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**Progress**  
**Projet de Gestion Régionale  
des Services de Santé**

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# **Final Report**

**July 2000 - September 2003**

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## Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
CNFRH	Centre National de Formation en Reproduction Humaine
CNTS	Centre National de Transfusion Sanguine
CYP	Couple Years Protection
DELM	Direction de l'Epidémiologie et de Lutte contre les Maladies
DEM	Direction de l'Equipement et de la Maintenance
DF	Division de la formation
DHSA	Direction des Hôpitaux et des Soins Ambulatoire
DIEC	Division de l'Information, l'Education et la Communication
DIM	Division de l'Informatique et de la Méthode
DP	Direction de la Population
DPF	Division de la Planification Familiale
DPRF	Direction de la Planification et des Ressources Financières
DRH	Direction des Ressources Humaines
EONC	Emergency Obstetrical and Neonatal Care
FBM	Fahs Bni Makkada
HC	Health Center
HIS	Health Information System
HRM	Human Resource Management
IAM	Inezgane Ait Melloul
IEC	Information, Education, and Communication
IFCS	Institut de Formation aux Carrières de Santé
IMCI	Integrated Management of Childhood Diseases
INH	Institut National d'Hygiène
INAS	Institut National d'Administration Sanitaires
IQM	Integrated Quality Management
IRC	Intersectoral Regional Committee
JSI	John Snow Inc.
NHIS	National Health Information System
M&E	Monitoring and Evaluation
MOH	Ministry of Health
PCI	Partnership and Community Involvement
PID	Percentage of Institutional Deliveries
PNAQ	National Program for Quality Assurance
Progress	Regional Management of Health Services Project
QA	Quality Assurance
RCC	Regional Coordination Committees
RPMU	Regional Project Management Unit
SM	Safe Motherhood
SO	Strategic Objective
STI	Sexually Transmitted Infection
UH	University Hospitals
URAQ	Regional Quality Assurance Unit
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception
WHO	World Health Organization

## Executive Summary

The Regional Management of Health Services Project (**Progress**) was part of the overall USAID intervention strategy for the Moroccan health sector in partnership with the Ministry of Health. **Progress** aimed to support the implementation of decentralized management of basic health services in the regions of Souss Massa Drâa and Tanger Tétouan. To this end, two intermediate results were expected:

- I. Roles, responsibilities, and capacities identified, defined and developed at the various levels of the Ministry of Health; and
- II. Innovative models to improve the accessibility, utilization, quality and efficiency of services developed and tested by regional and local teams.

This final report presents the achievements during the three project years.

To attain the expected results, **Progress** identified the following three major strategy challenges:

- To actively involve the provinces in project planning and implementation for an integrated approach;
- To mobilize all partners toward common objectives; and
- To increase the use of primary health services in the two regions.

### ***Project Implementation***

In three years, **353** activities have been implemented. Of these, **52** were support activities.<sup>1</sup> Table 1 presents the activities undertaken each year by result.

**Table 1 – Annual Progression of Activities Undertaken, by Result**

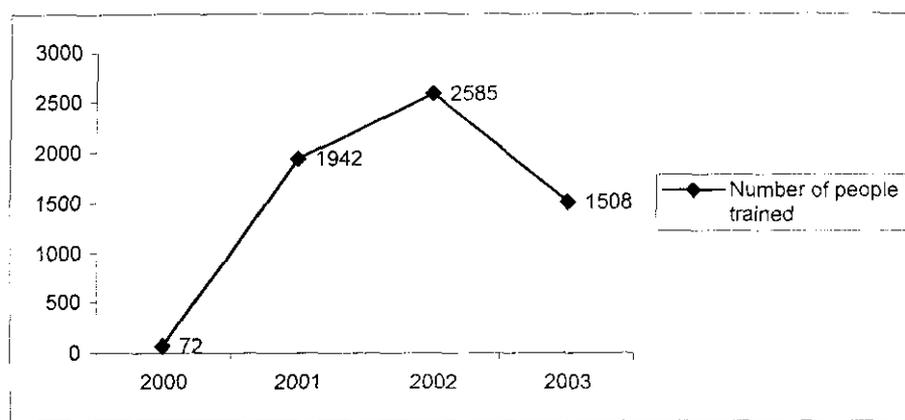
	2000	2001	2002	2003	Total
Roles, Responsibilities, and Capacities Identified, Defined and Developed at the Various Levels of the Ministry of Health	7	31	44	54	136
Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams	6	28	51	42	127
Information Sharing and Dissemination		10	7	10	27
Support Activities	5	16	11	20	52
Administrative Tasks	11				11
<b>Total</b>	<b>29</b>	<b>85</b>	<b>113</b>	<b>126</b>	<b>353</b>

<sup>1</sup> Support activities are key interventions to support the sustainability of population, health & nutrition programs undertaken by the Ministry of Health with assistance from USAID/Rabat.

Activities undertaken have covered a wide range of technical areas, as well as management issues.

During the three years of **Progress**, a total of **6,107** people (of which 55% are women) received training in one of the 11 intervention areas of the project. Part of the programmatic budget was also allocated to upgrading the customer-friendliness, and equipment of health facilities and a number of regional management units under the maternal health component. Thus, a total of **81** health facilities with delivery units received additional equipment for the upgrade of the technical platform. In the Souss Massa Drâa region, this effort impacted **63** health facilities, or two thirds of the health facilities in the region.

**Graph 1 – Annual Progression of the Number of People Trained**



## **Project Results**

As part of the project, a Monitoring and Evaluation (M&E) plan was developed. This document includes 11 indicators, three for the strategic objective (SO) and four indicators for each intermediary result. The three SO indicators were as follows:

- Couple Years Protection (CYP) achieved in Family Planning;
- Percentage of Institutional Deliveries (PID); and
- Caesarean Section (CS) rate.

Table 2 presents progress in terms of the three strategic objective indicators. All three indicators describe the capacity of the health system to respond to needs expressed by the population.

**Table 2 – Monitoring & Evaluation Indicators for the Strategic Objective**

	CYP				PID (%)				CS Rate			
	2000 (base)	2001	2002	2003 (estim.)	2000 (base)	2001	2002	2003 (estim.)	2000 (base)	2001	2002	2003 (estim.)
SMD	83,204	89,865	94,198	96,319	46	47	44		3.2	2.8	3.0	
TT	52,443	58,895	60,333	60,710	34	31	32	36	2.4	2.3	2.7	3.1

Source : SMD & TT regions, MS, SI-SMIPF, 2003

As we can see, the CYP indicator for both regions increased consistently. The obstetrical indicators of PID and CS were stagnant, except for the caesarean rate in the TT region, which is on the rise. The stagnation of the obstetrical care indicators can partly be explained by the improved quality of health data as a result of training efforts provided by **Progress** to health providers to refine data produced by the Health Information System (HIS). Another explanation is that project activities, which aimed to improve the quality of maternal health services and access to those services, started only in 2001 and ended in June 2003. Consequently, the expected programmatic results should be noticeable beginning in 2004.

## ***Sustainability of Project Results***

In order to promote, from the beginning, sustainability in project achievements, the project proposed criteria to monitor the progress of activities in relation to expected results.<sup>2</sup> These criteria were used in the quarterly and annual reports and are analyzed below based on the entire project period, July 2000 to September 2003, in terms of how each reflects progress toward institutional strengthening and, therefore, sustainability.

### ***ACTIVE INVOLVEMENT: LEADERSHIP AND TEAMWORK***

Activities under the first intermediate result aimed to support the decentralization efforts undertaken by the Ministry of Health (MOH). Project efforts have strengthened leadership and teamwork for the partners in the regions and provinces. The project pilot regions have made major progress in involving all the actors within the context of regional management. Regular meetings of the regional coordination committees (RCCs) and the thematic cells and commissions have led to the institutionalization of teamwork and regional solidarity. These efforts have led to the development and implementation of regional action plans. Also, in both regions, solidarity led to an "allocation based on need" principle for resources mobilized by other donors.

Provincial MOH delegates were surveyed to explore their perceptions about leadership and opportunities for feedback. Two major findings emerged from the analysis of this survey. One, the majority of delegates recognized challenges in the daily management of finance, human resources, service organization and strategic planning functions and saw a need to introduce changes together with capacity building in a decentralized system. Two, there was a consensus that decision making by a team is preferable to relying only on individual choices. In practice, delegates tend to work with their provincial staff, hospital boards of directors and health districts, but not consistently and not always involving all the levels. Obviously, more could be done to improve communication between the "delegation" and the relevant provincial entities to promote teamwork.

### ***HUMAN RESOURCES: IN-SERVICE TRAINING AND THE TRANSFER OF COMPETENCIES TO ALL LEVELS***

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<sup>2</sup> These criteria are a liberal adaptation of the recommendations proposed in a study on the factors which influence the sustainability of health project activities. Thomas J. Bossert. 1990 "Can They Get Along Without US? Sustainability of Donor-Supported Health Projects in Central America and Africa." Soc. Sci. Med. Vol 30, No.9, pp. 1015-1023

Investment in human resources is the element that has brought an added value to the performance improvement process started by the SMD and TT regions. Generally, the regional teams identified in-service training needs and organized the training sessions, two key initiatives for the operationalization of the national in-service training strategy. Compared to other regions in the country, the two project pilot regions are indeed pioneers in using the approaches defined in this strategy. However, the transfer of decisions and resources, although necessary, is not sufficient condition to ensure a smooth running in-service training management function at the regional level.

Progress in the number of staff trained under the project has been substantial. Moreover, partners have shown appreciation for the value added by project activities. Partners have commented several times on the major contributions made by the project, in particular in the transfer of skills through teamwork and in-service training activities.

#### ***EFFICIENCY: IMPACT OF PROJECT ACTIVITIES – PROGRESS IN CYP, PID, AND CS RATES***

The project's quantitative result indicators, presented above, measure the impact of the project on the health status of the population. The key quantitative indicators show since July 2000 an increase for the CYP and CS rates in the two pilot regions, and a stagnation of the PID indicator. However, a substantial increase in the regions is expected in 2004, when the effects of project interventions will boost the availability, quality and use of health services.

#### ***INTEGRATION: A NATIONAL QUALITY POLICY***

Quality assurance is a common denominator of all activities implemented under this project and has been addressed for all interventions in both regions. In this context, **Progress** supported the organization of the first national Conference on Quality and Health. Held in November 2002, this conference demonstrated the MOH's desire to achieve progress in the quality improvement process and to implement health sector reforms, which include improvement of health care as a major theme. The conference fostered a review of quality improvement activities undertaken to date and an in-depth thinking process on the determinants of quality. The conference defined future health care orientations for the public and private sectors focusing on quality, thus initiating a new quality improvement cycle. During the conference, the SMD and TT regions presented several experiences from the numerous QA sites set up in their health facilities. At the end of the project, we note that the SMD and TT regional teams, through the adoption of the quality approach in numerous sites, have started on a path toward sustainability of a quality culture in health services.

#### ***PARTNERSHIP AND COMMUNITY INVOLVEMENT***

Support for partnership and community involvement (PCI) has constituted one of the essential conditions for the sustainability of activities undertaken under **Progress**. The project promoted the health of the target population, particularly by promoting the adoption of preventive behaviors and increased use of health services, and aimed to increase the level of involvement of communities through partnerships between health services and associated groups in the communities.

The interventions focused on fostering the involvement of local groups and communities in health promotion activities. This partnership-building process has been an essential condition for the implementation of regional priorities. While the process has evolved differently in specific communities, it has in each case depended on existing collaborations as well as new, regional stakes and priorities. The project has leveraged community involvement to help create collective responses to health problems such as maternal health, child health, STI and AIDS.

In summary, the **Progress** experience shows that the mobilization of local resources to address health issues is an important factor in the implementation of decentralized management of health services. A rather unexpected result was the health sector's contribution to strengthening and activating a broader social response system. The process of decentralization created opportunities for synergy, partnerships, and innovation in the two pilot regions, and brought structures for health service management that will help make this synergy sustainable in Morocco.

## Introduction

The Regional Management of Health Services Project (**Progress**) is part of the overall USAID intervention strategy for the Moroccan health sector in partnership with the Ministry of Health. **Progress** aims to support the implementation of decentralized management of basic health services in the regions of Souss Massa Drâa and Tanger Tétouan.

