

Health Workforce Development (HWD) project TASK ORDER

C.1 PURPOSE

The purpose of this Task Order is to provide Technical Support for the Implementation of the Health Workforce Development (HWD) project under SO 20 “Healthier, Planned Families” of the USAID/Cairo Mission Strategic Plan.

The Contractor will provide technical assistance, training, and selected commodities to improve the capacity of the Supreme Council of Universities (SCU) and its affiliated medical and nursing schools to achieve the objective of the HWD project of “Enhanced capacity of graduates to deliver quality health care services through strengthening undergraduate and house officer pre-service medical and nursing education systems in the area of obstetrics/gynecology, pediatrics, and community medicine/health”.* There are six Results (R) covered by this task order as follows:

R 1: Medical and nursing school graduates equipped with the essential evidence-based knowledge, skills and attitudes needed to function effectively in primary care settings.

R 2: National core curricula in obstetrics/gynecology, pediatrics and community medicine/health care established, accepted and used by medical and nursing schools in Egypt.

R 3: Clinical and community training strengthened and used by medical and nursing schools for undergraduates and house officers in Egypt.

R 4: Objective student assessment methods introduced, standardized, and used by medical and nursing schools in Egypt.

R 5: Partnerships established between American institutions and Egyptian medical and nursing schools.

R 6: Effective contribution to the establishment of an accreditation system for medical and nursing schools in Egypt.

Health Workforce Development is a five year project that started in 2003 and ends in September 2008. During the first year of implementation, JHPIEGO provided technical assistance to the project. To a lesser extent, George Washington University provided technical assistance for the long term planning workshop and core curricula update of pediatrics and community medicine. This task order covers the remaining four years of the project.

* Details of the focus technical areas are present in Annex 1.

The contractor will provide technical assistance to support all the above mentioned Results. It is expected that the contractor will seek collaboration with other agencies/institutes to cover all areas of the task order to ensure the input of the appropriate expertise for the required areas.

C.2 BACKGROUND

The strong commitment of the Government of Egypt (GOE) to meeting people's health needs is clearly demonstrated by the progress in improving the pre-service education of physicians and nurses, which is a very important pillar to providing high quality health care in the country.

The Egyptian government recognizes the need to improve the quality of university education standards and has already set in motion a series of ambitious reform strategies articulated at the February 2000 National Conference on Higher Education. This conference was hosted by the Prime Minister and attended by 1200 participants including representatives of all higher education institutions. Consensus was reached on a Declaration for action and change. It was publicly endorsed by the President and the Prime Minister. The Declaration was translated into a Framework for Action with 25 reform initiatives. The USAID HWD Project will contribute to the improvement of the university pre-service medical and nursing education system in Egypt. As such, the project will support segments of the Egyptian government's reform strategy. Specifically, the HWD Project will contribute to sub elements of five of the fourteen recommendations contained in the Declaration of the National Conference on Higher Education. These five Recommendations are listed below:

- Recommendation 2: *Developing New Directions for Higher Education*
- Recommendation 3: *Norms for the Establishment of Faculties and Institutes*
- Recommendation 5: *Developing Study Curricula and Scientific Content of the Textbooks*
- Recommendation 6: *Developing Systems and Methods of Teaching and Education*
- Recommendation 7: *Testing Systems*

A brief description of the challenges that face undergraduate education for physicians and nurses is outlined below.

Quantity and quality of graduates: The number and quality of medical and nursing school graduates has long been a concern of Egypt's academic and government leaders. There are 20 medical schools throughout Egypt (14 public, 3 affiliated with Al-Azhar University, and three private) and 11 faculties of nursing. These schools and faculties graduate approximately 8,000 physicians and 1,200 nurses annually. Based on current assessments, there is a clear excess of graduating medical doctors and a shortage of nurses. These graduates often complete their degree and obtain a license without demonstrated competency in clinical procedures and without skills and information needed to provide quality services.

At the core of this problem is the demand/supply disconnect between the Ministry of Higher Education (MOHE), responsible for graduating the number of medical and nursing students needed each year, and the Ministry of Health and Population (MOHP), which actually assigns medical staff to public facilities and which is closest to understanding the needs of the health

care system. Legislation requires the MOHP to provide graduating medical and nursing students with jobs, which makes this Ministry one of the country's largest employers of graduating students. The employment of large numbers of physicians and nurses constitutes a significant management and financial burden on the MOHP and the MOHE.

Medical and Nursing School Curricula: Despite the fact that the broad aspects of the curricula used by medical and nursing schools are standardized by the Supreme Council of Universities (SCU) Medical Education Committee (MEC), medical and nursing school curricula differ from one institution to another in their content and structure, educational methodology, teaching curricula, and intern and residency programs. There is no system or approach in place to assess or update any of the curricula.

Teaching and Learning Methodologies: Medical and nursing school professors have only received one short formal training in teaching methodologies. There is great reliance on the lecture system and rote learning. The medical education process is limited to knowledge acquisition as opposed to competency-based training approaches. Existing clinical/lab training facilities are inadequate for the large numbers of medical students resulting in students "observing" rather than "doing". Students and house officers have not been introduced to evidence-based medicine. The ability to use sound scientific information to make decisions and solve problems at the clinic level is critical to the confidence and performance of doctors and nurses. These weaknesses have often resulted in poor training quality for undergraduates, lack of practical clinical training, and performance that does not meet national standards.

