

1. MINUTES OF MEETINGS

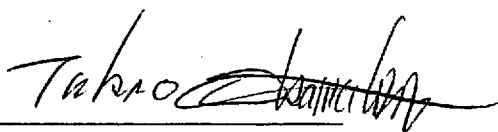
MINUTES OF MEETINGS  
BETWEEN THE JAPANESE PROJECT EVALUATION TEAM  
AND  
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF  
THE ARAB REPUBLIC OF EGYPT  
ON THE JAPANESE TECHNICAL COOPERATION  
FOR THE PEDIATRIC EMERGENCY CARE PROJECT

The Japanese Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr Takao OKAMATSU visited the Arab Republic Of Egypt from 5 March to 15 March, 2002 in order to evaluate the implementation and achievements of the Pediatric Emergency Care Project (hereinafter referred to as "the Project"), based on the Record of Discussions signed on 28 January, 1999.

During its stay in the Arab Republic of Egypt, the Team held a series of discussions and observations, and exchanged views with the authorities concerned of the government of the Arab Republic of Egypt.

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

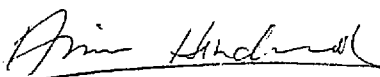
Cairo, 14<sup>th</sup> March, 2002



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JOINT EVALUATION REPORT  
ON  
THE JAPANESE TECHNICAL COOPERATION  
FOR  
THE PEDIATRIC EMERGENCY CARE PROJECT

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)  
JAPAN

CAIRO UNIVERSITY SPECIALIZED PEDIARIC HOSPITAL,  
THE ARAB REPUBLIC OF EGYPT

14 MARCH, 2002

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# 1. INTRODUCTION

## 1-1. The Evaluation Team

The Japanese Evaluation Mission organized by Japan International Cooperation Agency (hereinafter referred to as "JICA"), headed by Dr Takao OKAMATSU visited the Arab Republic of Egypt (hereinafter referred to as "Egypt") from 5 March to 15 March, 2002 for the purpose of joint final evaluation on the Japanese technical cooperation for the Pediatric Emergency Care Project (hereinafter referred to as "the Project"), which is scheduled to terminate on 31 March, 2002, according to the Record of Discussions (hereinafter referred to as "R/D") signed on 28 January 28, 1999. The Evaluation Team consisted of the Japanese Mission member and long term Japanese experts (hereinafter referred to as "the Japanese Team" and the Egyptian counterparts (hereinafter referred to as "the Egyptian Team").

The Japanese Team and the Egyptian Team jointly analysed and discussed the achievement of the Project in terms of efficiency, effectiveness, impact, relevance, sustainability and the future directions by using the Project Cycle Management method (hereinafter referred to as "PCM" method).

Through careful studies and discussions, the Japanese Team and the Project Team summarised their findings and observations as described in this document.

## 1-2. Methodology of Evaluation

The Project was evaluated jointly by the Japanese Team and Egyptian Team using the PCM method.

- Both teams examined the Project Design Matrix (hereinafter referred to as "PDM") of this Project. A PDM is a summary table of the overall description of the Project, its objectives and environments.
- Both teams confirmed the achievement of the Project in terms of its objectives, outputs, activities and inputs stated in the PDM.
- Both teams conducted the evaluation based on the five criteria, namely Efficiency, Effectiveness, Impact, Relevance and Sustainability, the descriptions of which are stated below.

## 1-3. Key Criteria of Evaluation

The evaluation was conducted based on the following five criteria, which are the major points of consideration when assessing JICA-supported

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development projects.

- 1) Efficiency: The efficiency is the measure for the productivity of the implementation process: how efficiently the various inputs are converted into outputs.
- 2) Effectiveness: The effectiveness is concerned with the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by a project.
- 3) Impact: The impact is intended and unintended, direct and indirect, positive and negative changes that occur as a result of a project.
- 4) Relevance: The relevance is the measure for determining whether the outputs, the project purpose and the overall goal are still in keeping with the priority needs and concerns at the time of evaluation.
- 5) Sustainability: The sustainability is the measure for determining whether or not the project benefits are likely to continue after the external aid comes to an end.

#### 1-4. Sources of information Used for Evaluation

The following sources of information were used for this evaluation study.

- 1) The Record of Discussions (R/D) signed by Egyptian Authorities and Dr Takao OKAMATSU of JICA Implementation Study Team on 28 January, 1999 (Annex-4)
- 2) The PDM as of April 1999 and October 2000 (Annex-4)
- 3) The record of inputs and outputs from both teams and activities of the Project
- 4) The M/M of Management Consultation Team of October 2000
- 5) The result of the evaluation workshops

## 2. BACKGROUND AND SUMMARY OF THE PROJECT

### 2-1 Brief Background of the Project

Egypt has been giving top priority to improvement of its standard of pediatric care since 1979, for which the Japanese cooperation was launched in 1983 to establish the Cairo University Pediatric Hospital. Based on the successful advancement brought through the previous cooperation between Japan and Egypt, the Cairo University Pediatric Hospital, which was renamed Cairo University Specialised Pediatric Hospital in October 1998, have become

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the central institution in pediatric medicine in Egypt by 1999 when the last project was terminated. CUSPH is the only public institution that deals with pediatric medicine and serves population in the whole Egypt.

On the other hand, Egypt was still suffering from high mortality rate of under-five children and the reason for death was mainly curable disease such as respiratory infectious disease and diarrhea. Had it not been for delay of appropriate treatment, substantial cases could have been survived. In response to such needs, it was identified that CUSPH ought to establish its pediatric emergency care unit.

In such context, the Government of Egypt requested the Government of Japan for technical cooperation for the purpose of establishment of pediatric emergency care in CUSPH and improvement of training function of CUSPH in the field of pediatric emergency medicine.

In response to the request, the Government of Japan, through JICA, dispatched a Preliminary Survey Team followed by an Expert Survey Team and an Implementation Survey Team to discuss and agree on the framework of the project implementation with the Egyptian authorities. The Record of Discussion (R/D) was then signed on 28 January, 1999.

## 2-2 Duration of Technical Cooperation

Three years from 1 April, 1999 to 31 March, 2002

## 2-3 Objectives and Outputs of the Project

The initially expected outputs of the Project stated in the Master Plan of the R/D were reviewed by the Japanese Team and Egyptian Team using the PCM approach, and modified as follows.

- Overall Goal: Pediatric emergency care in Egypt is improved.
- Project Purpose: Cairo University Specialised Pediatric Hospital (CUSPH) functions as a central and model facility of pediatric emergency care.
- Outputs:
- 1) The concept of pediatric emergency medicine is introduced to CUSPH.
  - 2) The system of providing pediatric emergency care service is improved.
  - 3) CUSPH functions as a teaching hospital of pediatric

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emergency care for medical students, nursing students, and relevant medical personnel.

The modified objectives, outputs and activities of the Project are described in the PDM for Evaluation shown in ANNEX-3.

#### 2-4 Implementing Agencies

Cairo University Specialised Pediatric Hospital

### 3. ACHIEVEMENT OF THE PROJECT

Through the evaluation workshop, the both teams jointly assessed the achievement of the Project as described below.

#### 3-1 Inputs

Please refer to the detailed tables of the inputs (ANNEX-7).

[Japanese side]

1) Dispatch of Japanese Experts to Egypt

Four (4) long-term experts and thirty-nine (39) short-term experts were dispatched to the Project for technical transfer.

2) Training of Counterpart Personnel (hereinafter referred to as "C/P") in Japan

Sixteen (16) C/P in total received training in Japan.

3) Technical Equipment Provision

Equipment and materials in the amount of 115,474,809 Japanese yen, equivalent of 761,165 Egyptian pounds, were provided for the Project activities.

4) Local Cost Support

Total in Japanese 18,019,260 yen, equivalent of 600,643 Egyptian pounds was allocated for local operation cost.

(Egyptian side)

1) Appointment of C/P

The total of twenty-eight (28) C/P have been assigned to the Project.

2) Allocation of Operation Cost

The Egyptian side provided the necessary contribution for Project implementation including telephone and electricity bills and consumables.

3) Provision of Facilities

The necessary facilities for the project activities including the office of the Project have been provided. The amount of 100,000 Egyptian pounds, equivalent of three (3) million yen was disbursed for renovation of the triage clinic and corridor of CUSPH.

#### 3-2 Activities

Project Activities were conducted as described below.

1) For Output 1: "The concept of pediatric emergency medicine is introduced to CUSPH"

1-1. Establish independent department of pediatric emergency



medicine.

- 1-2. Train exclusive emergency physicians.
  - 1-3. Bring up emergency nursing specialists.
  - 1-4. Train exclusive administrators.
  - 1-5. Introduce department achievements at the congresses.
- 2) For Output 2: "The system of providing pediatric emergency care service is improved"
- 2-1. Establish a medical record system for the department.
  - 2-2. Establish consulting system among other clinical services.
  - 2-3. Strengthen co-operation links among all departments concerned in pediatric emergency medicine.
  - 2-4. Adopt the idea of triage clinic.
  - 2-5. Make up the information flyer and the instruction video for patients' parents/guardians.
  - 2-6. Build appropriate facilities such as emergency reception, waiting rooms for families and triage clinic for the department.
- 3) For Output 3: "CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students, and relevant medical personnel"
- 3-1. Provide advice and guidance on the theory and practice of pediatric emergency medicine in the department to medical and nursing students.
  - 3-2. Hold workshops in the department for the medical, nursing and co-medical personnel.
  - 3-3. Disseminate project fruits to other main hospitals in Egypt.
  - 3-4. Transfer the methodology of organizing education programme.

### 3-3 Outputs

Please refer to the Result of Workshop: Achievement of the Project (ANNEX-6-1)

Most of the expected outputs were achieved as follows.

- 1) Output 1: The concept of pediatric emergency medicine is introduced to CUSPH

The concept of pediatric emergency medicine was introduced in an intensive manner during the project period. The function of triage clinic has shown a remarkable improvement upon the introduction of

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the concept of pediatric emergency medicine. The monthly visits of the triage clinic have been fairly stable at approximately two thousand since its start. It can be asserted that the triage has been well accepted in the medical system of CUSPH and raised confidence among patients in the service provided in the triage clinic.

It was also identified that the number of admitted patients from triage into ER-I decreased from three hundred ten (310) in January 2000 to one hundred fifty (150) in December 2001. This indicates improvement of the function of triage clinic to distinguish serious patients.

Special attention would be required, however, for training of exclusive administrators who are responsible for medical record system for the purpose of managing, evaluating, and ensuring utilisation of the records for more efficient and effective operation in the Emergency Department.

- 2) Output 2: The system of providing pediatric emergency care service is improved.

The system of providing pediatric emergency care service was improved remarkably during the project period. Since the establishment of the Emergency Department at CUSPH, efforts have been made to produce basic documents, manuals, and charts for its efficient operation. At the time of final evaluation, such materials amounted to twenty-one (21) kinds. The main emergency medical services such as emergency operations, X-ray examinations, and ultrasound examinations have been undertaken in the Emergency Department in response to the needs of the patients. According to the questionnaire survey conducted by the Project, majority of patients' parents or guardians were found to be satisfied with the conditions including equipment and medical supplies and nurses' attitude towards their child. Such achievements were brought by successful implementation of the activities mentioned earlier.

On the other hand, it was revealed that the patients' condition at the time of discharge from ER-I has not shown clear indication of improvement. Although the status of patients at admission became more and more serious owing to improved function of triage clinic, it should be mentioned that over-capacitated ER-I with an increasing number of patients and reversed trend of patients from other

departments mainly due to lack of nurses and insufficient facility contributed to slow improvement of service in the Emergency Unit to some extent.

There are some concern with regard to insufficient medical record system in CUSPH and consultation system with other clinical services, for which further efforts would be required. Although it was agreed that practical consultation system be established instead of constituting an emergency medicine committee, there appears to be some room for improvement in terms of systematisation of the consultation system to overcome consulting on a personal basis.

3) Output 3: CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students, and relevant medical personnel

CUSPH's teaching capacity has been enhanced during the project period through various educational activities organised by CUSPH.

CUSPH normally has three (3) house officers trained per day for one-week duration and runs bedside-teaching for three (3) groups of ten (10) students per week. As for nurses, CUSPH holds five (5) to six (6) students from thirteen (13) different academic schools in Cairo and seventeen (17) house officers from Faculty of Nursing. According to the questionnaire survey conducted by the Project, approximately half of the trained young doctors conceive CUSPH superior to other teaching hospitals in Egypt with regard to medical equipment, textbook availability, number of teaching supervisors, and so on. Some issues such as patients' record and consultation system to other services were pointed out to have some room for improvement.

Lecture courses were also organised for house officers and students periodically. During the project period lecture was performed forty one (41) times for doctors and one-hundred-sixty (160) times for nurses. There were five (5) workshops on pediatric emergency medicine and three (3) workshops on nursing.

Furthermore, some counterparts have started to make presentations at the congresses on the Project's achievement in the latter half of the project period.

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### 3-4 Project Purpose

Please refer to the Results of Workshop 1: Achievement of the Project (Annex-6-1).

The Project Purpose, "Cairo University Specialised Pediatric Hospital (CUSPH) functions as a central and model facility of pediatric emergency care" has been successfully achieved at the time of final evaluation.

The Project achieved its original purpose by continuous endeavour to demonstrate its well functioning pediatric emergency care service and its efforts to disseminate the project outcome to other parts of Egypt.

With its improvement in pediatric emergency care service, mortality rate of the whole CUSPH decreased dramatically during the project period. The Project organised three mini-workshops at University hospitals and one seminar in which two hundred medical professionals outside CUSPH participated.

Through such accomplishments, the new concept of pediatric emergency care and its actual effect was disseminated in Egypt and CUSPH have come to be recognised as a central and model facility of pediatric emergency medicine.

### 3-5 Overall Goal

Please refer to the Results of Workshop 1: Achievement of the Project (Annex-6-1).

The detailed assessment of the achievement of the Overall Goal is difficult at this stage as it is still only CUSPH that has the independent pediatric emergency department in Egypt so far. It can be said, however, that the Project has a significant impact on drawing attention to pediatric emergency care in Egypt.

In view of ensuring improvement of pediatric emergency care in whole Egypt, it would be essential for CUSPH to intensify dissemination activities. To this end, it is considered to be indispensable for CUSPH to concentrate more on administrative capacity building to organise educational activities targeting at personnel from other institutions.

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## 4. EVALUATION BY FIVE CRITERIA

Observing the results of the Project, it is of great importance to thoroughly evaluate the Project from the viewpoint of present and future implications. For that purpose, the efficiency, the effectiveness, the impact, the relevance and the sustainability of the Project, were assessed jointly by both Teams through an evaluation workshop. The findings of the workshop are as follows.

### 4-1. Efficiency

The efficiency of the Project is reasonably high:

#### 1) Appropriateness and utilisation of the Inputs

Inputs by both Japanese and Egyptian sides were sufficient to produce intended Outputs for the following reasons.

[Japanese Side]

- The number and timeliness of long term experts and short term experts were generally appropriate although there was delay in dispatch of the experts on medical record system. It would have been desirable for more experts on nursing and administration to be allowed for prolonged duration. Professional fields of the Japanese were appropriate.
- All equipment was provided under full discussion between both Japanese and Egyptian sides. The timing, quality and quantity of the provision of equipment were adequate. However some consideration would have been necessary for purchasing high-priced equipment such as ECMO to ensure full utilisation of the supplied equipment.
- The C/P training in Japan was effective in obtaining experiences. However, there were some limitations with regard to adoption of the different emergency system in Japan and participation in practical procedures.

[Egyptian Side]

- The C/P of doctors were allocated timely, although senior physicians on duty were not always available. In spite of efforts made by CUSPH to allocate nurses to the Emergency Department, as commonly found in Egypt, the number of nurses was not sufficient. Also, exclusive administrators were not assigned for academic activities. Within such constraints, the allocated earnest C/P contributed significantly to attain the Outputs.

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- Necessary facilities and operational costs were provided by the Egyptian side for implementation of the Project. In particular, renovation was made for establishing the triage clinic and corridor in a timely manner, owing to continuous efforts made by the Hospital administration as a whole to be receptive to introduction of the concept of pediatric emergency care in CUSPH. With a Japanese expert on engineering for hospital construction, the Egyptian side successfully modified the ER-I. Due to staff shortage, however, opening of the ER-II still remains as a challenge of CUSPH.

## 2) Supporting System

The Joint Coordinating Committee has been held twice and functioned well to discuss prominent issues for management of the Project. CUSPH was also well supported by private donations for its pediatric emergency care service.

## 3) Linkage with Other Cooperation Projects

Apart from opportunities for technical exchange with medical professionals in Indonesia and Sri Lanka, the Project had no major linkage with other projects due to no arrival of such needs.

## 4) Degree of Efficiency in Terms of Inputs in Producing Outputs

Most Inputs were well contributed to produce the Outputs. It should be mentioned that in spite of lack of nurses, optimal utilisation of available resources was observed. Cooperation between the Japanese and Egyptian sides was the principal factor to establish a competent team towards achievement of the Outputs. In addition, the C/P training and supplied equipment endowed the Project with more productivity.

## 4-2. Effectiveness

The effectiveness was high:

### 1) Degree of Achievement of the Project Purpose

As mentioned in 3-4, the Project Purpose has been fully achieved.

### 2) Contribution of Outputs to Achievement of the Project Purpose

There were efficient contributing factors in achieving the Project Purpose. The concept of pediatric emergency medicine was successfully established and well functioning triage has led to adequate medical service and an accelerated decrease of mortality. Prosperous workshops were organised, which contributed to external parties in gaining knowledge and experience concerning pediatric emergency medicine. Furthermore, through successful achievement of the Outputs, CUSPH has experienced an increased patient flow from other cities and referrals from other hospitals. Inquiries were made from other university hospitals on the knack and procedures of establishing the emergency department.

### 3) Inhibiting Factors

As the Project Purpose and Outputs have almost been achieved, there has been no specific inhibiting factor worth mentioning for the Project. However, in order to maintain the function of CUSPH as a central and model facility of pediatric emergency care, attention should be drawn to issues such as lack of nurses and more close and systematic collaboration with other departments in CUSPH.

### 4-3. Impact

The positive Impact of the Project is considerably high, while there are some unintended negative Impacts.

#### 1) Direct Impact (Impact on the Project Purpose Level)

The intended positive impact was revealed in that CUSPH has obtained more organised system than before the implementation of the Project and that the Project allowed CUSPH to use more advanced teaching facilities.

There are also significant unintended positive impacts of the Project. The emergency medical care has improved to such an extent that the patients' parents are willing to continue treatment for their children in the Emergency Department of CUSPH. Technical level and educational activity of the whole CUSPH has been enhanced. Provided equipment was widely utilised not only by the Emergency Department but also other departments to meet the needs of the hospital.

On the other hand, the Project has experienced several negative impacts. Limited beds and reduced turnover caused ER to function as the Intensive Care Unit (hereinafter referred to as "ICU"). Such situation also resulted

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in obtaining unfavorable results on critical patients. It was also noticed that some duties between ER staff and ward staff were overlapped.

## 2) Indirect Impact (Impact on the Overall Goal Level)

Although it is still too early to assess the impact of the Project over improvement of pediatric emergency care in Egypt, the concept of modern emergency care has been disseminated and CUSPH has become widely recognised for its Emergency Department. It should be noted that the Project established the concept of pediatric emergency medicine in Egypt for the first time and that the pediatric emergency care in CUSPH has been improved to a great extent. As a consequence, Surgical Neonatal ICU (hereinafter referred to as "SNICU") has evolved into the formation of the first comprehensive Neonatal Surgical Unit including *in-site* surgery in Middle East.

## 3) Inhibiting factors in achieving the Overall Goal

There seems to be no inhibiting factor for improving pediatric emergency care in Egypt.

## 4-4. Relevance

The Project is highly relevant:

### 1) Relevance of the Overall Goal

The Overall Goal is still consistent with the policy of the Cairo University and the Egyptian government. The needs for child care in Egypt has been rather increasing. Therefore, the Overall Goal matches the needs of Egyptian population, especially parents and guardians more than before.

### 2) Relevance of the Project Purpose

With continuous support from the Egyptian government and increasing patients and their families, it can be said that the relevance of the Project Purpose is high. It goes without saying that CUSPH is expected to play a leading role in the field of pediatric emergency medicine in Egypt.

### 3) Relevance of the Project Design

The design of the Project was appropriate to have all necessary components in order to meet the needs of improving the function of CUSPH in the field

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of pediatric emergency care. With close communication between the well-committed Japanese experts throughout the project period and earnest Egyptian C/P, the process of planning, implementation, and monitoring was properly executed and objectives of the Project were well articulated. Referring to the negative impact experienced by the Project, it would have been ideal for the Project to have had better feasibility estimates regarding the number of patients so that CUSPH could take measures to meet the increasing patients' needs.