To implement **Progress**, a transition workplan and three annual workplans were created. The intervention parameters for the annual workplans were defined by three reference documents: (1) the Ministry of Health sectoral health strategy, (2) the USAID/MOH partnership strategy as defined in the scope of work of the project, and (3) the regional health strategies elaborated by the regions as part of **Progress**. Thus, these workplans reflected the annual priority activities as identified in the regions' strategic plans in conformity with national orientations, as well as support activities proposed by the central level. During these three years, the regional teams have implemented activities to strengthen capacities and introduce innovative models in order to improve access to health services and standardize health care quality. In this context, the following three ideas guided the project's approach:

1. Usefulness of promoting teamwork and decision making at the regional level;
2. Need to strengthen the institutional capacity of regional technical and administrative teams; and
3. Necessity to upgrade the physical resources as well as the clinical, communication and management skills of the regional teams.

Development of the workplans has been a participatory, annual planning process including three phases:

1. **Analysis of achievements and challenges, as well as identification of needs** at the regional and central levels. At the regional level, the thematic teams carried out these analyses in workshops. At the central level, teams from each directorate involved in project activities undertook a similar exercise. This work has allowed the teams to evaluate the level of achievement for planned activities, the results obtained, and the needs for the coming year. During this work, the teams used data produced by the activities and the routine health information system. Because the goal of these workshops was to undertake a technical analysis based on proof of achievements and needs, the participants were mostly technicians.
2. **Three planning workshops** took place to establish the priorities for the two regions and the central level. Professional facilitators moderated these workshops. The participatory approach and the logical context were two elements of the methodology used. During these workshops, the decision makers and the technicians negotiated the priorities for the coming year on the basis of previous achievements.

3. **A national consolidation workshop** was held to validate the priorities of the three teams in conformity with national orientations. All the central directorates as well as the provinces of the two regions participated in this day-long event, which allowed all decision makers to share project achievements and challenges.

The active involvement of all decision-making levels has fostered comprehensive ownership of the project by all stakeholders. Implementation of activities has been enabled by the participation of central, regional and provincial teams as well as others such as the university hospitals (UH), local organizations, local collectives and authorities, and other Ministry of Health international partners.

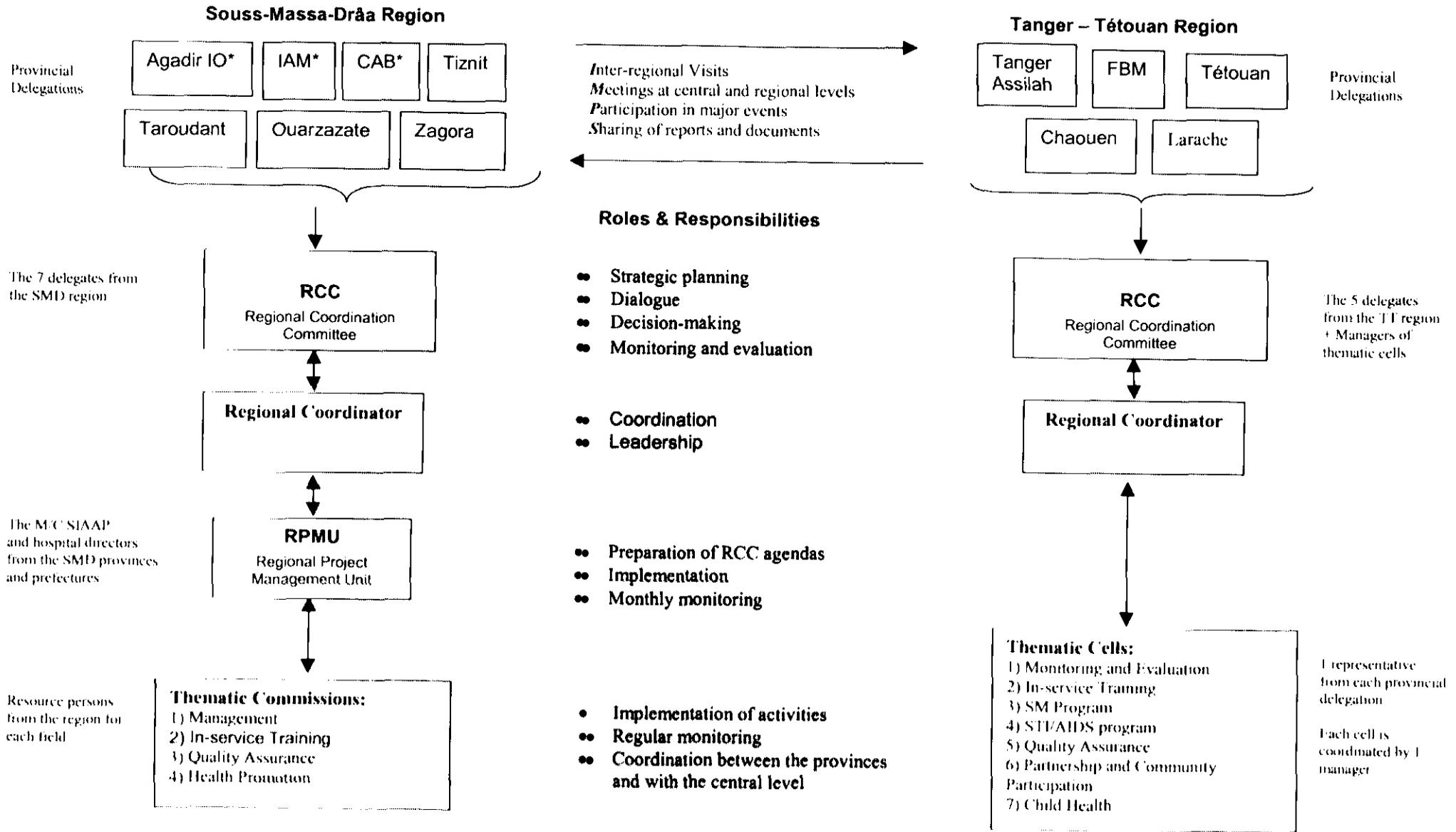
At the end of the project, all partners agreed on the major project achievements, namely:

- Creation of a culture of teamwork in both the SMD and TT regions;
- Implementation of project management and monitoring mechanisms in the form of Regional Coordination Committees, Regional Project Management Units, and thematic cells (see Chart 1);
- Ownership of the project planning and implementation process by the regional teams;
- Active involvement of all the partners in the provinces, regions and central level (MOH, universities, etc.);
- Upgrading of a number of health facilities;
- Improvement of the skills of health professionals in the regions using a regional in-service training strategy; and
- Implementation of activities with an innovative, integrated process; and
- Improvement in the use of basic health services and generalization of the quality approach to all the health structures.

Chart 1

*Regional Management Mechanisms put in place in 2001 under Progress*

➔ **Strategic Objective:** « Effective Decentralization of Primary Health Care Management on a Pilot Basis » ➔



IO: Ida Outanane, IAM: Inezgane Ait Melloul, CAB: Chtouka Ait Baba

## **Result I: Roles, Responsibilities, and Capacities Identified, Defined and Developed at the Various Levels of the Ministry of Health**

### **INSTITUTIONAL ENVIRONMENT**

#### **Central Level**

**Progress** has worked with the Ministry of Health (MOH) in the decentralization process of the two regions of Souss Massa Drâa and Tanger Tétouan. This section will analyze all elements of the current situation and the experiences undertaken within the project.

In July 2001, most major functions of the system were highly centralized; however, the initiative from the central level to increase decision making at the regional and provincial levels was progressively put in place by means of a consensus-building process. Since 2001, the decentralization process has seen a number of important initiatives:

- **Financing:** A "globalization" budgetary process (allowing greater implementation flexibility) and internal contractualization (based on strategic planning and performance objectives) had been recommended in 2001, and are currently being implemented. This constitutes a major step toward increasing local control and flexibility while maintaining oversight at the central level.
- **Human resources:** Minor changes were made in the management systems and more dialogue was established between the Ministry of Health Human Resources Directorate and the provinces. Major efforts were undertaken to strengthen regional and provincial capacities using management and technical training financed by donors in the selected provinces.
- **Organization of services:** A number of major initiatives were undertaken such as the launch of regional epidemiological units, health transfusion centers, warehouses and maintenance centers, as well as local initiatives in the area of quality assurance and integration of priority programs using the decision-making process and the strengthening of capacities.
- **Governance:** A large number of managers at the provincial level were efficient in working with authorities and local private partners to mobilize additional resources and coordinate activities.

The government is currently looking into the options recommended by the consultant for the organization of regional units and the reorganization of the central administration. A viable option would be to set up a regional directorate with its own regional team having authority in the provinces. This would unite the delegate and the hospital director at the provincial level, allow the creation of a new health district, and streamline the organization at the central level by consolidating a number of directorates.

## Recommendations

There is no easy way to decentralize a health system. Decentralization of the Moroccan system must take into account its history and its own consensus-building process. Choices must be guided by the goals of improving equity, efficiency, efficacy, quality and financial strength of the system. Within this context, the following recommendations are made:

- **Financing:** the globalization and internal contractualization process must be continued and strengthened. In addition, the Ministry of Health must consider the development of a transparent, equitable formula, based on needs, for the allocation of budgets to regions, within regions, and within provinces. The MOH should create mechanisms to ensure that funding does not increase in the curative health care and administrative sectors at the expense of priority health programs. These efforts can be strengthened by technical assistance.
- **Human Resources:** Important reforms in this area depend on changes within the overall public system. The MOH must advocate for changes to loosen up human resource decision making, to allow directors to reward good performance with bonuses while maintaining high merit levels. The continuing efforts to improve management and technical skills at the regional, provincial and local levels must be supported by wider, more extensive training programs.
- **Organization of Services:** The current initiatives on quality, integration of priority programs, and upgrading of the health information system must be continued and broadened to ensure that all provinces and regions develop their own initiatives in these areas. Sustainability of programs financed by donors must be a priority.
- **Governance:** The regional, provincial and local authorities must continue to work with local partners. The MOH must develop a program of "perequation funds" to stimulate the mobilization of fiscal revenues from regional and local governments. This program must set the perequation scale to the local capacity to generate resources, to ensure that the poorest communities can also participate in this process.
- **Regional Organization:** Planning must ensure that the creation of regional entities does not introduce a long-term administrative burden. A study of the costs of new administrative apparatus must be undertaken so that these new units are staffed by personnel transferred from the central level, with minor reductions in staffing at the provincial level. Regional functions should not replicate central-level functions, but be a set of functions carefully selected because they can be done better regionally, such as strategic planning, allocation of resources, and certain technical work where economies of scale merit regional responsibility rather than provincial. Provinces and local authorities should retain as much authority as possible and should be subject to capacity building.
- **Central Reorganization:** The propositions to reduce the fragmentation of central offices and to unify a number of directorates seem more reasonable. These changes must be done in such a way as to reduce the staffing at the central level in order to

transfer the budgeted job positions to the regions. Creating a specific policy and analysis unit at the central level will strengthen the political decision-making role there.

Functions of decentralization	2000	Changes made 2001-2003	Options planned by the MS	Recommendations
<b>Financing</b>	Highly centralized  Unequal distribution of funds between the provinces	Budgetary globalization and contractualization	Preparation of regional budget and regional allocation of financial resources	Elaboration of a key for budgetary allocation allowing equity and transparency based on needs for allocating funds to the regions, within regions and within provinces  Ensuring that financing does not increase the administrative or curative expenditures at the expense of priority programs
<b>Human Resources</b>	Highly centralized	Decentralization of salary certificates  Dialogue on the needs  Strengthening of management skills	Regional re-allocation of personnel  Elaboration of a human resources strategy	Advocate for changes in government personnel policy for more flexibility and to include the possibility of giving motivational bonuses
<b>Organization of services</b>	Highly centralized	Quality assurance Initiatives  Improvement of the routine health information system  Regional management and integration of priority programs for human resources	Strengthening of the information system  Institutionalization and generalization of quality assurance	Additional financing from donors given to the poorest regions and provinces to increase equity in improvements  Ensure the sustainability of current donor activities
<b>Governance</b>	Moderately decentralized  Laissez-faire	Provincial and regional initiatives with local partners	Mobilization of additional resources in the regions and the local communities	Perequation fund to stimulate local contributions but also to ensure equity for the poorest regions and provinces
<b>Regional organization</b>	Regional coordinators	Strategic planning and upgrade of management	1) Regional team in place with provincial delegates and hospital directors or 2) Specialized provincial teams	Regional team rationalized which includes personnel transferred from the central following downsizing at the central level
<b>Central organization</b>	Fragmented and vertical	Collective decision making  Dialogues with the regions and provinces	1) Unify the directorates or 2) Reduce the role to strategic planning or 3) minor adjustments to current organization	Unify the directorates, reduce the central personnel and concentrate on unity of analytical policy

## **Souss Massa Drâa**

**Progress** faced a major challenge: to promote the regionalized management of health services, while the health region was not yet established on a legal or institutional basis. The project chose to enter this challenge through the door of family planning, maternal and child health, and STI AIDS programs, to capitalize on a technical deconcentration already initiated. The managerial deconcentration continues to stumble due to a lack of legal coverage especially as it concerns human resources and financial management.