Evaluation and appraisals: There are no standardized systems in place to monitor and evaluate the teaching process. Medical and nursing students' evaluation and appraisal focuses on information and knowledge acquisition as opposed to evaluating skills competency, attitudes towards the client, and problem-solving capacity. National standards are not used as the basis for evaluating and students are generally unclear as to what is expected of them or how knowledge and skills will be evaluated

Access to state-of-the-art data, information, and knowledge: Medical and nursing school use of information technologies (IT) to access the internet or improve instructional methods and learning assessments is very limited. While most of the public universities are connected to the Egyptian University Network, no content materials are currently available via this system. A World Bank survey recently revealed that university students are highly dissatisfied with their level of access to IT and its integration into their instruction.

SUMMARY RESULTS OF RAPID ASSESSMENT (See Needs Assessment Report, Attachment 2)

For the goals of the HWD Project to be realized, strategic and action plans had to be developed and implemented. In turn, for these plans to succeed, they needed to reflect a clear understanding of the current status of the Egyptian health professional education system. To this end, a team of technical experts and various Egyptian entities conducted a rapid assessment of the Egyptian health education system in May 2003 at eight medical and nursing schools in the areas of obstetrics and gynecology, pediatrics and community medicine/community health. The

medical and nursing schools of Cairo, Alexandria, Assiut, and Mansoura universities were the first series of schools to be assessed. Minia University joined the HWD Project later in the process, and was visited for an assessment in January 2004.

During the visits, the team collected data from faculty members, students, interns and house officers and also observed classroom teaching and clinical service provision at the sites. The objectives of this intervention were to describe the current status of:

- Classroom teaching.
- Clinical skill development in the clinical practice training system.
- Assessment of student knowledge and skills.
- Appropriateness of standards and behaviors of current service delivery at teaching sites.
- Readiness of each institution to change the educational process.

The rapid assessment at the nursing and medical schools revealed certain strengths and challenges that were presented and discussed with USAID and the SCU. The team shared this information with other stakeholders and used it as the foundation for development of the Strategic and Action plan in June 2003. (Attachment 2)

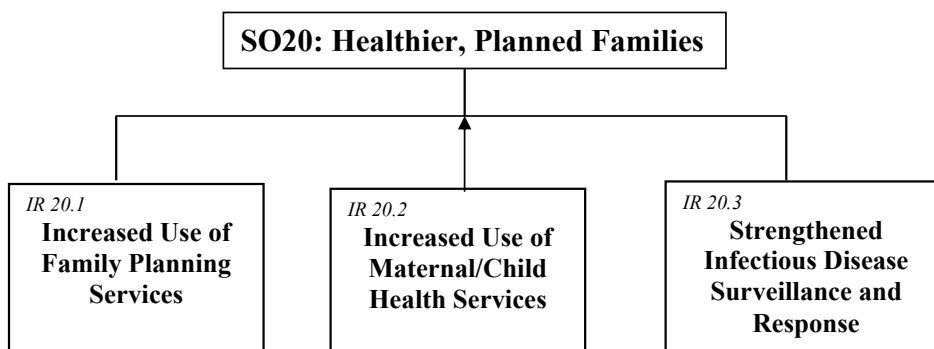
Progress to date:

Description of the activities implemented during year 1 is attached (Annex 2).

C.3 DESCRIPTION OF STRATEGIC OBJECTIVE AND EXPECTED RESULTS

USAID’s strategic plan “*Advancing the Partnership*” focuses on integrating Egypt into the global economy through improving its emerging-market status and creating a more productive and globally more competitive Egyptian private sector market. In order to create a stronger and more productive economy, investments are to be made in improving the skills of the human resource infrastructure.

The USAID/Cairo Population and Health Strategy (SO 20), “Healthier, Planned Families,” focuses primarily on the interventions that ensure sustainable improvements in the Egyptian health care system. It is supported by three intermediate results and three cross-cutting activities which are outlined in the following Results Framework:



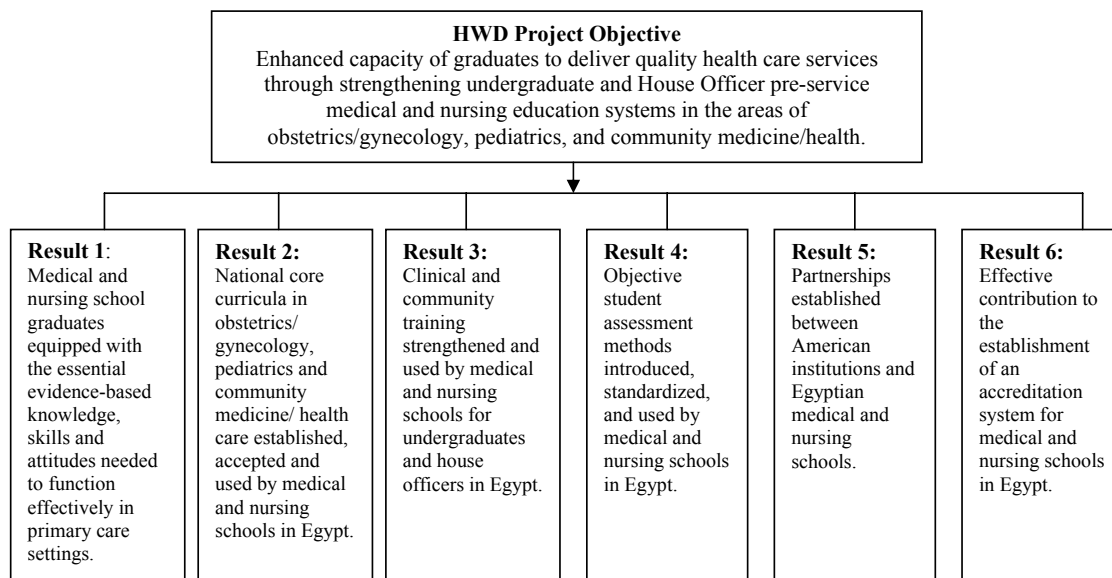
The HWD project (2003-2008) is a cross-cutting support activity that will work primarily with medical and nursing schools to improve the skills and knowledge of their graduates. Improving undergraduate physician and nurse education will provide sustainable improvements in the quality of graduating physicians and nurses, leading to improved service delivery and increased use of services. The MOHP, being the primary customer of the medical and nursing schools, will benefit from the better-educated medical and nursing personnel. Physicians and nurses graduating with the basic knowledge and skills needed to deliver quality services will need less in-service training investment. In addition, those who graduate and serve in the private sector would also have the required behaviors and skills needed to deliver quality services.

HWD will contribute directly to the Government of Egypt’s overall efforts to further develop the higher education system and will support their desire to improve curricula, improve teaching methodologies, develop and evaluate the performance of graduates, support expanding international cooperation, improve the use of information and communication technologies, and support the development of the role of higher education institutions as centers of excellence for Egypt and the Arab, African and Islamic world.

See attachment 3 for more details about the SO20 framework and strategy taken from the March 2004 USAID/Egypt Strategic Plan Update for Fiscal Years 2000-2009.

Results Framework for Health Workforce Development Project

The objective of the HWD project is “Enhanced capacity of graduates to deliver quality health care services through strengthening undergraduate and house officer pre-service medical and nursing education systems in the area of obstetrics/gynecology, pediatrics, and community medicine/health”. There are six Results that contribute to the achievement of this objective. The following figures show the framework for the HWD project:



STAKEHOLDERS

Several partners and collaborators play a role in the project, with technical assistance provided through the USAID Contractor. The Supreme Council of Universities (SCU) acts as an umbrella organization under which all coordination efforts fall. The individual nursing and medical schools will be the implementers of most of the project activities. The project will also collaborate with the Egyptian Medical and Nursing Syndicates in their effort to establish licensing and accreditation systems. Finally, the Ministry of Health and Population will be recipient of graduates of the improved and revitalized programs.

C.4 PERFORMANCE REQUIREMENTS

The contractor shall provide a team of long-term technical advisors and administrative support staff that will manage the delivery of project assistance, short-term technical assistance, institutional back-up through home office support, procurement of selected commodities related to technical support, and other related tasks as stated below.

C.4.1. SPECIFIC TASKS OF THE CONTRACTOR

Although the tasks listed below are described separately, there are many linkages and interrelationships among them. Offerors shall explicitly describe how these linkages and interrelationships will become an integral part of their technical approach.

The six major tasks, corresponding to the six results to be achieved, are included in this task order. Each major task is divided into sub-tasks. **The illustrative sub-tasks are included as examples only, and should by no means be considered as comprehensive.** The contractor should present the best technical approach to address the challenges for medical and nursing education in Egypt. **In this task order there are neither illustrative activities nor illustrative performance indicators. This provides the contractor the opportunity to be creative concerning the activities that will be implemented.**

It is expected that the contractor will provide medical and nursing schools with educational equipment and supplies at a minimum worth approximately \$600,000. This equipment will be used to upgrade the education development center, the training sites and skills labs to improve clinical and community training in 20 schools.

As mentioned above, the HWD project is entering the second year of implementation. During the first year the geographic focus was in five governorates with the universities of Cairo, Alex, Assiut, Mansoura and Minya. Under this task order, technical assistance will continue to those five universities, and expand to other universities to reach the coverage of 28 medical and nursing schools in Egypt by the end of the second year of this task order (this include the 14 public medical schools, three private medical schools, and the 11 public nursing schools). The remaining two years of the project (2006-2008) will be dedicated to consolidation of all activities in the 28 medical and nursing schools to achieve the expected results, and the completion of all remaining deliverables.

➤ **TASK 1: Equip medical and nursing school graduates with the essential evidence-based knowledge, skills and attitudes**

The focus on systems development, capacity building and the institutionalization of processes will ensure that changes are long lasting and the activities will remain in place after USAID support phases out. System strengthening will produce medical and nursing school graduates competent in basic skills, knowledge and attitudes needed to function effectively.