#### 4-5. Sustainability

The sustainability of the Project considerably reached to a sufficient level while there remain some concerns:

##### 1) Organisational Sustainability

As continuous support from the Egyptian Government to CUSPH is promised, there seems to be no concern regarding the status of the Emergency Department of CUSPH. In spite of the efforts made by the CUSPH authorities to overcome the bureaucracy to obtain the appropriate funds for the smooth running of the Project, there remain room for contribution from other parties. In addition, In order to ensure sustainable function as a central and model facility of pediatric emergency care, it would be required for CUSPH to continue improving its administrative system in the future.

##### 2) Financial Sustainability

CUSPH is funded through the governmental budget. While the budget has been fairly fixed, there has been occasional delay of disbursement and the amount has not been sufficient enough to run CUSPH. For such reason official directors and medical professors have been seeking for an increase in the governmental budget and other sources of funds from various parties. It would be expected for CUSPH to make more vigorous efforts to secure financial sustainability.

##### 3) Material/Technical Sustainability

The abilities of C/P have been improved to promote the activities of CUSPH. Most of the trained C/P has been remaining in the Emergency Department and therefore, transferred technologies have been well applied. Whereas equipments were well maintained, problems were identified in obtaining spare parts of the Japanese products.

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## 5. CONCLUSION

The Evaluation Team concluded that the Project has achieved the satisfactory level.

Due to JICA cooperation extended over a considerable length of time, CUSPH has become one of the highest-ranking hospitals in the Arab-African world, as it has the well-developed facilities and skills. It has reached a level whereby the Japanese side might ask for assistance in the field of tropical disease in the future. In particular, the Pediatric Emergency Care Project has made a great contribution to Egypt, as it established the first modern pediatric emergency care system in the country. Thus, JICA will terminate this project-type technical cooperation with CUSPH, which lasted for 3 years for this Pediatric Emergency Care Project and 19 years as a whole cooperation period.

What is regrettable is that CUSPH's autonomy in the administration of educational activities has not been adequately secured, as the Project activities focused mainly on the medical system of the Hospital. To ensure and improve the prominent position of CUSPH, it is most crucial that the authority would have more overriding contribution for educational activities directed at personnel from both inside and outside CUSPH.

## 6. RECOMMENDATION

At the end of cooperation that is expected to achieve a successful completion of the Project, it is desirable for CUSPH to extend the fruits of its accomplishments throughout all of Egypt and then beyond its borders to other countries in the region. More specifically, CUSPH should organise seminars on its own, invite participants from both inside and outside of Egypt, and disseminate the effects of this Project to raise medical standards in its Arab and African neighbours for years to come. To ensure the realisation of these seminars, CUSPH should develop the administrator on academic activities. At the same time, CUSPH should contribute to the establishment of the Pediatric Emergency unit in other main hospitals in Egypt.

Regarding ECMO equipment that was provided to CUSPH as well as technology transfer that occurred in response to a strong demand from CUSPH, this equipment should be fully utilised for the patients with serious pulmonary disease so that the skills obtained will contribute to the saving of children's lives.

To maintain and develop the general standard of medical personnel of CUSPH,

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medical record and administration system of the Hospital are the fields that require further efforts. Continuous workshops and Doctor/Nurse meetings are also needed. Infection control, including aseptic techniques should be continuously upgraded.

## 7. LESSON LEARNT

For further hospital-based projects, it is desired that a clearly designated coordinating committee made up of concerned sections, or consulting system inside the hospital be organised at a very early stage of the Project, as coordination of activities is an essential element in achievement of the Project purpose. At the same time, it is also desirable to enhance the managerial capability of the administrative section of the hospital to ensure the sustainability of the Project. Even if Japanese experts are not easily available, this item should receive much more attention.

Generally, the understanding of the other society and culture is essential when conducting international cooperation.

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Composition of Japanese Evaluation Team

Mission Member

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Team Leader

Prof. M. D., Pediatric Surgery, Showa University School of Medicine

Naoko FUWA

Second Medical Cooperation Division, Medical Cooperation Department,  
Japan International Cooperation Agency

Mikiko NISHIMURA

Researcher, Global Link Management Inc.

Japanese Experts

Dr Norifumi MABUCHI, Chief Advisor

Keiko KAWAMURA, Coordinator

Reiko KAWAMOTO, Expert on Nursing

Dr Yoshihito HIGASHIDATE, Expert on Pediatrics

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## List of Personnel Consulted

### <Personnel Interviewed>

Name	Position
1. Assem El Fiky	Professor of Pediatric Surgery, General Director, Cairo University Hospitals
2. Amina Hindawy	Professor of Pediatrics, Director, CUSPH
3. Nabil Abdel Ghany	Professor, Head of Emergency Department, CUSPH
4. Nasser Abdel Aal	Professor, Chief, SNICU
5. Hesham Oaf	Professor, Pediatric Surgeon, CUSPH
6. Ahmed El Sawy	Consultant, Pediatrician, CUSPH
7. Ahmed Tarek	Consultant, Pediatrician, CUSPH
8. Maggie Louis	Lecturer, Pediatrician, CUSPH
9. Ilham Youssry	Lecturer, Pediatrician, CUSPH
10. Ahmed Mokhtar	Assistant Lecturer, Anesthesiologist, CUSPH
11. Karim Kamel	Anesthesiologist, CUSPH
12. Fatma Sakr	Matron, CUSPH
13. Jozephine Dawod	Assistant Matron, CUSPH
14. Manal Said	Supervisor, ER Nursing, CUSPH
15. Manal Saad	Supervisor, SNICU Nursing, CUSPH
16. Anwaar Mohamed	Head Nurse, OP Nursing, CUSPH
17. Norifumi Mabuchi	Chief Advisor
18. Keiko Kawamura	Coordinator
19. Reiko Kawamoto	Expert, Nursing
20. Yoshihito Higashidate	Expert, Pediatrician

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## List of Attendants -Workshop, 10/March

Name	Position
1. Assem El Fiky	Professor of Pediatric Surgery, General Director, Cairo University Hospitals
2. Amina Hindawy	Professor of Pediatrics, Director, CUSPH
3. Nabil Abdel Ghany	Professor, Head of Emergency Department, CUSPH
4. Nasser Abdel Aal	Professor, Chief, SNICU, CUSPH
5. Ahmed Tarek	Consultant, Pediatrician, CUSPH
6. Hesham Oaf	Professor, Pediatric Surgeon, CUSPH
7. Fatma Sakr	Matron, CUSPH
8. Jozephine Dawod	Assistant Matron, CUSPH
9. Manal Said	Supervisor, ER Nursing, CUSPH
10. Manal Saad	Supervisor, SNICU Nursing, CUSPH
11. Ikram Ibrahim	Supervisor, Infectious Control, CUSPH
12. Zeinab Basset	Head Nurse, ER, CUSPH
13. Azza El Adawy	Head Nurse, Emergency OP, CUSPH
14. Hanaa Mohamed	Statistics, ER, CUSPH
15. Wafaa Mohamed	Chief Engineer, CUSPH
16. Norifumi Mabuchi	Chief Advisor
17. Keiko Kawamura	Coordinator
18. Reiko Kawamoto	Expert, Nursing
19. Yoshihito Higashidate	Expert, Pediatrician
20. Yoshihito Fujita	Expert, Anesthesiology
21. Tomoyuki Uda	JICA Egypt Office
22. Takao Okamatsu	Head of Japanese Evaluation Team
23. Naoko Fuwa	Member of Japanese Evaluation Team

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## List of Attendants - Workshop, 11/March

Name	Position
1. Assem El Fiky	Professor of Pediatric Surgery, General Director, Cairo University Hospitals
2. Amina Hindawy	Professor of Pediatrics, Director, CUSPH
3. Nabil Abdel Ghany	Professor, Head of Emergency Department, CUSPH
4. Nasser Abdel Aal	Professor, Chief, SNICU, CUSPH
5. Ahmed El Sawy	Consultant, ER, CUSPH
6. Ahmed Tarek	Consultant, Pediatrician, CUSPH
7. Fatma Sakr	Matron, CUSPH
8. Jozephine Dawod	Assistant Matron, CUSPH
9. Manal Said	Supervisor, ER Nursing, CUSPH
10. Manal Saad	Supervisor, SNICU Nursing, CUSPH
11. Anwaar Mohamed	Supervisor, Emergency OP, CUSPH
12. Zeinab Basset	Head Nurse, ER, CUSPH
13. Hanaa Mohamed	Statistics, ER, CUSPH
14. Norifumi Mabuchi	Chief Advisor
15. Keiko Kawamura	Coordinator
16. Reiko Kawamoto	Expert, Nursing
17. Yoshihito Higashidate	Expert, Pediatrician
18. Yoshihito Fujita	Expert, Anesthesiology
19. Tomoyuki Uda	JICA Egypt Office
20. Takao Okamatsu	Head of Japanese Evaluation Team
21. Naoko Fuwa	Member of Japanese Evaluation Team

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Project Design Matrix for Evaluation (PDM-E) : The Pediatric Emergency Care Project in the Arab Republic of Egypt

Date: 10 March, 2002

Duration : April 1, 1999 ~ March 31, 2002

Target Group : Staff of the Cairo University Specialized Pediatric Hospital (CUSPH)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
<b>OVERALL GOAL</b> Pediatric emergency care in Egypt is improved.	<ul style="list-style-type: none"> <li>* Infant mortality rate</li> <li>* Mortality rate of under-five children</li> <li>* Number of independent pediatric emergency departments in Egypt</li> </ul>	<ul style="list-style-type: none"> <li>* Government Statistics/UNICEF</li> <li>* Government Statistics/UNICEF</li> <li>* Survey</li> </ul>	<ul style="list-style-type: none"> <li>* The national health policy of the government remains unchanged regarding the child health care.</li> </ul>
<b>PROJECT PURPOSE</b> Cairo University Specialised Pediatric Hospital (CUSPH) functions as a central & model facility of pediatric emergency care.	<ul style="list-style-type: none"> <li>* Number of admitted patients into ER-1, SNICU and whole CUSPH; and their mortalities</li> <li>* Number of training opportunities for medical and co-medical personnel from other than CUSPH</li> </ul>	<ul style="list-style-type: none"> <li>* Medical record statistics</li> <li>* Project records</li> </ul>	<ul style="list-style-type: none"> <li>* No drastic change of role sharing for CUSPH among Cairo University Hospitals occurs.</li> </ul>
<b>OUTPUTS</b> 1 The concept of pediatric emergency medicine is introduced to CUSPH. 2 The system of providing pediatric emergency care service is improved. 3 CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students, and relevant medical personnel.	1-1 Number of patients visiting to triage clinic 1-2 Number of admitted patients from triage into ER-1, ordinary wards, and other hospitals 2-1 Existence of Department documents, manuals and charts 2-2 Number of emergency operations, X ray examinations, ultrasonography, etc. 2-3 Patients status discharged from ER-1 2-4 Parental/guardians' satisfaction for the care 3-1 Number of students and medial personnel trained in CUSPH and their satisfaction 3-2 Number of workshops and education activities for student and house officer 3-3 Presentations made at the congresses.	1-1 Medical record statistics 1-2 Medical record statistics 2-1 Department records 2-2 Emergency/Examination registrations 2-3 Medical record statistics 2-4 Questionnaire 3-1 Curriculum, attendance records and reports. Questionnaire 3-2 Project records 3-3 Counterparts' interview	<ul style="list-style-type: none"> <li>* Co-operation from other university hospitals and local medical society is obtained.</li> </ul>
<b>ACTIVITIES</b> 1-1 Establish Independent department of pediatric emergency medicine. 1-2 Train exclusive emergency physicians. 1-3 Bring up emergency nursing specialists. 1-4 Train exclusive administrators. 1-5 Introduce department achievements at the congresses. 2-1 Establish a medical record system for the department. 2-2 Establish consulting system among other clinical services. 2-3 Strengthen co-operation links among all departments concerned in pediatric emergency medicine. 2-4 Adopt the idea of triage clinic. 2-5 Make up the information flyer and the instruction video for patients' parents/guardians. 2-6 Build appropriate facilities such as emergency reception, waiting rooms for families, and triage clinic for the department. 3-1 Provide advice and guidance on the theory and practice of pediatric emergency medicine in the department to medical and nursing students. 3-2 Hold workshops in the department for the medical, nursing, and co-medical personnel. 3-3 Disseminate project fruits to other main hospitals in Egypt. 3-4 Transfer the methodology of organising education program.	<b>INPUTS</b> Japanese side <ul style="list-style-type: none"> <li>* Long term experts:                             <ol style="list-style-type: none"> <li>1) Team leader</li> <li>2) Co-ordinator</li> <li>3) Emergency Pediatrics</li> <li>4) Pediatric Nursing</li> </ol> </li> <li>* Short term experts:                             <ol style="list-style-type: none"> <li>1) Emergency medicine</li> <li>2) Neonatologist</li> <li>3) Anesthesiologist</li> <li>4) Emergency nursing</li> <li>5) NICU nursing</li> <li>6) Operation room nursing</li> <li>7) Engineering</li> <li>8) Medical record</li> <li>9) Other necessary experts on request</li> </ol> </li> <li>* Supply of equipment</li> <li>* Local cost support</li> </ul>	Egyptian side <ul style="list-style-type: none"> <li>* Counterparts                             <ol style="list-style-type: none"> <li>1) Project Director</li> <li>2) Project Manager</li> <li>3) Exclusive personnel                                     <ol style="list-style-type: none"> <li>a. Emergency Physician-in-Chief</li> <li>b. Neonatal surgeon-in-Chief</li> <li>c. Teaching doctors (physicians, anesthesiologists and surgeons)</li> <li>d. Emergency physician supervisors</li> <li>e. Head nurses</li> <li>f. Emergency nursing</li> <li>g. SNICU nursing</li> <li>h. Emergency operation room nursing</li> <li>i. Administrators</li> <li>j. Others</li> </ol> </li> </ol> </li> <li>* Facilities</li> <li>* Operation cost</li> </ul>	<ul style="list-style-type: none"> <li>* Trained exclusive personnel continue working.</li> <li>* Local cost bearing by Egyptian Government is sufficient</li> <li>* Co-operation from the other service of the hospital is obtained.</li> <li>* Co-operation from Cairo University Medical School and Nursing School is obtained.</li> </ul> <b>PRECONDITIONS</b> <ul style="list-style-type: none"> <li>* All departments in Cairo University accept introduction of emergency system in CUSPH.</li> </ul>

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## MASTER PLAN

## (1) OVERALL GOAL

To improve pediatric emergency care in Egypt

## (2) PROJECT PURPOSE

To improve the service of medical personnel for pediatric emergency care in Cairo University Specialized Pediatric Hospital (CUSPH)

## (3) OUTPUT OF THE PROJECT

- (1) The concept of pediatric emergency medicine is introduced to CUSPH.
- (2) The system of providing pediatric emergency care services in CUSPH is established.
- (3) CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students and relevant medical personnel.

## (4) ACTIVITIES OF THE PROJECT

- (1)-1 To establish independent department of pediatric emergency medicine
- (1)-2 To train exclusive emergency physicians
- (1)-3 To bring up emergency nursing specialists
- (1)-4 To train exclusive administrators
- (1)-5 To introduce department achievements at local academic meetings
- (2)-1 To establish system of medical records for the department
- (2)-2 To establish emergency medicine committee
- (2)-3 To strengthen cooperation links among all departments concerned in pediatric emergency medicine
- (2)-4 To adopt the idea of triage clinic
- (2)-5 To make up information flyer and instruction video for patients' parents/guardians
- (2)-6 To build appropriate facilities such as emergency reception, waiting rooms for families and triage clinic for the department
- (3)-1 To provide advice and guidance on the theory and practice of pediatric emergency medicine in the department to medical and nursing students and relevant medical personnel in CUSPH.
- (3)-2 To make the students escort patients and parents/guardians in the hospital to find out what is expected for the emergency department by the patients and their family.
- (3)-3 To hold workshops in the department for the medical, nursing and co-medical personnel.

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**Tentative Schedule of Implementation for the Project on Pediatric Emergency Care**

ITEMS	1999			2000			2001			2002			
	4	7	10	1	4	7	10	1	4	7	10	1	3
<b>1. Activities</b>													
(1) Establish independent department of pediatric emergency medicine													
(2) Train exclusive emergency physicians													
(3) Bring up emergency nursing specialisis													
(4) Train exclusive administrators													
(5) Establish system of medical records for the department													
(6) Establish emergency medicine committee													
(7) Strengthen cooperation links among all departments concerned in pediatric emergency medicine													
(8) Adopt the idea of triage clinic													
(9) Make up information flyer and instruction video for patients' parents/guardians													
(10) Build appropriate facilities such as emergency reception, waiting rooms for families and triage clinic for the department													
(11) Provide advice and guidance on the theory & practice of pediatric emergency medicine in the department to medical & nursing students													
(12) Make the students escort patients and parents/guardians in the hospital to find out what is expected for the emergency department by the patients and their family													
(13) Hold workshops in the department for the medical, nursing & co-medical personnel from other facilities													
(14) Introduce department achievements at local academic meetings													

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PDM FOR THE PEDIATRIC EMERGENCY CARE PROJECT

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumption		
<b>Overall Goal</b> To improve pediatric emergency care in Egypt	Pediatric mortality rate	Statistics by the Egyptian government	No disaster, epidemic disease occur. Politically stable and no war break out		
<b>Project Purpose</b> To improve the service of medical personnel for pediatric emergency care in Cairo University Specialized Pediatric Hospital (CUSPH)	Mortality rate of emergency patient in CUSPH  The number of (pediatric) emergency physician in Egypt	Statistics by the medical society	No resistance of local medical society		
<b>Outputs</b> 1 The concept of pediatric emergency medicine is introduced to CUSPH 2 The system of providing pediatric emergency care service in CUSPH is established  3 CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students and relevant medical personnel	Survival time for resuscitated patients The number of emergency operation Examinations of X-ray, ultrasonography and etc.  Parental/Guardians' satisfaction for the care  Results of each activities  Workshop activity Academic activity in the local medical society	Statistics by the medical record Register of emergency OR  Questionnaire  Curriculum & reports  Frequency of workshops Number of presentations at the meeting	Total cooperation of the other services of the hospital No close period of the operating theatres in the department  Appropriate comprehension of the questions for parents/guardians Exclusive administrators must be secured Cooperation of Cairo University Authority  Cooperation of MoPH Cooperation of local medical society		
<b>Activities</b> 1-1 To establish independent department of pediatric emergency medicine 1-2 To train exclusive emergency physicians 1-3 To bring up emergency nursing specialists 1-4 To train exclusive administrators 1-5 To introduce department achievements at local academic meetings 2-1 To establish system of medical records for the department  2-2 To establish emergency medicine committee 2-3 To strengthen cooperation links among all departments concerned in pediatric emergency medicine  2-4 To adopt the idea of triage clinic 2-5 To make up the information flyer and the instruction video for patients' parents/guardians  2-6 To build appropriate facilities such as emergency reception, waiting rooms for families and triage clinic for the department  3-1 To provide advice and guidance on the theory and practice of pediatric emergency medicine in the department to medical and nursing students  3-2 To make the students escort patients and parents/guardians in the hospital to find out what is expected for the emergency department by the patients and their family  3-3 To hold workshops in the department for the medical, nursing and co-medical personnel	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Inputs</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Japan:</b>                               1 Long term experts                              1) Team leader                              2) Coordinator                              3) Emergency Medicine                              4) Pediatric Nursing                               2 Short term experts                              1) Pediatrics                              2) NICU                              3) Emergency Nursing                              4) Engineering                              5) Other necessary experts on request                               3 Supply of equipments                         </td> <td style="width: 50%; padding: 5px;"> <b>Egypt:</b>                               1 Counterpart                              1) Project Director                              2) Project Manager                              3) Exclusive personnel                              a. Emergency Physician-in-Chief                              b. Teaching physicians                              c. Full timers                              d. Nurses                              e. Administrators                              f. Others                               2 Facilities                               3 Supply of adequate running budget                         </td> </tr> </table>			<b>Japan:</b>  1 Long term experts 1) Team leader 2) Coordinator 3) Emergency Medicine 4) Pediatric Nursing  2 Short term experts 1) Pediatrics 2) NICU 3) Emergency Nursing 4) Engineering 5) Other necessary experts on request  3 Supply of equipments	<b>Egypt:</b>  1 Counterpart 1) Project Director 2) Project Manager 3) Exclusive personnel a. Emergency Physician-in-Chief b. Teaching physicians c. Full timers d. Nurses e. Administrators f. Others  2 Facilities  3 Supply of adequate running budget
<b>Japan:</b>  1 Long term experts 1) Team leader 2) Coordinator 3) Emergency Medicine 4) Pediatric Nursing  2 Short term experts 1) Pediatrics 2) NICU 3) Emergency Nursing 4) Engineering 5) Other necessary experts on request  3 Supply of equipments	<b>Egypt:</b>  1 Counterpart 1) Project Director 2) Project Manager 3) Exclusive personnel a. Emergency Physician-in-Chief b. Teaching physicians c. Full timers d. Nurses e. Administrators f. Others  2 Facilities  3 Supply of adequate running budget				

