to the ISHC members in school received training on various topics of school health. The participants were very satisfied with the content. For example, the results of the self-administered evaluation after each training program held in February 2009, October 2010, and March 2012, show that the percentages of participants who reported on the training positively were 98%, 100%, and 100%, respectively. Through a series of such training, the technical capacity of core personnel was strengthened enough to be able to implement and disseminate the HPS model to other governorates.

Table 13: The Result of Self-Evaluation of Health Education Training by a Japanese Expert (Feb. 15-17, 2009)

Very Satisfied	Satisfied	Fair	Unsatisfied	Very Unsatisfied	Total
54 (87%)	7 (11%)	1 (2%)	0(0%)	0(0%)	60

Table 14: The Result of Self-Evaluation of Health Education Training by TT (Oct. 24-25, 2010)

Very Useful	Somewhat Useful	Not Useful	Total
52 (93%)	4 (7%)	0 (0%)	56

Table 15: The Result of Self-Evaluation of Refresher Training by TT (Themes 1-4: March 14, 2012, Theme 5: March 18, 2012)

Themes	Very Helpful	Helpful	Not Helpful	Total
1-4	76 (88%)	10 (12%)	0 (0%)	86
5	77 (91%)	8 (9%)	0 (0%)	85

2) Training of Human Resources in Upper Egypt

In a series of dissemination workshops held in Cairo and other governorates in Upper Egypt between June and September, 2012, the core personnel successfully trained participants as a lecturer.

(2) Achievements and Issues

Based on the above performances, the Output 3 was achieved. The core personnel who played a major role as a lecturer at the central, governorate, district and school levels are expected to play a key role in the future dissemination activities of the HPS model as well.

3.4. Output 4: Achievements

Output 4

Supporting activities of Health Promotion School by collaborators such as teachers and parents are strengthened.

Indicator 4-1

At least one good practice of Health Promotion School is conducted in collaboration with schools and communities among 20 pilot schools.

Indicator 4-2

The number of people in the community who attend supporting activity is increased among 20 pilot schools.

(1) Project Activities

Achievements for Indicator 4-1 are shown in 1) and 2). 3) shows that of Indicator 4-2.

- 1) The Implementation Manual clarifies the importance of family and community participation in school health and introduces a variety of practical school health activities together with family and community participation.
- 2) The ISHC Survey held in May to June 2012 indicates that all the 20 pilot schools carried out health-related activities in association with parents and community members, such as

health lectures and seminars, school clean-ups joined by students and parents, and questionnaire surveys on children's health for their parents.

- 3) The ISHC Survey results indicate that 19 out of 20 pilot schools reported that the number of community members who participated in school health activities and the number of health-related community activities increased compared to those of two years ago. Community members' participation greatly increased in 8 schools (40%), and the number of community activities had greatly increased in 9 schools (45%).

(2) Achievements and Issues

Based on the above performances, we can conclude that Output 4 was achieved.

Community participation was strengthened in the last two years at the pilot schools. But its importance has not been recognized by many parents and teachers as well as it should be according to the End line Survey results. One of the ways to improve the understanding of the importance of community participation in school health is keep the operation of ISHCs active. There are community members in ISHC and they can play an essential role in connecting the school and the community.

Chapter 4 Health Promotion School Model

The HPS model was developed based on the following principles.

Principle 1:

Rather than a top-down approach, this model employed a method where governorate- and district-level officials, school staff, and school nurses directly contribute to the development. That is, the model was formulated by a “school-based approach.”

Principle 2:

The school health system in the urban area is largely well-established. On the other hand, in the rural area, especially impoverished rural areas, the school health system suffers from shortage of health human resources, financial resources, and inadequate infrastructure. In light of these conditions, it was ensured that the model was self-sustaining and can be maintained by the Egyptian side after the project was completed.

Principle 3:

The school health in Egypt involves not only the Ministry of Health and Population, but the Health Insurance Organization and the Ministry of Education with respective responsibilities. The model aims to operate as a collaborative one that coordinates among these agencies, both at the national and the governorate levels.

4.1. Features of Health Promotion School Model

In the Ottawa Charter, WHO defined health promotion as “the process of enabling people to increase control over, and to improve, their health.” In addition, two pillars of health promotion are stated as: 1) Develop personal skills; and 2) Create supportive environments. The Health Promotion School (HPS) in this Project is a school that implements school health activities developed in this project, and is supported by the system of school health monitoring and supervision at the national, governorate, and district levels for the purpose of improving children’s health (Table 16).

Table 16: Features of the HPS Model

- | |
|---|
| <ul style="list-style-type: none">● School health activities consist of 5 themes: (1) Health education; (2) Family and community participation; (3) School environment; (4) Water and sanitation; and (5) Health care services.● The activities are implemented at the school level mainly by the Internal School Health Committee (ISHC), in which teachers, students, parents, and community members take part.● School health activities are supported by the school health monitoring system.● The prerequisites of school health activities are a functioning school clinic and necessary equipment for the clinic. |
|---|

4.1.1 Institutions and Organization

(1) Joint Coordination Committee (JCC)

JCC is the national-level advisory body that includes personnel from the Ministries of Health and Population (MOHP) and of Education (MOE), and the Health Insurance Organization (HIO). JCC meets at least once a year: (1) to approve the Annual Work Plan of the Health Promotion School model developed by the School Health Committee (see below); (2) To review the overall progress of the HPS dissemination as well as the achievements of the above-mentioned Annual Work Plan; and (3) To review and exchange opinions on major issues that arise during the implementation.

Main members include: the Minister's Assistant for Primary Health Care, the Preventive Medicine and Family Planning, MOHP, the First Under Secretary, the General Education Sector, MOE, the Undersecretaries of Health, Education, and the Branch managers of HIO at the governorate level, and the General Director, SAHCD, MOHP.

(2) School Health Committee (SHC)

SHC is the governorate-level coordination body and meets regularly to develop an annual plan and monitor the progress of the plan periodically at the governorate level. SHC also selects a group of core trainers (see below)

Members include: the Undersecretaries of Health, Education, and the Branch managers of HIO at the governorate level, the Director of Preventive Department and the Director of Health Education from the Health Directorate, the Director of School Health and the Director of Health Education from the HIO branch, and the General Director of Environment & Population from the Education Directorate.

(3) Internal School Health Committee (ISHC)

ISHC is an intra-school implementation body that makes decisions over school health, and carries out school health activities at each school. Specifically, ISHC is to enforce application of the Implementation Manual for School Health Services, Comprehensive Medical Examinations, and the Medical Examination DVD. ISHC draws an annual action plan for school health activities by the start at the school year; holding monthly meetings; and conducts annual self-evaluation.

The members represent a holistic outlook on school health: School principal, school doctor, environmental and population education supervisor, social worker, health visitor, students' representatives, parents' representatives, and community representatives.

(4) Core trainers

The core trainers constitute a team of trained personnel from the MOHP, MOE, HIO, and schools, who will be responsible for training schools in the governorate based on the M&G. The core trainers are selected when the HPS model is introduced to the governorate.

(5) Center schools

The center schools are selected by SHC to train other schools in the area. The ISHCs of center schools will be the first to be trained by core trainers in the governorate.

4.1.2 School Health Activities

School health activities consist of the following 5 categories. Refer to the M&G for more details.

(1) Health Education

Health education is the basis of school health activities that induces healthy behavior by providing knowledge and skills of prevention for self-care. The HPS model emphasizes practical health education methods that can be applied to various health themes and activities. The list includes lecture, demonstration, role play, drama, case stories, group discussion, at occasions such as the morning assembly, classroom, camps, or extracurricular activities.