Illustrative Sub-Tasks:

- 1.1 Conduct needs assessment of the eighteen remaining medical and nursing schools.
- 1.2 Standardized graduation requirements throughout all medical/nursing schools.
- 1.3 Strengthen Education Development Centers (EDCs) in each medical and nursing school in support of faculty members to provide assistance to the three departments (obstetrics gynecology, pediatrics, and community medicine/health) as they implement the new core curricula.
- 1.4 Create a leadership and management component within the medical and nursing educational curricula.
- 1.5 Develop learning resource centers and incorporate web-based scientific search capabilities that will support the use of evidence based medicine. Support the use of information technologies to access state-of-the-art international research results, publications, and evidence-based medicine. Apply distance and computer-assisted learning approaches.
- 1.6 Collaborate closely with the World Bank projects to ensure the best use of the resources available.

➤ **TASK 2: Establish and incorporate national core curricula in Ob/Gyn, Pediatrics, and community medicine/health in medical and nursing schools in Egypt**

Illustrative Sub-Tasks:

- 2.1 Update standardized core curricula and develop a system for continuous curricula assessment and updating.
- 2.2 Develop all necessary training material and A/V aids in collaboration with Education Development Centers (EDCs);
- 2.3 Implement the new standard core curricula in the participating departments of medical and nursing schools.

➤ **TASK 3: Strengthen and use clinical and community training for undergraduates and house officers in medical and nursing schools in Egypt.**

Faculty members will be trained in the latest teaching methodologies and practices such as evidence-based medicine; student-centered, self-learning, and competency-based training approaches; and use of computer-assisted and distance learning technologies. Faculty will need to move away from an “authority figure” or dictatorial approach of teaching where dialogue and questioning are not allowed, and move towards a problem-solving skills model.

Professors will also need to teach how to access state-of-the-art literature and research results and review their content. Students will need to learn how to access the literature, and how to search and evaluate what they read. HWD seeks substantial behavior change in faculty and students. The results will ultimately improve the quality of health services in Egypt. Skills labs and training sites will also be strengthened as supportive learning environments.

Illustrative Sub-Tasks:

- 3.1 Train an adequate pool of clinical educators (approximately 15) in each department of participating medical and nursing schools.
- 3.2 Mastery of the newly adopted training methodologies by all participating departments.
- 3.3 Establish skills-based training capacities in all participating departments.
- 3.4 Identify and establish one skills lab and one classroom in each participating department. In addition strengthen/establish an Educational Development Center in each medical/nursing school.

✦ **TASK 4: Introduce, standardize, and implement objective student assessment methods within medical and nursing schools in Egypt.**

New student assessment and evaluation modules will be developed in accordance with new curriculum standards focused on assessing actual competencies and skills acquired by medical and nursing students. The assessments will also evaluate problem solving ability, interpersonal and counseling skills, and attitudes towards the client. Using a standardized methodology in all institutions allows more comprehensive data collection and analysis from which national level problems, issues and lessons learned can be identified.

Illustrative Sub-Tasks:

- 4.1 Develop objective assessment modules in accordance with new curricula standards.
- 4.2 Assist and support the participating departments to modify their student assessment system into a standardized objective system.
- 4.3 Implement standardized knowledge and skills assessments in participating departments of medical/nursing schools.
- 4.4 Provide feedback to the universities on strengths, weaknesses and progress in the implementation process.

✦ **TASK 5: Establish partnership between American Institutes and Egyptian medical and nursing schools.**

USAID, through the HWD program, will foster linkages with American medical and nursing schools. Many benefits of these Egyptian-US partnerships are expected. For example, participating Egyptian institutions would gain direct access to world-class technology in teaching, research and learning methods. These linkages will result in international exposure of the faculty members to new topics and new training techniques. Access to other medical education systems will enable the Egyptian medical education system to adopt international

standards. Such linkages could pave the way for international accreditation of medical and nursing curricula and ultimately international accreditation of medical and nursing schools.

Illustrative Sub-Tasks:

- 5.1 Promote structured partnerships that will benefit Egyptian medical and nursing schools during the life of activity as well as into the future.
- 5.2 Strengthen institutional review boards and other research capacities within Egyptian medical and nursing schools to enable them to compete successfully for national and international scientific research activities.
- 5.3 Promote the collaboration of scientific activities between American institutes and Egyptian medical and nursing schools. These activities will include training courses, workshops, and joint conferences.
- 5.4 Under this Task Order (TO), the Contractor shall design, and facilitate a training program to be conducted off-shore in collaboration with relevant international medical and nursing schools, and other institutions to strengthen all components of the HWD project. The contractor shall prepare an annual training plan that will be a part of the Annual work plan. It is expected that about 25 participants will travel each year for training for two weeks to the United States or other countries as deemed necessary. In addition, the Contractor, however, shall be responsible for processing invitational travel (estimated at \$50,000 each year) for selected project officials and senior policy makers to undertake consultations and to participate in international conferences. The Contractor shall obtain prior approval from the CTO for all invitational travel.