In 1997, the Ministry of Health initiated a regionalization process (decentralization and deconcentration) which has become concrete in the nomination of "regional coordinators," and by the deconcentration of certain activities such as the setup of Regional Epidemiological Observatories (REO), the supervision of IFCS by regional coordinators, the development of regional in-service training action plans, the setting up of regional warehouses for contraceptive logistics in certain regions, and regional maintenance workshops.

In reality, the mission of the regional coordinator remains undefined and the position unsupported by staff and physical resources. Since this person also serves as a provincial delegate in the region, the other provincial delegates do not view the regional coordinator as the manager of their regional activities. According to the results of an organizational audit undertaken by the LMS consulting firm, a deficit in managerial skills exists at both the delegation and regional levels.

The objectives of activities under this component have been to: (1) establish a regional strategic planning process; (2) set up a regional organizational structure with defined terms of operation; and (3) put in place a monitoring and evaluation plan.

In the Souss Massa Drâa region, the first management function established by **Progress** was the strategic planning process. This planning exercise had the benefit of gathering together the provincial delegates for five days (in October 2000) to review the regional situation, define the priorities for the region and develop a three-year strategic plan. This workshop used the methodology of planning by objective, and led to the identification of four essential results of the strategic plans:

1. a regional model for health services is elaborated and tested;
2. the quality of reproductive and child health services is improved;
3. the skills of the personnel and certain partners in reproductive and child health issues are strengthened; and
4. the promotion of reproductive and child health through partnership approaches is strengthened.

These results have been translated into investment areas for the project as discussed below.

This planning exercise was followed by the development of the 2001 action plan and the design of a regional organization, the Regional Coordination Committee (RCC), which included all the delegates of the region. This committee began to convene quarterly in 2001. Starting in 2002, meetings were held monthly. The first regional strategic plan covered four areas identified as priorities by the regional representatives:

1. management that covers everything linked to the institutional environment;
2. in-service training;
3. quality assurance; and
4. health promotion through a partnership approach.

Four thematic regional committees were created to monitor the implementation of activities identified under these four areas. In the beginning, these committees comprised persons from the AIO province. The committees opened to include people from other provinces after a mid-term evaluation of this arrangement.

The activities undertaken under this component include organization of the RCC meetings; the training of regional managers in subjects related to management including strategic planning, monitoring and evaluation, and the globalization and contractualization process; and quality management. The thematic committees and the regional secretariat—created in 2002, and staffed by a permanent employee nominated by the regional coordinator—ensured the monitoring and implementation of decisions and activities.

This year, the MOH has started a budgetary management process based on contractualization.

In summary, the change from almost no regional coordination meetings before **Progress** to at least 11 meetings in 2002 is a big achievement of the project. Indeed, not only were the RCC meetings held regularly as planned, but the discussions on the agendas and the implementation of the RCC's decisions constitute an important step forward in the process of creating a health region and in building an excellent team spirit among the delegates.

An analysis of the malfunctions<sup>1</sup> of the organizational structure (conceived and put in place at the beginning of the project) was undertaken in early 2002 and has allowed the decision-makers to redefine the scope of work of each entity and more specifically ensure operationality of these structures at the provincial level. Thus, five out of seven provinces developed strategic plans and workplans for 2002 and have identified teams for the execution and monitoring of activities by area.

Moreover, the regional managers and some of their partners have been meeting at the end of every year to evaluate the current year's workplan and develop the workplan for the coming year. In June 2003, the region organized a workshop to develop a ten-year strategic plan with a vision and well-defined objectives. The following individuals participated in this event: the regional director for Transportation and Equipment, the regional director for Water and Forests, the regional director for Habitat, representatives from the STI/AIDS Inter-sector Regional Committee, representatives from a development organization, a few managers from hospitals and IFCS, and the health delegates.

The vision, as developed by the participants, is stated as follows:

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<sup>1</sup> See Mr. Hafidi's report on the malfunctions of the organizational setup. November 2002

*...the population of the Souss Massa Draa region receive quality health care services, provided by qualified, motivated, and performing personnel in a regional structure capable of mobilizing resources and developing synergies with partners.*

Further, the region has defined the strategic objective to be achieved in five years:

*The health of the population of the Souss Massa Draa region is improved through a regional system of efficient case management (preventive and curative).*

The region plans to achieve this by improving the regional health services management capacity, the health coverage of the population of the Souss Massa Draa region, the quality of health care services, and the development of an efficient partnership. The workshop ended with the planning of a series of activities to help reach the objectives and the elaboration of a monitoring and evaluation plan.

The positive impact is measurable by the strategic planning mechanisms now in place and the active involvement of multiple partners in this process.

## **Tanger Tétouan**

Under this component, the first task of the regional team was to define regional structures that would allow the management and coordination of activities across and among the different provinces and prefectures, but would also be the main interlocutor with central services.

A Regional Coordination Committee (RCC) was created, with the five provincial delegates; and thematic cells were put in place for each of the institutional and programmatic components. These cells are composed of provincial managers. In the course of the three years, these structures have gained a higher profile in the planning, monitoring and the execution of not only **Progress** activities, but also all the health regional activities.

The planned meeting schedule—quarterly for the RCC and monthly for the cells—was soon accelerated in light of the volume of activities and these groups' roles at the provincial level in improving coordination and planning.

The role of the RCC has been defined as a strategic role, essential in the decision-making process. Under **Progress**, decisions about the

allocation of resources and prioritization of actions have remained collegial among the five delegates assisted by the managers of the thematic cells—individuals who, because of their functions, have a real knowledge of the needs in each province and in each health program.

### **MISSION AND RESPONSIBILITIES OF THE THEMATIC CELLS MANAGERS**

**PLANNING:** IDENTIFICATION OF PRIORITY ACTIVITIES, INTEGRATION AND COMPLIANCE WITH THE NATIONAL ORIENTATIONS

**PROGRAMMING OF ACTIVITIES:** BASED ON THE PRIORITIES AND ACTIVITIES AGREED UPON, IDENTIFICATION OF RESOURCE PERSONS, PROFILES, SITES, SCHEDULES. IDENTIFICATION OF ACTIVITIES TO REPROGRAM, IDENTIFICATION OF DIFFICULTIES AND CONSTRAINTS.

**EVALUATION:** DATA UTILIZATION, RESEARCH, SUPERVISION

**COORDINATION AT ALL MANAGEMENT LEVELS:** DELEGATIONS & R.C.C, GENERAL SECRETARIAT, SIAAP, HOSPITALS, CENTRAL SERVICES

To illustrate this fact, these groups have in three years organized three planning workshops, performance evaluation workshops held prior to the planning ones, and further meetings to elaborate the schedule of activities. One priority role of the cells was to constantly rationalize the use of resources for executing the activities while ensuring equity between the different provinces and prefectures. For example, the planning of training activities had to meet two requirements: respond to the real needs of the personnel of each province and coordinate the timing of sessions in order to avoid overlaps. This task was not always easy for the cells, with an average of twenty activities per month including trainings, meetings, workshops and events.

To complete this plan, and following an evaluation and team dynamics workshop organized in 2001, the regional structures were consolidated under a regional secretariat managed by the delegate from the Fahs Beni Makada province.

This operating model continually improved during the project. The five provincial managers shared a belief in innovation, and the organization remained flexible and proactive. Thus, after each annual evaluation and during the planning workshop new cells were proposed to address other priority themes. At the end of the project, three new regional structures had been created: the regional hospital committee, the environmental health cell, and the regional committee for operational research.

To address the regional management challenges, the provincial managers must continue to strengthen the regional structures. Already, the structures are the entrenched interlocutors between all the regional and international partners. The regional council and the local authorities recognize the legitimacy of this structure, and their negotiations are usually held with the RCC. Moreover, international cooperation agencies, such as Medicos Mundi, are considering using the same management model and project objectives as those of **Progress** to ensure the sustainability of achievements. Nevertheless, the regional team still needs to establish this legitimacy vis-à-vis the central services. Certain events organized within other projects would have gained in efficacy if the responsibility had been given to the thematic cells. Despite its imperfections—mostly tied to its lack of a legal context and means of operation—this management model is totally relevant within a strategic vision of regionalization. It is hoped that this model will be supported and encouraged to continue.

## **MANAGEMENT INFORMATION SYSTEM**

### **Central Level**

The use of information for planning, monitoring and decision making is one of the areas where **Progress** has deployed its efforts at the central level and in the Souss Massa Drâa and Tanger Tétouan regions. Indeed, in a decentralized context, reliable data becomes critical to decision making at various levels (regional, provincial and local).

The goals of the actions undertaken under **Progress** were to strengthen the skills and knowledge of the intervening parties in both regions, define and elaborate tools to encourage

the use of various data collected, and implement a master plan for the national information system.

Thus, the project developed a procedures manual for the FP/MCH and curative care information system. This document was prepared in close collaboration among the central level (SEIS, DIM, DP and INAS) and representatives from the two regions, SMD and TT, in order to produce a reference document that responded to the needs of the field in all the phases of FP/MCH data collection, processing, and utilization.

Consequently, the procedures manual includes sections on data collection, processing and utilization. The first part describes the context of the information system. The section on data collection reviews all the documents and forms used for FP/MCH activities with detailed instructions on how to fill out each form. The third part concerns data processing and covers all the steps related to the data entry and verification of monthly reports, data cleaning and tabulation. Finally, the last part concerns the utilization of data. This section is considered the most important, since effective use of data is the ultimate purpose of any information system. Its elaboration was innovative to make it really interesting for users of the information system. This section covers the main FP/MCH and curative care indicators including their definitions, methods of calculation, sources, and utility. Case studies at different levels (local, provincial, and regional) are presented and analyzed in four steps (select an indicator, analyze the data, evaluate and take actions).

In order to maximize the efficient use of the procedures manual, importance was given to the testing phase. The procedures manual was tested with personnel from ten health facilities as well as in the SIAAP in eight provinces and prefectures. The provisional results of the test were encouraging, and it is planned to generalize use of the procedures manual across Morocco country.

Finally, it was decided to organize in 2003 a conference on the national health information system (NHIS). Indeed, after twenty years of partial revisions of the NHIS, a number of managers within the MOH thought that it was the right time to assess the current situation of the NHIS and to envision its development in the coming years.

The objective of the conference was to examine and validate the NHIS master plan. Preparatory work involved representatives from the different categories of users, from the central level to the periphery.

The goal of the master plan is to identify an orientation and development schedule for each component of the NHIS sub-systems. The plan also proposes mechanisms for the inter-relation between the information sub-systems, leading to the implementation of a unified and integrated information system.

During the months preceding the conference, a steering committee for the NHIS conference was formed and included the eight directors from the central level. The committee, presided over by the Director of the DPRF, decided to consult with representatives from the various information sub-systems:

- Epidemiological surveillance
- Hospital information system (SIG-Ho)

- Health programs
- Primary curative care
- Pharmaceutical products
- Database on the Health Infrastructure (BDDI)
- Human resources management (HRM)
- Budgetary data and expenditures
- Monitoring of environmental health (ENSP)

During the conference, an analysis framework was defined for each sub-system to show the strengths and weaknesses of the existing system, and to formulate propositions for the NHIS master plan. Representatives from the information sub-systems worked in technical committees.

The organization of the NHIS conference was a decisive step in the re-orientation of the NHIS in Morocco toward an integrated and unified system. The most important result was the dialogue between personnel who implement central and peripheral services. A consensus was reached that the master plan is the only way to formulate an information policy based on a decentralized health system. This implies that the management of the NHIS will be mainly the responsibility of the regional and provincial delegations while the central level will ensure the regulation and legislation of the NHIS. The new information and communication technologies must bring the necessary support to better coordinate and integrate health interventions at all levels.

