

---

1998

## Management support for postabortion operations research at the Egyptian Fertility Care Society

Population Council

Follow this and additional works at: [https://knowledgecommons.popcouncil.org/departments\\_sbsr-rh](https://knowledgecommons.popcouncil.org/departments_sbsr-rh)



Part of the [Demography, Population, and Ecology Commons](#), [International Public Health Commons](#), and the [Women's Health Commons](#)

**How does access to this work benefit you? Let us know!**

---

### Recommended Citation

"Management support for postabortion operations research at the Egyptian Fertility Care Society," Final Report. Cairo: Population Council, 1998.

This Report is brought to you for free and open access by the Population Council.

**Management Support for Postabortion  
Operations Research at the Egyptian  
Fertility Care Society**

*Final Report*

**May, 1998**



Population Council

Asia and Near East Operations Research and Technical Assistance Project

# **Management Support for Postabortion Operations Research at the Egyptian Fertility Care Society**

**Sub-Project No. C196.56A**

## **Final Internal Report**

This project was conducted with support from the Population Council's Asia and Near East Operations Research and Technical Assistance (ANE OR/TA) Project. The ANE OR/TA Project is funded by the US Agency for International Development, Office of Population under contract No. DPE-C-00-90-0002-10 and DPE-3030-Q-00-0023-00 Strategies for Improving Family Planning Service Delivery.

# Table of Contents

I. Background .....	1
II. Project Objectives.....	3
Long Term Objectives .....	3
Short Term Objectives .....	3
III. Project Outcomes .....	4
Implementation of the “Postabortion Care Introduction Program” .....	4
Increased EFCS capacity to develop & conduct operation research studies by EFCS.....	8
Increased EFCS capacity to develop & conduct operation research studies by EFCS.....	10
Appendix .....	11

## **I. Background**

The ANE OR/TA Project started its first 5-year phase in 1991 that addressed a number of objectives that focused primarily on increasing choice and accessibility of contraceptive use, and promoting the quality of family planning services in Asia and the Near East. In addition the contract's first phase also emphasized the importance of promoting the skills of family planning managers on the use of OR to diagnose and solve service delivery problems.

During the first phase a number of well established NGO's research institutions in Egypt were subcontracted by the project to implement OR studies. Their selection was primarily based on their institutional history to complete work on time and in an efficient high quality manner. Additional criteria included the relevance of staff qualifications to the topic of the OR study. In general, however, the first period of the ANE OR/TA Project in Egypt was characterized more by its emphasis on human resource development than by a focus on institutional capacity building.

Close to the end of the first phase, and during the years leading up to the 1994 International Conference on Population and Development (ICPD), there was increased global attention to issues related to reproductive health, and in particular the adverse health implications of harmful reproductive health practices, including unsafe abortion. Operations Research was being called upon to help implement this shift in the population field. In Egypt the ANE OR/TA Project responded by guiding top level policy makers attention onto the area of improving postabortion care. A 1994-95 pilot study to improve postabortion care was conducted to test the feasibility of studying postabortion, and to investigate the acceptability of the service delivery improvements. Because of both the medical nature of the service delivery improvements and the sensitive nature of the theme that surrounded abortion required a highly respected medical NGO was to conduct the pilot study. The Egyptian

Fertility Care Society (EFCS) matched this requirement and it was selected to implement this first postabortion care study.

EFCS was established in 1974 by pioneering specialists in the fields of population and contraceptive research. It is a leading Egyptian NGO whose mandate is to promote the health of mothers and children through three primary activities:

1. Research in human reproduction
2. Training of health care providers and researchers
3. Dissemination of information related to contraceptive technology and family health in general.

Since its creation, EFCS has become a well respected institution that is trusted to lead and to coordinate large scale medical programs of research, (such as the NORPLANT® Clinical trails). In addition, the close relationship with the Egyptian Society of OB/GYN specialists and the stature of its Executive Director has enabled EFCS to provide technical assistance to research and program activities of university and teaching hospitals, as well as the Ministry of Health and Population. EFCS research programs have evolved since 1980 with grants and cooperative agreements from international organizations such as WHO, the Population Council, USAID and Ford Foundation.

The support that EFCS receives for its programs has usually been of limited duration and for the implementation of discreet activities. This has caused EFCS to maintain very few long term staff, and created difficulties in sustaining the organization's ability to carry over their costs between grants, or to conduct follow up of research to ensure the utilization of results. Additionally, the turn over in professional staff has other negative consequences, including a diminished capacity for sustaining the development of professional skills. This specific problem was observed after the pilot study on "Improving Postabortion Medical Care and Counseling" was completed. The EFCS study coordinator was no longer funded and hence he left the organization, even though the likelihood of future work in this area was

highly probable, and assistance in developing follow-on proposals was needed. The Pilot study's success led to the development of an introduction program composed of several, inter-related postabortion care studies. Three major studies and several associated activities were planned to be implemented within this program. Although EFCS senior staff participated in the planning of this program, the organization's ability to become fully engaged was limited because the Pilot study coordinator had left EFCS.