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## Revised Project Design Matrix

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumption		
<b>Overall Goal</b> To improve pediatric emergency care in Egypt	Pediatric mortality rate of the emergency clients in Egypt Alternatively infant mortality rate and neonatal mortality rate in Egypt	Statistics by the Egyptian government	No disaster, epidemic diseases occur. Politically stable and no war break out		
<b>Project Purpose</b> Cairo University Specialized Pediatric Hospital (CUSPH) functions as a central & model facility of pediatric emergency care	Number of admitted patients into ERU, SNICU and whole CUSPH, and their mortalities The number of training opportunities for medical and co-medical personnel from other than CUSPH	Statistics by the medical record Project record	Sufficient numbers of clerks for medical record management should be allocated. No resistance of local medical society		
<b>Outputs</b> 1 The concept of pediatric emergency medicine is introduced to CUSPH 2 The management system of the pediatric emergency care in CUSPH is established, and the system of providing pediatric emergency care service is improved 3 CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students and relevant medical personnel	Survival rate for resuscitated patients Existence of Department documents, manuals and charts The number of emergency operation, examinations of X-ray, ultrasonography and etc. Parented/Guardians' satisfaction for the care The number of students and medical personnel who trained in CUSPH, and their satisfaction The number of workshops and student education activities Academic activity in the local medical society	Statistics by the medical record Department records Register of emergency OR Register of examinations Questionnaire Curriculum, attendance record and reports Project record Number of presentations at the meeting	Total co-operation of the other services of the hospital No close period of any unit in the department. Necessary equipment for examinations should be provided and functioned. Appropriate completion of the questions for parents/guardians Exclusive administration must be secured Co-operation of Cairo University Authority including the doctors of other departments Co-operation with other hospitals Co-operation with local medical society		
<b>Activities</b> 1.1 To establish independent department of pediatric emergency medicine 1.2 To train exclusive emergency physicians 1.3 To bring up emergency nursing specialists 1.4 To train exclusive administrators 1.5 To introduce department achievements at local academic meetings 2.1 To establish system of medical records for the department 2.2 To establish consulting system among other clinical services 2.3 To strengthen co-operation links among all departments concerned in pediatric emergency medicine 2.4 To adopt the idea of triage clinic 2.5 To make up the information flyer and the instruction video for patients' parents/guardians 2.6 To build appropriate facilities such as emergency reception, waiting rooms for families and triage clinic for the department 3.1 To provide advice and guidance on the theory and practice of pediatric emergency medicine in the department to medical and nursing students 3.2 To hold workshops in the department for the medical, nursing and co-medical personnel 3.3 To disseminate the project fruits to other main hospitals in Egypt 3.4 To transfer the methodology of organizing education program	<b>Inputs</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Input:</b>                              1 Long term experts                              1) Team leader                              2) Co-ordinator                              3) Emergency Pediatrics                              4) Pediatric Nursing                              2 Short term experts                              1) Pediatrics                              2) NICU                              3) Emergency Nursing                              4) Engineering                              5) Medical record                              6) Other necessary experts on request                              3 Supply of equipments                         </td> <td style="width: 50%; padding: 5px;"> <b>Egypt:</b>                              1 Counterpart                              1) Project Director                              2) Project Manager                              3) Inclusive personnel                              a. Emergency Physician-in-Chief                              b. Teaching physicians                              c. Full timers                              d. Nurses                              e. Administrators                              f. Others                              2 Facilities                              3 Supply of adequate running budget                         </td> </tr> </table>			<b>Input:</b> 1 Long term experts 1) Team leader 2) Co-ordinator 3) Emergency Pediatrics 4) Pediatric Nursing 2 Short term experts 1) Pediatrics 2) NICU 3) Emergency Nursing 4) Engineering 5) Medical record 6) Other necessary experts on request 3 Supply of equipments	<b>Egypt:</b> 1 Counterpart 1) Project Director 2) Project Manager 3) Inclusive personnel a. Emergency Physician-in-Chief b. Teaching physicians c. Full timers d. Nurses e. Administrators f. Others 2 Facilities 3 Supply of adequate running budget
<b>Input:</b> 1 Long term experts 1) Team leader 2) Co-ordinator 3) Emergency Pediatrics 4) Pediatric Nursing 2 Short term experts 1) Pediatrics 2) NICU 3) Emergency Nursing 4) Engineering 5) Medical record 6) Other necessary experts on request 3 Supply of equipments	<b>Egypt:</b> 1 Counterpart 1) Project Director 2) Project Manager 3) Inclusive personnel a. Emergency Physician-in-Chief b. Teaching physicians c. Full timers d. Nurses e. Administrators f. Others 2 Facilities 3 Supply of adequate running budget				

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## The Pediatric Emergency Care Project in the Arab Republic of Egypt

### Program of Evaluation Workshop (1)

10:00-15:00, Sunday, 10<sup>th</sup> March, 2002

Venue: Auditorium, 6<sup>th</sup> Floor, CUSPH

#### ◆ Objectives

- 1) To understand the concept of the Evaluation Method based on the Project Cycle Management (PCM) that is used in managing JICA Projects.
- 2) To review the project's objectives, outputs, activities, inputs, indicators, means of verification of indicators and important assumptions through the Project Design Matrix for Evaluation (PDM<sub>E</sub>).
- 3) To assess the achievement of the project.

#### ◆ Program

- Introduction
- Explanation on the Project Cycle Management (PCM) method for evaluation
- Review of the PDM<sub>E</sub>
- Break
- Assessment of the achievement of the project
- Closing

#### ◆ Participants

Twenty (20) Egyptian C/Ps, four (4) Japanese experts, one (1) officer from JICA Egypt Office and three (3) mission members  
(Moderator: Mikiko Nishimura, PCM consultant, Member of the Japanese evaluation mission and Dr. Fatima)

#### ◆ Working Language

Spoken and Written: English

#### ◆ Material used

- PDM for evaluation (PDM-E)
- Worksheet for assessment of the achievement of the project
- Other necessary PCM materials

## The Pediatric Emergency Care Project in the Arab Republic of Egypt

### Program of Evaluation Workshop (2)

10:00-15:00, Monday, 11<sup>th</sup> March, 2002

Venue: Auditorium, 5<sup>th</sup> Floor, CUSPH

#### ◆ Objectives

- 1) To evaluate the achievement of the project, in terms of the five evaluation criteria, that is efficiency, effectiveness, impact, relevance and sustainability.
- 2) To reach consensus on conclusion, suggestion, and lessons learnt from the project.

#### ◆ Program

- Introduction
- Brief explanation on five criteria for evaluation and introduction to the group work
- Assessment of each evaluation items
- Break
- Compilation of conclusion, suggestion, and lessons learnt
- Closing

#### ◆ Participants

Twenty (20) Egyptian C/Ps, four (4) Japanese experts, one (1) officer from JICA Egypt office and three (3) mission members  
(Moderator: Mikiko Nishimura, PCM consultant, Member of the Japanese evaluation mission and Dr. Fatima)

#### ◆ Working Language

Spoken and Written: English

#### ◆ Material used

- PDM for evaluation (PDM-E)
- Worksheet for assessment of the achievement of the project
- Worksheet for evaluation of the project (Evaluation Grid)
- Other necessary PCM materials

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## ◆ METHODOLOGY OF EVALUATION

The evaluation study applies the approach of Project Cycle Management (PCM) in the following aspects:

- 1) It is based on the Project Design Matrix (PDM).
- 2) The evaluation process follows the steps of PCM monitoring and evaluation method.
- 3) The project staff (experts and counterparts) jointly works to assess the achievement of the project.

### WHAT IS PCM?

**Project Cycle Management (PCM)** is a method for managing the life cycle of the project more effectively and efficiently. This methodology is structured on the basis of "Logical framework (logframe)", which was developed in the United States in 1960s and has been widely used in a number of development assistance agencies. In PCM, this logical framework is called a "Project Design Matrix (PDM)".

A PDM is a summary table of overall description of the projects, its objectives and environments. PDM provides a major point of reference throughout the life cycle of the project and enables clear and consistent project management.

## ◆ KEY ISSUES OF EVALUATION

The evaluation is proceeded along with the following five issues, which are the major points of consideration when assessing development projects.

- 1) **Efficiency:** Efficiency is a productivity of the implementation process: how efficiently the various inputs are converted into outputs.
- 2) **Effectiveness:** Effectiveness concerns the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by the projects.
- 3) **Impact:** Impact is intended and unintended, direct and indirect, positive and negative changes as a result of the project.
- 4) **Relevance:** Relevance is to question whether the outputs, project purpose and overall goal are still in keeping with the priority needs and concerns at the time of evaluation.
- 5) **Sustainability:** Sustainability of the development project is to question whether the project benefits are likely to continue after the external aid has come to an end.



**Achievement of the Project (based on PDM):**

The Pediatric Emergency Care Project in the Arab Republic of Egypt

Achievement Level Agreed in the Workshop: Project Purpose-90%, Output 1-100%, Output 2-90%, Output 3 had two views of 90% and 50%.

NARRATIVE SUMMARY OF OBJECTIVES	OBJECTIVELY VERIFIABLE INDICATORS (OVIs)	MEANS OF VERIFICATIONS	ACTUAL PERFORMANCE OF OVIs
<b>OVERALL GOAL</b> Pediatric emergency care in Egypt is improved.	<ul style="list-style-type: none"> <li>- Infant mortality rate</li> <li>- Mortality rate of under-five children</li> <li>- Number of independent pediatric emergency departments in Egypt</li> </ul>	<ul style="list-style-type: none"> <li>- Government Statistics/ UNICEF</li> <li>- Government Statistics/ UNICEF</li> <li>- Survey</li> </ul>	<ul style="list-style-type: none"> <li>- According to the UNICEF statistics, there has been a constant decrease in infant mortality rate in Egypt since 1960. Infant mortality rates per one thousand were one hundred eighty nine (189) in 1960, one hundred fifty seven (157) in 1970, one hundred nineteen (119) in 1980, seventy six (76) in 1990, followed by thirty seven (37) in 2000.</li> <li>- Mortality of under-five children has also shown a sharp decline between 1960 and 2000 according to UNICEF. Mortality rates per one thousand indicate two hundred eighty two (282) in 1960, two hundred thirty five (235) in 1970, one hundred seventy five (175) in 1980, one hundred and four (104) in 1990 and forty three (43) in 2000.</li> <li>- It is only CUSPH that has the independent pediatric emergency department in Egypt so far. During the mini-workshops organized by the project, the three University Hospitals showed its interest in establishment of the pediatric emergency department and there have been inquiries from other other medical institutions.</li> </ul>
<b>PROJECT PURPOSE</b> Cairo University Specialised Pediatric Hospital (CUSPH) functions as a central and model facility of pediatric emergency care.	<ul style="list-style-type: none"> <li>- Number of admitted patients into ER-I, SNICU and whole CUSPH and their mortalities</li> </ul>	<ul style="list-style-type: none"> <li>- Medical record statistics</li> </ul>	<ul style="list-style-type: none"> <li>- Mortality rate in ER-I increased from ten (10) percent to twenty-one (21) percent between January 2000 and December 2001. In contrast, mortality rate in the whole CUSPH decreased from twenty (20) percent in 1999 to thirteen (13) percent in 2001. As the number of patients of ER-I decreased dramatically from three hundred ten (310) in January 2000 to one hundred fifty (150) in December 2001 while admission increased in the whole CUSPH from six hundred eighty three (683) to one thousand and thirty one (1031) during the same period, it can be interpreted that the reason for an increase in mortality rate in ER-I is that only serious patients have come to be transferred to the ER-I. In other words, this proves that the modern emergency care system including appropriate patient flow control by the triage clinic has well contributed to a decrease of mortality in CUSPH on a whole. In fact, mortality rate of the whole CUSPH reveals a sharper decline during the project period than before. On the other hand, there is an aspect of lack of facilities in other departments which caused a reversed patient-flow to the Emergency Department and higher mortality of ER-I. In addition, the limited space in the Emergency Unit resulted in over-capacitation and hence the Unit became unable to meet the increasing demands. Mortality rate in SNICU fluctuated very much and varied from ten (10) percent to seventy-six (76) percent during the project period. The continuously high mortality rate in SNICU appears to be partly resulted from the recent trend of more serious patients being accepted in SNICU than previously and partly delayed referrals and poor nutrition in the perioperational period. As the concept and technique for neonatal referring network and transportation was transferred in the final year, there expected to be some improvement in a decrease of mortality in SNICU.</li> </ul>

	- Number of training opportunities for medical and co-medical personnel from other than CUSPH	- Project records	- Three mini-workshops at Alexandria, Mansoura, and Suez Canal university hospitals and one seminar at CUSPH were organised to disseminate new concept of emergency medicine in Egypt. Each workshop invited approximately fifty (50) to seventy (70) participants from outside CUSPH. Number of participants from outside CUSPH at the seminar was approximately thirty (30) out of one hundred forty (140). Through such dissemination activities, CUSPH was recognized as a central and model facility of pediatric emergency care.
<b>OUTPUT</b>			
1 The concept of pediatric emergency medicine is introduced to CUSPH.	1-1 Number of patients visiting to triage clinic	1-1 Medical record statistics	1-1 In contrast with some fluctuation of the number of visiting patients to the whole CUSPH, the monthly visits of the triage clinic were relatively stable at two thousand one hundred eighty eight (2,188) on average with two hundred forty three (243) standard deviation. It can be said that the triage is now well adopted in the medical system of CUSPH and bore confidence among patients in the service provided in the triage clinic.
	1-2 Number of admitted patients from triage into ER-1, ordinary wards, and other hospitals	1-2 Medical record statistics	1-2 The number of admitted patients from triage into ER-I decreased from three hundred ten (310) in January 2000 to one hundred fifty (150) in December in 2001. The ratio of patients who admitted from triage to ER-I has accordingly declined between during the project period. This decrease indicates improvement of the function of triage clinic to distinguish serious patients. There is no data available regarding admitted patients from triage into ordinary wards and other hospitals.
2 The system of providing pediatric emergency care service is improved.	2-1 Existence of Department documents, manuals and charts	2-1 Department records	2-1 Since the establishment of the Emergency Department at CUSPH, efforts have been made to produce basic documents, manuals and charts. At the final evaluation stage, such materials amounted to twenty one (21). There is still a need for modification of these documents and improvement of quality of records.
	2-2 Number of emergency operations, X-ray examinations, ultrasonography, etc.	2-2 Emergency/ Examination registrations	2-2 The number of emergency operations shows and the number of X-ray examination for emergency care service shows a fluctuating tendency. The exact data of emergency ultrasound examination undertaken in the Emergency Department is not available.
	2-3 Patients status discharged from ER-I	2-3 Medical record statistics	2-3 Experiencing some discrepancy in the sources of statistics, according to the available data which recorded in the emergency department computers, patients' status does not show clear trend but the number of cured patients at the time of discharge from ER-I became negligible in the latter half of 2001. This permits two interpretations. It can be presumed that no appearance of cured patients in late 2001 indicates well working triage clinic to send only serious patients to ER-I. The other interpretation is that over-capacitated ER-I with an increasing number of patients and reversed trend of patients from other departments to the Emergency Unit could not improve its performance drastically.
	2-4 Parental/guardians' satisfaction for the care	2-4 Questionnaire	2-4 According to the patient satisfaction survey conducted in August and September 2001 with its sampling scale of forty seven (47) patients' parents, majority of patients were found to be satisfied although there might be some bias as the results were obtained by interviews with patients' parents mostly with low literacy level. Sixty Nine (69) percent considered the Emergency Department to have excellent conditions regarding equipment and medical supplies. Those who thought that the nurses' attitude

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<p>3 CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students, and relevant medical personnel.</p>	<p>3-1 Number of students and medical personnel trained in CUSPH and their satisfaction</p> <p>3-2 Number of workshops and education activities for student and house officer</p> <p>3-3 Presentations made at congresses.</p>	<p>3-1 Curriculum, attendance records and reports</p> <p>3-2 Project records</p> <p>3-3 Counterparts' records/interview</p>	<p>towards their child was excellent and good amounted to seventy five (75) percent and twenty four (26) percent respectively.</p> <p>3-1 CUSPH normally has three (3) house officers trained per day for one-week duration and runs bedside-teaching for three (3) groups of ten (10) students per week. As for nurses, CUSPH holds five (5) to six (6) students from thirteen (13) different academic institutes in Cairo and seventeen (17) house officers. According to the questionnaire survey conducted between December 2001 and February 2002 for fourteen (14) residents and house officers in CUSPH, forty five (45) percent of young doctors conceive CUSPH superior to other teaching hospitals in Egypt with regard to medical equipment, textbook availability, number of teaching supervisors, etc. Another forty five (45) percent regard CUSPH as same as other teaching hospitals. Some issues such as patients' record and consultation system to other services were pointed out to have some room for improvement.</p> <p>3-2 Two-month lecture courses on pediatric emergency medicine were provided periodically for house officers and students. Lecture for doctors was performed twenty (20) times in FY1999 and twenty one (21) times in FY2000 with twenty two (22) participants on average. Clinical lecture on nursing was held one hundred sixty (160) times during the project period with participation of eight (8) to ten (10) nurses and three (3) to six (6) nursing students. Thematic workshop was also held five (5) times on pediatric emergency medicine with participants ranged from twenty (20) to fifty (50) doctors and three (3) times on nursing with two to three hundred participants.</p> <p>3-3 Some counterparts have started to make presentations on the Project's achievements in the latter half of the project period.</p>
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PLANNED ACTIVITIES	PLANNED INPUTS	ACTUAL INPUTS
<p>1-1 Establish independent department of pediatric emergency medicine.</p> <p>1-2 Train exclusive emergency physicians.</p> <p>1-3 Bring up emergency nursing specialists.</p> <p>1-4 Train exclusive administrators.</p> <p>1-5 Introduce department achievements at local academic meetings.</p> <p>2-1 Establish a medical record system for the department.</p> <p>2-2 Establish consulting system among other clinical services.</p> <p>2-3 Strengthen co-operation links among all departments concerned in pediatric emergency medicine.</p> <p>2-4 Adopt the idea of triage clinic.</p> <p>2-5 Make up the information flyer and the instruction video for patients' parents/guardians.</p> <p>2-6 Build appropriate facilities such as emergency reception, waiting rooms for families and triage clinic for the department.</p> <p>3-1 Provide advice and guidance on the theory and practice of pediatric emergency medicine in the department to medical and nursing students.</p> <p>3-2 Hold workshops in the department for the medical, nursing and co-medical personnel.</p> <p>3-3 Disseminate project fruits to other main hospitals in Egypt.</p> <p>3-4 Transfer the methodology of organising education programme.</p>	<p>The Egyptian Side</p> <p>1 Counterpart</p> <p>1) Project Director</p> <p>2) Project Manager</p> <p>3) Exclusive personnel</p> <p>a. Emergency Physician-in-Chief</p> <p>b. Neonatal surgeon-in-Chief</p> <p>c. Teaching doctors (physicians, anesthesiologists and surgeons)</p> <p>d. Emergency physician supervisors</p> <p>e. Head nurses</p> <p>f. Emergency nursing</p> <p>g. SNICU nursing</p> <p>h. Emergency operation room nursing</p> <p>i. Administrators</p> <p>j. Others</p> <p>2 Facilities</p> <p>3 Operation cost</p> <p>The Japanese Side</p> <p>1 Long term experts:</p> <p>1) Team leader</p> <p>2) Co-ordinator</p> <p>3) Emergency Pediatrics</p> <p>4) Pediatric Nursing</p> <p>2 Short term experts:</p> <p>1) Emergency medicine</p> <p>2) Neonatologist</p> <p>3) Anesthesiologist</p> <p>4) Emergency nursing</p> <p>5) NICU nursing</p> <p>6) Operation room nursing</p> <p>7) Engineering</p> <p>8) Medical record</p> <p>9) Other necessary experts on request</p> <p>3 Supply equipment</p> <p>4 Local cost support</p>	<p>The Egyptian Side</p> <p>1 Counterpart (in numbers)</p> <p>1) Project Director (2)</p> <p>2) Project Manager (0)</p> <p>3) Exclusive personnel</p> <p>a. Emergency Physician-in-Chief (1)</p> <p>b. Neonatal surgeon-in-Chief (1)</p> <p>c. Teaching doctors (physicians, anesthesiologists and surgeons) (13)</p> <p>d. Emergency physician supervisors (3)</p> <p>e. Head nurses (2)</p> <p>f. Emergency nursing (2)</p> <p>g. SNICU nursing (2)</p> <p>h. Emergency operation room nursing (1)</p> <p>i. Administrators (0)</p> <p>j. Others (1)</p> <p>2 Facilities</p> <p>List attached</p> <p>Renovation for triage and corridor LE100,000 (3 million yen)</p> <p>3 Operation cost</p> <p>Telephone, water, electricity bills, consumables, etc.</p> <p>The Japanese Side</p> <p>1 Long term experts: (M/M)</p> <p>1) Team leader (36M/M)</p> <p>2) Co-ordinator (36M/M)</p> <p>3) Emergency Pediatrics (24M/M)</p> <p>4) Pediatric Nursing (36M/M)</p> <p>2 Short term experts: (M/M)</p> <p>1) Emergency medicine (5 M/M)</p> <p>2) Neonatologist (3 M/M)</p> <p>3) Anesthesiologist (18.5M/M)</p> <p>4) Emergency nursing (8.5M/M)</p> <p>5) NICU nursing (5.5M/M)</p> <p>6) Operation room nursing (3M/M)</p> <p>7) Engineering (1M/M)</p> <p>8) Medical record (2.5M/M)</p> <p>9) Other (1.5M/M)</p> <p>3 Supply equipment</p> <p>Equipment equivalent of LE761,165 (115 million yen) (List attached)</p> <p>4 Total: LE600,643 (18 million yen)</p> <p>1) Local Cost: LE489,469</p> <p>2) Technical Exchange Programme: LE47,556</p> <p>3) Middle Level Manpower training: LE63,618</p>