The contractor/recipient must have the USAID participant training data base TraiNet installed and operational. The contractor/recipient will function as the primary source of data entry for the U.S. visa process to secure the visa application form (DS-2019) through the entry of TraiNet data, and will send the data for the visa security checks to the designated responsible party for us to pass on to the Consul. Attached is USAID Operational Manual – Attachment (4). The contractor/recipient will handle the medical examination process, travel requirements including airline and hotel reservations, detailed training budgets, all appropriate waivers for medical conditions, third country training waivers to the files, third country visa applications, etc. USAID/Egypt will still cover the cost of international airfares, medical exams, English language training and testing.

Due to Federal requirements related to the U.S. visa process, before providing the final certification, USAID will need to see at a minimum, the medical certifications, confirmation of the English language assessment/waiver/exemption, a detailed budget and the nomination letters. “The Complete Guide to Visa Processing” is attached – Attachment (5). The Training Team is available as a resource for USAID activity managers or TA contractors.

Contractors/recipients are required to review and become thoroughly familiar with the current Automated Directives System (ADs) 253 “Training for Development” as well as the Mission Order 253.

✦ **TASK 6: Contribute to the implementation of an accreditation system for educational programs for the participating departments of the medical and nursing schools in Egypt.**

A World Bank project, “Higher Education Enhancement Project (HEEP)” is currently underway to establish an accreditation system in Egypt. Many of the medical schools are interested in international accreditation established systems developed by organizations such as the World Federation for Medical Education (WFME). In order to ensure that the medical and nursing education is in compliance with national and international standards for accreditation and licensing, the contractor should identify key linkages with appropriate accreditation and licensing bodies and create partnerships with these bodies. Such linkages could also help pave the way for international accreditation of medical and nursing curricula and schools.

Illustrative Sub-Tasks:

- 6.1 Strengthen the Quality Assurance system that monitors the effectiveness of the education process.
- 6.2 Assist SCU/Medical Education Committee (MEC) and the medical/nursing schools to generalize the newly developed curricula development process, training methodology and student appraisal system into the other clinical education departments.
- 6.3 Ensure that all of the tasks required in this task order regarding improvement of medical and nursing education are in compliance with appropriate international accreditation standards.
- 6.4 Create focused, structured partnerships among Egyptian partners, USA, and international organizations in the areas of licensure and accreditation.

C.5 STAFF REQUIREMENTS

The Contractor will recruit, hire, orient, and support the technical, administrative and support personnel to plan and implement all Task Order activities. The Contractor will provide all administrative, logistical and technical support for its personnel, including both long-term employees and short-term consultants.

1. Long Term TA

The Contractor shall provide international and local technical, administrative, and logistical staff required for the effective implementation of this program. The Contractor shall assess the requirements for undertaking tasks and achieving contractual results stated herein and proposes the most cost-effective alternatives for staff mix.

2. Short-Term TA

The Contractor shall provide professional short-term TA as necessary for successful performance under the contract. While maximizing use of Egyptian consultants and/or subcontractors to the full extent possible, the Contractor is encouraged to provide a proposed mix with regard to source and nationality of short-term TA. This should include the list of the medical and nursing school professors (from USA) who are expert in medical education and relevant technical topics, and their respective LOE/year.

3. Home Office Support

The Contractor shall include a discussion of proposed corporate headquarters supervision, support, and quality control efforts under the contract. Given that the agreement has provisions for designation of a fully authorized COP, and for full time activity-funded staff at the local office, any direct Home Office support is expected to be focused primarily on activities required for sourcing information and technical expertise to support the field team.

Key Personnel: This contract is limited to one international in-country position, which is:

- ✦ Chief of Party

The Contractor shall also provide four additional key local positions, as follows:

- ✦ Senior Educational Advisor
- ✦ Medical officer
- ✦ Nursing officer
- ✦ Program coordinator

These five positions are full time, based in Cairo, and require USAID/Egypt approval. They should cover all or majority of the three technical subjects of OB/GYN, Pediatrics, and Community medicine/Health (See Annex 3 for Position Descriptions).

C.6 Period of Performance

Subject to the availability of funds the period of performance is from the effective date of the Task Order Award until September 30, 2008.

C.7 DELIVERABLES & REPORTING REQUIREMENTS

The contractor shall provide the following:

Annual Work Plan: Within 45 days after the award of the Task Order, the Contractor will submit to the USAID/Egypt Cognizant Technical Officer (CTO) a draft work plan that encompasses all relevant activities, including a detailed plan for the development and implementation of all six tasks identified herein. The draft work plan should cover the time period from receipt of award to September 30, 2005. The draft work plan should include, at a minimum, a detailed description of the life-of-program expected results, the benchmarks toward achieving those results, and planned activities geared toward achieving the benchmarks. A detailed budget must be included, in a format mutually agreed to with USAID, showing the fully loaded costs for each planned activity. In subsequent years, annual work plans will be submitted each year 45 days prior to the beginning of the US. Government fiscal year.

Performance monitoring plan: within 60 days after the award of the task order, the Contractor will submit for USAID approval a detailed performance monitoring plan that will include all program benchmarks outlined above and expected achievement dates.