The next, urgent step is to finalize the adoption by the government of the NHIS master plan based on the recommendations from the conference. To this end, the Health Minister has already written a decision letter to set up a steering committee that will ensure implementation of the master plan.

### **Souss Massa Drâa**

The reliability of data from the HIS was a priority issue for the project, especially since all of the achievement indicators depended on this data. The data problems stem from a lack of quality in data collection, problems with internet connections which prevent data from reaching the regional level on time, and the SMIPF application which has continued to pose manipulation problems. This situation did not encourage managers at the local and provincial levels to use the data for decision making.

The objectives of HIS activities were to: (1) aggregate the SMIPF data at the regional level; (2) use the data from the health information system for decision making at the regional, provincial, and local levels; and (3) maximize the rate of reports sent on a timely basis to the regional level.

The first HIS activity implemented in the SMD region was the aggregation of indicators using the SMIPF application. The central level team organized a training session for the regional team and took this opportunity to make adjustments to the application.

Secondly, since the project had enormously invested in the implementation of the EONC model, a large effort was spent on data collection methods, from filling out the expectant mother files to redefining obstetrical complications, using partograms, reporting the data on the register, and filling out performance reports on a monthly basis. To this end, a number of workshops were organized for health providers and statisticians from all the SMD provinces.

The project also supported interventions whose objective was to upgrade the computer pool of the provinces, the network installation in the delegations, and SIAAP to facilitate transmission of and access to data.

Other trainings on commonly used office software were organized for the administrative and technical personnel in order to optimize the use of computer equipment.

It was also decided that, during the presentation of project quarterly and annual reports to the RCC, time would be allocated to discussing the progress of indicators. However, a lack of available, reliable data has remained an issue during the duration of the project. The only explanation that we can provide is that the provincial delegations, the hospitals and health centers are still not evaluated on the basis of the indicators. Only the widespread implementation of contractualization will push the managers at all levels to make a priority of the indicators and data collection. When that occurs, health providers will have more incentive to collect better data. Effective implementation of the quality approach will come next, as the experience from the collaborative model in the region has already contributed enormously to an improved health information system.

Indeed, much remains to be done at the service delivery points to encourage health providers to collect information from clients in a faithful manner. To this end, the MOH should think about mid-term and long-term solutions to simplify the system and to generate data that is perceived as useful both by the provider and the manager.

## **Tanger Tétouan**

The first two **Progress** activities in the TT region—the introduction of the SMIPF application and the subsequent strategic planning workshop—were closely linked to this component. These activities demonstrated the region's commitment to mastering the generation of reliable information for planning and monitoring activities. This cross-cutting endeavor was key to the modelization of regional management. The health information system, in light of its complexity and extent, requires particular attention from decision makers. Under **Progress**, the region has succeeded in meeting four challenges:

- Having an historical database on the last five years that is reliable, corrected and of quality in the five provinces and prefectures;
- Improving the system for collecting and forwarding data according to a set calendar. (This mechanism will certainly continue to require attention from the IS managers, but has considerably progressed; for example, the data regarding the three project indicators are now regularly sent to the Monitoring and Evaluation (M&E) regional.);

- Standardizing and clarifying the meaning of indicators; the use of data analysis in planning and decision making is more frequent and much clearer at all management levels—health center, health programs, province and region;
- Put in place and maintain a support and supervision structure for management of the information system and maintenance of the provincial computer pools.

The M&E cell, of which the computer unit is a part, oversees the training of personnel, identifies the needs, and proposes solutions and responses for difficulties incurred in the province. At the beginning of the project, only two provinces had a computer network in their delegation. At the end of **Progress**, each province had its own computer network and considerable improvements had been made in the computer pool itself. More than 25 PCs were purchased for different cells and health programs, but the most important factor in performance remains training on maintenance, commonly used office software, and network management. Five hundred and fifty individuals including managers and health providers at all levels, SIAAP, delegations, health centers and hospitals received this training, which has in large part contributed to the improved data quality.

The training process itself has created a special dynamic within the region. The computer unit has managed all the identification and the selection of profiles, schools and training institutions, the definition of the scope of work and content of the training and the M&E cell.

The basic principle was that the use of data must be viewed as a part of the work for all managers and health providers, including these aspects:

- Use of information in the medical decision-making process;
- Use of information in planning and evaluating health activities in the health structures and province;
- Use of information in the quality improvement cycles;
- Use of data with the community and international partners to set -priorities.

A number of facts allow us to illustrate the achievement of this objective:

- Medical data have been used much more during the near-miss and audit sessions;
- The provincial teams have developed the 2003 workplan on the basis of historical data analyzed over the last five years;
- All the QA sites have started to analyze their data for the definition and selection of priority problems;
- Partnership projects have been formed with NGOs on the basis of indicators presented and justified by the health managers.

The project began to address the lack of information support materials. Centralized production and distribution of these documents has been difficult due to the volume and diversity of publications needed. Consequently, the project created a regional production unit, equipped it with a risograph and trained a team to manage this unit. An agreement with the Population Directorate provided the unit with paper for duplication of information support materials for the maternal and child health programs.

## HUMAN RESOURCES / IN-SERVICE TRAINING

### Central Level

The staff of the Ministry of Health, around 44,000, represents two thirds of the budget and, despite this, the ministry has no strategy for human resource development. Human resource development in Morocco is a far-reaching, problematic subject that involves a number of parties not only within the MOH, but also on the outside, including the Ministry of Finance and Modernization of the Public Administration. Social partners are also concerned about this issue.

The efforts undertaken by the MOH in the area of human resources have been significant, starting with the in-service training component. Under **Progress**, this component included use of the national in-service training strategy and exploration of the standards that underlie it. In addition, a number of workshops were held with such aims as the training of trainers (TOT), training on the management of in-service training and dissemination training.

The project regions put in place technical committees for in-service training, which have prepared action plans for the in-service training programs. The project regions have succeeded in organizing a number of training activities at the regional and provincial levels with support from the persons trained in the TOT workshops in andragogy and management methods.

During the last three years, the project provided technical and financial support for a number of initiatives in the realm of human resource management, including:

- Decentralizing the issuing of salary certificates at the "delegation" level;
- Adopting a new personnel management system (S.G.I.P.E.);
- Computerizing services and training of personnel;
- Establishing teamwork within the Human Resources Directorate.

Despite all these efforts, the problems are numerous and their solutions are beyond the scope of the project. For example, decisions have been made to expand health services infrastructure by constructing new health facilities without attention to the human resource component. The result is that a large number of health structures do not have the necessary medical and paramedical personnel to operate properly. Some health institutions cannot open their doors to the public due to the lack of personnel.

Nevertheless, **Progress** has provided support to a number of Human Resource Directorate (DRH) efforts to solve certain human resource management problems identified as priorities by the DRH:

- Creating a job description for the SMD and TT regional managers;
- Defining the mission and responsibilities of the regional teams;
- Organizing orientation sessions for doctors appointed in health centers to provide them with information on the system and their role;
- Introducing or improving teamwork between doctors and the paramedical personnel to avoid compartmentalization and its negative impact on the quality of service delivery;

- Strengthening managerial skills among leadership at the central, regional, and provincial levels;
- Improving the quality of in-service training through compliance with the standards;
- Achieving complete implementation of the provincial in-service training workplans.

## **Souss Massa Drâa**

The central level In-service Training Division, with mandatory participation of the regions, undertook to develop a national strategy as well as regional and provincial strategies for in-service training (with the assistance of TRG under the Phase V project). A reference document on the in-service training norms and standards was produced. A number of events to disseminate the strategy and the norms were held in the different regions of Morocco, but the implementation was left to the regions. One of the first actions of the provinces was to nominate an in-service training manager. This individual is charged with compiling the in-service training needs expressed by provincial personnel and transmitting them to the central level.

The objective of the activities under this component were to: (1) support the implementation of the regional in-service training strategy in the SMD region; and (2) improve the management skills related to personnel in the region, taking into account the norms and standards for in-service training.

After the strategic planning workshop held in 2000, an in-service training committee was set up to begin implementation of the in-service training strategy. A number of meetings were organized, but no concrete action occurred for a number of reasons: lack of funds for the training at the regional and provincial level, the lack of decentralized human resource management, and the lack of a career management function (linked to in-service training) in the MOH.

On the other side, and to prepare the region for a potential effective decentralization of this function, a pool of 11 andragogues was trained with assistance from TRG. The participants already had basic training skills and/or expertise in topical areas such quality assurance, EONC, or FP.

A good situational analysis of human resource management (HRM) in Morocco was undertaken by Greame Frelick<sup>3</sup> during his last consultancy in 2002. He stated that the in-service training problem could not be dissociated from the overall issue of human resource management for the government employee, which is currently under discussion at the highest levels of the country. A national conference on HRM was planned in the 2003 workplan with the objective to design a master plan for HRM; however, this conference did not happen for a number of reasons including budgetary constraints and lack of time.

The project's achievements in terms of training sessions can be summarized in terms of **55** sessions with **2,704** participants in the following areas: Information, Education, and Communication (IEC); IUD insertion; emergency obstetrical and neonatal care (EONC); blood

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<sup>3</sup> See the Greame Frelick report "Census on the faisability of a meeting on the reform of the HRM system within the MOH, Kingdom of Morocco" November 2002

transfusion security; IMCI; VSC; epidemiology and use of Epi-Info software; training of community development agents; collaborative model and improved Integrated Quality Management (IQM); training of newly recruited doctors; management of drugs; ultrasound; development of monitoring and evaluation plans; training on commonly used office software; training of trainers from social education centers; training of researchers on focus group methods; utilization of the SMIPF application; preventive maintenance of equipment; documentation of QA experiences; development of communication strategy; use of injectables; refining of data; strategic planning; group dynamics; and training of peer educators.

## **Tanger Tétouan**

The project launched the dissemination of the document on the national in-service training strategy (SNFC). Developed in 1999, the SNFC is a reference document for in-service training activities at the regional and provincial levels. It defines the standards and mechanisms to ensure the quality of the training provided at the local, regional and national levels.

**Progress** has helped operationalize the strategy in the TT region by supporting the implementation of mechanisms and by strengthening managers' skills in mastering the standards.

### Support to mechanisms

The structures necessary for the operationalization of the SNFC are the provincial in-service training units, the provincial committee, and the regional committee. The provincial in-service training unit's function is to identify training needs on the basis of formal performance evaluations and the expectations of personnel. The training unit can lead these trainings at a local health facility or hospital department or ask for assistance from the provincial committee when the theme is of interest across a number of facilities or when the content of the training cannot be addressed by anyone in the unit. The provincial committee organizes, coordinates and plans training activities at the provincial level. Its mission, in addition to identifying the needs, consists in mobilizing resources. Finally, the mission of the regional committee, coordinated at the TT level by the IFCS director, is to supervise the provincial committees, participate in the identification of needs and the planning of trainings, coordinate the training activities between the different provinces, and especially act as the interlocutor with the central services.

The project has assisted the provinces in creating in-service training provincial units. Upgrades and new equipment for training and meeting rooms have been provided in the provinces of Larache, Tanger, and Fahs Beni Makada. The project also contributed to creating or strengthening documentation units in all the provinces. But, the essential part of this support is the operating dynamics created by the project through all the training activities and the opportunities provided for personnel at all levels to express and identify specific training needs. Training needs surfaced at different times: during development of project objectives, discussions around QA cycles, and data analysis that revealed particular deficiencies in medical or management skills.

The TT regional coordination committee has been the key actor for the operationalization of the SNFC. This committee has piloted for **Progress**, during the three years of the project, **124** training sessions for **1,991** participants and for a total of **11,206** training days, demonstrating the viability of an operating model based on the effective involvement of all the provincial units, the use of standardized training programming tools in the province, the use of a communication and coordination mechanism accessible by and to all the provincial units, and finally the strengthening of in-service managers' skills.

### Support for the strengthening of skills

To support the structures and mechanisms, the project has invested in the strengthening of skills for managers and providers of in-service training.

First, the project financed the training of managers on the management of the in-service training cycle: identification of needs, formulation of content, planning and evaluation. In-service training managers must understand this framework in order to fulfill their role. The training has involved the managers from the five provinces and prefectures and has been strongly supported by the In-service Training Division. The challenge for the region is to maintain regular cycles of trainings and strengthen the current management by adding additional managers from all levels including the hospitals.