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**EVALUATION GRID: The Pediatric Emergency Care Project in the Arab Republic of Egypt**  
 Grades: A=Very much so, B=Fair, C=Not so much

**Table-1 EFFICIENCY (B +)**

QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
1.1 Were Japanese Inputs appropriate?	1.1.1 Were Japanese experts dispatched timely?	A	<ul style="list-style-type: none"> <li>➤ It was timely to train the nurses well and to accept knowledge and expertise.</li> <li>➤ Dispatch of neonatologist and medical record experts were delayed.</li> <li>➤ Perioperative nurse was not able to dispatch timely.</li> <li>➤ Patient record expert should have been dispatched in the first year.</li> <li>➤ Pediatrician might be dispatched earlier (by 5 months). Those who contributed in neonatology and hospital record management should have stayed longer.</li> <li>➤ Duration hoped to be longer for short timers.</li> </ul>	<ul style="list-style-type: none"> <li>➤ It was timely to establish the system for doctors and nurses.</li> </ul>
	1.1.2 Was the number of Japanese experts sufficient?	B	<ul style="list-style-type: none"> <li>➤ More experts were required.</li> <li>➤ We don't have sufficient experts in emergency section or NICU.</li> <li>➤ There were a small number of long term experts of nurse.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Experts for medical records are extremely required for long time.</li> <li>➤ Number of experts is enough but period of stay is short.</li> <li>➤ There should be two long-term nurses, one for ER and the other for SNICU.</li> </ul>
	1.1.3 Were the professional fields of Japanese experts appropriate?	A	<ul style="list-style-type: none"> <li>➤ Experts in the field of administration are needed.</li> <li>➤ It is impossible to cover all fields.</li> <li>➤ As to the professional fields, they were almost appropriate, but communication ability of nursing experts was not always enough.</li> </ul>	<ul style="list-style-type: none"> <li>➤ As a whole there are no problems in communications.</li> </ul>
	1.1.4 Was the provision of equipment from Japan appropriate?	B	<ul style="list-style-type: none"> <li>➤ The equipment was provided timely but too many small items. Quality was very good and costs were enough.</li> <li>➤ All equipment was provided under full discussion between both sides. As to the quantity, there may be an opinion "the much the better."</li> <li>➤ Choice of such expensive equipment like ECMO was inappropriate considering the needs.</li> <li>➤ Quality of equipment is getting less with time.</li> </ul>	<ul style="list-style-type: none"> <li>➤ We need equipments which are easily maintained.</li> <li>➤ Most equipments were adequate.</li> <li>➤ No 100% approval for ECMO.</li> </ul>

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 T.R.B.

QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
	1.1.5 Was the Counterpart(C/P) training in Japan appropriate?	B	<ul style="list-style-type: none"> <li>➤ Due to so many factors to be considered when the C/Ps were sent to Japan, it was naturally impossible to be ideally timely. Hospitals in Japan are still immature to accept foreign trainees.</li> <li>➤ Well planned and scheduled by Japanese experts. The additional acceptance in the second year was appreciable.</li> <li>➤ Enough number. Scientific courses are needed.</li> <li>➤ Number of training were very good.</li> <li>➤ The We observe we cannot get real training, because of lack of practical training.</li> <li>➤ Language barriers</li> </ul>	<ul style="list-style-type: none"> <li>➤ It is better than 10 years ago.</li> <li>➤ Benefits from training concerning system of a group work.</li> <li>➤ Some observations are not appropriate because of different emergency systems.</li> <li>➤ Training in Japan was appropriate for obtaining experience.</li> <li>➤ Actual practical procedures were not allowed for foreign doctors and nurses by law.</li> </ul>
1.2 Were Egyptian Inputs appropriate?	1.2.1 Were C/Ps assigned timely?	B	<ul style="list-style-type: none"> <li>➤ Not yet.</li> <li>➤ No Managers.</li> <li>➤ Nurse assignment was delayed.</li> <li>➤ An Engineer worked well but others were not assigned.</li> <li>➤ Director has been changed in this three-year period.</li> <li>➤ Those administrators whom C/P trainees saw in the hospitals of Japan were not assigned.</li> </ul>	<ul style="list-style-type: none"> <li>➤ C/P of doctors were allocated timely.</li> </ul>
	1.2.2 Was the number of C/Ps sufficient?	B	<ul style="list-style-type: none"> <li>➤ We need junior doctors.</li> <li>➤ We need more junior doctors to get longer training periods.</li> <li>➤ Both quality and quantity of nurses were always complaint of head nurses.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of nurses was not enough.</li> </ul>
	1.2.3 Were the professional fields of C/Ps appropriate?	A	<ul style="list-style-type: none"> <li>➤ In general, their fields were matched to the job.</li> <li>➤ It is not yet completed but improved since the project started.</li> </ul>	
	1.2.4 Were the provided facilities appropriate?	A	<ul style="list-style-type: none"> <li>➤ ER-2 is still closed and the emergency operation room is unfavorably located.</li> <li>➤ The emergency department was established through the Japanese Grant Aid.</li> <li>➤ A Japanese expert on engineering for hospital construction was dispatched and appropriate modification of ER was done.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provided facilities were good.</li> </ul>

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SB



QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
	1.2.5 Was the operational cost sufficiently provided?	B	<ul style="list-style-type: none"> <li>➤ Budget was not enough.</li> <li>➤ There was shortage of disposable medical products used commonly in private hospital. Basic equipment such as monitor was out of work for so long because of poor funding for repair.</li> <li>➤ Papers and other stationary supplies sometimes took time to be delivered.</li> <li>➤ As long as JICA continues cooperation, operational cost is not provided sufficiently, because of some dependency.</li> </ul>	
1.3 Have the inputs been fully utilized?	1.3.1 Personnel	B	<ul style="list-style-type: none"> <li>➤ Essential things were utilized but there are no administrative personnel.</li> <li>➤ Almost all of C/P doctors work mainly out of CUSPH and some of the personnel are out of duty.</li> <li>➤ Physicians on duty were sometimes unavailable.</li> </ul>	➤ Doctors are not fully utilizing.
	1.3.2 Equipment/facilities/machinery	B	<ul style="list-style-type: none"> <li>➤ The equipment is perfect but not utilized appropriately.</li> <li>➤ Some small equipment especially provided in the first year was not fully utilized.</li> <li>➤ Basic equipment was out of order for a long time due to poor maintenance.</li> </ul>	➤ ECMO is not utilized properly.
	1.3.3 Operational costs	A	<ul style="list-style-type: none"> <li>➤ Operational costs are free.</li> </ul>	
1.4 Has the project support system functioned well?	1.4.1 Did the Joint Coordinating Committee function?	A	<ul style="list-style-type: none"> <li>➤ The committee met once a year at the time of mission dispatch. Participants were all concerned people and it was effective.</li> <li>➤ Joint coordinating committees were held annually as scheduled.</li> <li>➤ All preparation was done owing to the project leader.</li> <li>➤ It actually took much time to realize requested situation.</li> <li>➤ The function was not complete but effective by holding a meeting on issue of nursing and improvement of nursing education.</li> </ul>	➤ Twice only.
	1.4.2 Was there any support from the other concerned organizations?	A	<ul style="list-style-type: none"> <li>➤ Cooperation was obtained only from JICA.</li> <li>➤ No other support was necessary from Japan since some companies donated equipment (Daewoo Co. (Korea) donated artificial ventilators).</li> <li>➤ There was not enough relationship with other sections in the CUSPH.</li> </ul>	➤ Private donations.
1.5 Was the linkage with other cooperation project appropriate?	1.5.1 Linkage(s) with other JICA project(s)	C	<ul style="list-style-type: none"> <li>➤ Other experts and JOCVs in medical field visited us.</li> <li>➤ There was no link what so ever.</li> <li>➤ Linkage was not necessary.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Only one visit to Indonesia.</li> <li>➤ One visit from Sri Lanka.</li> </ul>
	1.5.2 Linkage(s) with indigenous projects	C	<ul style="list-style-type: none"> <li>➤ Egyptian private donors also have often visited the project site</li> <li>➤ We had workshops with other university hospitals such as Ismailia University and Alexandria university.</li> </ul>	➤ None.

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S/S



QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
	1.5.3 Linkage(s) with internationally supported projects	C	<ul style="list-style-type: none"> <li>➤ Only one WHO doctor visited us.</li> </ul>	<ul style="list-style-type: none"> <li>➤ None.</li> </ul>
1.6 How efficiently were inputs converted to produce outputs?		B	<ul style="list-style-type: none"> <li>➤ Generally overviewed, most inputs were well contributed upon the outputs.</li> <li>➤ Experts were continuously sharing in establishing the concept, counterparts have been trained well, and equipment is properly utilized.</li> <li>➤ Experts of the entire field were dispatched, counterpart trainees were accepted more than expected, and equipment supply was enough.</li> <li>➤ We had enough training in Japan and tried our best.</li> </ul>	<ul style="list-style-type: none"> <li>➤ More coordination is needed with other departments.</li> <li>➤ Improved organization is needed.</li> <li>➤ In spite of lack of nurses, optimal utilization was achieved.</li> </ul>

Table-2 EFFECTIVENESS (A<sup>-</sup>)

QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
2.1 Degree of achievements of project purpose	2.1.1 To what degree has project purpose, "CUSPH functions as a central and model facility of pediatric emergency care," been achieved?	A	<ul style="list-style-type: none"> <li>➤ The system of modern emergency medical service has nicely established and we already have started some activities to disseminate what we have achieved in this project to other central hospitals in Egypt.</li> <li>➤ Now, CUSPH is well known to have ER.</li> <li>➤ This project achieved its purpose since this is the first project in pediatric field.</li> <li>➤ The number of patients who are treated in the emergency department has increased. The mortality rate of patients has decreased.</li> <li>➤ We were able to establish an emergency system, but we must continue making an effort for improvement of quality.</li> </ul>	<ul style="list-style-type: none"> <li>➤ All of us understand the concept of emergency care in CUSPH.</li> <li>➤ CUSPH is a good model for other hospitals in Egypt.</li> </ul>
2.2 Contribution of outputs to project purpose achievements	2.2.1 To what extent has output 1, "the concept of pediatric emergency medicine is introduced to CUSPH," contributed to the project purpose?	A	<ul style="list-style-type: none"> <li>➤ Full comprehension of the concept of pediatric emergency medicine is essential to get the project purpose and it has been achieved well.</li> <li>➤ The concept is now well established in CUSPH.</li> <li>➤ The concept was satisfactorily introduced.</li> <li>➤ Introduction of the ER concept to Pediatrician and nurses was successful.</li> <li>➤ The concept of pediatric emergency is not well established in CUSPH.</li> <li>➤ It was easy for people to accept that there is Pediatric emergency in CUSPH.</li> <li>➤ Effort was made to establish organization about nursing service of the Emergency Department, supply article, manage human resources, and to bring up the emergency nurse expert to aim for the improvement of emergency nursing.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Concept is now well established.</li> <li>➤ Increased patient flow from other cities and hospitals.</li> <li>➤ Other hospitals are trying to implement same system.</li> </ul>

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QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
	2.2.2 To what extent has output 2, "the system of providing pediatric emergency care service is improved," contributed to the project purpose?	B	<ul style="list-style-type: none"> <li>➤ The system integration is perfect especially with Japanese team.</li> <li>➤ Patient flow and mortality rates were improved since this project started and the number of emergency patients increased.</li> <li>➤ The result of patients' family questionnaire was that almost all families are very satisfied with the emergency medical care we have provided for the patient.</li> <li>➤ The service has been improved a lot by the idea of triage.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Triage is successful.</li> <li>➤ We need more human resources.</li> <li>➤ Mortality rate is reduced.</li> </ul>
	2.2.3 To what extent has output 3, "CUSPH functions as a teaching hospital of pediatric emergency care for medical students, nursing students, and relevant medical personnel," contributed to the project purpose?	A	<ul style="list-style-type: none"> <li>➤ Workshops and lectures have been held frequently.</li> <li>➤ Daily educational activities and repeated workshops could be good models for other hospitals.</li> <li>➤ Teaching to students and doctors has been implemented but we still need more.</li> <li>➤ It needs time to cover bigger number of students and nurses.</li> <li>➤ Sharing of students, nurses and ER staff has not been established.</li> <li>➤ We have had two nursing workshops. The total participants in March 2000 were approx. 200 and in November 2000, there were approx. 300.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Workshop was very successful so all parties gained experience.</li> <li>➤ We have many nursing students getting a lot of knowledge and experience.</li> </ul>

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SB



QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
2.3 Inhibiting factors	2.3.1 In case, the project purpose has not been achieved, what are the main reasons?		<ul style="list-style-type: none"> <li>➤ Project purpose has been achieved fairly. More work from all members is needed in order to achieve the desired goal.</li> <li>➤ Project purpose has almost been achieved. However another effort to brush up its quality is also expected.</li> <li>➤ It is a matter of time to be well known that ER is part of CUSPH. Most referral cases from other hospital are referred to the hospital and not to ER department, but it is better to be referred directly.</li> <li>➤ I think the project tried very hard but sometimes administration system in Egypt had some problems and we could not achieve our goal quickly.</li> <li>➤ We need quick access to equipment after being dysfunctional. (maintenance &amp; replacement)</li> <li>➤ It seems that project supplied CUSPH with very good equipment but there is object in supplying experience about the concept of emergency and postoperative care.</li> <li>➤ No cooperation from local medical society and not enough equipment.</li> <li>➤ The collaboration with other hospitals and health facilities is indispensable to work as a central facility.</li> <li>➤ It was difficult to establish a dissemination function of transferring skills and knowledge of CUSPH to other institutions.</li> <li>➤ There is no history of establishing academic society and lack of academic congress.</li> <li>➤ Shortage of budget.</li> <li>➤ We decided as policy that emergency patients are treated in the emergency room and are then transferred to other sections within 24 hours. Some patients after receiving treatment there more than 24 hours, and have then been transferred have been returned to the emergency room after several days because their condition becomes worse.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lack of efficient nurses reduce quality of patient care.</li> <li>➤ More cooperation between different departments is needed.</li> </ul>
	2.3.2 In case, the project purpose has not yet been achieved, when it is likely to accomplish?		<ul style="list-style-type: none"> <li>➤ The project purpose has been achieved.</li> <li>➤ It's accomplished when experienced personnel shared in the real management of patient perioperative.</li> <li>➤ In far future (impossible).</li> </ul>	<ul style="list-style-type: none"> <li>➤ As soon as nursing problems are solved.</li> </ul>

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SB



Table-3 IMPACT

QUESTIONS	SUB-QUESTIONS	RESULTS OF QUESTIONNAIRE	COMMENT FROM WORKSHOP
3.1 Impact on the project purpose level	3.1.1 As a consequence of the Outputs, did you intend to produce any other positive situation(s) than the current project purpose?	<ul style="list-style-type: none"> <li>➤ To use more advanced teaching facilities.</li> <li>➤ Became more organized system than before.</li> </ul>	<ul style="list-style-type: none"> <li>➤ CUSPH has become well known as Japanese Hospital among people.</li> <li>➤ No intended negatives.</li> </ul>
	3.1.2 Is there any unintended positive situation produced by the Outputs?	<ul style="list-style-type: none"> <li>➤ Emergency medical care has improved to such an extent that the parents of patients wish their children to continue their treatment in Emergency Department.</li> <li>➤ Hospital authority managed by the chairman of Pediatrics (no direct relationship to the project) has started its own educational activities, which could not be seen before the project.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Educational activity of whole hospital is increased.</li> <li>➤ Technical level of CUSPH was improved as a whole.</li> <li>➤ All residents feel secure place for their critical patients.</li> <li>➤ ER equipments may replace other not working equipments in the hospital (eg. Echo, Dinamap, etc)</li> </ul>
	3.1.3 Is there any unintended negative situation produced by the Outputs?		<ul style="list-style-type: none"> <li>➤ Limited beds and reduced turnover weakens ER purpose and turns it into ICU.</li> <li>➤ Limited beds and accepting most critical patients gives bad results.</li> <li>➤ Overlapping of some duties between ER staff and ward staff.</li> <li>➤ ER duties at the moment are like that of ICU.</li> </ul>
3.2 Impact on the overall goal level	3.2.1 To what extent the project has contributed to improve pediatric emergency care in Egypt (overall goal)?	<ul style="list-style-type: none"> <li>➤ Actually the project established this concept for the first time and it became now running perfectly.</li> <li>➤ The project increases the concept of emergency care to great extent.</li> <li>➤ It improves the pediatric emergency care to a great extent.</li> <li>➤ Medical staffs from other university hospitals have requested medical training from SNICU.</li> <li>➤ Excellent effect (to patients, training doctors and nurses)</li> <li>➤ Emphasized the policy in the hospital and registry follow-up.</li> <li>➤ So far, this project or CUSPH just has demonstrated the direction to improve pediatric emergency care in Egypt.</li> </ul>	<ul style="list-style-type: none"> <li>➤ We contributed well by disseminating the concept of modern emergency care.</li> <li>➤ All universities in Egypt know that we have started ER Department.</li> </ul>

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QUESTIONS	SUB-QUESTIONS	RESULTS OF QUESTIONNAIRE	COMMENT FROM WORKSHOP
	3.2.2 Is there any unintended positive situation when CUSPH functions as a central & model facility of pediatric emergency care (project purpose)?	<ul style="list-style-type: none"> <li>➤ Some companies donated to pediatric emergency department.</li> <li>➤ When we visited Alexandria University that is going to build their new pediatric hospital, they mentioned that they referred to CUSPH emergency department for their service.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Not yet.</li> </ul>
	3.2.3 Is there any unintended negative situation when CUSPH functions as a central & model facility of pediatric emergency care?		<ul style="list-style-type: none"> <li>➤ Not forever.</li> </ul>

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Table-4 RELEVANCE (A)

QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
4.1 Relevance of the overall goal	4.1.1 To improve the pediatric emergency care in Egypt is still among the important policies of the Cairo University and the Egyptian government?	A	<ul style="list-style-type: none"> <li>➤ It is a policy of the Cairo University to decrease the mortality rate among Egyptian children and improve quality of care.</li> <li>➤ It is always important.</li> <li>➤ In this three-years project, we just showed the direction to improve the pediatric emergency care.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Second comment deleted because it is a general opinion and not relevant.</li> </ul>
	4.1.2 Does overall goal still match the needs of Egyptian population, especially parents and guardians?	A	<ul style="list-style-type: none"> <li>➤ There has been no change in importance of child health care in Egypt.</li> <li>➤ CUSPH has started to offer better service but until it prevails all over the country, there might be big needs for it.</li> <li>➤ The project should start in many hospitals at the same time.</li> <li>➤ We need more health education to the parents.</li> </ul>	<ul style="list-style-type: none"> <li>➤ There is more importance of child care in Egypt than before.</li> </ul>