The ANE OR/TA Project's five-year contract was granted a 30 month extension (7/24/95 through 1/23/98) which provided the resources for the conduct of the postabortion expansion program. This contract modification incorporated recommendations raised from the evaluation of the ANE OR/TA project for implementation the extension phase. Most notable among these recommendations was allocating resources to developing the institutional capacity of local research institutions. Because of the high turn over in staff of EFCS, and the integrated nature of the series of postabortion studies that were planned, some sort of institutional / bridging support was required for EFCS during the expansion program. These considerations led the ANE OR/TA project in Egypt to award EFCS a management support contract to promote the development of its research capacity.

## **II. Project Objectives**

### **Long Term Objectives**

The project was designed to address the following long-term objective:

To contribute to the development of Egyptian NGO institutional capacity to conduct operations research and the improved dissemination of findings for enhanced management and informed policy making.

### **Short Term Objectives**

The project's short-term objectives are:

1. Ensure the continuous availability of a highly qualified coordinator for the postabortion care operations research program in Egypt.

2. Strengthen the institutional capacity to design, manage and follow-up operations research by a leading Egyptian NGO during a two-year period.

The project provided full-time support for an OR coordinator over a 24 month period to be responsible for all activities relating to designing, implementing and monitoring three OR studies within the postabortion introduction program. In addition, the project also provided library support to ensure continued support for annual subscriptions to scientific journal and MED/INE data base as well incremental support to key professional and administrative staff to ensure necessary professional and support functions, partial rent and utilities of the EFCS office space, and operating expenses and technical assistance in the development of a sophisticated accounting and financial management.

### **III. Project Outcomes**

#### **Implementation of the “Postabortion Care Introduction Program”**

An introduction program for postabortion services in Egypt was developed by both the Population Council’s ANE OR/TA project and IPAS, based upon the successful experience initiated by the 1994 pilot study to improve postabortion care. This introduction program had three objectives:

1. Disseminate improved postabortion medical care and counseling procedures to Egyptian Medical Universities and Teaching Hospitals.
2. Conduct operations research studies on the quality of clinical practices and impact on family planning service use for informed policy development and enhanced program management.
3. Develop a sustainable strategy for the importation and distribution of MVA instruments in Egypt in support of the Postabortion Care Introduction Program utilizing both public sector and commercial resources.

EFCS was assigned the responsibility of implementing this Introduction Program, with the ultimate goal of institutionalizing sustainable postabortion care services in Egypt within 3 to 5 year period (see appendix 1).

In order to achieve the above three objectives, EFCS has implemented the following activities:

***Estimating the Postabortion Caseload in Egyptian Public Sector Hospitals***

This study was undertaken to assess the magnitude of abortion in Egypt as a major public health problem. The study was implemented in a random sample of 15 percent of total public sector hospitals (86 hospitals). It reflected important findings which indicated that approximately one of every five patients (19%) was a woman admitted for treatment of an induced or spontaneous abortion.

EFCS was able to coordinate the development of the study design activities with technical assistance provided by ANE OR/TA staff. For example, through good linkages and contacts with Ministry of Health and Population, EFCS obtained a recent and complete frame of all public hospitals that include OB/GYN departments which made possible having a random representative sample for conducting the study. EFCS also obtained the necessary approvals for conducting the study both on the central administrative level and within each facility. EFCS successfully managed the field work, including developing the study instruments, selection, training and supervision of the data collectors.

Despite some problems caused by underestimating the number of field coordinators responsible for monitoring the data collection activities, (which resulted in substantial delays in the completion of the study) EFCS was able to collect all of the study data and to produce a final report. A seminar was held for the dissemination of this study's results and the EFCS Executive Director presented these results at international seminars.

***Creating a consortium of Medical Universities that have received training in MVA Clinical Procedures and Linkages with Family Planning Services***

EFCS selected the following three medical universities as training sites for the introduction program: Alexandria, Menia and Mansoura Universities. Senior staff from the

medical universities served on a technical committee coordinated by EFCS which oversaw the introduction program's activities. Members of this technical / steering committee included senior staff from the Ministry of Health and Population, the participating Medical Universities, other resource persons / distinguished professionals in the medical community, EFCS and ANE OR/TA project staff. EFCS was able to reasonably capitalize on talents, expertise and policy support of these committee members. In addition to the three Medical Universities, this project was also implemented in seven public sector General and District Hospitals in three governorates in Lower and Upper Egypt. The design of this project was complex and implementation of activities required a lot of field monitoring and coordination.