The Contractor shall report performance data for USAID reporting, including the “Annual Report” in accordance with the performance standards (indicators) that will be listed in the monitoring plan. These data shall be as complete, accurate, and current as management needs and resources permit. Performance data should meet reasonable standards of validity, reliability, timeliness, precision and integrity. In addition, at the end of each Task Order, the Contractor shall prepare a completion report which highlights accomplishments against workplans, gives the final status of Benchmarks and Tangible Results, addresses lessons learned during implementation and suggests ways to resolve constraints identified. The report may provide recommendations for follow-on work that might complement the completed Task Order.

- **Validity:** data are valid to the extent that they clearly, directly, and adequately represent the result that was intended to be measured.
- **Reliability:** Data should reflect stable and consistent data collection processes and analysis methods over time.
- **Timeliness:** Data should be available with enough frequency and should be sufficiently current to inform management decision-making at the appropriate levels.
- **Precision:** Data should be sufficiently accurate to present a fair picture of performance and enable confident management decisions.
- **Integrity:** Data that are collected, analyzed, and reported should have mechanisms in place to reduce the possibility that they are manipulated for political or personal reasons.

In addition, the following main results will be achieved by the end of the project:

- Medical and nursing school graduates will be equipped with the essential evidence-based knowledge, skills and attitudes.
- National core curricula in Ob/Gyn, Pediatrics, and community medicine/health care will be established and used by medical and nursing schools in Egypt.
- Clinical and community training of the undergraduates and house officers will be strengthened and used in medical and nursing schools in Egypt.
- Objective student assessment methods will be introduced, standardized and used by medical and nursing schools in Egypt.
- Partnership between American institutions and Egyptian medical and nursing schools will be established.
- An accreditation system of educational programs for the participating departments of the medical and nursing schools in Egypt will be established.
- Commodities will be purchased and in use for Educational training centers, lab skills, and clinical and community training of medical and nursing schools. It is expected that the Contractor will purchase commodities that are worth approximately \$600,000 for the 20 medical/nursing schools.

REPORTING

Quarterly financial status reports: The format of the financial status reports will be designed by the contractor and agreed upon by USAID/Egypt. The report should contain, at a minimum:

- Total funds sub-obligated to date by USAID into the Task Order.
- Total funds expended by the Contractor to date, including accrued expenditures broken by main line items.
- Pipeline. (including an explanation if the pipeline is high)
- Funds remaining.

Quarterly progress reports: the format for progress reporting will be designed by the Contractor and agreed upon by USAID/Egypt. The report should contain at a minimum:

- Progress (activities completed; benchmarks achieved; performance standards completed) since the last report.
- Problems encountered and whether they were solved or are still outstanding.
- Proposed solutions to new or ongoing problems.
- Compelling success stories.
- Documentation of best practices that can be taken to scale.

Miscellaneous Reporting Requirement:

- **Ownership:** All plans, reports and other documentation under this Task Order shall become the property of USAID/Egypt and may not be used by the Contractor for any other purpose than to satisfy the requirements of this Task Order.
- **Report of USAID-funded property.** In accordance with USAID acquisition regulations, the Contractor is required to submit annual inventory reports of all non-expendable, USAID-funded property in the Contractor's custody (based on the calendar year). Copies will be submitted to both USAID/Egypt and the MOHE in a mutually agreed upon format.
- **Document Specifications:** All reports and other documentation prepared under this Task Order shall be provided in English, and Arabic if requested, as a finished document, both in hard copy and electronically. Documents will be prepared in Microsoft Word, Microsoft Excel and/or Microsoft PowerPoint.

C.8 MONITORING AND EVALUATION

Expected program results are provided in this document. However, during the initial program planning period, the contractor shall work closely with the MOHE and USAID to select final indicators, establish baseline data and performance targets for each indicator, and develop a Performance Monitoring Plan (PMP) which monitors progress towards achieving the project objectives and its results. The PMP will be developed in accordance with USAID guidelines.

USAID/Cairo, the MOHE and the Contractor will conduct periodic performance reviews to monitor the progress of work and the achievement of results based on the targets specified in the Performance Monitoring Plan.

A mid-term assessment will be conducted at the end of the second year of the task order to assess progress, Contractor performance and to make any mid-course corrections. An end-of-project evaluation will be performed during the last year of the project.

C.9 METHOD OF AWARD AND EVALUATION CRITERIA

USAID may award a Task Order resulting from this Request for Proposal to the Offeror whose proposal conforms to the Request for Proposal considering the below evaluation criteria and represents the **best overall value** to the U.S. Government. The evaluation criteria and sub-criteria are in descending order of importance and are listed as items 1 to 3 below. The evaluation criteria, other than cost, when combined, are significantly more important than the cost.