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QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
	4.1.3 Is Overall goal still consistent with Japanese aid policies?	B		<ul style="list-style-type: none"> <li>➤ Although pediatric care is still in line with the Japanese aid policy under which pediatric emergency care is interpreted, there has been more attention needed for emerging issues such as infectious disease control, Mother and Child Health Care, PHC, etc.</li> </ul>
4.2 Relevance of the Project Purpose	4.2.1 Is the project purpose still among the important policies of the Cairo University?	A	<ul style="list-style-type: none"> <li>➤ It is always important</li> <li>➤ Yes because we need to train more personnel.</li> <li>➤ CUSPH must continuously be a central facility of modern emergency care, so that every other hospital can follow the way.</li> </ul>	
	4.2.2 Does the project purpose still match the needs of Egyptian population?	A	<ul style="list-style-type: none"> <li>➤ The government is giving this purpose priority.</li> </ul>	<ul style="list-style-type: none"> <li>➤ CUSPH is well known pediatric hospital all over Egypt.</li> <li>➤ It is obvious that people have a necessity.</li> <li>➤ Hospital is always full of patients and their families.</li> </ul>
	4.2.3 Is the project purpose still consistent with Japanese aid policies?	B		<ul style="list-style-type: none"> <li>➤ Fairly enough, project purpose matches Japanese Aid policy to some extent.</li> </ul>
4.3 Relevance of the project design	4.3.1 Was the process and content of the project planning appropriate?	A	<ul style="list-style-type: none"> <li>➤ It was actually perfect. It included all major components as personnel, design, equipments, etc.</li> <li>➤ Although we agree that some undigested plan remained, almost all process and contents were reasonable.</li> <li>➤ The emergency department is very important branch in Pediatrics e.g. ER.</li> <li>➤ We want to change our OR design.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Each unit has a chief who supervises the unit functions.</li> <li>➤ Usually university hospitals attract most of the patients all over Egypt so Japanese Aid must be directed to university hospitals.</li> <li>➤ Estimation of demands (number of patients) should have been conducted at the early stage of the Project so that CUSPH could take counter-measures for it to keep quality of its service.</li> </ul>

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Table-5 SUSTAINABILITY (B +)

QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
5.1 Organizational sustainability	5.1.1 Is the Egyptian Government likely to continue policy support to CUSPH?	A	<ul style="list-style-type: none"> <li>➤ The support of the pediatric emergency is increasing.</li> <li>➤ This project has been approved by the government.</li> <li>➤ Egyptian hope to extend our cooperation as long as possible.</li> <li>➤ As a result of 19-year continuous cooperation by Japan, Egyptian Government never gives up Japanese aid for an expected new project.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continuous support is promised.</li> </ul>
	5.1.2 Is administrative and operational system of CUSPH well organized?	C	<ul style="list-style-type: none"> <li>➤ Organized in the average level of Egypt, but there is much room for development.</li> <li>➤ The administrative and operational system in CUSPH is not working because all important administration work is conducted in the Faculty of Medicine and no appropriate staff is allocated in CUSPH.</li> <li>➤ Administrative and operational management of public organizations in Egypt need drastic evolutionary change to be modernized.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Administrative facilities are limited in Egypt.</li> <li>➤ Common problem in Egypt.</li> </ul>
	5.1.3 Dose CUSPH have sufficient support from other concerned organizations?	B	<ul style="list-style-type: none"> <li>➤ Comparing with other hospitals of Cairo University, CUSPH is supported well in nurse allocation and equipment.</li> <li>➤ The CUSPH obtains support from the private sector.</li> <li>➤ We need more support from other organizations.</li> <li>➤ Co-relation between the facilities including those belonging MOHP is still weak.</li> </ul>	<ul style="list-style-type: none"> <li>➤ CUSPH gets donation from private companies and individuals.</li> </ul>
5.2 Financial sustainability	5.2.1 Is the operational budget of CUSPH stable?	B	<ul style="list-style-type: none"> <li>➤ Sometimes budget is not enough.</li> <li>➤ Stable but not supplied to the field enough and promptly. Director and Professor told us that money is enough and that staff did not order but I know staff did.</li> <li>➤ According to General Director, operation budget allocated per bed will be increased by 25 percent in the next fiscal year. However, the budget for administrative work is not sufficient.</li> <li>➤ Compared with other public hospitals, CUSPH squeezes out better budget. However, from the absolute viewpoint, that is not enough.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Official directors will do their best to increase the budget.</li> <li>➤ Budget from Egyptian Government will be stable or increased hopefully.</li> </ul>

QUESTIONS	SUB-QUESTIONS	GRADES	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
5.3 Technical sustainability	5.3.1 Is the transferred technology properly utilized?	B	<ul style="list-style-type: none"> <li>➤ Especially as they are monitored by Japanese experts.</li> <li>➤ Egyptian doctors have already had good knowledge, but not utilized well.</li> <li>➤ The emergency department is playing an important role in CUSPH, but cooperation with other units has not yet been working well.</li> <li>➤ Lack of well-trained staff is a problem.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Indication case of ECMO never occurred so far and won't be frequent as it costs expensively.</li> <li>➤ Nurses are now accustomed to use computers and medical equipments (eg. Monitors, incubators, etc.)</li> </ul>
	5.3.2 Are the trained C/Ps appropriately posted?	A	<ul style="list-style-type: none"> <li>➤ They are chosen carefully.</li> <li>➤ We selected personnel only who already occupied appropriate posts.</li> <li>➤ One C/P was employed annually and disappeared after contract ended.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Trained C/Ps try to apply the knowledge they acquired.</li> </ul>
	5.3.3 Are the trained C/Ps still remaining in CUSPH?	A	<ul style="list-style-type: none"> <li>➤ Most of them have taken roots in CUSPH, but some of them have withered away.</li> <li>➤ Most of them are remaining.</li> <li>➤ Some left Egypt, some never show up.</li> <li>➤ I think not all C/P is still working.</li> <li>➤ One C/P disappeared. Another C/P works abroad for several months.</li> <li>➤ Don't need the training any longer. I think that Egyptian C/P should work independently.</li> <li>➤ One C/P left CUSPH one year after counterpart training in Japan. against the agreement.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Most of trained C/Ps remain.</li> </ul>
	5.3.4 Are the facilities and equipment well maintained?	B	<ul style="list-style-type: none"> <li>➤ Almost all equipment is well maintained, but I don't deny some of them are left in the condition of out of order.</li> <li>➤ Budget meanly one million Egyptian pounds.</li> <li>➤ Project leader frequently contacted directly to Director and professor to get prompt repair.</li> <li>➤ The hospital is making effort to maintain well, but much equipment becomes out of order so often because of the negligence and mishandling.</li> <li>➤ Medical emergency level is very poor.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Generally, equipments are well maintained.</li> <li>➤ Sometimes spare parts are not available because they are Japanese products.</li> </ul>

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## Japanese Experts Dispatched by JICA

No	F/Y	Name	Field	Term	Duration	Hospital in Japan
1	1999	Norifumi Mabuchi	Chief Advisor	Long	1/4/1999-31/3/2002	Tokibo Co.
2	1999	Reiko Kawamoto	Pediatric Emergency Nursing	Long	1/4/1999-31/3/2002	Showa University
3	1999	Keiko Kawamura	Coordinator	Long	1/4/1999-31/3/2002	TICS Co.
4	1999	Takashi Nakagawa	Pediatric Emergency W.S.	Short	16/6/1999-26/6/1999	Nagoya City Univ.
5	1999	Hisanori Sobajima	Pediatric Emergency W.S.	Short	16/6/1999-26/6/1999	Nagoya Red Cross
6	1999	Atsuo Kakei	Hospital Design	Short	15/6/1999-29/6/1999	National Institute for Hospital Administration
7	1999	Kyoko Murayama	Emergency OP Nursing	Short	30/8/1999-30/11/1999	Showa University
8	1999	Takao Okamatsu	Pediatric Surgery W.S. Pediatric Surgery	Short	20/9/1999-29/9/1999	Showa University
9	1999	Yuu Watarai	Pediatric Surgery W.S. Pediatric Surgery	Short	20/9/1999-29/9/1999	Showa University
10	1999	Chikako Ochi	Pediatric Surgery W.S. Pediatric Surgery Nursing	Short	20/9/1999-29/9/1999	Showa University
11	1999	Yumiko Nakao	Emergency Nursing	Short	10/1/2000-24/3/2000	Showa University
12	1999	Yoshihito Higashidate	Pediatric Emergency	Short	16/1/2000-29/1/2000	Hokkaido Children Medical Center
13	1999	Tetsuo Miyagawa	Pediatric Emergency Nursing W.S.	Short	19/3/2000-29/3/2000	Showa University
14	1999	Asako Akatsuka	Pediatric Emergency Nursing W.S.	Short	19/3/2000-29/3/2000	Nagoya Red Cross

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No	F/Y	Name	Field	Term	Duration	Remarks
15	1999	Yoshihito Higashidate	Pediatric Emergency	Long	25/3/2000-24/3/2002	Hokkaido Children Medical Center
16	2000	Hisanori Sobajima	Pediatric Emergency W.S.	Short	26/5/2000-4/6/2000	Nagoya Red Cross
17	2000	Hiroyuki Tsutsumi	Pediatric Emergency W.S.	Short	26/5/2000-4/6/2000	Sapporo Medical University
18	2000	Shoji Ito	Anesthesiology	Short	1/5/2000-29/7/2000	Nagoya City Univ.
19	2000	Takeshi Iwata	Anesthesiology	Short	12/9/2000-30/12/2000	Aichi Medical University
20	2000	Hiroko Daimon	Neonatal Nursing	Short	11/10/2000-25/12/2000	Showa University
21	2000	Yoshiko Chiura	Nursing Workshop	Short	16/11/2000-25/11/2000	Kochi Medical College
22	2000	Ritsuko Akutagawa	Nursing Workshop	Short	16/11/2000-25/11/2000	Kitasato University
23	2000	Harumi Fukuchimoto	Pediatric Emergency Nursing	Short	16/12/2000-25/2/2001	Showa University
24	2000	Masao Hashiba	Patient Record	Short	17/1/2001-17/2/2002	Niigata University
25	2000	Takao Okamatsu	Pediatric Surgery Workshop	Short	1/2/2001-8/2/2001	Showa University
26	2000	Kazuo Itabashi	Pediatric Surgery Workshop	Short	1/2/2001-8/2/2001	Saitama Medical Center
27	2000	Toshihiro Muraji	Pediatric Surgery Workshop	Short	1/2/2001-8/2/2001	Hyogo Children Hospital
28	2000	Taihei Tanaka	Pediatric Emergency Care	Short	23/3/2001-4/4/2001	Nagoya City Univ.
29	2001	Masaya Kano	Anesthesiology	Short	1/4/2001-31/7/2001	Nagoya City Univ.

No	F/Y	Name	Field	Term	Duration	Remarks
30	2001	Masao Hashiba	Patient Record	Short	12/6/2001-3/8/2001	Niigata University
31	2001	Shoji Ito	Anesthesiology	Short	1/8/2001-30/11/2001	Nagoya City Univ.
32	2001	Tetsuo Miyagawa	Respiratory Therapy	Short	6/8/2001-26/8/2001	Niigata University
33	2001	Sachiko Imazaki	Neonatal Nursing	Short	1/9/2001-30/11/2001	Hokkaido Children Medical Center
34	2001	Ikue Ichikawa	Nursing Education (W/S)	Short	3/11/2001-14/11/2001	Showa University
35	2001	Harumi Nishio	Nursing Education (W/S)	Short	3/11/2001-14/11/2001	Showa University
36	2001	Teiji Yamada	ECMO setup	Short	1/11/2001-21/11/2001	Nagoya City Univ.
37	2001	Yoshihito Fijita	Anesthesiology	Short	1/12/2001-29/3/2002	Nagoya City Univ.
38	2001	Hidenori Terasaki	ECMO workshop	Short	21/12/2001-31/12/2001	Kumamoto Univ.
39	2001	Masanari Tanimoto	ECMO workshop	Short	21/12/2001-31/12/2001	Kumamoto Univ.
40	2001	Hisanori Sobajima	ECMO workshop	Short	21/12/2001-31/12/2001	Nagoya Red Cross
41	2001	Koichi Ashimura	ECMO clinical introduction	Short	21/12/2001-31/12/2001	Kumamoto Univ.
42	2001	Kazuo Itabashi	Pediatric Emergency Care	Short	29/12/2001-13/1/2002	Saitama Medical Center
43	2001	Takao Okamatsu	Seminar	Short	15/2/2002-22/2/2002	Showa University

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Egyptian Counterpart Personnel																
No	F/Y Name	Title	Field	1999				2000				2001				Training in Japan
				4	7	10	1	4	7	10	1	4	7	10	1	
1	Assem El Fiky	Professor of Pediatric Surgery, General Director, Cairo University Hospitals	General Director													2000
2	Amina Hindawy	Professor of Pediatrics, Director	Project Director													
3	Nabil Abdel Ghany	Professor, Head of Emergency Dept.	Pediatrics													1998
4	Ahmed El Sawy	Consultant	Pediatrics													
5	Ahmed Tarek	Consultant	Pediatrics													1999
6	Hesham Kamel	Consultant	Pediatrics													
7	Mohamed Genina	Lecturer	Pediatrics													2000
8	Mohamed Omar	Consultant	Pediatrics													
9	Soha M.Emam	Assistant Lecturer	Pediatrics													
10	Hefez M. Bazaraa	Assistant Lecturer	Pediatrics													
11	Lubna Fawaz	Lecturer	Pediatrics													
12	Ilham Youssry	Lecturer	Pediatrics													
13	Mggie Louis	Lecturer	Pediatrics													
14	Nasser Abdel Aal	Professor	Pediatric Surgery													2000
15	Hesham Oaf	Professor	Pediatric Surgery													2001
16	Khalid H. Kamel	Assistant Lecturer	Pediatric Surgery											transferred		
17	Ola Taher	Junior Consultant	Pediatric Surgery											resigne		2000
18	Abdel Hai	Assistant Lecturer	Anesthesiology											transferred		
19	Karim Kamel	Assistant Lecturer	Anesthesiology											transferred		
20	Nadine	Assistant Lecturer	Anesthesiology											transferred		
21	Hesham Gamal	Assistant Lecturer	Anesthesiology													2001
22	Ahmed Mokhtar	Assistant Lecturer	Anesthesiology													
23	Mohamed Sonbaty	Assistant Lecturer	Anesthesiology													
24	Fawziya Mohsen	Matron	Nursing											retired		
25	Fatma Sakr	Matron	Nursing													2000
26	Jozephine Dawod	Assistant Matron	Nursing													1999

  
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No	F/Y Name	Title	Field	1999				2000				2001				Training in Japan
				4	7	10	1	4	7	10	1	4	7	10	1	
27	Manal Said	Supervisor	ER Nursing												1998	
28	Manal Saad	Supervisor	SNICU Nursing												1999	
29	Anwaar Mohamed	Head Nurse	OP Nursing												2000	
30	Salwa Attia	Staff Nurse	SNICU Nursing												2000	
31	Zeinab Basset	Head Nurse	ER Nursing												2001	
32	Wafaa Mohamed	Chief engineer	Engineering												2001	

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## Equipment Donated by JICA

F/Y	No	Description	Specification	Q'ty	Amount	Agent	Date of installation	Place
1999	1	Local Area Network	Compaq Deskpro EN Desktop-450MHz with CARE (soft)	3	163,116	Giza Systems Engineering	Jan.5,2000	ER1, Emergency OP, SNICU
	2	Jackson-Rees Circuits	Blease Jackson-Rees circuit	10	7,500	Egyptian Eng.Co.	Oct.10,1999	ER1
	4	Emergency Cart	EMT 200 emergency trolley CARDIO-AID MC+ with Pacer	1	45,000	CHEMILAB	Dec.16,1999	ER1
	5	Digital Camera	EPSON PHOTO PC 750z	1	3,410	Giza Systems Engineering	Jan.16,2000	ER1
	6	Rigid Bronchoscope	Fiber light source (FL2), Bronchoscope GU3902, 3908, 3910, 3918, GU4004, GU3984, GU4034	1	22,240	GESCA	Jan.17,2000	Emergency OP
	7	Resuscitation Table	NESBIT EVANS-ENGLAND Fixed height patient trolley model 41000	1	12,000	GESCA	Jan.20,2000	ER1
	8	Hand Dryer	Drying machine T500E	3	4,000	Int'l Trading	Sep.16,1999	ER1, Emergency OP, SNICU
	9	Monitor System	Motorola MTX838, 10 hand held units and 10 spare batteries	1	61,600	SYSTEL	Nov.2,1999	Director, Head of Emergency Dept, JICA office, Eng. Dept., Head of SNICU, 5 residents,
	10	Blood Warmer	Elitec Blood Warmer AM2	1	2,750	Valley Trade	Oct.3,1999	ER1
	11	Cold & Warm Blanket	SEABROOK, Tropi Cool Hyper/Hypothermia Unit	1	38,500	HI-MED	Dec.19,1999	Emergency OP
	12	Air Curtain		1	1,600	Power Egypt	Feb.19,1999	ER1
	13	Books	24 medical books	10	15,666	Ramchak	Nov.4,1999	Library

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F/Y	No	Description	Specification	Q'ty	Amount(LE)	Agent	Date of installation	Place
1999	14	Portable suction	Atom neonatal suction pump Model D - 58 code CM - 5631	1	7,220	Egyptian Eng.Co.	Nov.29,1999	ER1
	15	Laryngoscope	WELCH ALLYN	3	3,870	Fatimiya Co.	Sep.26,1999	ER1, Emergency OP, SNICU
		Total of F/Y1999			388,472			
2000	16	Echsonography	Hewlett Packard SONOS4500	1	646,000	MEDEQUIP	Nov. 14, 2000	ER1
	17	HFO Ventilator	Drager Babylog 8000plus	1	125,000	Life Care Technology	Oct.1,2000	SNICU
	18	Radiant Warmer	ATOM infant warmer	1	20,000	Egyptian Eng.Co.	Dec.12,2000	ER1
	19	Autoclave	SAKURA AIII5-006, 490L	1	210,000	Scientific & Trading	Feb .21,2001	Emergency OP
	20	Blood regrigerator	JEWETT BBR25, SI-2A	1	35,000	DEBAKEY CORP	Sep.14,2000	SNICU
	21	Extracorporeal life assist system	MERA ECMO SYSTEM NOGOYA II JAPAN RED CROSS HOSPITAL TYPE , Option:SAO2 monitor, 10 sets consumables	1	US\$161,000	Egyptian Eng. & Industrial Office	Sep. 11,2001	SNICU
	22	Ambulance for neonates transport	TOYOTA HIACE Ambulance RZH114L-ZRMRS	1	US\$81,000	Egypt TOYOTA	Nov. 25, 2001	Ambulance (SNICU)
	23	Pulse Oximeter	DATEX-OHMEDA 3800 OXIMETER with three pediatric and neonatal probes	1	12,700	ADM	May 22,2001	ER
	24	Laryngoscope	WELCH ALLYN	1	1,290	Fatimiya Co.	Mar.25,2001	Ambulance (SNICU)
	25	HFO ventilator	Drager Babylog 8000plus Optional HFV&PSV	1	110,000	Drager	Aug.28, ,2001	SNICU
	26	Surgical head lamp	Cold Light Fountain HALOGEN 150, Headlight with balljoint	1	9,500	FARAMED	Jun. 3,2001	Emergency OP
	27	Weight scale for infant	Seca 707, Capacity 200Kg	1	2,370	AL NOUH	Mar.21,2001	ER1
	28	Weight scale for neonates	ATOM, CM-5811 Pediatric examining table model DS-21	1	58,000	Egyptian Eng. & Industrial Office	Jul.15,2001	SNICU

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F/Y	No	Description	Specification	Q'ty	Amount(LE)	Agent	Date of installation	Place
2000	29	ACT meter	HEMOCHRON Model JR	1	9,500	ADM	Mar.22,2001	ECMO (SNICU)
		Total of F/Y2000			LE1,229,860 + US\$242,000			
2001	30	C-arm X-ray TV System	SERIES 7700 MOBILE DIGITAL C-ARM, OEC	1	360,000	GESCA	Nov. 18, 2001	Emergency OP
	31	Conventional Ventilator	NEWPORT E100M Ventilator, Neonatal-Pediatric-Adult	4	280,000	GESCA	Sep. 6,2001	ER1 & ER2
	32	Anesthesia Machine	CATO-DRAGER, Monitor PM8060, PM8060vitara	1	200,000	Drager	Aug. 26,2001	SNICU
		Total of F/Y2001			840,000			
		Grand Total			LE3,466,665 (¥103,999,950) (LE=¥30, US\$=125)			