(2) Family and Community Participation

Family and community participation means: 1) Direct or indirect health education, sensitization to family and community through students; and 2) Partnership between the school and family and/or community in the matter of health activities. The former includes family participation in the school health activities, and parents' questionnaire on the child's health conditions to serve the comprehensive medical examination. The latter includes donation in kind or in labor to school that contributes to school health, through which health of students as well as the community is promoted.

(3) School Environment

School environment signifies the safety, hygienic conditions, and natural environment that affect students' physical, psychological, and spiritual health. In other words, it is a school environment that promotes health and effective learning of students, and pertains to the following:

- Gates, walls, building (area, function, and safety)
- School ground (area, hygiene, safety (devoid of unevenness, holes, and rocks), trees and equipment)
- Classrooms (area, hygiene, desks and chairs, lighting, ventilation, etc.)

Health education is conducted to students who will be able to properly dispose of trash in school, in addition to regular maintenance of the building, playground, desks and chairs.

(4) Water and Sanitation

This theme aims at raising awareness and skills about the importance of water, safe drinking water, and sanitation of facilities. Students learn about the effects on health of unclean water and unhygienic conditions through activities about the following topics.

- Drinking water and tap water for washing hands (water supply, quality, taps, sinks, hygiene, drainage, availability of soap, etc.)
- Toilets (number, function, hygiene, drainage, etc.)

Learning appropriate manner of storing potable water, of using the toilet and the sink, will let students understand the ways to maintain hygienic conditions.

(5) Health Care Services

This theme focuses on the comprehensive medical examination and vaccination from the viewpoint of the school-based HPS model. The figures such as weight, height, and illness will provide not only for school health activities, but for regional health indicators. Thus detailed instructions on the method of measuring and recording at school, and monitoring by the governorate administration are important.

The model also presented detailed ways to handle school clinic supplies, which contributed to practical instructions to manage school clinics.

4.1.3 School Health Monitoring System

The school health monitoring system consists of self-monitoring by schools and monitoring by the administration. Refer to Figure 2 for the conceptual map of the monitoring system.

At the administrative level, school health activities are carried out by three agencies (MOHP, MOE, and HIO) with respective ends. Each agency has its own monitoring system, and thus the system proposed here is developed to build on the existing systems, considering limited human and material resources. For example, HIO will monitor information on the comprehensive medical examination, MOE on school facilities, and etc.

The self-evaluation system by the schools is introduced, as administrative supervision is limited due to the conditions of human resources and infrastructure (Internet and transportation). This system was developed after the monitoring system by the Japanese Ministry of Culture and other local governments.

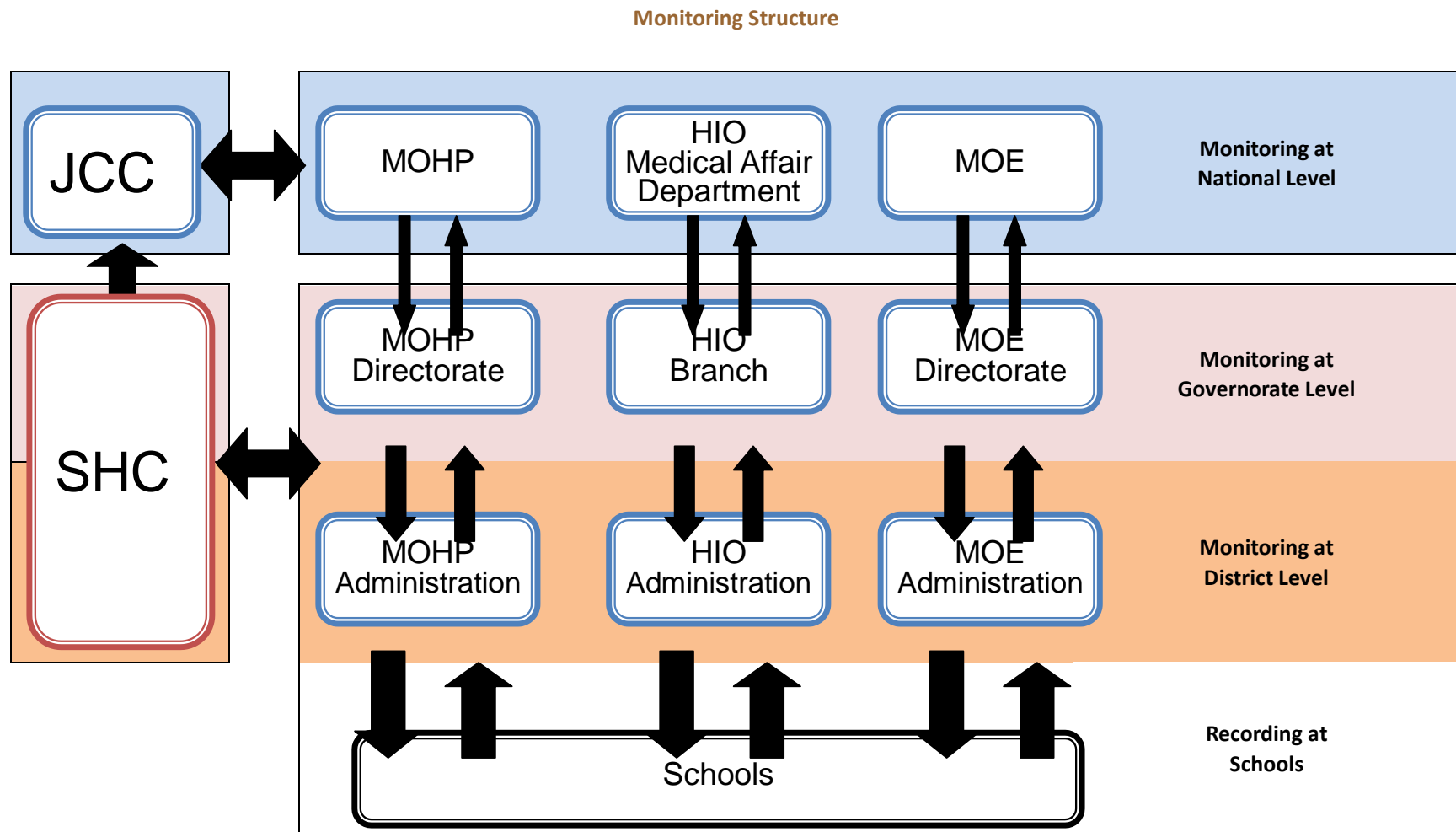


Figure 2: School Health Monitoring System

(1) Intra-school self-evaluation system

It is practically impossible for governorate officials to supervise health activities of all primary and preparatory schools due to the limitations of human resources, budget, and social infrastructure (roads, Internet, and etc.). It would take an entire day for an official to visit several schools in the rural area. For all these reasons, self-evaluation system for schools was developed.

The self-evaluation system consists of 1) Planning; 2) Implementation; 3) activity reports, and 4) review of activities. 1) and 2) are described in 4.1.2. Here, 3) and 4) are explained in detail.

The activities of school health are recorded according to in the forms provided in the M&G. At the end of school year, a meeting for “self-evaluation” is held to review their activities, what has been achieved, what has been modified from the plan, and what can be improved from the initial plan. This meeting should include people from outside the school for more objective assessment.