Secondly, the in-service training providers had to master the adult teaching approach. Supported by the project's international expertise and the In-service Training Division, the region first developed a pool of trainers in andragogy. In the second phase, the region organized, using its own human resources exclusively, a session to train trainers from various topic areas in the adult teaching approach. With this experience, the region now can certainly provide training on andragogy for all trainers in the region.

Lastly, to complete the training of the "perfect" trainer, a training session on research methodology has led to the creation of a regional operational research committee. The role of this committee is to promote operational research in the region, to participate in the identification and selection of research subjects based on public health priorities, and to mobilize resources to undertake studies and create a documentary base for the sharing and dissemination of this research.

However, there remains the challenge of financing the in-service training. Beside the possibilities offered by projects such as **Progress**, the provinces do not have their own means to ensure the regular upgrade of skills for the providers and managers. Several approaches should be considered to ensure continuance of this training despite financial constraints: the region can ask additional resources for training on andragogy for each province annually and execute this funding at the regional level to rationalize the costs, and/or the region can include in all the opportunities for partnerships and international cooperation the priority goal of completing this training.

## QUALITY ASSURANCE

### Central Level

As part of the project, the Ministry of Health has accelerated the implementation of health care quality improvement initiatives. This strategy was part of the National Quality Assurance Program (PNAQ). This program, with other MOH initiatives, aims to improve the health of the Moroccan population. In contrast with health programs, PNAQ activities have not targeted a particular group (*i.e.*, children, women, marginalized populations), but instead have aimed to insert quality into all programs. The steering committee for the PNAQ includes representatives from all the MOH directorates, as well as from certain provincial delegations. The PNAQ secretariat is managed by the Hospital and Ambulatory Care Directorate (DHSA).

Initially, each health program was established in a vertical manner, in order to better mobilize the necessary resources and, consequently, reach results in the shortest time. These programs have achieved their respective objectives. In fact, the changes in the vertical program design as well as changes in the management of hospital services and more globally the health system, are an absolute necessity because of the successes obtained. Quality is the vector that has allowed the integration of activities to cover a bigger part of the population, to strongly reduce inequalities and better respond to client needs. The conference held on "Quality and Health" clearly demonstrated the acknowledgment of this fact by all parties involved.

Analysis of the outcomes of the quality conference showed five hallmarks of success. The first was the active, broad participation of all the parties during the conference's preparation phase. The second was the preparation process itself and the organization of the conference according to work norms and procedures, with which all the participants complied. A third point was the acknowledgment and encouragement of provincial and central teams which are involved in the quality improvement approach. The fourth element was the involvement of private sector players in the organization of the conference. The fifth aspect of the success was the subsequent support all parties provided to the quality approach and the outcome of these efforts, improvement in the quality of services.

The integration of the national quality assurance program into the regional health strategies was achieved by introducing the approach in the health centers.

The regional teams developed their respective strategies for strengthening the institutionalization process at the regional level through:

- Defining a vision for quality assurance in their region;
- Adopting a methodological framework for institutionalization;
- Evaluating the progress made of institutionalization in their regions;
- Documenting the achievements and results linked to QA and institutionalization;
- Planning specific activities to advance the institutionalization process;
- Thinking strategically about future QA activities;
- Developing possible strategies to sustain improvements at the sites and disseminate successful innovations to other sites and services.

At the national level, the quality and health conference energized debate on the PNAQ, with new emphasis on achievements and successes in the area of quality in the Moroccan health centers. The conference gathered all the players from all sectors around six determining themes for the quality of health services: organization of services, normalization, skills, human resource management, financing and community involvement.

The conference provided the opportunity to operationalize the conceptual framework of quality assurance. Without a doubt, this complex activity has been a big success since one of the many results has been the creation of a sustainable follow-up structure. The implementation of recommendations from the conference requires a will to change, which was present in the conference participants: health professionals and decision-makers from the public and private sector. Change requires a political will, and acknowledgment that the system's performance, particularly its capacity to respond to the needs of the population, can improve if we want to move toward modernity. The change is a long and difficult process, full of obstacles; it is not one simple decision but a series of good decisions.

### **Souss Massa Drâa**

Quality assurance is an MOH priority as evidenced by the National Program for Quality Assurance (PNAQ). Consequently, the SMD region has included QA as a priority area in the different project workplans, and has adopted an approach to achieve the following results:

1. Develop the regional skills;
2. Expand the QA approach;
3. Set up mechanisms to promote quality;
4. Encourage health professionals to adhere to the QA approach.

The Regional Quality Assurance Commission (CRAQ) has undertaken major efforts to achieve a large number of innovative activities. The efforts first included the implementation of a quality management model focused on teamwork and problem resolution to improve health care delivery. Two collaborative models were launched in April 2001 in eight sites of the region. Obstetrical emergencies and STIs were selected as the themes for these efforts. In 2002, a number of workshops were organized (some with the assistance of Bruno Bouchet and Ellen Coates from URC) for representatives from these sites, to identify best practices for improving health care quality and to prepare the teams for the next phase, the dissemination of these best practices. However, the reduction of the CRAQ in terms of human resources and the lack of conviction from the regional managers in the importance of the collaborative model have slowed down this dissemination process.

In another initiative, a request for proposal was launched to assist in the implementation of two projects per province. Twelve projects were selected, based on pre-established criteria, by the Regional Unit for Project Management (URGP) (the Zagora province did not submit any proposal) of which four began during 2001. The remaining projects were launched and their monitoring has continued in 2002.

Following the launch of the new QA projects in the provinces and prefectures of the SMD region, the CRAQ decided to synthesize its goals into a regional vision for quality management. The CRAQ decided to develop a strategy for a generalized and sustainable implementation of quality in the short, medium and long term. The basis for this strategy

would be an evaluation of the efforts undertaken to date in the region as well as the perception of these efforts and their results. The scope of work for the evaluation was developed and the TMO consulting firm was selected. The provincial evaluation workshops were held in 2002 and the report and results were presented in early 2003, during a workshop in Agadir in which all the managers of the region participated. Participants in this workshop evaluated the perception of the QA implementation strategy in the region, specifically in terms of its organizational aspects, its resources, the QA training and the quality sites in both the ambulatory and hospital sectors.

As part of the QA institutionalization process, Mrs. Tisna Veldhuyzen Van Zanten, of URC, facilitated a workshop on the institutionalization of QA in the SMD and TT regions in March 2003. The teams from the two regions, as well as a team from the central level, participated in this workshop, whose objectives were as follows:

- Discuss the elements of a QA vision and start to determine the key elements for the vision in the two regions;
- Present the methodological framework for institutionalization;
- Discuss the institutionalization evaluation tools and their use in the elaboration of the institutionalization plan for the two regions;
- Analyze the critical success factors and the constraints for strengthening QA;
- Obtain an agreement on the process to develop a concrete vision for QA and an institutionalization plan.

The meeting was an important step in finalizing the SMD institutionalization plan (a first draft had been developed with technical assistance from TMO), which contains the following components: a QA vision (see box); an analysis of the progress made in the institutionalization process; documentation of achievements; description of strategic areas for the QA activities; and strategies for each of the eight important elements in the institutionalization process. The SMD participants in this meeting committed themselves to sharing this plan with the managers during an RCC meeting to request their feedback before finalizing the plan and translating it into specific activities to be included in the regional strategic plan for the next five years.

In addition, as part of the implementation of the "GiQua +" model in the new SMD sites, the CRAQ, with assistance from Dr. Karki, has organized two training workshops (basic and advanced training) for regional and provincial facilitators and managers who are responsible for monitoring the quality improvement teams. Afterwards, the Quality Assurance training sessions were extended to the teams from all the structures of the SMD delegations. These trainings were provided by the team of regional and provincial facilitators.

Also in 2002, the CRAQ organized a training workshop on the documentation of health care quality improvement experiences for the SMD region facilitators. The objective of this workshop was to give trainees the tools necessary for writing, archiving and communicating their

#### QA Vision for the Region

In our region, Souss-Massa-Drâa, the totality of the population will receive, within public and private structures, global, continuous and integrated health care services, which respond to their needs and expectations, from a motivated and capable staff, with support from other players, in an adequate and customer-friendly environment.

experiences and to help them develop a QA communication strategy and methodology to ensure continuous documentation of QA experiences in the region. The documentation is an essential task in the quality management approach of a health structure.

To complete the EONC training, the project supported the development of tools for decision making during health care service delivery (memory aid and health cards) as well as evaluation tools (audit of critical cases in obstetrics). In 2002, the region finished creating reference and counter-reference forms for obstetrical complications as well as the health card. To complete the memory aid kit, an workshop was organized jointly by the TT and SMD regions in 2002, with technical assistance from Pr Alaoui and Pr Bezad, for creating memory aids related to neonatal complications. The content of these memory aids was finalized during 2003.

## **Tanger Tétouan**

Improvement in the quality of health services is the central goal of all actions undertaken by a health system. It is the cross-cutting issue that demands and informs management of the system, in-service training, and the development and use of an information system. Quality assurance is a monitoring tool for health programs and activities. Its methods aim to identify problems that, if unchecked, lead to lower performance and lower quality of a structure or team of providers/managers. In August 2000, the TT region introduced QA tools and implemented eight improvement sites, four in the Tétouan province and four distributed among the other provinces and prefectures.

In July 2003, 128 sites were launched. This expansion required a considerable investment in human resources: 20 training sessions to train 403 site managers, 47 provincial facilitators, and 26 facilitators in charge of documentation. The comprehensive training effort demonstrated the commitment and motivation of the QA regional unit (URAQ). To assist the managers, the URAQ facilitated 26 passive facilitation workshops. The objective of these workshops was to support the manager and the provincial facilitator during the set-up of the site and contribute to the monitoring of activities during each QA each cycle. Each province developed a core group of trainers and they facilitated the last sessions. The technical assistance from the project has allowed the URAQ to further develop the existing training tools, give technical orientations for the evaluation of QA activities, strengthen the capacity to use the data for the identification of problems, and initiate a regional institutionalization plan.

Beyond the regionally focused interventions, the project has assisted the provinces in various local innovations:

- **A system of accreditation in primary health care facilities**, initiated in 13 urban health centers of the Tétouan province and extended to one health center in each of the other provinces of the region. The URAQ had developed a set of indicators to be monitored by the teams from the health structures with a certain score required to achieve the quality label. Two types of monitoring were necessary: a monthly self-evaluation led by the team to identify areas to improve, and an annual evaluation led by a provincial committee to monitor the progress of indicators and decide on the granting of the quality label. The main constraint to this process resides in the lack of human resources in the provincial delegation to support the health teams.

- **The ‘search for excellence in a health center’ program** in the Fahs Beni Makada province. Also based on self-evaluation, this model (UFQM) defines nine evaluation criteria to determine the profile of the health facility. This approach could be supported by long-distance technical assistance to maintain the program and preserve the motivation of the local health team.

We can estimate that the TT region has major assets to ensure the sustainability of actions undertaken by **Progress**: (1) it has a clear regional vision and has started the elaboration of an institutionalization plan; (2) it has real local expertise which allows it to oversee and support all the provinces of the region; and (3) it has a management structure and coordination tools to monitor activities and evaluate their impact on quality improvement.

However, the challenges are numerous and important. The evaluation study undertaken by the regional team, in all the provinces and in the different QA sites, shows that the regional managers must multiply their efforts and concentrate on the following areas:

- Strengthen their use of both active and passive facilitation because previous experience shows these techniques to be effective mechanisms for monitoring activities and overseeing site managers;
- Strengthen the local QA leadership;
- Show appreciation for the work of the teams and think about an incentive program; maintain the regional quality information days, the inter-site exchange visits, the granting of quality prizes, etc.;
- Restart the sites which are in difficulty; an significant proportion of sites, particularly hospitals, have problems starting a cycle;
- Develop documentation and communication for sharing information and lessons learned.

**Progress** has worked in accordance with the MOH strategy to promote the long-term methods. The project has continued support for the training of health providers in IUD insertion and VSC.

Analysis of FP program data in the region showed variable rates in contraceptive prevalence. Thus, managers decided during a workshop to work toward prevalence rates inter- and intra-provinces at the same level by using specific strategies elaborated for each one. Thus, the notion of a strategy to upgrade the "shadow zones" was adopted. Another workshop was organized to: (1) verify the quality of data collected; (2) analyze and interpret the FP/MCH data by province using reports generated by the SMI/PF application (with support from the FP program); and (3) formulate actions to undertake for the FP program regarding the "shadow zones."