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Technical Equipment for Expert						D: Durable, N:Non-durable			
F/Y	No	Description (Model, Manufactu, etc)	Q'ty	Amount (¥)	Place	Arrival	Expert	D/N	Remarks
1999	1	Projector, EPSON ELP-7499	1	880,000	JICA Office	1999.4.2	Mabuchi	D	
	2	Laser Printer (OKI Microline 640L)	1	70,800	JICA Office	1999.4.2	Mabuchi	D	Repaired in Japan Nov.1999, abandoned in 2001
	3	Toner Cartridge (OKI for Microline 640L)	5	18,000	JICA Office	1999.4.2	Mabuchi	N	
	4	Local Talk Kit	2	8,000	JICA Office	1999.4.2	Mabuchi	D	
	5	Book	5	60,777	JICA Office	1999.4.2	Mabuchi	D	
	6	Hard Disk (for Power Mac 6100 DSC-UE8)	1	52,800	JICA Office	1999.4.2	Kawamura	D	
	7	Memory 64MB	1	19,000	JICA Office	1999.4.2	Kawamura	D	
	8	BJ Printer (CANON BJ-80V)	1	33,000	JICA Office	1999.4.2	Kawamura	D	
	9	Printer Cable (Pixecable H2)	1	7,200	JICA Office	1999.4.2	Kawamura	D	
	10	Floppy Disc Drive (Apple M6396G/A)	1	17,000	JICA Office	1999.4.2	Kawamura	D	
	11	Battery pack M6385G/A	1	31,000	JICA Office	1999.4.2	Kawamura	D	
	12	Software (MS Office 98 for Mac)	1	65,000	JICA Office	1999.4.2	Kawamura	D	
	13	Carrying case (BM-025NV)	1	11,000	JICA Office	1999.4.2	Kawamura	D	
	14	Personal Computer (Apple Powerbook G3)	1	387,000	JICA Office	1999.4.2	Kawamura	D	
	15	HPC Roll Apron MOR272 (200pcs/set)	2	18,360	Nursing Expert Room	1999.4.2	Kawamoto	N	
	16	Medical Cap MC-60 white (100/set)	1	1,980	Nursing Expert Room	1999.4.2	Kawamoto	N	
	17	Medical Cap MC-62 green (101/set)	1	1,980	Nursing Expert Room	1999.4.2	Kawamoto	N	
	18	Glove 6.0 2D7251 (40pcs/set)	1	4,160	Nursing Expert Room	1999.4.2	Kawamoto	N	
	19	Glove 6.5 2D7252 (40pcs/set)	1	4,160	Nursing Expert Room	1999.4.2	Kawamoto	N	
	20	Glove 8.0 2D7255 (40pcs/set)	1	4,160	Nursing Expert Room	1999.4.2	Kawamoto	N	
	21	Glove 5.5 2D7250 (40pcs/set)	1	4,160	Nursing Expert Room	1999.4.2	Kawamoto	N	
	22	Glove 8.5 2D7256 (40pcs/set)	1	4,160	Nursing Expert Room	1999.4.2	Kawamoto	N	
	23	Glove 7.0 2D7253 (40pcs/set)	1	4,160	Nursing Expert Room	1999.4.2	Kawamoto	N	
	24	Glove 7.5 2D7254 (40pcs/set)	1	4,160	Nursing Expert Room	1999.4.2	Kawamoto	N	
	25	Medical Cap MC-63 Pink (100pcs/set)	3	5,940	Nursing Expert Room	1999.4.2	Kawamoto	N	
	26	Medical Cap MC-61 Blue (100pcs/set)	2	3,960	Nursing Expert Room	1999.4.2	Kawamoto	N	
	27	Plastic Glove Right 5.0 130020 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	28	Plastic Glove Right 5.5 130021 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	29	Plastic Glove Right 6.0 130022 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	30	Plastic Glove Right 6.5 130023 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	31	Plastic Glove Right 7.0 130024 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	32	Plastic Glove Right 7.5 130025 (50pcs/set)	7	7,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	33	Plastic Glove Right 8.0 130047 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	34	Plastic Glove Left 5.0 130026 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	35	Plastic Glove Left 5.5 130027 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	36	Plastic Glove Left 6.0 130028 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	37	Plastic Glove Left 6.5 130029 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	38	Plastic Glove Left 7.0 130030 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	



F/Y	No	Description (Model, Manufactu, etc)	Q'ty	Amount (¥)	Place	Arrival	Expert	D/N	Remarks
1999	39	Plastic Glove Left 7.5 130031 (50pcs/set)	7	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	40	Plastic Glove Left 8.0 130048 (50pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	41	Surgical Mask MM-12 (100pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	42	Surgical Mask MM-71 (100pcs/set)	1	1,000	Nursing Expert Room	1999.4.2	Kawamoto	N	
	43	Digital Camera EPSON CP-700z)	1	76,400	JICA Office	1999.4.2	Kawamoto	D	
	44	PC Card Adapter (I/O DATE PCCF-4MS)	1	7,000	JICA Office	1999.4.2	Kawamoto	D	
	45	Tape Cartridge 18mm	15	18,450	JICA Office	1999.4.2	Kawamoto	N	
	46	Tape Cartridge 12mm	15	13,050	JICA Office	1999.4.2	Kawamoto	N	
	47	Tape Cartridge 24mm	15	18,450	JICA Office	1999.4.2	Kawamoto	N	
	48	Lactic Acid Meter LT-1710	2	127,000	ER	1999.6.16	Nakagawa	D	
	49	Sensor of above (25pcs/pack)	10	54,000	ER	1999.6.16	Nakagawa	N	
	50	Trachlight 621000	1	28,900	ER	1999.6.16	Nakagawa	D	
	51	Trachlight 621140	1	55,300	ER	1999.6.16	Nakagawa	N	
	52	Trachlight 621150	1	55,300	ER	1999.6.16	Nakagawa	N	
	53	Blade no.52424	1	24,500	ER	1999.6.16	Nakagawa	D	
	54	Handle 52145	1	17,000	ER	1999.6.16	Nakagawa	D	
	55	Resuscitation Kit	1	41,000	ER	1999.6.16	Nakagawa	D	
	56	Blood Sugar Meter	1	13,900	ER	1999.6.16	Nakagawa	D	
	57	Sensor of above (30pcs/pack)	10	32,000	ER	1999.6.16	Nakagawa	N	
	58	Eardrum Thermometer MC-505HP	6	68,400	ER	1999.6.16	Nakagawa	D	
	59	Cover of above (400pcs/pack)	1	7,600	ER	1999.6.16	Nakagawa	N	
	60	Hotwater Bottle 1.6L	10	35,000	ER	1999.6.16	Nakagawa	N	
	61	Hotwater Bottle 2.0L	10	23,000	ER	1999.6.16	Nakagawa	N	
	62	MO Drive TS2341W/MA	1	42,000	JICA Office	1999.6.16	Nakagawa	D	
	63	Transformer	1	5,800	JICA Office	1999.6.16	Nakagawa	D	
	64	230MB MO Disk	6	25,500	JICA Office	1999.6.16	Kakehi	N	
	65	Photo Print Paper 2 (20 sheet/pack) A4	50	54,000	JICA Office	1999.6.16	Kakehi	N	
	66	Photo (for super fine) (20sheet/pack) A4	50	122,000	JICA Office	1999.6.16	Kakehi	N	
	67	Tonner Cartridge(TNR-00-009)	10	35,000	JICA Office	1999.8.19	Murayama	D	
	68	Printer Cartiridge (BCI-11 Black)	10	8,000	JICA Office	1999.8.19	Murayama	D	
	69	Printer Cartiridge (BCI-11 Color)	10	15,000	JICA Office	1999.8.19	Murayama	D	
	70	Printer Cartiridge (BCI-10 Black)	10	12,000	JICA Office	1999.8.19	Murayama	D	
	71	Book	1vol	14,000	JICA Office	1999.8.19	Murayama	N	
	72	CD-ROM	1	22,500	JICA Office	1999.8.19	Murayama	N	
	73	Video Tape	3	209,400	JICA Office	1999.8.19	Murayama	N	
	74	Blood/Infusion warmer AM-2S-5A	3	180,000	ER, NICU, OP	2000.1.11	Nakao	D	
	75	Aesthesiometer	10	22,000	ER, NICU, OP	2000.1.11	Nakao	D	
	76	Personal Computer (ibookM707J/A)	1	256,000	JICA Office	2000.1.17	Higashidate	D	
	77	Carrying case SSC-U4	1	3,500	JICA Office	2000.1.17	Higashidate	N	
	78	Emergency Cart	3	1,030,000	ER, NICU, OP	2000.3.25	Mabuchi	D	Local Purchase (LE31,200)

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F/Y	No	Description (Model, Manufactu, etc)	Q'ty	Amount (¥)	Place	Arrival	Expert	D/N	Remarks
2000	79	Electrocardiograph	1	1,187,900	ER	2000.4.30	Higashidate	D	
	80	Sphygmomanometer, Stand type 620	3	59,400	Emergency OP	2000.5.29	Ito	D	
	81	Armband wth rubber pack AO-348-06	6	13,200	Emergency OP	2000.5.29	Ito	N	
	82	-ditto - AO-348-08	6	13,800	Emergency OP	2000.5.29	Ito	N	
	83	Rubber ball AO-348-05	3	1,350	Emergency OP	2000.5.29	Ito	N	
	84	Blood Pressure Cuff for child 2780	3	23,100	Emergency OP	2000.5.29	Ito	N	
	85	Blood Pressure Cuff for infant 2782	5	34,000	Emergency OP	2000.5.29	Ito	N	
	86	Blood Pressure Cuff - 10pcs/pack 2128	1	15,500	Emergency OP	2000.5.29	Ito	N	
	87	- ditto - 2138	1	15,500	Emergency OP	2000.5.29	Ito	N	
	88	Forceps (S) No.711	1	9,000	Emergency OP	2000.5.29	Ito	D	
	89	Forceps (SS) No.711	1	9,000	Emergency OP	2000.5.29	Ito	D	
	90	Face Mask 6810	5	6,000	Emergency OP	2000.5.29	Ito	N	
	91	Face Mask 6820	3	3,600	Emergency OP	2000.5.29	Ito	N	
	92	Face Mask 6830	3	3,600	Emergency OP	2000.5.29	Ito	N	
	93	Book	3	18,690	Emergency OP	2000.5.29	Ito	N	
	94	Jaundice meter MINOL AJM-102	1	398,000	SNICU	2000.5.28	Sobajima	D	
	95	Personal Computer Mac Powerbook G3	1	450,300	JICA Office	2000.5.28	Tsutsumi	D	
	96	MO Drive Olympus TS6433C/US	1	44,000	JICA Office	2000.10.16	Daimon	D	
	97	MO Disk 640MB 5pcs/box	5	27,500	JICA Office	2000.10.16	Daimon	N	
	98	MO Disk 230MB 5pcs/box	5	15,000	JICA Office	2000.10.16	Daimon	N	
	99	Memory Card IO DATA Compact Flash	1	10,300	JICA Office	2000.10.16	Daimon	D	
	100	Books (Japanese)	7	21,985	JICA Office	2000.10.16	Daimon	D	
	101	GLO-GERM Hand Washing Training Kit	1	19,400	Emergency OP	2000.11.9	Daimon	D	
	102	Medical Cap 100pcs/box MC-62	1	2,090	Emergency OP	2000.11.9	Daimon	N	
	103	Surgical Mask 50pcs/box ET	1	1,450	Emergency OP	2000.11.9	Daimon	N	
	104	Surgical Mask 50pcs/box FBM-281	1	6,560	Emergency OP	2000.11.9	Daimon	N	
	105	Roll Apron 50pcs x 6 /set	1	18,500	Emergency OP	2000.11.9	Daimon	N	
	106	Surgical Gloves 2D7252J 40Pairsx5box/set	1	28,800	Emergency OP	2000.11.9	Daimon	N	
	107	Book (4 Japanese & 1 English)	5	53,182	JICA Office	2000.11.9	Daimon	D	
	108	Transducer M1192A	3	144,810	Emergency OP	2000.10.31	Iwata	D	
	109	Transducer Infant M1195A	2	96,540	Emergency OP	2000.10.31	Iwata	D	
	110	Adapter cable M1940A	1	15,760	Emergency OP	2000.10.31	Iwata	D	
	111	Babysafe Resuscitator 5501 20pcs/box	1	60,800	Emergency OP	2000.10.31	Iwata	N	
	112	Ink Cartridge BCI-12 Photo Color	3	5,100	JICA Office	2000.12.17	Fukuchimo	N	
	113	Ink Cartridge BCI-12 Photo Black	3	2,550	JICA Office	2000.12.17	Fukuchimo	N	
	114	Ink Cartridge BCI-11 Color	3	5,100	JICA Office	2000.12.17	Fukuchimo	N	
	115	Ink Cartridge BCI-11 Black	3	2,550	JICA Office	2000.12.17	Fukuchimo	N	
	116	SMART MEDIA MG-32SW 32MB	1	7,800	JICA Office	2000.12.17	Fukuchimo	D	
	117	Personal Computer (Solo 9300 Gateway)	1	418,000	JICA Office	2001.1.18	Hashiba	D	
	118	Software MS-WINDOWS 2000 (English)	1	47,400	JICA Office	2001.1.18	Hashiba	D	
	119	Software MS-OFFICE 2000 (English)	1	27,400	JICA Office	2001.1.18	Hashiba	D	

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F/Y	No	Description (Model, Manufactu, etc)	Q'ty	Amount (¥)	Place	Arrival	Expert	D/N	Remarks
2000	120	Personal Computer (IBM)	1	406,500	Nursing Department	2001.1.29	Kawamoto	D	Local Purchase (LE13,550)
	121	Book (Japanese)	3	59,275	JICA Office	2001.3.28	Tanaka	D	
2001	122	ETCO2 transducer M1460A	1	396,200	Emergency OP	2001.6.24	Kano	D	
	123	Airway Adaptor 14363A	1	40,900	Emergency OP	2001.6.24	Kano	D	
	124	Logitech HDD AC100V LHD-E60SU	2	88,000	JICA Office	2001.6.26	Hashiba	D	
	125	Adaptec SCSI Card APA-1480	1	16,800	JICA Office	2001.6.26	Hashiba	D	
	126	Transformer In220V Out100V 500VA	2	29,600	JICA Office	2001.6.28	Hashiba	D	
	127	Portable Suction MEDELA	1	180,000	ER	2001.7.22	Higashidate	D	Local Purchase (LE6,000)
	128	ACAPELLA DH DHD21-1530	10	64,000	ER	2001.8.12	Miyagawa	N	
	129	EzPAP DHD23-0747	10	43,000	ER	2001.8.12	Miyagawa	N	
	130	COACH2 FOR KIDS DHD22-2000	10	31,000	ER	2001.8.12	Miyagawa	N	
	131	Temperature Monitor (CTM303)	1	97,000	Emergency OP	2001.9.5	Ito	D	
	132	No.6 Catheter Probe (PD-K061)	4	68,000	Emergency OP	2001.9.5	Ito	N	
	133	Resusable Temperature Probe (21076A)	3	73,500	Emergency OP	2001.9.5	Ito	N	
	134	Karaya 5 Seal Ringg Drainable Pouch 16mm	2	13,800	SNICU	2001.9.16	Imazaki	N	
	135	Karaya 5 Seal Ringg Drainable Pouch 22mm	2	13,800	SNICU	2001.9.16	Imazaki	N	
	136	Dansac Solo Infant clear	4	72,400	SNICU	2001.9.16	Imazaki	N	
	137	Premium Powder 28	2	2,140	SNICU	2001.9.16	Imazaki	N	
	138	Premium Paste	2	4,480	SNICU	2001.9.16	Imazaki	N	
	139	EAKIN COHESIVE SEALS	6	58,200	SNICU	2001.9.16	Imazaki	N	
	140	P1 Catheter Kit for infant 28G	1	91,300	SNICU	2001.10.7	Itahashi	N	
	141	P1 Catheter Kit for infant 24G	1	91,300	SNICU	2001.10.7	Itahashi	N	
	142	Mendicut, TPN Filter set "Thainy" 50pcs	1	63,400	SNICU	2001.10.7	Itahashi	N	
	143	Single Pad Hakufuji	2	5,400	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	144	Karaya Hesive Clear Type ALCARE C-3	5	18,000	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	145	Karaya Hesive Clear Type ALCARE C-6	5	22,500	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	146	Karaya Hesive Clear Type ALCARE C-9	2	11,800	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	147	Airstrip Smith & Nephew 7180	2	6,600	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	148	Airstrip Smith & Nephew 7193	2	6,600	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	149	Airstrip Smith & Nephew 7195	1	4,200	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	150	Manometer R332532	2	72,200	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	151	Airseal Mask for infant	5	7,250	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	152	Airseal Mask for child	5	7,250	ER, SNICU, Emer.OP	2001.11.8	Ichikawa	N	
	153	Cannula for child, an artery, 8Fr	2	22,600	SNICU	2001.11.8	Yamada	N	
	154	Cannula for child, an artery, 10 Fr	5	56,500	SNICU	2001.11.8	Yamada	N	
	155	Cannula for child, a vein, 10 Fr	2	22,600	SNICU	2001.11.8	Yamada	N	
	156	Cannula for child, a vein, 12 Fr	5	56,500	SNICU	2001.11.8	Yamada	N	
	157	Pressure Administration Cuff for 500ml	2	57,600	SNICU	2001.12.10	Fujita	N	
	158	NELLCOR Multi-light Sensor	1	66,000	SNICU	2001.12.10	Fujita	N	
	159	Sensor Clip for above	1	5,400	SNICU	2001.12.10	Fujita	N	
	160	Prefusion Tubing Circuit (ECMO)	2	269,000	SNICU	2001.12.23	Terasaki	N	

F/Y	No	Description (Model, Manufactu, etc)	Q'ty	Amount (¥)	Place	Arrival	Expert	D/N	Remarks
2001	161	Membrane Oxygenator MERA SILOX	2	212,800	SNICU	2001.12.23	Terasaki	N	
	162	ADSON Dissecting Forceps, KEISEI F0358	1	9,500	SNICU	2001.12.23	Terasaki	N	
	163	ADSON Dissecting Forceps, KEISEI F0357	2	37,800	SNICU	2001.12.23	Terasaki	N	
	164	Dissecting Forceps 13cm MIZUHO 09-090-C	1	1,800	SNICU	2001.12.23	Terasaki	N	
	165	Tissue Forceps 13cm, BONIMED	1	1,520	SNICU	2001.12.23	Terasaki	N	
	166	De Bakey Diethrich Vascular Forceps Boss	4	106,400	SNICU	2001.12.23	Terasaki	N	
	167	Plastic Surgical Flat Retractor KEISEI	2	45,000	SNICU	2001.12.23	Terasaki	N	
	168	Sugita clip-applying forceps straight	1	39,600	SNICU	2001.12.23	Terasaki	N	
	169	Sugita clip-applying forceps angle Mini	1	40,500	SNICU	2001.12.23	Terasaki	N	
	170	Sugita clip, standard No.1 MIZUHO	1	13,500	SNICU	2001.12.23	Terasaki	N	
	171	Sugita clip, standard No.2 MIZUHO	1	13,500	SNICU	2001.12.23	Terasaki	N	
	172	Sugita clip, standard No.4 MIZUHO	2	30,600	SNICU	2001.12.23	Terasaki	N	
	173	Kelly Haemostatic Forceps KEISEI	1	24,800	SNICU	2001.12.23	Tanimoto	N	
	174	Delicate mosquito Heaemostatic Forceps	2	73,800	SNICU	2001.12.23	Tanimoto	N	
	175	Mosquito Haemostatic Forceps straight	2	14,400	SNICU	2001.12.23	Tanimoto	N	
	176	Haemostatic Forceps for Infant	2	13,320	SNICU	2001.12.23	Tanimoto	N	
	177	Kocher Haemostatic Forceps, curved	2	10,800	SNICU	2001.12.23	Tanimoto	N	
	178	Supercut Surgical Scissors Kelly	1	9,600	SNICU	2001.12.23	Tanimoto	N	
	179	Delicate Surgical Scissors curved	1	4,000	SNICU	2001.12.23	Tanimoto	N	
	180	Surgical Scissors, straight 14cm	1	3,510	SNICU	2001.12.23	Tanimoto	N	
	181	Hegar-Mato Needle Holders 19cm	1	9,900	SNICU	2001.12.23	Tanimoto	N	
	182	Backhaus towel clamp small	3	10,800	SNICU	2001.12.23	Tanimoto	N	
	183	Operating knife handle	1	630	SNICU	2001.12.23	Tanimoto	N	
	184	15cm scale KEISEI C-288	1	1,400	SNICU	2001.12.23	Tanimoto	N	
	185	ELS Double lumen cannula BPQ-M1210	3	161,400	SNICU	2002.1.30	Yamada	N	
		Total		11,474,859	(LE378,670) (¥=LE0.033)				

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Facilities Provided by the Egyptian Side					
No.	Unit	Number of room	Number of bed	Number of desk	Telephone
1	Emergency Unit	1			
	1) Triage		1		
	2) Treatment room	1	3		
	3) ER1	1	7		1
	4) ER2	1	6		
	5) Doctors' room	1		1	
	6) Nurses' room	1			
2	SNICU				
	1) SNICU	1	16		1
	2) Doctors' room	1		1	
	3) Nurses' room	1			
3	Emergency OP				
	1) Operation room	1	2		1
	2) Recovery room	1	3		
	3) Doctors' room	1		1	
	4) Nurses' room	1			
4	Japanese office				
	1) Office	3		10	2
	2) Doctor's room	1	2	1	
	3) Nurse's room	1	1	1	