As an evaluation tool, the Project developed a computer program to analyze comprehensive medical examination results. By entering figures such as height and weight measurements, health issues of the school, such as percentages of underweight, overweight, stunting, and etc., are grasped (figure 3). In addition, when graphing the results of analysis from schools, it is easy to compare health problems (disease structure) between schools (figure 4).

Schools are encouraged to use these tools in order to review their activities every school year, and to plan for the next.

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	
Major Findings		
1. Thinness and Overweight (BMI for age)		
	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%
2. Stunting (height for age)		
	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%
3. Eye Sight		
	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%
Medical Examination and Vaccination		
	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%

Figure 3: Result of School Health Examination (Sample)

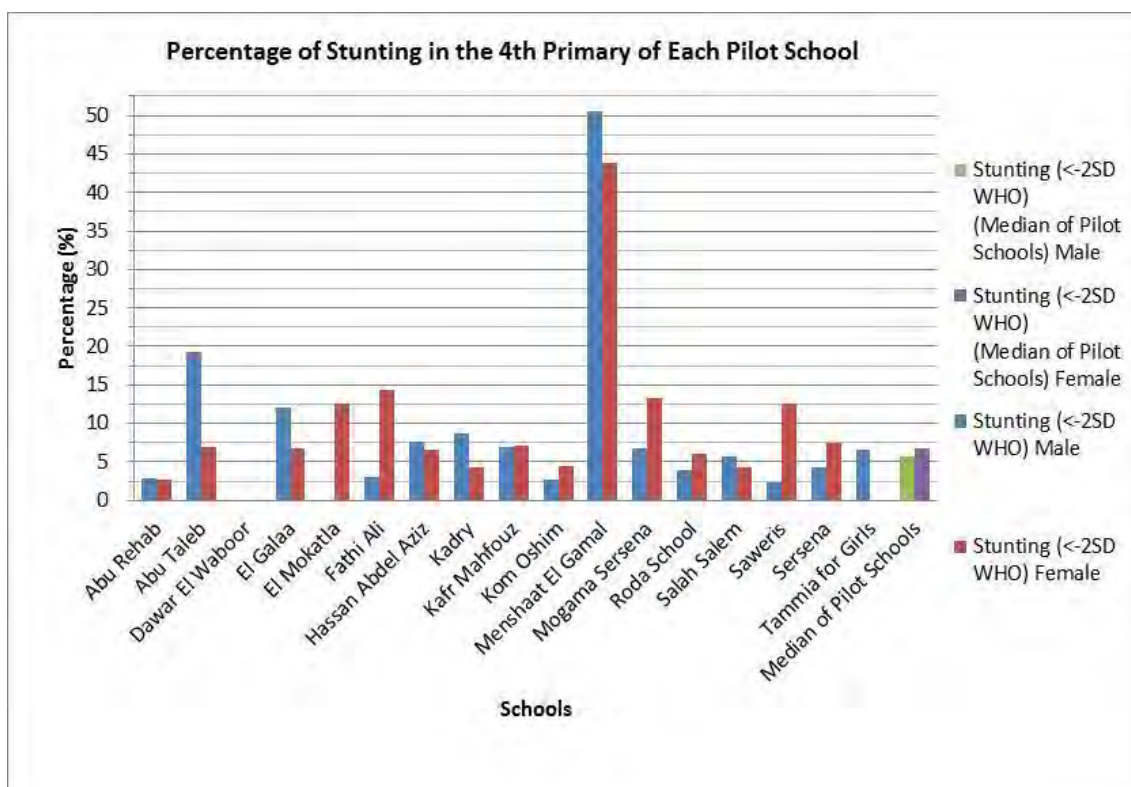


Figure 4: Percentage of Stunting in the 4th Primary of Each Pilot School

(2) Monitoring by the administration

The health information in Egypt is monitored in a system that is primarily geared towards treatment. For example, if an illness is detected in a health examination conducted in a school, the student is referred to a hospital, and this hospital visit would be the first occasion the student is registered in the HIO data system. The information on the referred student would be kept at the school, and a supervisory nurse of the health visitor collects such information periodically. The information of other healthy students is not collected by the MOHP, that is, data such as students' height and weight measurements are not periodically gathered. Consequently, the current Egyptian health information system is not strong for the purpose of prevention.

The Ministries have standard monitoring activities, but these also face challenges: for example, the formats are not standardized, and data collection methods are not defined.

The project therefore itemized the tasks of Ministries in the field of school health: 1) the monitoring activities that are mandated but not put into practice; and 2) the activities that ministries can implement with existing human and financial resources (Table 17). The project will make suggestions for other activities beyond their current capabilities for after the project is completed.

Table 17: Sample Monitoring Activities clarified in the M&G

<p>Monitoring activities that are mandated but not put into practice</p> <ul style="list-style-type: none"> ● MOHP MOHP is responsible for urine and stool test. However, due to the financial limitation, the stool test is not practiced. Therefore, monitoring activities on stool test is not practiced. ● MOE Monitoring activities on school environment is either not practiced, or practiced with a variety of monitoring formats. <p>The activities that ministries can implement with existing human and financial resources</p> <ul style="list-style-type: none"> ● MOE The monitoring format for school environment is unified, enabling MOE to recognize the differences in the condition of school environment between schools. ● HIO It was suggested that HIO can monitor consumables at school health clinics.
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4.2. Procedure of Developing the HPS Model

The HPS model was developed in the following stages in the 4 years of the project.

- 1st year: Definition of the HPS, training of officials, selection of pilot schools, and the baseline survey
- 2nd year: Development of the M&G
- 3rd year: Establishment of the M&G implementation system (Trainers' Team, Monitoring Team)
- 4th year: Revision of the M&G and completion of the HPS model

Refer to chapter 2 "Achievement of Project Activities by Year" for the detailed description of each year.

4.3. Achievement through the Development of the HPS Model

The development of the HPS Model was a process of restructuring the "concepts" of school health services into concrete and feasible activities and service delivery in Upper Egypt. The key services of school health were identified, the roles and functions of each service were determined, and the system and the methodologies of implementation and monitoring were established. The most unique and significant fact was that the school health officers of MOHP, HIO and MOE in the central, the governorate and the district levels as well as the implementers in schools worked together all along the process, contributing their expertise and experiences.

The following is the summary of specific achievements:

- (1) The framework, methodologies, system, and operational structures of school health (including ISHC), the recording, reporting procedures and monitoring system, and the roles and functions of each personnel were clearly identified and established.
- (2) The procedure of the comprehensive medical examination at schools was established, and the roles of key personnel were streamlined in accordance with the existing division of roles of MOHP, HIO and MOE.
- (3) The essential tools such as recording forms, pre-medical examination questionnaire, and referral forms were developed.
- (4) The clear descriptions of 1), 2) and 3) were compiled as M&G, which include a DVD on comprehensive medical examination, “Healthy Children Learn Better” , and three leaflets on “Family and Community Participation”, “Internal School Health Committee”, and “Comprehensive Medical Examination”.
- (5) The workshop format was employed for the development of both M&G, monitoring system and other preparation meetings for workshops. Along the way, the C/Ps became used to the participatory approach and acquired skills to apply it by themselves.
- (6) As the HPS model was developed by everyone’s participation, from the school health implementers at schools to the C/Ps in the central level, they gradually strengthened the ownership of the Project activities.
- (7) The HPS Model is not simply a conceptual rather a practical model. The Model was examined through test-runs. The difficulties in the test-runs were shared and the solutions were discussed and incorporated into the final Model.
- (8) The test-runs worked in another level too. They provided the school health implementers with opportunities to learn the importance of recording activities. They came to understand that the records are not only for submission to be reviewed by the administration but for their own discussion to improve the services by themselves.
- (9) The personnel of MOHP, HIO and MOE did work together. They realized not only the collaboration among three departments was indispensable but also it was possible. This belief is reflected in content of the Dissemination Guidelines.