The objective of the workshop was to first define and identify the "shadow zones," and then propose targeted actions to improve performance in terms of family planning services.

A number of follow-up actions for the upgrade of "shadow zones" in family planning have been implemented, notably in the Taroudant and Ouarzazate provinces, which have problems in population coverage within existing health facilities. For example, the Ouarzazate province has collaborated with local NGOs and the communities to lead targeted actions in Msemrir and Igherm (two rural health centers difficult to access) to raise public awareness and to arrange regular visits from the medical mobile team in order to ensure the delivery of health services.

The "shadow zones" strategy has proven very efficient; it encourages mobilization of all the local entities to respond to the needs of a difficult-to-reach population.

## **Tanger Tétouan**

The activities supported by the project for strengthening and energizing the FP program were undertaken based on the areas that the region identified as priorities following a two-day workshop convened in May 2001.

**The first priority action** was to ensure that the IUD insertion training program continued because the performances of the provinces showed room for improvement, despite the fact that the IUD represents more than 50% of the prevalence compared to the method mix. The effort to create a training site in Tanger failed and no session could be organized. The difficulty lies with the mobilization of trainers and the lack of experience in planning and organizing training sessions. This is further complicated by the fact that the group of trainers comprises two prefectures, TA and FBM. The Tetouan site has conducted all the training sessions and has trained 140 health providers in 14 sessions.

**The second priority action** was to re-activate the referral centers and the VSC program. Following a number of meetings with the different intervening parties (gynecologists, health center and referral center doctors, hospital directors, surgery block unit heads, surgeons, anesthetists), each province had chosen a particular approach; these can be grouped into three key actions:

- Coordination between the VSC prescriptors in the health centers and the providers, *i.e.* the gynecologists and surgeons. This action aims to involve the health providers during the prescription to avoid the dissatisfaction of clients oriented and referred by health center doctors;
- Planning of VSC days to avoid the unavailability of the operating team (anesthesists and gynecologists);
- Continual evaluation via follow-up meetings at the provincial level with the participation of the delegate and the hospital director.

**The third priority action** was the implementation of a study to (1) assess the environment for the provision of FP services, (2) evaluate providers' technical and communicational skills, and (3) determine the characteristics and expectations of the clients and assess their satisfaction level. The study has been a real success, entirely driven by the provinces and coordinated by the maternal health cell. The FP division has made its expertise available for the regional team.

The results of the study have allowed each province, and the regional level, to determine priorities, which can be summarized in three points:

1. Refresher training for providers not only on technical aspects but also on counseling;
2. Urgent action to complete the installation of equipment in a number of health facilities; and
3. The development of partnership projects for the information and education of the population, but also the involvement of local collectivities to encourage them to contribute to the improvement of the health coverage by the mobile team.

While the length of the project does not allow us to evaluate the implementation level of the provincial action plans, it should be noted that the region has decided to include these actions in its own budget with the contribution of the Medicos Mundi project which is currently in a strategic planning process.

Looking at the FP indicators, *i.e.*, Couple Years Protection, a regular progression of performances can be noted, going from 52,443 CYP in 2000 to **60,333 CYP** in 2002, or more than a 3% annual increase. For the first 2003 semester, the region achieved a performance of **28,838 CYP**.

## **STI/AIDS**

### **Souss Massa Drâa**

AIDS prevention activities undertaken by the Ministry of Health are mainly awareness-raising activities intended for a large audience. To this end, the Ministry, in coordination with certain partners, has developed a National Strategic Plan for the fight against STI/AIDS with a

regional component in Souss Massa Drâa, in order to encourage local and decentralized interventions.

The objective of STI/AIDS activities was to reduce the vulnerability of persons exposed to STI and HIV/AIDS in the Souss Massa Drâa region. Within the context of the National Strategy for the Fight against AIDS, the main inputs of **Progress** and the main activities undertaken were:

1. Dissemination of the regional strategic plan for the fight against STI/AIDS to all the players and partners working in this area;
2. Creation of the Inter-sector Regional Committee (IRC) for the fight against STI/AIDS in order to ensure the concerted implementation of the regional strategic plan;
3. Collaboration of the main regional players through meetings and the implementation of workplan activities which fell within the regional strategic plan; and
4. Formal and informal trainings for vulnerable groups, a socio-anthropological study on vulnerable groups, participation in the AIDS international conference in Barcelona, and training in epidemiology and use of the Epi-Info application for the epidemiological surveillance cells managers in the region to encourage better epidemiological surveillance within the region.

Since the activities of the Regional Strategic Plan for the fight against STI/AIDS started only after the formation of the IRC, the results from the activities undertaken cannot yet be realistically evaluated for medium- or long-term outcomes in the fight against STI/AIDS.

#### Main Achievements in the SMD Region

- **Creation of the Inter-sector Regional Committee**
- **Training in sexual education:**
  - Training of **60** trainers in informal sexual education
  - Training of **17** peer educators from the AVPP
  - Training of **20** educators from women shelters
  - Training of **130** teachers in formal sexual education
  - Training of **214** persons on the Syndrome approach
  - Training on the quality of blood transfusion
- **Socio-anthropological study on vulnerable groups**
- **Dramatization activities through the theater**

#### Inter-sector Regional Committee for the Fight against STI/AIDS

The Inter-sector Regional Committee (IRC) includes representatives from the Ministry of Health, the thematic NGOs, the civil society and the social departments, as well as all the partners who have participated in the elaboration of the Regional Strategic Plan.

The declination of the committee in the provinces has facilitated the implementation of activities that have required the intervention of the provincial level.

The role of the IRC is to execute the regional strategic plan through the identification and definition of priorities and the coordination and monitoring of activities for the fight against STI/AIDS.

- | <u>Members of the IRC in SMD</u> |  |
|----------------------------------|--|
| ▪                                | <b>Departments:</b> MOH Delegation, Regional Academy and Ministry of Education Delegat ons, Delegation of the EN, Directorate of the Prisons, Ministry of Tourism Delegation |
| ▪                                | <b>NGO:</b> ALCS Agadir and Taroudant, OPALS Agadir, LMLIST, AMPF  |
| ▪                                | <b>Regional Council SMD</b> and the municipal councils (Agadir, IAM, Taroudant)  |

The efforts of the IRC have been aided by its success at mobilizing partners to obtain consensus on the current situation, the progress of activities, and the targeted actions that will be undertaken to fight against HIV/AIDS. However, despite the power of working in partnerships, the inter-sector group must take on the further challenge to mobilize the financial resources and technical assistance necessary to accomplish its priority activities in conformity with the strategic plan for the fight against STI/AIDS.

### Formal and Informal Sexual Education

Training on formal and informal education is a part of the regional strategic plan. This training is implemented with two core groups of regional trainers: (1) volunteers from the vulnerable groups and (2) the managers from the women's shelters and social education centers, as well as a regional group of teachers from high schools and colleges.

The training of teachers to provide formal sexual education has touched on the following themes: raising awareness, strengthening knowledge about STI/AIDS (in terms of prevention and updated knowledge about case management), and planning of curriculum. This training aims to facilitate youth access to information that may lead them to adopt less risky sexual behavior.

The training of trainers for informal education aims to help the peer educators, through their intervention in the field, to encourage the adoption of behaviors that are in line with the prevention of STI and HIV/AIDS.

### Socio-anthropological Study

The socio-anthropological study of vulnerable groups aimed to identify the specific determinants for social vulnerability to STI/AIDS in the SMD region for the groups at risk. It also allowed us to develop sociological knowledge about these groups in order to devise an operational strategy focused on mobilizing and involving these groups in the implementation of peer education.

The IRC has proceeded with presenting and dissemination the results of the study to various partners and intervening parties in the fight against STI/AIDS, including representatives from the National Program for the Fight against AIDS (PNLS) and the Global Fund for HIV, Malaria and Tuberculosis.

Analysis of the results shows that while vulnerability to STI/AIDS is the common element across all groups studied, some groups seem more fragile than others for a number of reasons such as lifestyle and mobility. In addition, in all groups studied, the perception of risk did not necessarily lead to prevention practices. Further, a lack of information about STI/AIDS fostered rumors and popular beliefs. This study also showed that interest in different sexual education themes correlates with gender: women mentioned menstruation, pregnancy, childbirth, and contraception; men talked about sexual impotence, sterility, as well as sexually transmitted diseases.

The limitations of this study rest in the fact that it covered multiple target groups, topic areas and themes, while its objectives were numerous and ambitious. Certain aspects of the study were more developed than others. A more targeted study of a specific group would certainly provide answers to very precise questions.

### **Tanger Tétouan**

First, it is important to put in focus the epidemiological situation at the national and regional level. Indeed, these elements have allowed us to orient **Progress** policies most effectively in the fight against STI and HIV/AIDS.

The DELM has counted 1116 cases declared at the national level.<sup>4</sup> The main mode of transmission is through heterosexual contact (68%), followed by homosexual (9%), intravenous injections (6%), perinatal transmission and blood transfusions (3%), multi-risk origin (6%); and unknown causes (5%). Women are particularly affected by this disease. Although the M/F ratio is 2/1, the rate of women infected by the virus was 16% between 1986/90 and 38% between 1996/99.

Morocco has been involved in the fight against AIDS since the 1990s. On a governmental level, coordination structures were instituted, including the National Program for the Fight against AIDS (PNLS) under the Directorate for Epidemiology and the Fight against Diseases (DELM) within the MOH. This entity has put in place a strategic framework for the fight against AIDS in collaboration with the civil society (through thematic organizations) and the social departments of the various ministries (such as the MEN, MJS, and EN).

In the Tanger Tétouan (TT) region, the distribution of AIDS cases across the various transmission modes shows that heterosexual transmission is predominant (58%), followed by drug usage (14%), homosexual transmission and blood transfusions (9%), and the materno-fetal contamination (5%). Transmission of the virus is essentially heterosexual (multiple partners, relations with sex professionals, condoms not properly used or not used at all). This gives us information on the social and sexual behaviors that are risk factors explaining the expansion of the disease. Furthermore, the rise in STI cases is an alarming indicator

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<sup>4</sup> Sources : Directorate of Epidemiology and Fight against Diseases, Ministry of Health.

because its increase is an aggravating risk factor, as STIs facilitate the transmission of HIV. These numbers underestimate the real situation, because of the prevalent non-notification of cases and the low proportion of the population using health centers. However, the epidemiological data that are available show the importance of communicating preventive practices particularly toward the young in the 15-to-29-years-old and 29-to-39-years-old age groups.

As part of the USAID strategy, and within the context of the Ministry of Health sectorial strategy for 1999-2004, **Progress** has assisted the Ministry of Health in the implementation of the regional program for the fight against AIDS at the TT regional level.

The STI/AIDS component was concerned with individual and social determinants of risk for STI and AIDS in combination with other project focus areas such as partnerships, community involvement and the organization of appropriate health services.

All of the players involved in the strategy for the fight against AIDS agree that the implementation of an efficient local response cannot be an isolated action and must be done through a partnership in order to put the responsibility on the community and facilitate community learning of skills related to STI and AIDS. This means that all the players involved (MOH, civil society) must be informed about the epidemic, capable of judging the factors that expose people individually and collectively to infection risk, and capable of taking actions to reduce risk both at the individual and community levels. The ultimate goal of this process is to help reduce HIV transmission by encouraging proximity initiatives.

The Regional Strategic Plan in the TT region was implemented in the context of **partnership and multi-sectoriality**, based on the principle of regional management of health services. This approach was chosen because it was seen to support the sustainability of activities while responding directly to the needs of the population in terms of health. The intervention of **Progress** in the TT region aimed to reduce the impact of HIV/AIDS, through the application of the regional strategic plan combined with the following strategies:

- The strengthening of epidemiological skills among the regional delegation;
- Support for the regional delegation to set up an institutional framework to (a) increase collaboration and coordination of players involved in the fight against STI/AIDS and (b) strengthen prevention for vulnerable groups.

The activities that were supported technically and financially by **Progress** can be articulated around two goals: to **improve health services** and **multiply *les activités de proximité*, or, local, community level outreach and activities**.

In order to improve health services, training sessions were organized to strengthen the skills of health personnel such as the training of doctors and nurses on the syndromic approach, transfusion security and quality in blood transfusions.