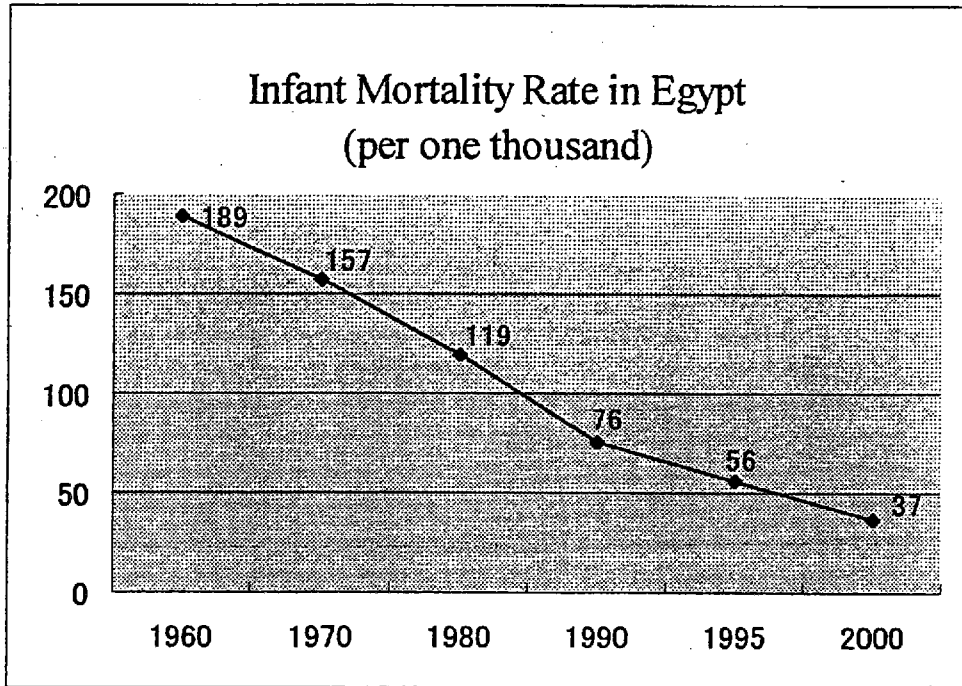
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Local cost supported by JICA			(LE=¥30)
1. Local cost			
F/Y	Yen (¥)	LE	
FY1999	4,032,180	134,406	
FY2000	4,594,650	153,155	
FY2001	6,057,240	201,908	
Total	14,684,070	489,469	
2. Technical Exchange Program			
1) Project and Country : Dr. Soetomo Hospital, Indonesia			
2) Duration: June 21 - July 4, 1999			
3) Participant: Two Egyptian counterparts and two Japanese experts			
4) Cost: LE47,556 (¥1,426,680)			
3. Middle Level Manpower Training (Seminar)			
1) Date: February 18, 2002			
2) Participant: Five Universities (Alexandria, Mansoura, Suez Canal, Assiut, Ain Shams)			
3) Cost: LE63,617 (¥1,908,510)			
Total: LE600,642 (¥18,019,260)			

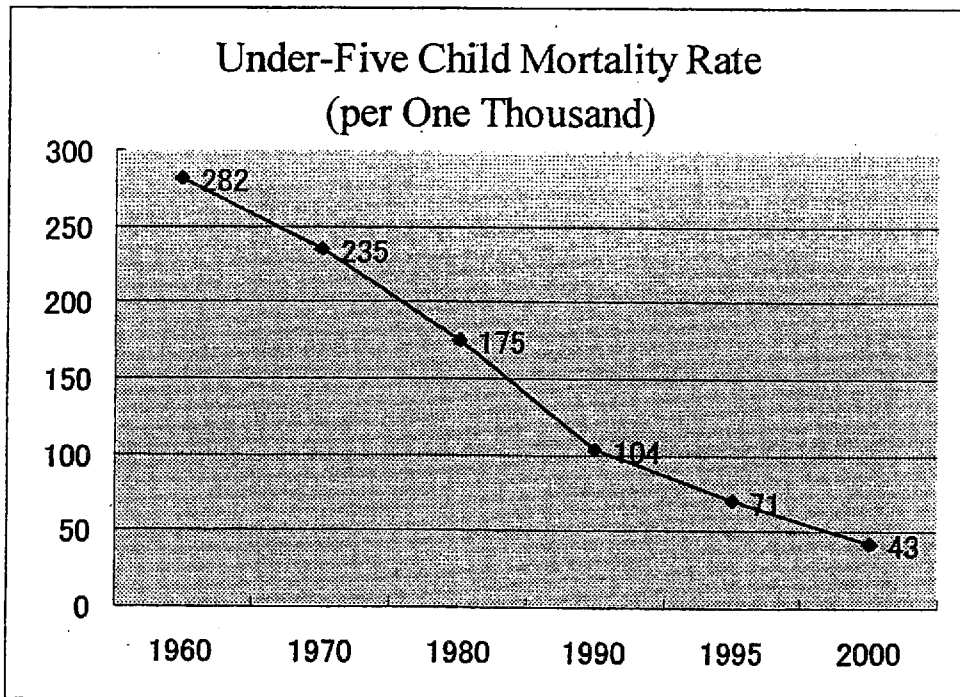
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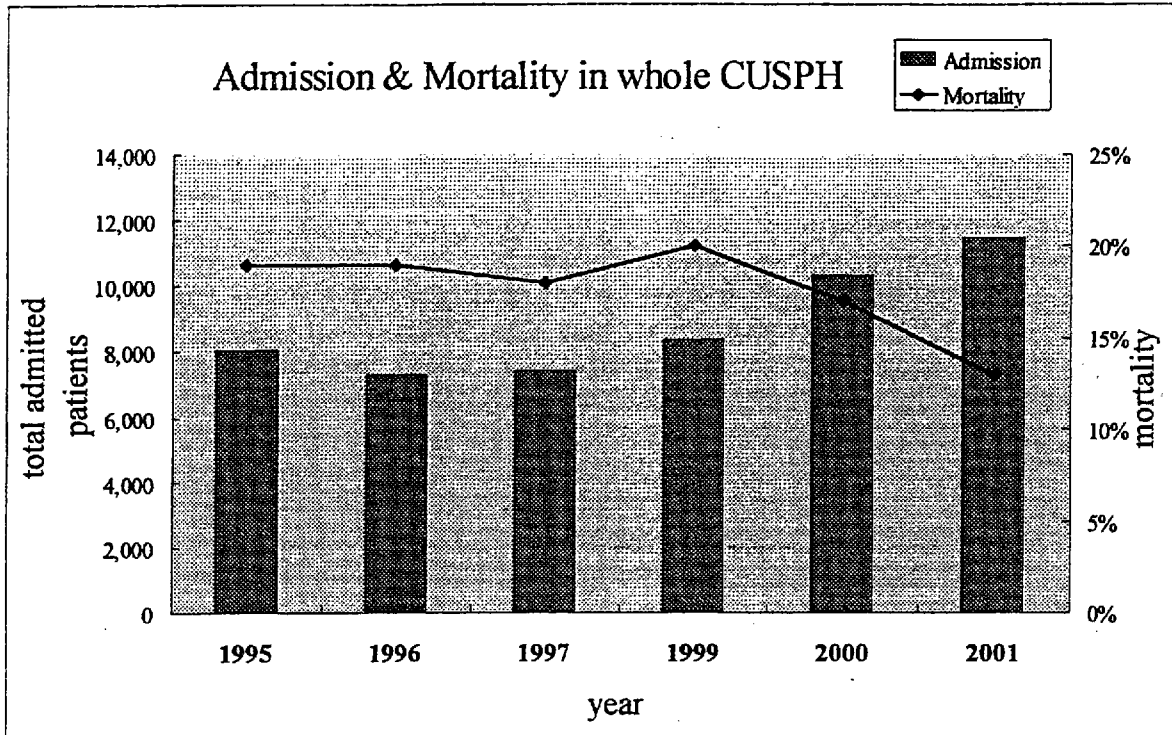
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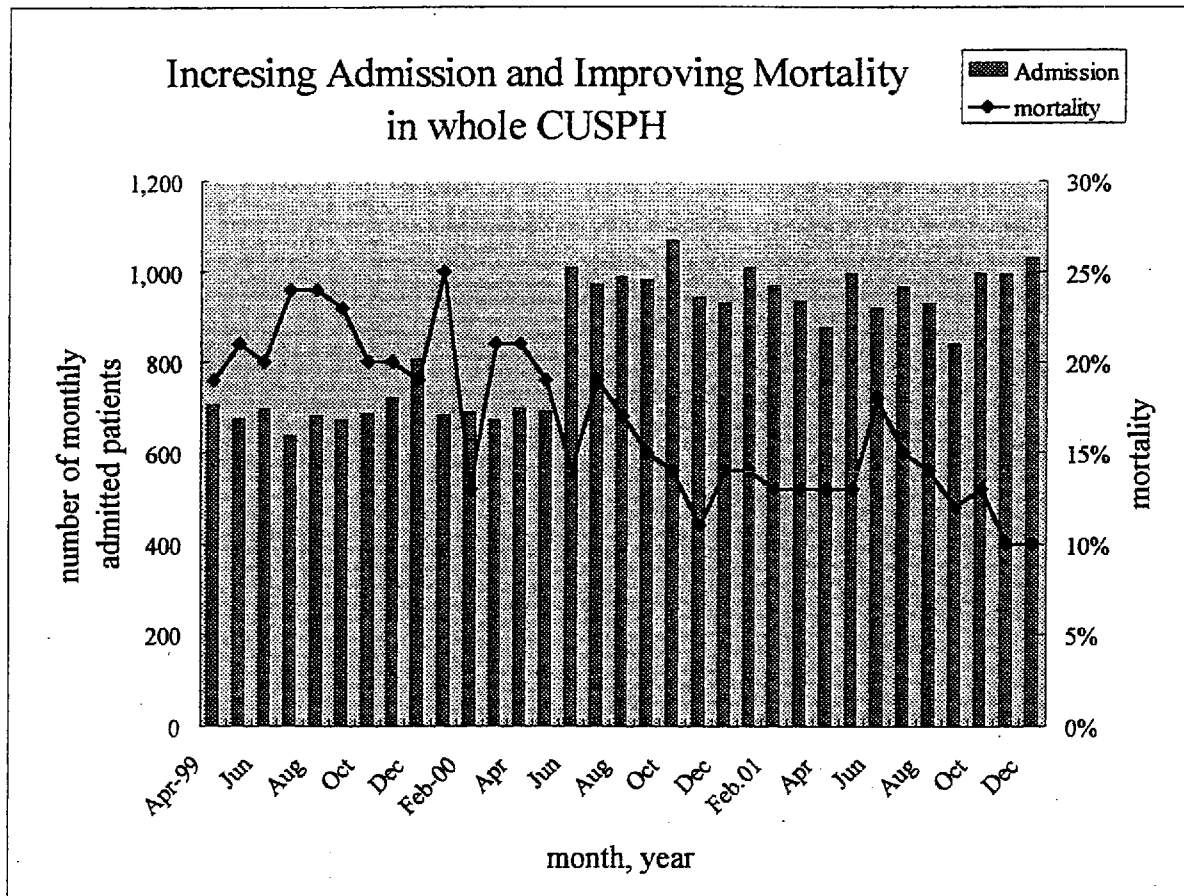
Source: UNICEF Statistics.

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Source: CUSPH Medical Record Statistics.

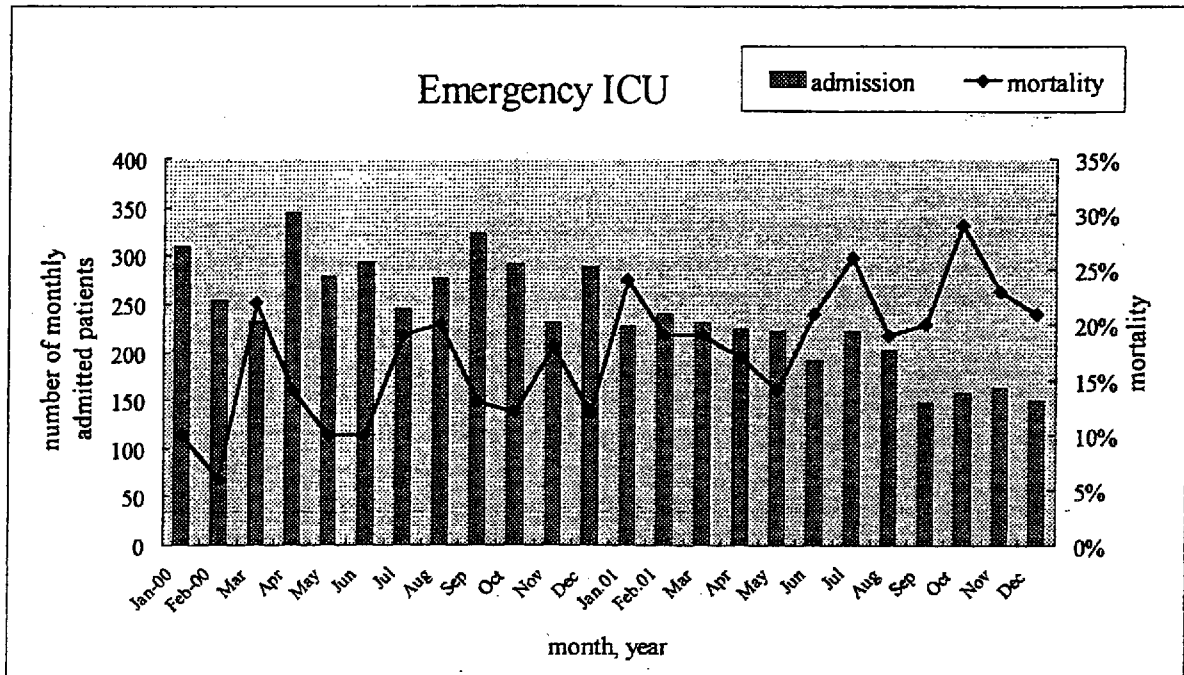


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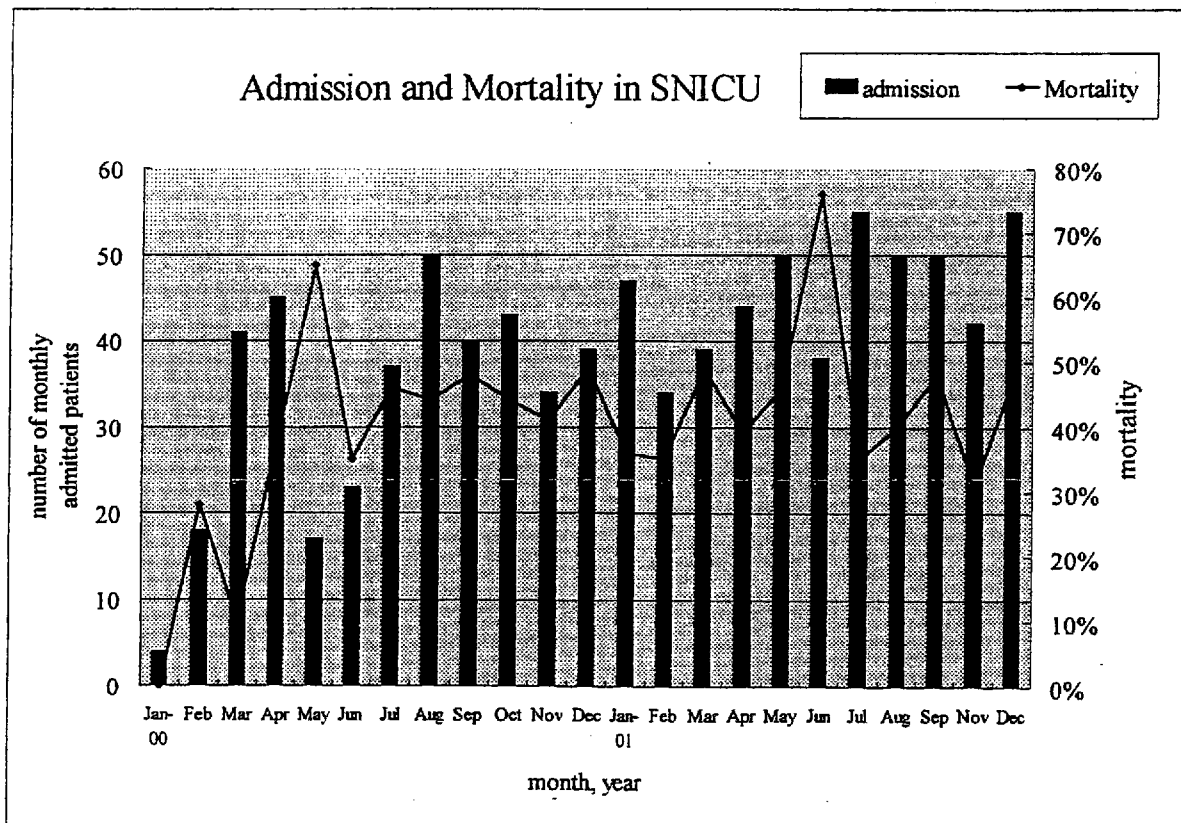
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Source: CUSPH Medical Record Statistics.



Source: CUSPH Medical Record Statistics.

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Training Opportunities for Medical and Co-medical Personnel from other than CUSPH

	Workshop/Seminar	Venue	Date	Total No. of Participants	No. of Participants outside CUSPH
1.	Management of Necrotizing Enterocolitis	Suez Canal University	Feb. 8, 2001	Approx. 70	Approx. 70
2.	Newly Established System of Emergency Room, Emergency Surgical NICU and Emergency Nursing	El Shatby Pediatric Hospital, Alexandria University	June 7, 2001	Approx. 50	Approx. 50
3.	Good Result of New Emergency System	Mansoura University Children Hospital	Nov. 14, 2001	Approx. 50	Approx. 50
4*	Important Points and Tips to Establish New Concept Pediatric Emergency	CUSPH	Feb. 18, 2002	Approx. 140	Approx. 30

\*Institutions attended at the seminar

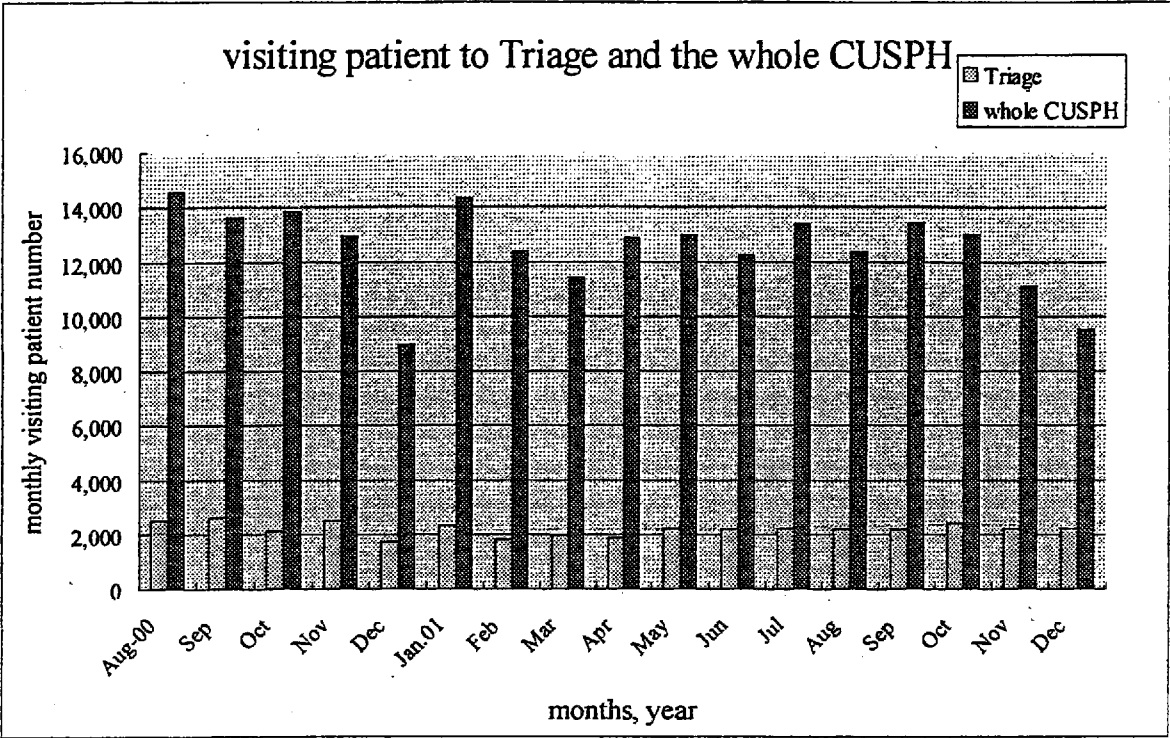
1. Alexandria University
2. Mansoura University
3. Suez Canal University
4. Assiut University
5. Ain Shams University
6. Faculty of Nursing, Cairo University
7. National Research Center

Source: Project Records.