Chapter 5 Dissemination to Upper Egypt

5.1. Outline of the Dissemination Guideline

The Dissemination Guideline presents a methodology to implement the HPS model in all over Upper Egypt, which officials from MOHP, MOE, and HIO at the central and governorate levels can consult. The draft of this guideline was developed through discussion between the Japanese Expert Team and the Egyptian counterpart, based on the results of pilot activities in Tammia district, Fayoum governorate. It was then finalized by integrating the outcomes of dissemination activities in Upper Egypt that began in June 2012. The guideline consists of chapter 1 “Introduction,” chapter 2 “Policy and Legal Framework,” chapter 3 “Institutions and Organization,” chapter 4 “Implementation,” and chapter 5 “Recommendations.” In the following, a brief summary of chapters 2 to 4 are presented. Refer to its appendices for laws and decrees, workshop programs, workshop participant lists, sample action plan, sample timeline, and sample budget.

(1) Policy and Legal Framework

In response to the results of this project, the Ministry of Health and Population issued the ministerial resolution 369/2012 in June 2012, which seeks to reform and revitalize the school health committee (national-level) of the presidential resolution 384/2010. MOHP also established the “Health of School-Age Children” as one of the focuses of the “Strategic Vision for Improving Health Care Services and Nursing in Egypt 2012.” The antecedent of this recent emphasis on school health was the 2008 “Manual: Services Provided to School Students through School Health Clinics” by the School Age Health Care Department in collaboration with World Health Organization. HIO has implemented the Student Health Insurance Program since 1993, which covers students and school-age children between 6 and 18 years old. In Education, the National Agency for Quality Assurance & Accreditation of Education in Egypt (NAQAAE) was established in 2007, with detailed criteria for accreditation of educational institutions, among which school health figures as an important theme. The criteria include 5 school health items, such as health-related facilities and health awareness of teachers and students. The legal and political setting to promote school health has been developing quickly.

(2) Institutions and Organization

The guideline recommends reconfiguration of the institutions and organization of the project to apply nation-wide (see 3.1.1). The principal institutions are the central-level JCC (Joint Coordination Committee, or “School Health Committee” according to the MOHP ministerial resolution 369), the governorate-level SHC (School Health Committee), and the school-level ISHC (Internal School Health Committee). As seen in the composition of the Manual and Guidelines, ISHC is the key institution for school health activities of the HPS model and the dissemination of the model. In addition, dissemination requires “core trainers,”

who represent each agency (MOHP, MOE, and HIO) at the governorate level, and “center schools,” who will be trained first in the governorate.

(3) Implementation

The following steps for the implementation of the HPS model at the governorate level are recommended.

- 1) The central-level project counterparts will constitute the national-level core trainers, and will train core trainers in each governorate. Training by the central level should be maintained by follow-up activities throughout the year.
- 2) Taking into consideration that the HPS model is situated within larger national health and education policies, and long- and short-term plans of governorates, each agency should set their goal figures for school health indicators. They will periodically monitor these indicators at the central and the governorate levels, and gauge the progress for achieving goals. They should also examine the appropriateness of their goals and activities by evaluating progress. These indicators may overlap with those used in the HPS model, or each agency may choose their own indicators.
- 3) Each governorate selects center schools, and the governorate core trainers will train the ISHCs of center schools. The number of center schools will depend on the scope of the dissemination plan of the SHC, the capacity of core trainers, and the budget. Among the criteria for selecting center schools, the following are requisite: a) There is a full-time health visitor; b) There is a dedicated room as a school clinic; c) There are functioning basic equipment for comprehensive medical examination and first aid supplies available in the clinic; d) The head master is willing to teach other schools, and the ISHC is capable of doing so. Then, the ISHCs at center schools will be established (see 4.1.1 (3)). As for school doctors and health visitors of ISHCs, it is desirable they be trained through the existing HIO curriculum on preventive care which would incorporate the M&G. The core trainers will train other members of the ISHC on school health activities according to the M&G.
- 4) The ISHC of each center school will formulate an action plan in accordance with the format in the M&G, and begin the activities.
- 5) The core trainers will train those in charge of monitoring at MOHP, MOE, and HIO. The officials in charge of monitoring will carry out their responsibilities according to the M&G. Also, each ISHC will self-evaluate their achievements at the end of the school year. From the results of these monitoring and evaluation, they will draw suggestions for dissemination activities for the coming year.
- 6) The dissemination activities begin, mainly by the school-to-school dissemination method. First, the SHC of the governorate will formulate an implementation plan for the fiscal year based on the long-term dissemination strategy. Second, center schools will be trained by core trainers on dissemination activities, and begin school-to-school dissemination. The

number of schools to receive school-to-school training will be limited in proportion to the available time and budget. Additionally, supervisory nurses, social workers, environmental and population education officers can train schools in their assigned district as supplementary dissemination activities.

- 7) The governorate officials responsible for monitoring will monitor the progress of dissemination as specified by the M&G.
- 8) The cycle from 6) to 7), or if more center schools can be trained, the cycle from 3) to 7) will be repeated until all the primary and preparatory schools in Upper Egypt become Health Promotion Schools.

5.2. Suggestions for the Dissemination of the HPS Model

There are a few suggestions in implementing the steps described above.

(1) National-level Plan

The following points should be included in the national-level plan based on the “Sample Action Plan,” attached to the *Dissemination Guideline*.

- 1) Situating the HPS model: School health and the HPS model need to be clearly situated within the national health and education policies.
- 2) Implementation plan: On the basis of the governorate action plans, a national-level plan including training by the central level, and distribution of training materials should be formulated for the fiscal year.
- 3) Budget: Budget should be procured for the above plan.
- 4) Preparation of materials: Examine whether updating the M&G is necessary. Also, additional printing of the M&G should be requested depending on the distribution plans.

(2) Implementation and Management

1) Central-level training

Considering the flow of budget, training by the central level should be divided by the three ministries (MOHP, MOE, and HIO), mainly SAHCD of MOHP, Environmental and Population Education Department at MOE, and School Health Department of HIO. There is already a group of core trainers that consists mostly of the SAHCD specialists within the Project, and it is desirable that they continue with the activities. However, collaboration among the three ministries is strongly encouraged.

2) The HPS model implementation at the governorate level

In the governorates, SHCs should be responsible for planning and the supervision of implementation. Following the Fayoum experience, the PHC department of the Health Directorate, the Environmental and Population Education Department of the Education Directorate, and the School Health Department of the HIO Branch should provide the core

trainers. The nine governorates of Upper Egypt have already chosen core trainers, but they still need strengthening (in terms of the number and capacity) from the central level.

(3) Post-project work flow

After the Project is terminated, activities will be carried out principally by the effort of the Egyptian side. The budget procurement, and planning and implementation of training should be realized in accordance with the “Sample Timeline” of the attached *Dissemination Guideline*. It is especially important that the timing of the fiscal year (June – July) and school year (September/October – March) is taken into consideration.

(4) Other suggestions

To support the dissemination activities to all Upper Egypt, or to all Egypt, some projects that may involve donors are possible.