At the same time, several training workshops were organized: introduction to epidemiology and use of Epi-Info software, regional training on epidemiological cartography, and use of Health Mapper software. The goal of these trainings was to strengthen the skills of the provincial epidemiological cells for the implementation of a regional epidemiological

surveillance system. Afterward, cell meetings were held in order to define a methodology for the intervention of epidemiological surveillance and to create a regional coordination mechanism that would integrate private sector volunteer doctors.

Creation of an Inter-sector Regional Committee whose mission is to implement the regional strategy for the fight against AIDS

**Progress** assisted the TT regional delegation in translating the national strategic plan for the fight against AIDS into a regional strategic plan which takes into account the TT region local specificities: social, cultural, demographic and epidemiological. Two workshops included participants from civil society, the MOH social department, and organizations involved in the fight against AIDS. The goal of these events was to define an effective strategy for the fight against HIV/AIDS. Once the regional strategy was defined, the next priority area for **Progress** was to create an **institutional framework**, the Inter-sector Regional Committee (IRC) whose mission was to implement the Regional Strategic Plan for the fight against STIs and HIV/AIDS as well as put in place regional mechanisms to assist in the fight. This committee is composed of the MOH, thematic NGOs, Ministry of National Education (MEN) and the Ministry of Justice.

The objective of **Progress**, through the implementation of the Regional Strategic Plan, was to reach diverse population groups including women, prisoners, sex professionals, and youth in schools and out of schools. The objective was to identify a peer education strategy adapted to each targeted group. Within this innovative approach of collaboration between the MOH and the thematic NGOs, the regional delegation initiated, through the IRC, two requests for proposals at the national level to apply NGO skills and expertise to the development of training activities, formal and informal. Thus, the IRC has clarified and defined a peer education strategy, along factors that will be critical to its sustainability. The peer education method was selected as an effective intervention strategy for STI/HIV/AIDS prevention because the peer educators are efficient, credible communication agents who know the targeted public.

**Progress** assistance to the TT regional delegation has encouraged local and decentralized interventions by setting up partnerships between NGOs, civil society, and the ministries.

Support for the prevention of AIDS among women

Analysis of the situation has identified that women are particularly vulnerable to STI and HIV. Further, women pay a higher and higher price against this disease. This is why **Progress** has placed particular emphasis on women, and specifically women at risk (young girls not in schools, sex professionals, women prisoners), with strategies to decrease their economic dependence, increase their capacity to organize in groups, and develop their ability to negotiate the use of condoms. Educators from the social education centers, women's shelters, and houses for young people have received trainings in participatory education, supervision, and follow-up with help from the MOH and two organizations, AMSED and OPALS. The trainings have aimed to strengthen the skills of the educators, particularly in the role of peer educator. Sessions organized for women emphasized full participation, because the discussion process plays an important role in behavior change. This type of education

has been generalized to address a number of themes related to health such as family planning and child health. Sessions were also organized to raise awareness and educate sex professionals, in collaboration with local NGOs.

### Elaboration and implementation of an AIDS prevention program in prisons

Prisoners infected by HIV/AIDS and STIs have generally contracted the virus on the outside. However, the poor conditions in prisons, including overpopulation, constitute an ideal vector for transmission of the virus.<sup>5</sup> It should be remembered that in Morocco, the average prison stay is rather short. Generally, people are incarcerated for minor offenses and the turnover rate is high.

In addition to the overpopulation in penitentiaries, there are tensions, violence, and all sorts of abuses. However, we tend to deny that sexual contacts and drug injections happen inside the civil prisons, and these are the two most important factors for the transmission of the infection in prisons. The propagation of STI and HIV infections is exacerbated by the lack of information, education and awareness; insufficient health care; and inadequate treatment for STIs.

In Morocco, there are no prisons reserved exclusively for women. Penitentiary centers are divided into three blocks: one for men, another for the minors, and the third for women. Female detainees represent about 3.5 to 4% of the prison population. However, these numbers are on an upward trend. In general, most of the women are condemned for crimes linked to abortion, death of children or prostitution. This latter offense is motivated by the poverty of women who suffer from being marginalized.

**Progress** focused its intervention with this target population by organizing, with support from OPALS Tétouan Section, training workshops to train trainers of peer educators who then implemented preventive actions for prisoners within the Tétouan civil prison.

Despite the considerable prevention efforts undertaken by **Progress** in the prisons and the development of a partnership between the MOH, the penitentiary services and the civil society, additional efforts must be made to reduce the transmission of STI and HIV by permitting prisoners discreet access to condoms and sterile syringes.

### Support for the AIDS program in schools

The formal training of teachers on STI/AIDS was an additional tool the project used to fight against AIDS and STIs. This initiative aimed to facilitate access to information and encourage youth in school to adopt less risky sexual behaviors. The age pyramid for Morocco shows that the population is very young: approximately 55% of the population is younger than 25 years old. This is why investing in youth in school by raising their awareness is one of the most effective methods to slow down the epidemic. Moreover, the young (in school or not)

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<sup>5</sup> In a recent report, the Moroccan Prison Observatory (OMP) has indicated that the prison population has again increased by 12% in 2002. Every year, the prisons receive 5 000 new prisoners while the new infrastructures cannot absorb this increase.

have been identified as a vulnerable group by the National Program for the Fight against AIDS (PNLS), which has demonstrated that youth's high degree of vulnerability to STI/AIDS is increased by their lack of information and their lack of access to preventive methods. Within this context, the training in formal education on STI/AIDS for teachers was included in the Regional Strategic Plan for Tanger Tétouan (95 teachers were trained in the region). This initiative aimed to ensure a continuous flow of information to young and to encourage them to adopt less risky sexual practices.

The participation of AESVT as a partner in the fight against AIDS allowed the project to positively influence the Ministry of Education delegations in support of creating health clubs in the schools to provide education on health topics for better hygiene and a continuous flow of information on STI and HIV/AIDS. Responding to the lack of information available to the young in schools, this pilot project has strengthened relations between the MEN, the MOH, and the NGOs to advance the fight against AIDS. It has also raised the awareness of teachers, in the sense that the training in formal sexual education has allowed them to strengthen their own capacity to help the young, and provided them with information to orient their messages toward less risky behavior, eliminate false ideas and abandon alarmist information.

Despite the political support from the Ministry of Education for the integration of AIDS education in school programs, efforts still need to be made at the regional level to increase and encourage information on HIV/AIDS in schools.

#### Education of children in informal settings

For the young not in school, a prevention program against STI and HIV/AIDS was developed using mini-plays. Representatives from the MOH delegation, ALCS as a thematic organization, and TWIZA as a local community NGO joined together around this program. This collaboration includes oversight on clinical knowledge from the MOH, assistance for educative messages by ALCS section Tanger, and support from Twiza for the actors (who first received a training on STI/AIDS). These mini-plays have been shown to small groups in houses for the young and in NGOs that work with street children and have allowed exchanges between the players and the audiences. This initiative has been limited due to lack of resources.

It is too early to draw final conclusions about mid-term and long-term results from the fight against HIV/AIDS in the Tanger Tétouan region. However, outcomes from the actions undertaken through the inter-sector approach can be observed: the creation and consolidation of partnerships between the MOH and other ministerial departments such as Justice Education, *Entraide Nationale*, Youth and Sport, as well as the civil society. Indeed, the collaboration of all these players with the MOH through **Progress** has led to proximity activities (by approaching and mobilizing sex professionals, prisoners, and youth both in and out of school).

The conditions that fostered accomplishment of these proximity activities included the creation of the Inter-sector Committee, but also the mobilization of partners—the interest and involvement of each player in the fight against HIV/AIDS. Once the IRC was able to gauge the need for inter-sector mobilization and to the development of local skills, the each

sectorial player took a specific role. This has allowed us to review the quality and quantity of their services, their organizational structure, and their interaction with the other departments involved in the fight against AIDS.

The factors for this success are also relational, decisional and structural. The relational forces such as professional or personal preferences, good communication, trust and mutual respect, agreement on the mandate of the committee allowed productive relationships between committee members, while the decisional forces of the IRC showed its capacity to define priorities, develop activities and implement them. The IRC has developed a participatory, interactive work approach based on consensus in which future actions are evaluated based on the group's analysis of the situation and hopes for results of the interventions. The structural forces have also been a factor of success; the operating mechanisms such as rules, norms and procedures themselves were designed around trust, respect and understanding that each party was both a partner and a player in the interventions.

Unfortunately, the inter-sector approach adopted by the IRC has not led to a change in the environment. Because the intervention efforts were focused on behavior change at the individual level, they have not led to the following:

- A reduction in stigmatization;
- Spontaneous requests to undergo HIV testing;
- Improvement of the quality of health services;
- Increased mobilization of the population.

**For the future**, the IRC must undertake a process of gathering feedback to learn from experience. This will help the group continue to adjust its activities.

It is important for the IRC STI/AIDS to facilitate and develop local partnerships in order to increase skills in the fight against HIV/AIDS. The **Progress** experience has proved that the specific contribution of each sectorial partner leads to the elaboration of action plans and interventions more appropriate to the local context. Consequently, it is necessary to encourage "expansion." The fight against AIDS is critical and spread of HIV/AIDS can be controlled.

## **PARTNERSHIP**

### **Souss Massa Drâa**

Partnership building was a priority in the SMD strategic plan; partnerships would be necessary in order to work closer to the target communities and deliver programs tailored to respond to local populations' health needs. In the context of strengthening the dialogue between health professionals and other partners, **Progress** helped the SMD region to activate the regional efforts of the Health and Population Regional Committee (CRESP) and to set up provincial committees (CPSP) with the identification of partnership projects around

reproductive health. Safe Motherhood was the priority theme identified by the provincial committees for collaboration, followed by the fight against STIs and HIV/AIDS.

It is important for the creation of partnerships that the mobilizing theme be a priority for all partners. This guarantees that the planning, implementation and monitoring of activities will be shared jointly by the partners. In particular, the promotion of health through partnership actions requires the involvement of all the partners to better define the priorities for the region.

The partnership activities developed with representatives from the civil society, thematic NGOs, communes as well as ministerial social departments were very diverse.

The objective of the approach proposed by **Progress** was to ensure a multi-sectoriality of efforts and generate synergies in the activities while respecting gender-oriented and participatory approaches.

The main project activities were as follows: (1) strengthening the skills of potential partners to promote health; (2) establishing partnership conventions around reproductive health themes and STI/AIDS; and (3) identifying other areas for the promotion of health.

It is within the framework of the CRESP redynamization that the setup of the IRC was

made possible through **Progress** in order to strengthen the inter-sector approach in the region around a priority theme, which is the fight against STI/AIDS.

Moreover, the objective of the efforts to strengthen the skills of NGO and health personnel in group management techniques was to: (1) clarify the definition of the concept of health promotion in general and for reproductive health more specifically; (2) define the priorities and local needs in terms of health education; (3) acquire interpersonal communication and group facilitation and leadership techniques through the transmission of health education messages.

The direct beneficiaries of this training include leaders from local organizations, ministry social departments such as the *Entraide Nationale*, the Red Crescent, and other international organizations such as NEF and CRS. Mastering of group leadership and facilitation techniques encourages educational, preventive and promotional health by using diverse, innovative communication approaches. The ultimate objective of this action was to inform the population and raise awareness about health problems.

## Tanger Tétouan

Under **Progress**, the support for partnership and community involvement (PCI) has focused on valorizing the implication of groups and local communities in health promotion activities. The reasons justifying the PCI component are numerous, but there is mainly the

### Activities and Results as Part of Progress

- Revitalization of CRESP and setup of CPSP in the provinces
- Creation of the Inter-sector committee
- Training of a core group of regional trainers in Group Facilitation Techniques (IEC animators)
- Training of 210 Community Development Agents from the partners
- Signing of three partnership conventions between MOH delegation, local organizations and communes
- Convention with transportation companies SATAS

belief in promoting before problems arise, and the will to link community actions and health services. Obviously, and the **Progress** experience has proved it, benefits exist from the mobilization of local resources for health, but the health sector can also contribute to the consolidation of the social effort.

As part of **Progress**, the partnership has been an essential condition for the implementation of regional priorities. It has developed differently depending on where it was taking place, but it also depended on the existing collaborations, the new stakes, and the regional priorities.

The community participation is an important leverage to stimulate the emergence of collective responses to health problems (such as maternal health, child health, and STI/AIDS). The objective of the input from **Progress** was to promote health toward targeted populations (to adopt preventive behaviors, and resort to health services) by stimulating the community participation (through associative groups).