<p>1. Technical Approach –</p> <ul style="list-style-type: none"> ➤ How the offeror demonstrates understanding of the work requirement, the overall merit and feasibility of the proposals as well as specific criteria relevant to each of the tasks outlined earlier. ➤ How the contractor proposes to undertake the various tasks, the proposed approach and specific design of the program. 	<p>45 points</p>
<p>2. Personnel – Proposals should contain</p> <ul style="list-style-type: none"> ➤ Key personnel proposed to manage this task order . Key personnel must have demonstrated success in delivering technical assistance and in working in partnership with local counterparts. ➤ Other proposed personnel 	<p>35 points</p>
<p>3. Past Performance –</p> <ul style="list-style-type: none"> ➤ Successful past performance under projects of similar type and size will be considered more favorably. 	<p>20 points</p>

C.10 APPLICABLE DOCUMENTS (Attachments)

1. Health Workforce Development Strategic Plan (2003-2008) - Attachment 1
2. Rapid Needs Assessment of 8 medical and nursing schools - Attachment 2
3. SO 20 “Healthier, Planned Families” Strategic Objective – Attachment 3
4. USAID Operational Manual – Attachment 4
5. The Complete Guide to Visa Processing – Attachment 5

Annex 1

UNIVERSITY DEPARTMENTS AND FOCUS TECHNICAL AREAS FOR CURRICULUM DEVELOPMENT AND OTHER HWD COMPONENTS

Obstetric and Gynecology Department

- ✦ Family Planning
- ✦ Reproductive Health
- ✦ Obstetric Care
- ✦ Essential Gynecology

Pediatric Department

- ✦ General Pediatric Care
- ✦ Integrated Management of Childhood Illness (IMCI)
- ✦ Neonatal Care
- ✦ Concept of team work between obstetricians and Neo-Natologist

Community Medicine/Public Health Department

- ✦ General Epidemiology
 - ✦ Communicable diseases
 - ✦ Biostatistics
 - ✦ Primary Health Care
 - ✦ Health Education
 - ✦ Communication for Behavior Change
 - ✦ Demography
 - ✦ Family Planning and Reproductive Health
 - ✦ Management and Leadership Skills
 - ✦ Mental Health
 - ✦ Gender Issues
 - ✦ Concept of Family Medicine
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Progress to Date

During the first year of the Health Workforce Development (HWD) Project's implementation, technical assistance was provided by JHPIEGO through the Maternal Neonatal Health Project. The George Washington University (GWU) Pediatric and Community Departments also provided technical assistance for select activities. This Annex is a summary report on the progress of activities over the first year of implementation.

During the first year, a needs assessment was conducted, partner collaboration was established, school committees were created to support the project activities; the core curricula for obstetrics/gynecology, pediatric and community medicine, and maternity/gynecologic nursing, pediatric nursing and community health nursing were revised and finalized in preparation for nationalization; plans were developed with the first group of schools for strengthening skills development labs, clinical practice sites, and Educational Development Centers (EDCs); and the faculty working in the EDCs were trained in teaching and clinical training skills, and objective knowledge and skills assessment methods.

Main activities include the following:

Needs Assessment: Completed in May 2003 (Complete summary in Attachment # 2)

Strategic and Action Planning: Following completion of the rapid needs assessment, a framework for the HWD Project was developed for the following years. In June-July of 2003, representatives from JHPIEGO, MOHE, SCU, USAID/Egypt and the George Washington University met to develop strategic and action plans. The action plan details project activities through 2004, while the strategic plan outlines the project through 2008.

Curriculum Development: The next step to achieving the goals of the Project, a Curriculum Development workshop for Medical and Nursing Sector Curriculum Committees, was held in September 2003 in Cairo. The purpose was to develop national core curricula in obstetrics/gynecology, pediatrics and community medicine, and maternity/gynecologic nursing, pediatric and community health nursing; and to strengthen the system for clinical and community training, and student assessment systems. As a result of this workshop:

- A standard format for the core curricula was developed.
- Essential "foundation" skills lists were developed. New bullet "core competencies" for undergraduates and house officers were identified and integrated into the core curricula.
- Guidelines for student assessment and the strengthening of clinical/community training were developed and integrated into core curricula.

All six core curricula were presented to the SCU and then circulated to schools in January 2004 for further input and/or modifications. The chairman of the curricula committee is currently in the process of seeking approval from the heads of the relevant departments. The curricula will

be locally printed in sufficient quantity and provided to the relevant faculties nationwide by September 2004.

Forming School Committees: In response to a mandate of the SCU, medical and nursing schools in Egypt established a Quality Control Committee (QCC) and an Educational Development Center (EDC) to ensure the quality of the educational program. To facilitate the strengthening of curricula, clinical training and student assessment, the HWD Project team, working with the SCU and medical and nursing schools, established Project Implementation Committees (PIC) within each of first year schools. These committees serve a vital link between the Project, the curriculum committees and the schools. Members of this committee include senior representatives from the obstetrics/gynecology, pediatrics and community medicine/health departments, the Vice Dean for Education and Students Affairs, a representative from the medical or nursing educational development center and a representative QCC member. The committee members serve as liaisons between the schools and the HWD Project to facilitate and monitor implementation of the project. Staff from the USAID technical assistance grantee provided ongoing technical support to the schools for their PIC, QCC and EDC.