1) School health information system

The project in the pilot phase introduced a program to compile and analyze the Comprehensive Medical Examination results in the Fayoum governorate. This was to test and prove the usefulness of a school-level information system, which helps gather and analyze health information for the prevention purposes at individual schools. That is, the system does not serve individual diagnosis and follow-up, but an understanding of the overall health status of students in the school, and planning health education and health improvement activities. In the pilot schools in the Tammia district, Fayoum, this information system was tested for these purposes and demonstrated positive results. It is therefore expected that a system based on this experiment would benefit schools throughout Egypt. To do so, the system needs to address the following points.

- Indicators (low weight, growth impediment) and standards (WHO standards) used tentatively in the program need adjustment to be applicable for Egypt, according to the country’s standards.
- The human, material, and financial resources in order to run the school health information system should be demarcated.

If a project is to be launched in order to pursue the country-wide school health information system, then a training program for the ISHC members (especially the computer teacher and the health visitor) on the data entry, management, and analysis on the school-based program can be developed. On the other hand, if the MOHP wishes to gather regional health information, then a training program for data collection and analysis needs to be planned. The MOE already has a network to gather educational information, and there is a possibility to build a more efficient and effective information system by integrating data from MOHP and HIO. This will require a few years’ technical cooperation including equipment provision, depending on the scale of operation and the complexity of the information system to be developed.

2) Technical Training in Governorates

The core trainers in Upper Egypt have received 2-day training in the dissemination phase. However, more training and supervision are required for a thorough implementation of the HPS model. Following the WHO precedents, and integrating the Japanese school health approach, this Project developed a tailored school health model for Egypt. A total of 14 Egyptians have traveled to Japan to receive training during the project period, and have been feeding back their learning to school health activities. This Japan-inspired approach and human resources should be consistently employed in order to support the dissemination of the HPS model. For this purpose, intensive training to the governorate-level core trainers focusing on the schools would be significant. At the same time, the core trainers at the central level, who train and supervise those in the governorates, should be systematically trained with M&G so that each ministry of MOHP, MOE, and HIO can individually implement their part. In order to apply the HPS model in accordance with the central-level health and education policies, it is important to monitor, plan, implement, and evaluate school health activities. The technical support for such administrative needs would also be desirable. In the future, it is expected that Egypt will take regional leadership in the field of school health with the HPS model.

Chapter 6 Conclusion

This project was designed to tackle existing difficulties and problems in the school health services in Upper Egypt. The primary issues were: the underdeveloped school health system, insufficient cooperation among governmental departments in charge of school health services, limited financial and human resources, and the limited abilities of the personnel in managing, monitoring, and evaluating the school health services. The project goal was to improve the quality of school health services in the Tammia district in Fayoum and to create efficient structure to disseminate the HPS Model to Upper Egypt.

The HPS Model was developed by reviewing and redefining the existed school health services and the monitoring systems. The lessons learned as well as effective ideas to solve problems during the trial run at the pilot schools were incorporated to finalize the HPS Model, which, as a result, is the one that makes sense and is practical to the Egyptians. In the final year, the finalized Model was introduced in the series of workshops to the school health officials in the governorates of Upper Egypt. It should be noted that the C/Ps took initiative of preparing and providing workshops with little help of the JICA Expert Team. This is one of the signs that the Egyptians are able to carry out training programs on the HPS model on their own.

Developed by the “school-based approach”, the HPS Model will be easily employed by the schools with very limited human and financial resources in rural areas. On the administrative level, the essential factor to succeed in practicing the HPS Model is how well HOMP, HIO and MOE can cooperate as a foundation for effective school health services. The achievements of this Project can be summarized as the establishment of the scope and framework of school health, the system of recording, reporting and monitoring, the clarification of the division of roles played by each school health personnel and the enhancement of their knowledge and skills. The following are the lessons learned and measures worked to attain objectives of the Project.

(1) Effective measures and lessons learned

1) A system of efficient and effective project management was placed

The strategies for three organizations, MOHP, HIO and MOE, to maintain close communication and to create opportunities to work together were carefully planned and enforced.

A. Administrative level

Two committees were formed: one is JCC as the supreme decision-making body and another, SHC as the steering committee to manage school health activities in the governorate level. The Project progress was reported and important developments, issues and achievements were presented at the JCC meetings. In addition, new policies related to school health at the central level were also reported. The revisions on the PDM and the evaluation reports were approved by JCC. SHC was in charge of the operational management of activities at the pilot schools. To discuss details and exchange ideas more frequently, weekly meetings between the

C/Ps in Cairo and the JICA Expert Team were conducted at the beginning of the project and during the final year.

B. The school level

As the roles and functions were clarified by the project activities, ISHC was activated at each pilot school in Tammia. ISHC was the management body of day-to-day school health operation instructed and supervised by JCC and SHC. The HPS Model was developed practically based on those activities.

2) A hands-on management approach

The “School-based Approach”, employed to develop the HPS Model, demonstrated its effectiveness in empowering school health staff at the governorate, the district and the school levels. The model was built on the knowledge, experiences and needs of the school health staff who implement the services day in and day out. The role of the Project was to develop a practical manual which is in line with the comprehensive school health manual developed by MOHP and WHO.

Although the Approach was not fully accepted by some of the C/Ps at the beginning, it was gradually recognized as important to promote all stakeholders’ participation and contribution, to provide educational opportunities to everyone, and to stay focused on the reality.

To be sure, M&G has been used and the monitoring was actually conducted. The comments on those activities were presented and discussed at workshops, and eventually incorporated into the revised M&G as well as the monitoring system. There are two significant results of this process. First of all, it enforced C/Ps and school health implementers to feel the ownership of the products. Secondly, the C/Ps understood firsthand why the recording and reporting activities were important and how they would/could be utilized to improve school health services.

The learning from the trials and errors through the process of the Project were reflected in the development of the “Dissemination Guideline”. The importance of feasibility and applicability of the system and the clarification of procedures and responsibilities were emphasized in the Guideline.

3) Human resources development

As an indispensable factor for future operations of school health in Egypt, the component of human resources development in school health was incorporated throughout the Project activities. First, training programs focused on practical knowledge and skills in school health services in Japan, health examination, health education and computer programs were implemented as necessary. Secondly, M&G and the monitoring system were developed in the workshop format, in which C/Ps, school health staff in the governorate, the district and the school levels could work together during the time set for the particular topic, not in the format of take-home assignments. As they participated in those workshops over and over, C/Ps acquired skills to organize and implement workshops and training programs by themselves.

Other workshop participants also learned to work together and became able to complete assigned tasks within the timeframe. Thirdly, working groups, called the Taskforce in the Project, for specific objectives were organized. C/Ps were able to take charge of their tasks since the roles, functions and objectives were clear and concrete.

The repeated preparation meetings for each workshop also helped us understand their abilities and utilized their areas of specialty and the tasks they were good at. By the third year, C/Ps spontaneously developed programs and worksheets for workshops and took initiative of facilitating meetings.

4) Measures for security concerns

The Project was suspended twice due to the deterioration of security situation before and after the revolution in January, 2011 and later in the same year. The JICA experts were unable to operate in the country during unstable and unpredictable periods, and the planned activities had to be accommodated. However, the activities were completed within the Project period with the close communication between C/Ps and the JICA Expert Team and C/P's strengthened initiatives in the activities and commitment to the Project.

(2) Possible collaboration with other donor agencies and JICA's other projects

With the HPS Model as well as the Dissemination Guideline, MOHP has indicated that they would try to secure budget for further dissemination activities. From donors, they would like assistance for a model development in 1) training of core trainers and 2) linking the school-based school health information system and the governmental health information system.