Throughout the planning phase of the project (including the design of the study's instruments), EFCS role was highly effective, timely and up to the standards expected by the Population Council. However, as the project activities moved towards implementation, substantial technical assistance was required, including direct involvement by ANE OR/TA project staff to ensure the timely execution of activities, as well as their technical quality. This was particularly the case with regard to the training of master trainers, training of data collectors and monitoring activities in the field.

Although the full time research coordinator that was hired by EFCS gained knowledge and work experience through her daily exposure to monitoring and follow-up of field activities, she was not able to receive constant and prompt guidance from EFCS senior staff wherever needed. This situation resulted in more direct technical assistance provided by ANE OR/TA staff than anticipated. Though the project implementation in some of the study sites was smooth and stable, some difficulties emerged occasionally from others. EFCS senior staff did not take necessary corrective measures to bring activities back to track nor was the organization able to utilize its resources in a rapid manner. Rather, the study coordinator was expected to fully handle and smooth up difficulties as they emerge. With

constant technical assistance provided by the ANE OR/TA project staff, technical and managerial aspects of this project implementation were highly effective and well received by both the participating sites and official policy makers and program staff.

***Conducting operations research studies on the postabortion services in selected hospitals in Menia governorate***

EFCS, with close collaboration with ANE OR/TA project staff, designed and implemented a pioneering study on counseling husbands of postabortion patients. The study's main hypothesis is that counseling husbands of postabortion patients will promote patient recovery and contraceptive use. The study was implemented in six hospitals in Menia governorate. The study findings confirmed the study hypothesis and provided a solid base for future studies along this direction.

This study, being the last piece of research implemented within the Introduction Program, witnessed growing research capacity of EFCS. The study coordinator was more able to assume higher autonomy in decision making with regard to implementation of the project activities. However, because of the pioneering nature of this study and the complex and sensitive issues involved in its design and implementation, ANE OR/TA Project staff continued to provide constant TA at all phases of the study. In effect this study was a collaborative activity between EFCS and the ANE OR/TA project, and not a sub-contracted project managed wholly by EFCS.

***Developing Mechanism for Ensuring a Sustainable Supply of MVA Instruments***

This activity relates to supply aspects of the postabortion introduction program and includes the following two important components: (a) developing distribution arrangements with an Egyptian commercial organization to ensure sustainable supply of MVA instruments needed for achieving institutionalization of improved postabortion care; and (b) procurement of bridging stock of these instruments to initiate and reinforce improved postabortion care

introduced in the ten sites referred to earlier.

The ANE OR/TA project staff initiated successful negotiations with the UNFPA which led to receiving a donation of MVA instruments in sufficient quantity for both training of staff from the participating sites in the introduction program and for service provision during a 2-3 year period. For operational reasons ANE OR/TA project also took the lead for storing the donated MVA instruments and distributing them to the participating sites through restricted, well designed system to ensure proper use of them. EFCS was not involved in any of the activities pertaining to the supply side of MVA.

EFCS input to this particular activity was the least compared to other activities of the introduction program. Moreover, EFCS did not undertake any substantive activities, either directly or indirectly, to facilitate the registration of MVA as an approved medical device for importation to Egypt. This is despite requests by the Population Council for this type of assistance. The reluctance by EFCS was due to their perceptions of this type of lobbying being liable to misinterpretations which could jeopardize the organization's ability to function as an impartial advisor to the MOHP in future activities. However, EFCS was not forthcoming in conducting any follow-up monitoring visits to the sites of the introduction that could have documented the sustained use of the MVA during the period of the management support project. Resources were available for this type of activity and savings from the deliverables' payments could have been used even beyond the project lifetime.

### **Increased EFCS Capacity to Develop and Conduct Operations Research Studies by EFCS**

The EFCS Management Support project provided the opportunity of making important changes not only in the research capacity and skills, but also in internal management and financial systems, which are by all means important to ensure timely and effective design and implementation of OR studies. In particular the USAID mission drew attention to several items, including recommending the use of an overhead rate by EFCS,

(requiring the presence of a sophisticated accounting system for managing multiple grants simultaneously) as an element of the sub-project's approval.