Stakeholders' Meeting: On January 26, 2004, with USAID support and technical assistance from JHPIEGO, the Supreme Council of Universities organized a stakeholders' meeting. The general goal of this national-level stakeholders' meeting was to foster political commitment to improving the medical and nursing education system in Egyptian medical and nursing schools. As a result of the meeting, the stakeholders endorsed the Action Plan and planned strategies, as appeared in the strategic planning document.

Teaching Skills Workshops and EDC Strengthening: To assist the schools in making their EDC operational, in February and March 2004. JHPIEGO held two two-week workshops focused on planning school-specific activities and strengthening teaching skills of the participating faculty. During April-May of 2004, the participants of the workshops implemented plans for strengthening their EDC and now coordinate their work with the responsible committees (PIC, QCC). JHPIEGO provided each EDC with up-to-date test development software and test scanner to support the schools' effort to update students' appraisal methods. Also, they provided each school of the 10 schools with a standard set of training models and equipment.

**Job Description
Chief of Party (COP)**

The Chief of Party is a full-time position for the duration of the contract. S/he provides overall field-management for the contract and is the Contractor's spokesperson regarding field activities. The COP shall provide support to the overall program planning and budgeting process and will be responsible for achievement of results. The COP is expected to have significant delegation of authority from the Home Office, allowing for on-site decisions. S/he shall be responsible for ensuring that the Contractor's organization functions efficiently in all financial and administrative matters and that adequate internal control is maintained.

Desired Qualifications

- Formal education in public health or an equivalent field at the masters level (or higher).
- Minimum of 10 years of experience in health-related work in developing countries.
- At least five years experience as COP in development projects, preferably in medical and/or nursing education related projects.
- Demonstrated experience in the field of Medical and/or Nursing education.
- Demonstrated ability to manage health programs at central and community levels.
- Ability to effectively communicate both orally and in writing.
- Demonstrated ability to create and maintain effective working relations with senior government personnel, host country citizens, U.S. and foreign government organizations, donor partners, and the private sector.
- Demonstrated ability to manage multiple partner collaboration.
- Capacity and willingness to travel extensively to and within the selected priority zones.
- English fluency; Arabic language knowledge is preferable.

Job Description **Senior Educational Advisor**

The Senior Educational Advisor is a full-time position. S/he shall oversee the educational improvement process, and progress towards achieving the results. The Senior Educational Advisor shall be responsible for design, implementation, and supervision of all teaching activities. S/he shall work directly with the COP to ensure that the Contractor's organization functions efficiently in all activities to improve the educational process and outcomes.

Desired Qualifications

- ✦ A doctorate in education (teacher preparation, instructional systems and materials development, curriculum or related field).
- ✦ Over 10 years of experience in teacher training and instructional support programs and materials.
- ✦ Ability to work in cross cultural contexts.
- ✦ Ability to supervise and manage teams of people.
- ✦ Ability to effectively communicate both orally and in writing.
- ✦ English fluency.

Other Key Personnel

Medical Officer

Duties and Responsibilities:

In coordination with the Nursing officer and the Program coordinator s/he assumes the responsibility of providing technical support to the Medical School Project Implementation Committees, Educational Development Centers, Curriculum Committees, and Quality Control Committees. S/he will assist these committees and schools in implementing their Plans of Action and in problem solving. S/he will be responsible in preparing technical documents and reports. Occasionally; s/he may be called upon to serve as a facilitator or co-facilitator in workshops. S/he will act as liaison with local Medical staff in problem solving and a resource person for Medical related issues. S/he will Travel as appropriate to program sites to assist in project activities and routine monitoring and follow-up. The Medical officer will be responsible to supervise the work of a group of short term advisers who will provide TA to medical schools. The Medical officer works under the supervision of the Senior Educational Adviser.

Nursing Officer

Duties and Responsibilities:

In coordination with the Medical officer and the Program coordinator s/he assumes the responsibility of providing technical support to the Nursing School Project Implementation Committees, Educational Development Centers, Curriculum Committees, and Quality Control Committees. S/he will assist these committees and schools in implementing their Plans of Action and in problem solving. S/he will be responsible in preparing technical documents and reports. Occasionally, s/he may be called upon to serve as a facilitator or co-facilitator in workshops. Act as liaison with local nursing staff in problem solving and a resource person for nursing related issues. S/he will Travel as appropriate to program sites to assist in project activities and routine monitoring and follow-up. S/he will work as a supervisor for the short – term nursing advisers. The Nursing officer works under the supervision of the Senior Educational Adviser.

Program Coordinator

Duties and Responsibilities:

In coordination with the Medical and the Nursing officers s/he will assume the responsibility of providing programmatic coordination support to all program and administrative issues in implementation of the Project (HWD). S/he will act as liaison between home office, in country program staff, schools, SCU and USAID for programmatic issues. S/he will initiate the lead to ensure timely processing of project papers, documents and reports. The Program Coordinator will assist in the preparation of strategies, work plans, reports, activity charts and budgets. S/he will be responsible in coordinating workshops, needs assessment, site visit, conferences and all training activities. S/he Travel as appropriate to program sites to assist in project activities, program logistics, including financial arrangements, equipment and supply coordination and travel arrangements. The Program Coordinator works under the supervision of the Chief of Party.