1) Collaboration with the WHO Regional Office

The WHO Regional Office expressed interest in cooperating with JICA at the beginning of the Project. It was agreed to determine how to do it when the Project achievements can be reviewed. The World Bank has started discussion on how to disseminate M&G to broader regions.

2) Collaboration with the World Bank's health project

The World Bank is planning to start a project on school health with a focus on nutrition or non-communicable diseases. It can be a prevention project when school health and community health are connected effectively.

3) Collaboration with international NGOs

AMU (Arab Medical Union) has launched a project for school age children in Upper Egypt in July 2012. The JICA's prevention focused project (based on WHO's concept) and AMU's treatment oriented project can complement each other for children's health. AMU started their project in Fayoum. They took advantage of products and achievements of our Project such as 1) the relationship and structure of collaborative among MOHP, HIO, and MOE were already

established by our Project, 2) ISHC was activated, and 3) human resources for school health were developed. Also, AMU is utilizing our M&G

4) Conclusion and suggestions at the last JCC meeting

On October 4th, 2012, the final JCC was held at the MOHP. The C/Ps, the representatives of UNICEF, WHO and AMU joined in and discussed activities after the Project termination as follows.

A. MOHP's Policy

School Health was recognized as one of the immediate priorities in the Primary Health Care Sector. It is, therefore, highly possible that school health is included in the 5-Year Action Plan of MOHP which is now being developed. This move was acknowledged by the meeting participants as one of the Project achievements.

B. Suggestions from the donors:

The representatives of WHO, UNICEF, and AMU highly appreciated the achievements of the Project, especially the publication of M&G. Additionally, the representative of WHO pointed out that it was important to link the activities of each donors, and to organize a donor meeting to formulate a comprehensive health program to cover community and school health.

A-1
Plan of Operation

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"> ▲ Progress report ▲ Guideline Manual (Draft) ▲ Monitoring Supervising Plan(Draft) ▲ Baseline survey ▲ Progress Report ▲ School Health Manual (Draft) ▲ Health Education Material(Draft) 														

■ : 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&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&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 at local level)</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 SMH/ISH</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 ISM</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

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List of JICA Experts

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
TOTAL PY1 (Local)						438	14.60

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
TOTAL PY1 (Domestic)						11	0.37

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	
TOTAL PY2 (Local)						787	26.23

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
TOTAL PY2 (Domestic)						5	0.17

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
TOTAL PY3 (Local)						475	15.83

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
TOTAL PY3 (Domestic)						64	2.13

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	
TOTAL PY4 (Local)						908	30.27
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
TOTAL PY4 (Domestic)						37	1.22

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

A-3

Counterpart Training in Japan

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

A-4

Equipment List

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	

A-5

List of Local Consultant Contracts

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

A-6

Project Design Matrix (PDM)

A6-1

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
Super Goal			
Health status of school children in Upper Egypt is improved.	Health indicator	Records of school physical check-up	
Overall Goal			
School health is promoted by expanding Health Promoting School* 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	
Project Purpose			
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.
Output			
(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	
Activities	Input		
(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	Egyptian Side 1. Assignment of counterpart personnel 2. Provision of administration facilities (Office Space) 3. school clinic space of 20 pilot schools	Japanese Side 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.

A6-2

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

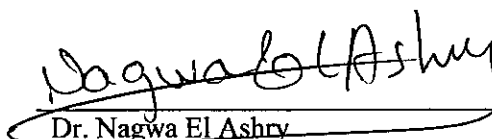
The Project Design Matrix (hereinafter referred to as "PDM") was changed through the discussion by JICA Expert Team and Egyptian authorities concerned for the Mid-Term evaluation of the Project. Both sides agreed to utilize the revised PDM throughout the implementation of the project, recognizing the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

Cairo, October 27, 2010



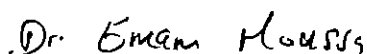
Mr. Tateo Kusano

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



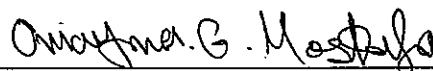
Dr. Nagwa El Ashry

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			
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.

A-7

Minutes of JCC Meeting

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 4th and 5th 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.

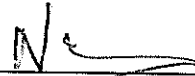
MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

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.23rd, 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.24th, 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 a 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

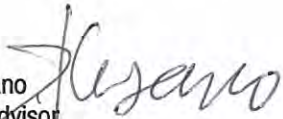
No.	Name	Organization	Position
1	Dr.Nasr ElSayed	MOHP	Project Director, Minister's Assistant for Primary Health Care, Preventive Medicine and Family Planning Sector
2	Dr.Abd El Rahman El Saqa	HIO	Head of Medical Sector
3	Dr.Khalid Nasr	MOHP	Undersecretary of Primary Health Care Sector
4	Dr.Hussien Abu 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 2nd 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 2nd 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 6th, 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 3rd JCC Meeting.
- (2) Ms. M. Mori, JICA Expert Team member explained the project progress and output in the 2nd year.
- (3) Mr. D. Sano, JICA Expert Team member explained the plan of activities for the 3rd 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 3rd year.

3) Dissemination workshop will be postponed to the beginning of the 4th year of the project because of the one-month delay of commencement of the Project in the 3rd 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.

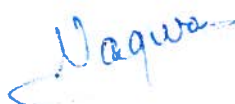
Cairo, October , 2011



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



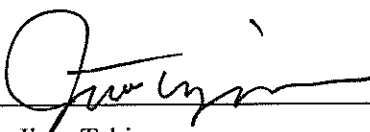
**MINUTES OF MEETING
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH AND POPULATION OF THE ARAB REPUBLIC OF
EGYPT
ON
TECHNICAL COOPERATION PROJECT
FOR
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICES IN
UPPER EGYPT**

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”).

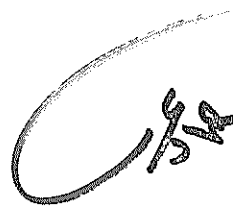
During its stay in Egypt, the Team exchanged their views and had a series of discussions with the project personnel of the Ministry of Health and Population (hereinafter referred to as “MOHP”), Egyptian authorities concerned and other relevant parties.

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

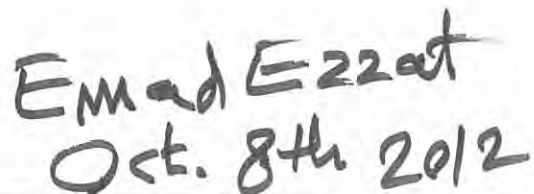
MINUTES OF JOINT COORDINATION COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE
IN UPPER EGYPT

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

A-8

Minutes of SHC Meeting

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

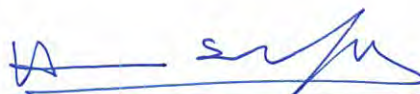
MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

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.5th, 2009



Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



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 21st of January for the preparation of Annual Work Plan of the first year of the Project, and on 4th 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 20th of January and for the review of the Draft Final Report on 9th 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

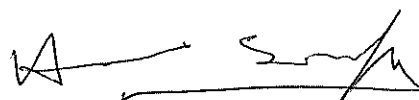
MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN UPPER EGYPT

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.22th, 2009



Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



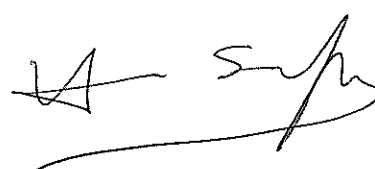
Dr. Hussein Abu Taleb
Undersecretary of Health and Population
Fayoum
The Arab Republic of Egypt

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.