The Population Council engaged a well established accounting firm to conduct an assessment of EFCS's accounting and reporting systems associated with the operations of the management support project. The same enterprise was also asked to assist EFCS to develop and use an overhead rate for the reimbursement of indirect costs associated with all of its USAID sponsored projects. Consultants of the accounting enterprise worked closely with EFCS accounting staff on two separate assignments (supported by the ANE OR/TA Project) and provided working guidelines and recommendations to improve EFCS financial management procedures. Reports subsequent to these assignments indicates that EFCS has begun to put into place some (but not all) of the improved procedures for financial transactions. In general EFCS is seen as failing to apply all of the recommendations raised by the accounting consultants and that the organization did not capitalize upon the opportunity to substantially strengthen its internal financial management and accounting systems, and initiate the use of an indirect cost recovery procedure.

However, the internal management system of EFCS did improve during the lifetime of the Management Support project. For example, EFCS began to use time sheets for its staff indicating percent of time allocated to the project activities by each staff member. EFCS has, furthermore, gained increased capacity to develop and conduct operations research studies. Depending on level of seniority, each single member of EFCS project team assumed and performed tasks within his/her expected domain in a coherent manner.

The project coordinator, recruited as full time Project Manager, gained substantial experience in managing and monitoring activities such a huge, complex project. She built on her research skills and developed and gained wide experience in field work and research activities, especially with regard to sampling design and selection, recruiting and training data

collectors, day to day management and administration of project activities, conducting site visits for monitoring technical and financial activities, preparing work and analysis plans, writing reports on research findings and organizing dissemination seminars.

### **Effective Communication and Dissemination Activities in Support of Postabortion\ Introduction Program**

EFCS has successfully managed communications and dissemination activities in support of Postabortion Care Introduction Program. A number of national dissemination seminars and brief presentations were organized and implemented, which stimulated improved availability of information for policy makers. EFCS did not conduct any follow-on activities, however, and did not assume a proactive policy advocacy role (as noted above). In addition, no new grant proposals for ensuring the sustained funding of the study coordinator position were produced during the life of the Management Support project. Hence at the close of this project EFCS let that staff person lapse.

In general, the management support contract awarded to EFCS substantially enhanced the society's capacity to manage and conduct high quality research, both at the organization and individual levels during its duration. Selecting this particular NGO research institution to assume responsibility and to take the lead in conducting a series of OR studies, with several associated activities in such a medical area with many social and cultural sensitivities was indeed the right selection and most plausible one conducive to realizing great achievements. This is particularly true in terms of research findings generated, policy support achieved and program changes introduced. Drawbacks primarily relate to the failure of EFCS to fully capitalize on this opportunity to upgrade its management and financial systems and to participate in an advocacy role to ensure the utilization of the study results.

## **Appendix I**

## **Introduction Program for Postabortion Care Services in Egypt Strategy Brief**

The Population Council's ANE OR/TA Project and IPAS collaborated to develop an Introduction Program for Postabortion Care Services, based upon a highly successful pilot study conducted in 1994/95. The program's strategy has been authorized by the Egyptian Government and will be implemented by the Egyptian Fertility Care Society. The following *goal* of the Introduction Program is attainable in a 3 to 5 year period:

Institutionalize sustainable postabortion care\* services in Egypt

A strategy to create both the demand and supply for postabortion services guides the development of the Postabortion Care Introduction Program. Demand is created by ensuring the Manual Vacuum Aspiration clinical skills of physicians and Government of Egypt support through informed policy development, and supply issues are addressed through a combination of private and public distribution mechanisms.

The Introduction Program has three *objectives*:

1. Disseminate improved postabortion medical care and counseling procedures to Egyptian Medical Universities and Teaching Hospitals
2. Conduct operations research studies on the quality of clinical practices and impact on family planning service use for informed policy development and enhanced program management
3. Develop a sustainable strategy for the importation and distribution of MVA instruments in Egypt in support of the Postabortion Care Introduction Program utilizing both public sector and commercial resources

The *activities* of the Introduction Program will largely focus on the following sites and research issues:

- Estimating the postabortion case load in Egyptian public sector hospitals
- Creating a consortium of Medical Universities that have received training in MVA clinical procedures and linkages with family planning services. There are three schools under discussion: Menia (a site in the Pilot Study), Mansoura and the University of Alexandria.
- Conducting operations research studies on the postabortion services in a limited number of hospitals (5 - 7) in Menia Governorate

---

\* Postabortion care is defined as a service delivery strategy built around the following three elements:

- ✓ Emergency Health Care Services (treatment of any complications)
- ✓ Postabortion Family Planning Counseling, Referral and Services
- ✓ Linkages to other Reproductive Health Care Services

- Facilitating mechanisms for ensuring a sustainable supply of MVA instruments including a bridging stock utilizing donor supplied commodities and developing distribution arrangements with an Egyptian commercial organization