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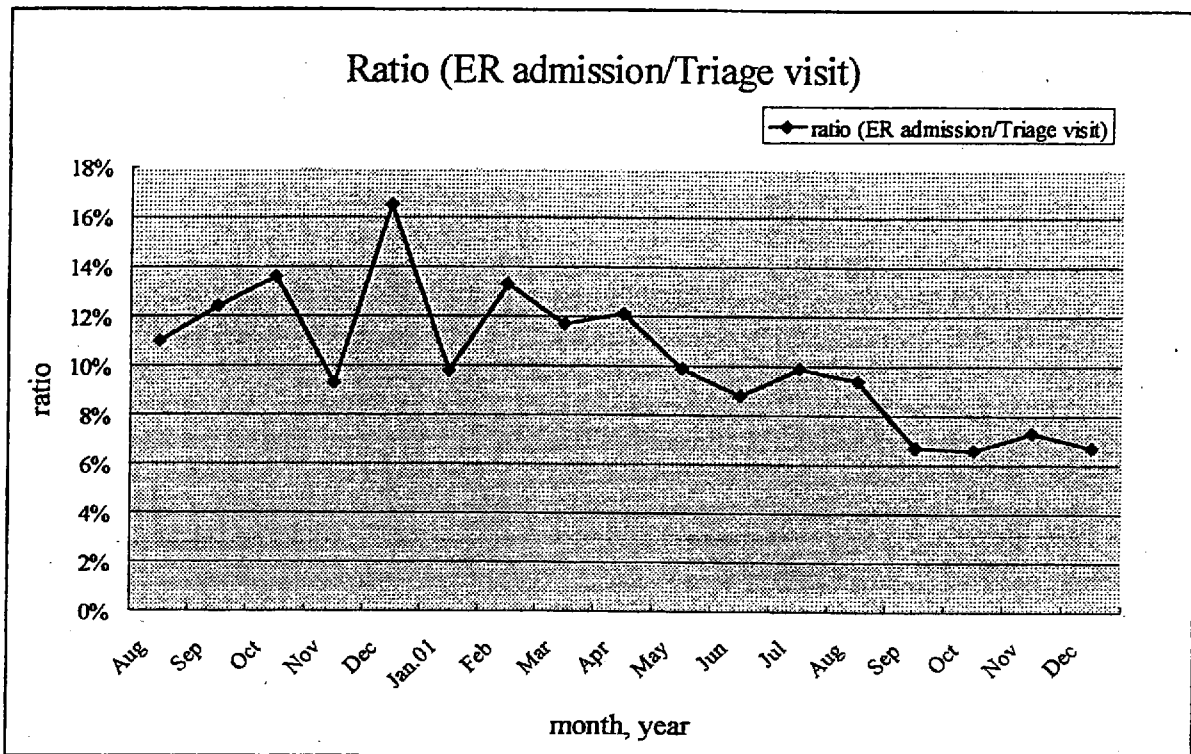


Source: CUSPH Medical Record Statistics.

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Source: CUSPH Medical Record Statistics.

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Department documents, manuals and charts

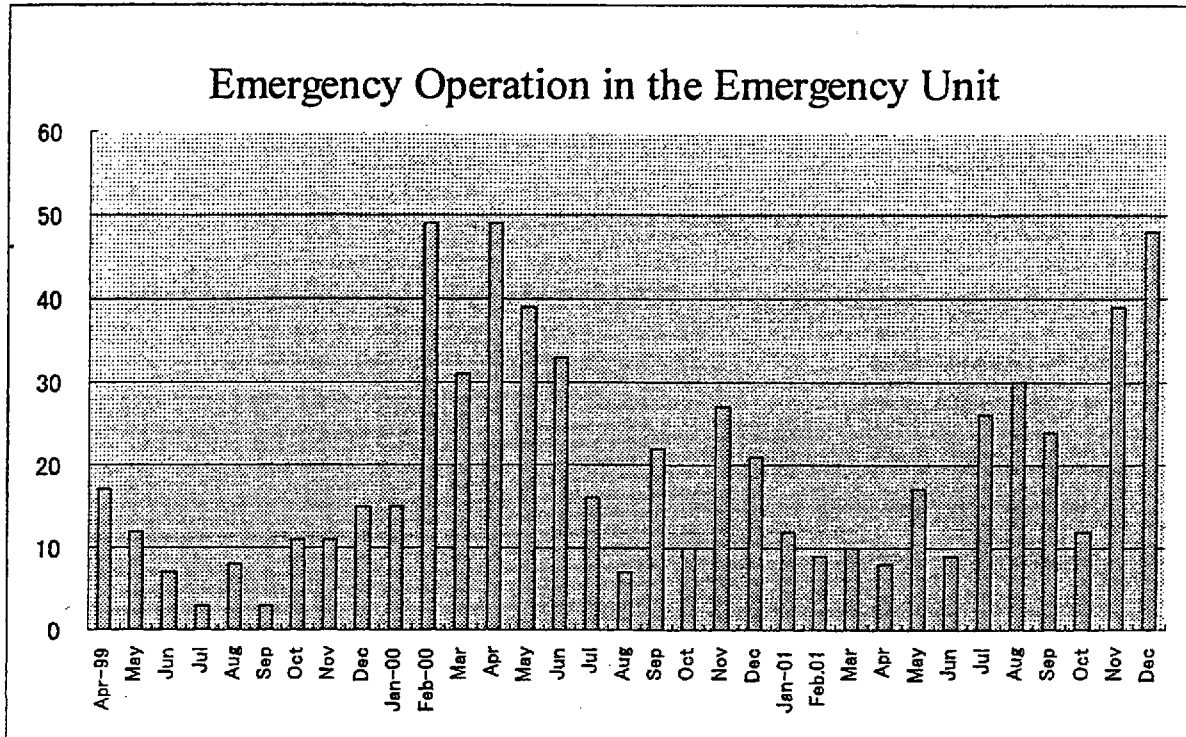
	general	doctor	nurse
<b>Triage &amp; Treatment room</b>			
nursing record			*
<b>ER-1</b>			
policy & criteria for the clients	*	*	
case summary sheet		*	
weekly summary sheet		*	
patient progress chart (by nurse)			*
treatment directing sheet		*	*
fundamental procedure			*
admission sheet special for emergency department	*		
referral sheet from other wards to emergency unit	*		
<b>Emergency OR</b>			
anesthesia record		*	
patient record during operation			*
daily record			*
<b>SNICU</b>			
SNICU surgical sheet		*	
operation record		*	
in-out fluid balance record			*
observation sheet for very critical case			*
nursing care sheet			*
Ventilation flow chart			*
Manual for monitoring the parental nutrition			*

Source: Project Records and Confirmation by the Japanese Experts.

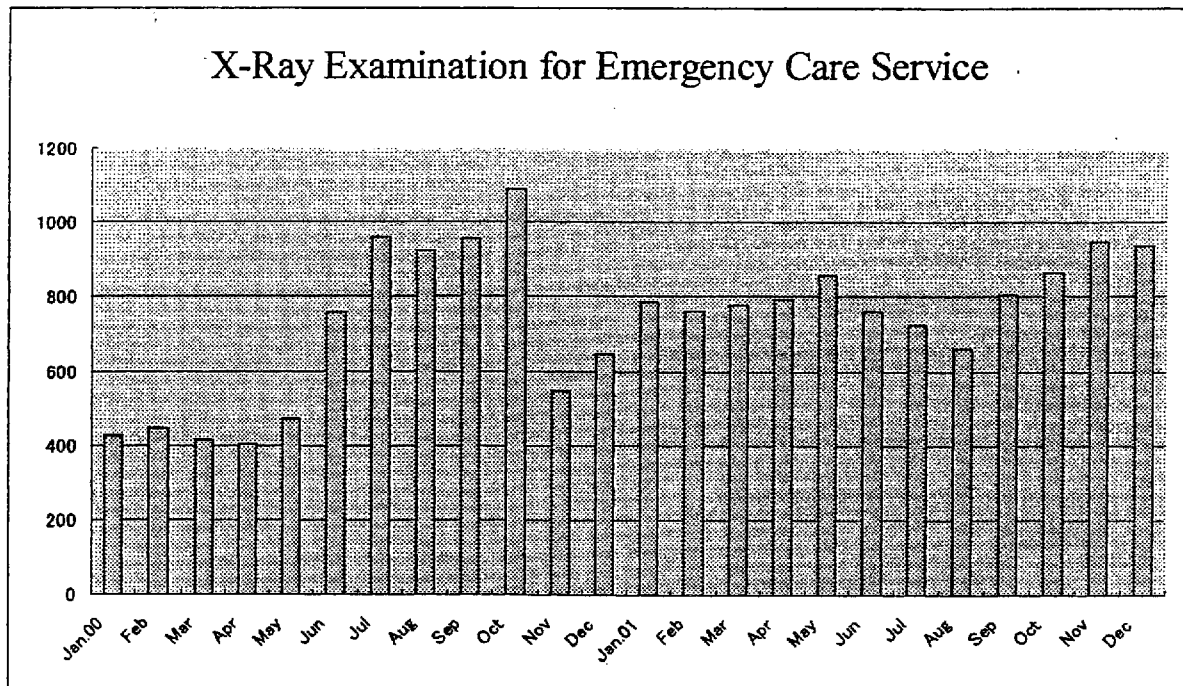
S/B

A-H

T.O.B.



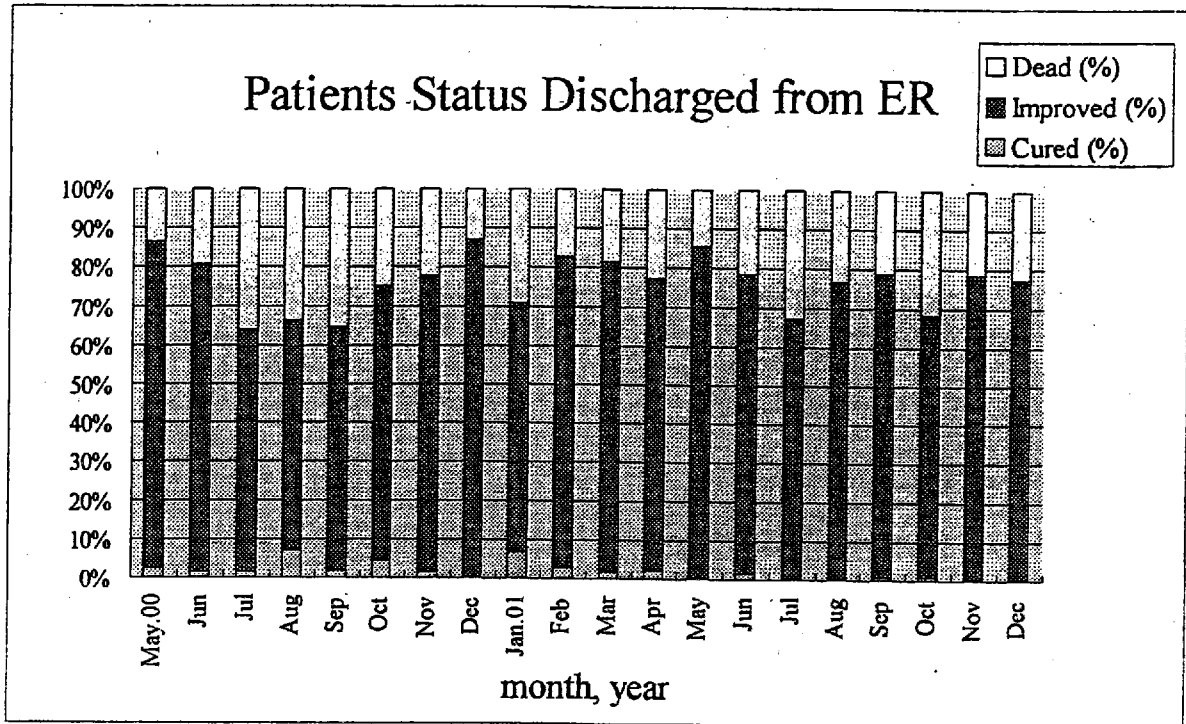
Source: CUSPH Medical Record Statistics.



Source: CUSPH Medical Record Statistics.

S/O

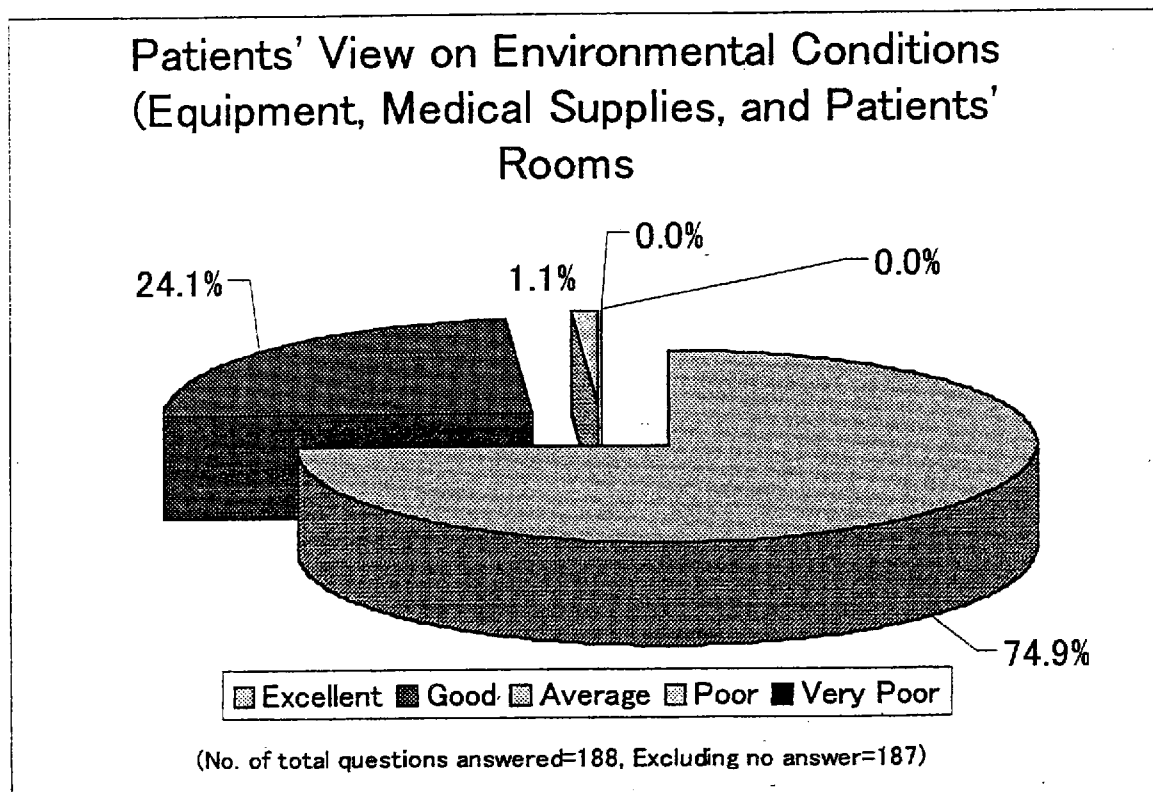
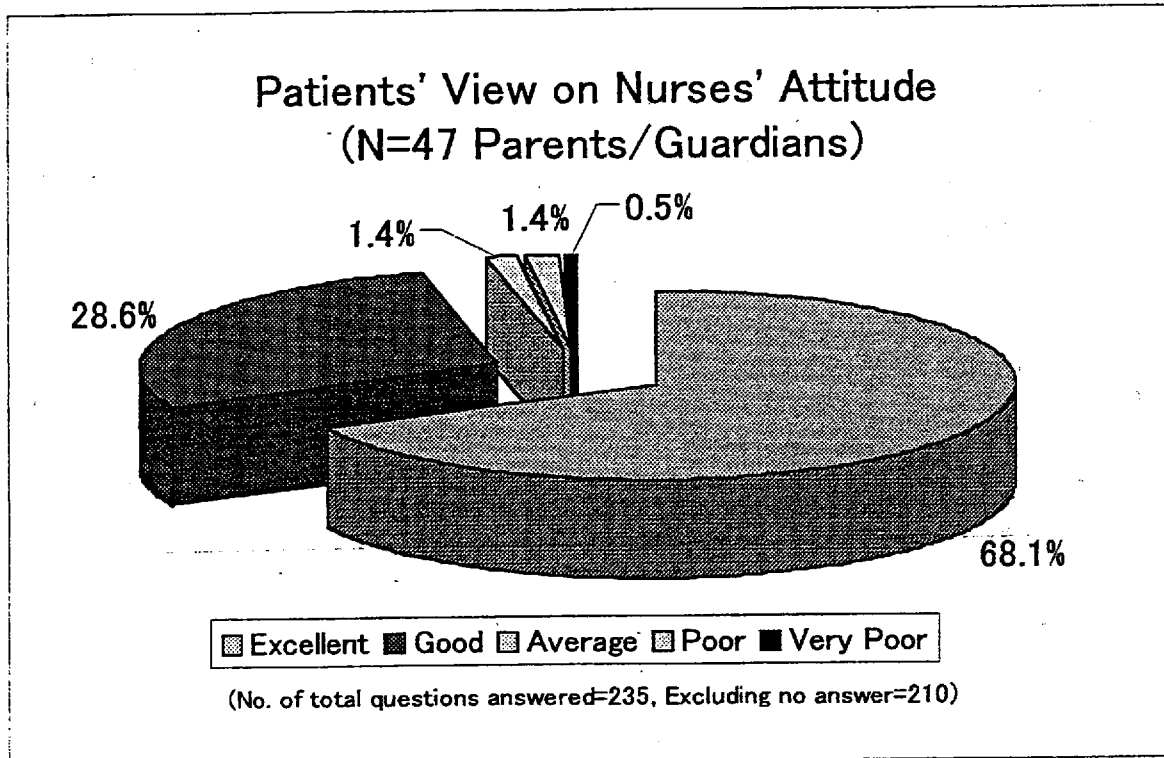
A-H



Source: Computer Records in the CUSPH Emergency Department.

*S/S*

*TLL*



Source: Results of the Survey Conducted by the Project team in August-September, 2001.



## Analysis of young doctor's satisfaction

with 14 answers

	A	B	C
<b>Facilities</b>			
Rooms layout	4	10	0
Medical equipment	13	1	0
Drugs	10	2	2
Your personal satisfaction for facility	7	6	0
<b>Educational opportunities</b>			
On site education	4	9	1
Lectures (including workshops)	5	6	3
Treatment manuals and protocols	2	9	3
Textbook availability	10	4	0
Your personal satisfaction for education	3	10	0
<b>Teaching supervisors</b>			
Number of them	12	1	1
Attendance	6	5	3
Educational efforts	4	8	2
Clinical efforts	8	3	3
Your personal satisfaction for supervisors	6	7	1
<b>Software</b>			
Patient flow system	5	8	1
Laboratory availability	4	9	1
X-P availability	8	4	0
Consultation system to other services	6	4	4
Number of doctors	7	6	1
Number of nurses	4	8	2
Patient record	3	6	5
Your personal satisfaction for software	4	9	0
<b>subtotal points of facilities</b>	<b>34</b>	<b>19</b>	<b>2</b>
<b>subtotal points of educational opportunities</b>	<b>24</b>	<b>38</b>	<b>7</b>
<b>subtotal points of teaching supervising</b>	<b>36</b>	<b>24</b>	<b>10</b>
<b>subtotal points of software</b>	<b>41</b>	<b>54</b>	<b>14</b>
<b>Total points</b>	<b>135</b>	<b>135</b>	<b>33</b>

- \* A, B and C mean: CUSPH Emergency Department is  
A: superior to those of other teaching hospitals (inside Egypt).  
B: same as those of other teaching hospitals.  
C: inferior to those of other teaching hospitals.

Source: Results of the Questionnaire Survey conducted by the Project between December 2001 and February 2002.

A-H<sup>121</sup> - SB

## Educational Activities

### Lectures Performed

#### FY1999

- Lecture for Doctors, 20 times
- Lecture on Nursing, 53 times (ER 35, SNICU16, EOR2)

#### FY2000

- Lecture for Doctors, 21 times
- Lecture on Nursing, 61 times (ER 31, SNIUC 26, EOR4)

#### FY2001

- Lecture for Doctors, organised regularly by the Egyptian side
- Lecture on Nursing, 46 times (ER 16, SNICU 19, EOR 11)

### Workshops Held

1. Introduction of the Pediatric Emergency Care System (June 1999, participants 80)
2. Perioperative Management for the Neonatal Surgery (Sept. 1999, participants 75)
3. Critical Care Nursing in Pediatric Emergency Field (March 2000, participants 203)
4. Management of NICU and Pediatric Viral Infection (May 2000, participants 60)
5. Prevention of Infection Disease in Pediatric Field (Nov. 2000, participants 317)
6. Necrotizing Enterocolitis (Feb. 2001 participants 110) (incl. Mini-workshop in Suez Canal Univ.)
7. The Methodology of Nursing Education and Education for Patient's Families (Nov. 2001, participants 210)
8. Extracorporeal Life Support (Dec. 2001, participants 160)

Source: Project Records.

A.H. - 122 - S.B