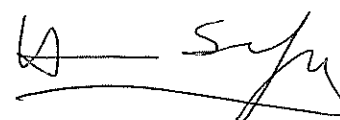
AGREEMENTS

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

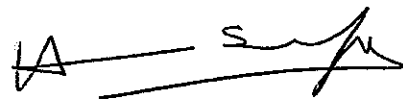
**MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE IN
UPPER EGYPT**

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.11th, 2009



Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



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."

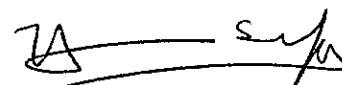
c. Opinions mentioned in the Survey..

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 5th and 6th 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..

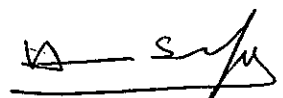
Dr. Hussien Abu Taleb: “It is the farmers’ and the peasants’ habit, that they never have their breakfast early in the mornings. They used to have it in the afternoon, when one’s wife take him the tray of breakfast.”

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.”

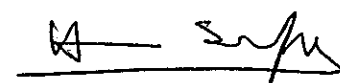
i. Students’ Height and Weight..

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 1st Year activities and the annual plan for the 2nd Year activities, and the items listed in the agenda (Annex-II). Discussion and agreement in details are shown in Annex-I.

Fayoum, May 14th, 2009

Mr. Tateo Kusano
Project Chief Advisor
JICA Expert Team
Japan



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 2nd 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 2nd 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.12th, 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.

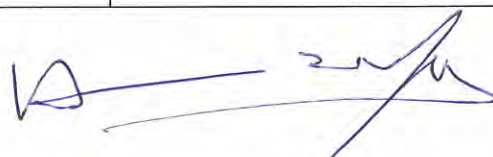
AGREEMENT

- * 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
15	Ms. Sara Zaki	Japanese expert team	Secretary/ Interpreter

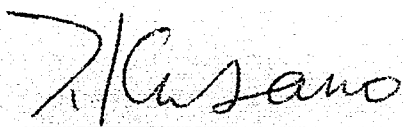
16	Ms. Magdah Amin	Japanese expert team	Coordinator/ Interpreter
17	Dr. Asmaa Younis Elsary	Japanese expert team	Coordinator/Technical Assistant



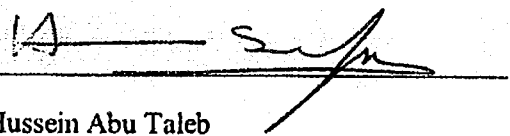
**MINUTES OF SCHOOL HEALTH COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE
IN UPPER EGYPT**

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.17th, 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

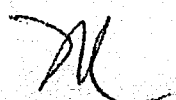
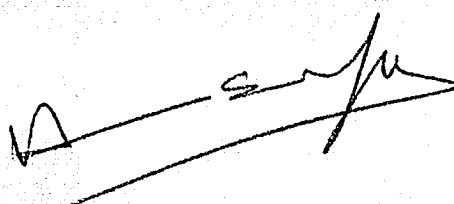
(2)Trainees of the Project through the "on the job training " according to the Action Plan (shown in the form of Calendar) in each school.

(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. 15th 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.20th, 2009

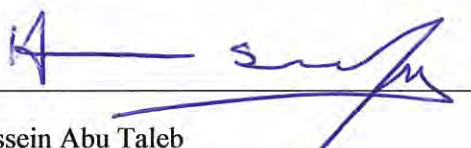


Mr. Allapichay Ibrahim

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 1st and 4th 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 25th up till November 11th 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 12th or 13th. 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 14th and 15th, whereas the Training on Health Education will be on November 21st and 22nd. 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 24th 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 24th 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)

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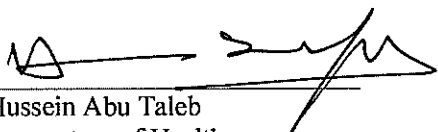
MINUTES OF SCHOOL HEALTH COMMITTEE MEETING
OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE
IN
UPPER EGYPT

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

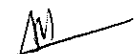
Dr. Allahpichay presented the agenda and purpose of the 8th SHC meeting, and the planned activities from January to March of 2010 (refer Annex-II). In addition, he reported the distribution of drafts (Arabic and English) of the Implementation Manual and Guidelines & Supervision for School Health Services during the workshops from November 14 to 18, 2009 (refer Annex-III). Draft manual copies were distributed in August to counterparts after the 6th 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).

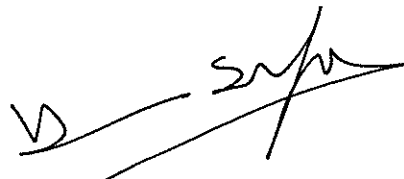
On the idea of conducting the campaign half a day in an out-door location, **Dr. Hussein** suggested it would not be easy for parents to move from the one place or district to the other, and he suggested carrying out using open-vehicles (cars) to a wider area with banners and microphone with music band, 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.

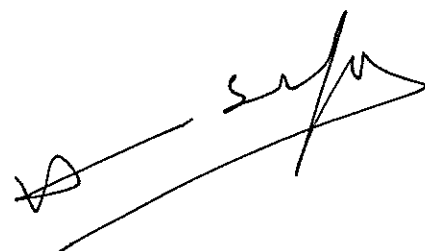
6. Replacement for Dr. Anwar El Sweffey

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

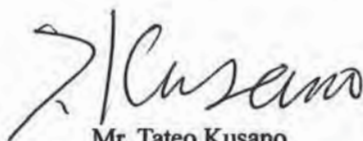
No	Name	Organization	Position
1	Dr. Hussein Abu Taleb	MOH, Fayoum Gov.	Undersecretary of Health
2	Dr. Sahar M. Ahmed	MOH	Res. & Training Coordinator
3	Dr. farag Abd. El Moaez	MOH, Tammia District	Health Directorate
4	Dr. Zienab Sakran	MOH, Fayoum Gov	Director of Health Education
5	Dr. Mohasen Gomaa	HIO, 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 11th, 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 9th, 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 4th 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 3rd Progress Report.

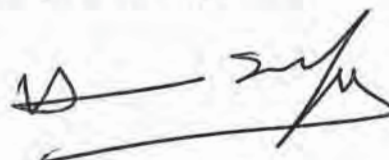
Based on the discussion and suggestions, the 3rd Progress Report will be finalized by May, 2010. In the SHC meeting at the end of May, solutions for the ideas mentioned in the discussion and suggestions are authorized and submitted to the third JCC meeting.

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

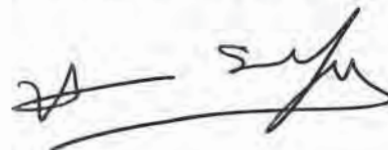
Currently, health visitors submit reports to HIO through Health Visitor Supervisors, while environmental and population teachers and social workers to MOE. Because ISHC is not legally formed under the law, the administration doesn't have right to order ISHCs to submit the report as shown in "Basic Concept 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 3rd 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.

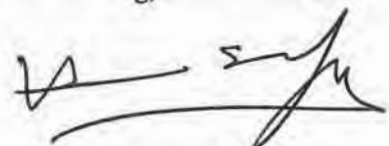
b. The method of training

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.

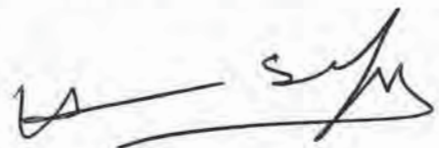
e. Training material

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 3rd 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 16th 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**

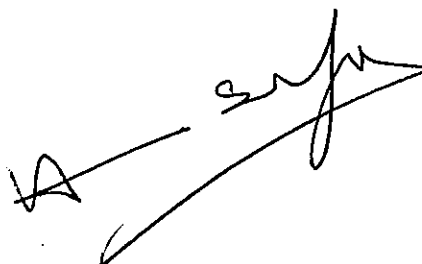
The Tenth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on June 16th, 2010 at Auberge Hotel, Fayoum, Egypt. Discussion and suggestions are shown in this minutes of the meeting.

Fayoum, June 17th, 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 16th, 2010

The following issues were discussed and clarified at the 10th SHC Meetings.

1. Activity Schedule of the 3rd Year

The activities in the 3rd 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 3rd Year to 4th 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 3rd 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

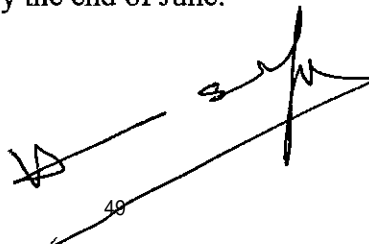
The three TTs will be organized with the following 15 personnel.

- 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 3rd 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 17th 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.

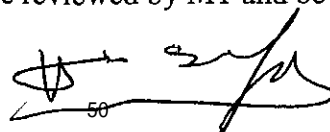
b. Responsibilities of ISHC

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

3. Evaluation Indicators

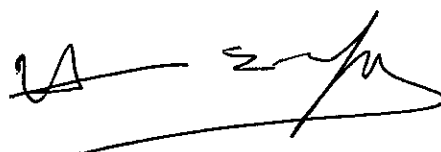
JICA Expert Team explained the concept and framework of PDM, including the evaluation indicators.

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/

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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 27th, 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 27th, 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 31st of October and 1st of November to 7th and 8th 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 3rd 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 7th and 8th 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
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE
IN UPPER EGYPT**

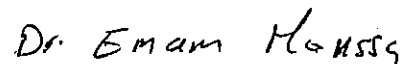
The Twelfth School Health Committee (SHC) for the Project on the Promotion of School Health Service in Upper Egypt (hereinafter referred to as “the Project”) was held on June 23, 2011 at Ministry of Health, Fayoum, Egypt. Discussion and suggestions are shown in this minutes of the meeting.

Fayoum, June 23rd 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 23rd, 2011

The following issues were discussed and clarified at the 12th SHC Meetings.

1. Activities Progress of the 3rd Year and Schedule of the 4th and 5th Years

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

- (1) 1st Year (Preparatory Stage): 1) Selection of 20 pilot schools in Tammia, Fayoum, 2) The formation of School Health Committee and Joint Coordination Committee
 - (2) 2nd 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) 3rd 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 4th and 5th 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 3rd Year

Dr. Osama explained the monitoring result of data analysis on the activities implemented by pilot schools in the 3rd 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 (2nd 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. E. H

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

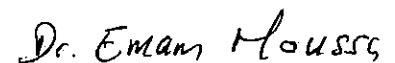
**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE
IN UPPER EGYPT**

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 9th 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 9th, 2011

The following issues were discussed and clarified at the 13th 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

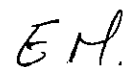
It was recognized that comprehensive health examinations by school doctors were not implemented at most of pilot schools during the 3rd year. Therefore, it was agreed that a team of 4 or 5 doctors were organized as school health doctors of the pilot schools to complete comprehensive school examination. 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

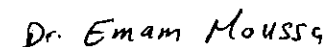
**MINUTES OF THE SCHOOL HEALTH COMMITTEE MEETING OF
THE PROJECT ON THE PROMOTION OF SCHOOL HEALTH SERVICE
IN UPPER EGYPT**

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	Direcor, 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 Goverorate
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



A-9

List of Activities

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	<ul style="list-style-type: none"> (1) 49 C/P / 3 days (2) 190 school personnel / 3 days (3) Lecturer: Ms. Hikari Morikawa 	<ul style="list-style-type: none"> (1) Goal: The participants acquire knowledge, skills and attitude for effective health education in schools (2) Objectives <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> (1) 9 C/P / 2 days (2) 6 school personnel / 2 days (3) Lecturer: Dr. Yoshihisa Yamazaki 	<ul style="list-style-type: none"> Objectives: <ul style="list-style-type: none"> (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	<ul style="list-style-type: none"> (1) Egypt <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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"> (1) 54 representatives from 9 governorates in Upper Egypt / 2 days (2) 36 representatives from 6 districts in Fayoum / 2 days (3) 8 representatives from 2 schools in Tammia district / 2days (4) 31 C/P / 2days (5) 1 JICA Representative / 2days (6) 8 JET members / 2days 	<ul style="list-style-type: none"> (1) Introduction of the project concept (2) Project achievements (3) Issues of dissemination of the Health Promotion School (4) Group discussions and presentations on how to apply the concept of the Health Promotion School
March 6	Community Awareness-raising Campaign	Tammia	<ul style="list-style-type: none"> (1) 400 of Parents and children of Elementary and preparatory schools from all Tammia (2) 10 C/P (3) 2 JET members 	<ul style="list-style-type: none"> (1) Aim To enhance awareness concerning school health and promotion of students' health among communities and their parents in Tammia district (2) Contents <ul style="list-style-type: none"> 1) Lecture on general health 2) Song 3) Role play 4) Poem 5) Quiz 6) Video

List of Project Activities in the Third Project Year

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

July 20-21	2 nd 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 th 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 st 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 th 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 th 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 nd 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 th 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 th 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 th 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 th MT Meeting	Fayoum	(1) 11 C/P (2) 2 Expert	Discussed (1) Draft monitoring system from each organization

October 25	11 th 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"> (1) 50 admin. officers from MOHP, HIO and MOE of 9 Governorates in Upper Egypt (2) 25 C/P (3) 2 Donors (WHO, AMU) (4) 1 JPN Embassy staff (5) 2 JICA personnel (6) 4 JET members 	<ul style="list-style-type: none"> (1) Understood the concept of Health Promotion School (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) Selected focal persons, core trainers, 1 district and 1 school for dissemination trial by governorate.
July 8-9	Training Workshop on Health Promotion School -1	Aswan	<ul style="list-style-type: none"> (1) From Aswan, 1) 17 admin. officers from 3 ministries 2) 5 school personnel (2) 8 C/P (3) 1 Fayoum school personnel (SP) (4) 2 JET members 	<ul style="list-style-type: none"> (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 2nd Dissemination Workshop held in Cairo on September 10-11.
July 11-12	Training Workshop on Health Promotion School -2	Luxor	<ul style="list-style-type: none"> (1) From Luxor and Qena, 1) 33 admin. officers from 3 ministries 2) 10 school personnel (2) 7 C/P (3) 1 Fayoum SP (4) 2 JET members 	<ul style="list-style-type: none"> (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 2nd Dissemination Workshop held in Cairo on September 10-11.
July 16-17	Training Workshop on Health Promotion School -3	Fayoum	<ul style="list-style-type: none"> (1) From Fayoum, Giza and Beni Suef, 1) 17 admin. Officers from 3 ministries 2) 16 school personnel (2) 15 C/P (3) 1 Fayoum SP (4) 1 JET members 	<ul style="list-style-type: none"> (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 2nd Dissemination Workshop held in Cairo on September 10-11.

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 nd 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

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