The PCI component of the project consisted in the development of strategies, mechanisms and tools necessary to support the provincial teams. These have been able to define, support (technically and financially), oversee, and monitor local initiatives in terms of health promotion and prevention of STI and AIDS.

The partnership was not limited to the government but was opened to different types of partners, in order to encourage the participation from all classes of society, the private sector and from civil society organizations in the political, economical and social life. Indeed, through **Progress**, these players have had to work together; the specific expertise areas of each one have made this partnership the key for succeeding in health promotion and prevention programs.

To get to these facts, we focused on the conditions for the quality of partnership actions in the area of health. The elements that have made the difference under **Progress** are the following: (i) the planning approach; (ii) the participation dynamics; (iii) the partnership actions.

The first area concerns the planning approach. As part of **Progress**, the planning of activities was not decided by the planners, but the problems, the solutions and the roles of each player were defined through an **interactive approach** resulting from a dialogue and negotiation process between them. Consequently, the quality of **Progress** resides in this interactive approach.

To achieve innovative solutions for complex problems that each player cannot solve by himself, **Progress** has given room to new ideas, by putting its potential partners in movement. Thus, the project has first tried to identify options that could rally these players around a project, and acted, afterwards, as a negotiator and coordinator in order to come up with intervention areas where each play could act jointly in conformity with ministry of health regional priorities.

This mobilization of all players around the **Progress** project has been crucial, because it has allowed the sharing of information. This has made collaboration between players more possible and has rendered **Progress** an innovative project. Provincial forums were organized in the *Tanger Tétouan (TT) region that included representatives from the Ministry of Health, from the social departments, the local communities and NGOs. These forums have led to the identification of problems linked to health and population, their prioritization, and the finding of solutions to implement in partnership. The priority themes identified during these forums are the improvement of maternal health, the fight against STI and HIV/AIDS, the improvement of the health coverage, and the strengthening of awareness raising activities, education and training activities.*

*The regional health delegation continues its partnership development process and the mobilization of potential partners to strengthen this regional partnership approach. The early integration of partners in the strategic decision and planning process increased the quality of activities implemented during the life of the project.*

This interactive approach has helped to consolidate partnership relationships by replacing a subordination dynamic with a collaboration dynamic. A major element of the success of the **Progress** approach was that we approached stakeholders who already worked in health promotion and could be mobilized by **Progress**. We were interested in who these stakeholders were, what their social position was, their interests, their constraints and the stakes that motivated their work.

Each activity undertaken in partnership required each party to clearly understand the others' points of view; the players that we targeted did not always share the same vision of a health problem and its solutions. In light of this, partnership follow-up committees gathered to propose feasible, achievable solutions to problems identified during the forums, and to find potential partners and define their respective contributions.

Moreover, the partners received some support for strengthening their capacities in the area of communication and project management to improve their skills, more specifically linked to the organization, coordination and implementation of management tools. In addition to the technical support given to the provincial committees, **Progress** has provided financial support, under fixed conditions, for the local development process.

The third area concerns the partnership actions that have been established by players involved in health promotion. Meetings of the provincial committees allowed us to examine existing and potential interactions and collaborations already developed, but also to study the existing opportunities to engage them in partnership actions to improve the health status of the population. This includes examining their different *intervention models*, recognizing the value of each and trying to regroup them into innovative models. The construction of the partnership is crucial for the quality of each action undertaken.

Solutions have been translated into activities, and action plans have been elaborated for the implementation of awareness-raising activities aimed at target populations in partnership with local and rural organizations.

Awareness-raising activities were meant to stimulate community participation, and to involve partners in health promotion and prevention activities. This is of great importance for the sustainability of the initiative. During this phase, substantial information was presented to the community through workshops where a core group of regional trainers were trained in group facilitation techniques. These trainers have, in turn, trained health providers and organization members in their province. Following these trainings, and in response to the lack of information and education of the population, as well as their difficulty of access to prevention methods, health education sessions were organized in partnership with local organizations, provincial delegations and other social departments.

Partnerships were established between the provincial delegations and the radio stations to air the health promotion and education shows in the local radios of Tanger and Tétouan.

The community approach has brought noticeable support in terms of human resources for the organization of national immunization campaigns as well as for each national health day.

Under **Progress**, the concept of partnership has not been limited to conventions signed between the regional health delegation and other institutions. It also can be measured in the benefits provided by the local mobilization of resources to promote health, and in the contribution made by the regional health delegation to the consolidation of social networks in the pilot regions. The creation of partnership and community participation interventions constitutes one of the conditions for the sustainability of activities undertaken under **Progress**.

## Support Activities

The support activity mechanism allowed us to finance activities that consolidate interventions undertaken during the Phase V project. As part of **Progress**, 52 support activities were achieved after being approved in the different PMU meetings. These are summarized as follows:

1. Participation of a member of the Maternal Health department in a course on use of maternal and child health indicators in Cairo from January 16 to 22, 2001
2. Printing of the 2001 calendar in 5,000 copies in the DIEC with a child health theme
3. Finalization and printing of the QA module to be introduced in the IFCS
4. Dissemination of the national in-service training strategy in the Rharb Chrarda Bni-Hssin region
5. Identification of changes to introduce for the reprinting of *Standards for FP Methods in Morocco*
6. Successful introduction of the "VLAN" technology to improve the shared network between the DP and the DIM
7. Creation of support committees for three rural delivery houses in Fes Zouagha Moulay Yacoub covering 30 "douars." Organization of 20 visits to raise awareness of women and their close relatives about pregnancy and child birth risks
8. Eight Malian providers received a training on EONC and HAC as part of the South-South partnership
9. Visit of a Malian delegation composed of six people in May 2001 as part of the exchange between Morocco and Mali as well as USAID/Bamako and USAID/Rabat, and the South-South partnership to learn about the Moroccan contraceptive logistics system
10. Visit of a Haitian delegation composed of six people between September 29 and October 6, 2001 as part of the exchange between Morocco and Haiti as well as USAID/Port au Prince and USAID/Rabat to learn about the Morocco health information system and more specifically the SMIPF application
11. Repair of the 140 FP posters damaged during their storage
12. Support for the awareness-raising campaign on reproductive health initiated by the School and University Health Division
13. Installation costs of the electrical power group purchased under Phase V for the Sale warehouse
14. Translation into Arabic and English of the report published by the MOH titled "The 90s decade dedicated to the promotion of child health"
15. Purchase of two vehicles for the delegations "chef-lieu" of the regions (Tanger and Agadir Ida Outanane).
16. Production of the 2002 calendar illustrated with pictures of women and children. This opportunity was taken to remind people, in this calendar, of the definition of the seven

major obstetrical complications and the four child health complications. These calendars are to be distributed to health staff throughout the kingdom. These definitions led to better comprehension of the complications.

17. The second epidemiology course was organized on April 8 to 26, 2002 in and was preceded by a week of preparatory work in Rabat. This course was provided to 28 doctors in charge of the regional epidemiological observatories of a number of regions. The objectives of this course were multiple and focused essentially on mastering the epidemiological surveillance for a timely decision-making through specific tools and methods.
18. Support for the extension of the visit of the National Hygiene Institute (NHI) to CDC to see the laboratories involved in the fight against AIDS
19. The financing of NHI staff member Mrs. Leila Ouaffak's trip to Washington to participate in an international workshop on mycotoxins. This workshop was held on July 22 – 26 at the FDA in the US.
20. The organization of a workshop on clinical skills applied to IMCI. This workshop was held from June 26 to July 4, 2002. It was part of the introduction of IMCI in the School of Medicine and the Casablanca IFCS. Participants included professors from the Pediatrics department in the School of Medicine as well as a few teachers from the IFCS. This initiative has been applauded because it gathered the medical and paramedical teachers, thus creating team spirit. The workshop was facilitated with technical assistance from Dr. Charles Quist.
21. Due to the success of the workshop organized with Dr. Charles Quist in the Casablanca Medical School, the same workshop was held in the Rabat Medical School in order to introduce IMCI in December 2002.
22. The purchase of a printer and computer for the DIEC. This equipment has allowed printing of posters for the national forum on maternal health reduction. These purchases will allow the MOH to print all sorts of posters that are too expensive to print in the private sector.
23. The repair of the IEC Division Video unit
24. Purchase of 2 boxes to avoid over-heating problems for all the equipment and cable procured to establish a network within the DP
25. The correction of printed copies of the FP standards. Indeed, the FP division had made a few changes to the previous version of the FP standards. Enough copies of this new version were printed to cover the needs
26. The purchase of shelving for the FP division library to store the documents and reports produced on the FP program for the past decades
27. Support for the printing of the methodological guide for hospital pharmacy logistics management
28. The financing of part of Mrs. Benbaha's travel to the midwives international conference that was held in Vienna, Austria on April 12-19, 2002
29. Participation in the ceremony for the signature of the accord with the millers for the production of fortified flour in collaboration with MOST

30. Reprinting of the pre-nuptial counseling brochure in the DIEC to be used in the health structures of the various regions
31. Support for training of midwives in HAC in the Fes Boulemane delegation using all the achievements of Phase V (regional trainers, support materials, methodology)
32. Recruitment of a consultant to assist the School Health Division in the development of a manual for the reproductive health of adolescents
33. The delivery of shelving for the FP division library to store all the documents and reports produced on the FP program for the past decades
34. The printing of the methodological guide for the management of the hospital pharmacy
35. The printing of the training guide on quality to be used by IFCS students
36. Support for the training on leadership in Safe motherhood organized by the DP and INAS as part of the South-South partnership
37. Support for the setup of the regional South-South office
38. Upgrade of the DP computer network
39. Printing of the second edition of the FP standards
40. The national Epidemiology course
41. The training workshop on epidemiological surveillance
42. Support for community mobilization activities in Zouagha Moulay Yacoub delivery houses
43. Support for the IVACG conference
44. The evaluation of the FP program
45. Review of the Safe Motherhood strategy
46. The forum on the national health information system
47. Support for the elaboration of a strategy for human resource management
48. The Safe Motherhood forum
49. Support for the national program for the fight against AIDS
50. Support for the DP administrative services
51. Support for the elaboration of the MOH 2003-2007 action plan
52. Support for training sessions on contractualization and budgetary globalization

## **Annexes**

**Annex 1: List of Consultants**

**Annex 2: List of Local Trainings**

**Annex 3: List of International Training and Travel**

**Annex 4: List of Procurement**

**Annex 5: Financial Report**

**Annex 1**  
**List of Consultants**

List of Consultants  
July 2000 - September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Youssef Belabdia, Independent	Sep. 2000 (20 days)	Nov. 2000	Assist the JSI team for the setup of the communication network between the 3 offices	AR2.	JSI	1. Tyane 2. Fasla/Bekkali 3. Wright 4. Cakir
Rachid Bezaad, Independent	Sep. 2000 (2 days per week)	Dec. 2000	Develop an intervention plan for EONC and FP activities in the TT and SMD Regions to strengthen the capacity of the regional teams for the implementation of EONC and FP activities in the two regions.	EONC Activities	JSI	1. Tyane/Zerrari 2. Fasla/Bekkali 3. Wright 4. Cakir
Michael Edwards, JSI	9/24/2000	10/7/2000	Strengthen the capacity of regional teams to use the SMIPF system for planning and management of health of services and develop a module for geographical analysis of the SMIPF System in SMD and TT	P3	JSI	1. Tyane/Azemat/Hajra 2. Fasla/Bekkali 3. Wright 4. Cakir
Brahim Hafidi, Independent	10/16/2000 (6 days)	10/30/2000	Facilitate the Strategic Planning Workshop and Prepare a synthesis of the workshop to highlight the region's strategic plan for the project and present a first draft of the 2001 Action Plan	AP4	JSI	1. Tyane 2. Fasla 3. Wright 4. Cakir/Laasri
Bruno Bouchet, URC	06/11/00	17/11/00	Assist the regional teams in the initiation of quality improvement projects and work with ongoing projects for a larger expansion et d'accompagner les projets déjà entamés pour une plus	QA Activities	JSI/URC	1. Tyane/Jrondi 2. Fasla/Bakkali 3. Wright/Bakkali 4. Cakir/El Omari
Rachid Bezaad, Independent	Jan. 2001 (2 days per week)	Dec. 2001	Assist the two regions in the different phases of the EONC training planning process and help to put in place sustainable mechanisms for in-service training	EONC Activities	JSI	1. Tyane/Zerrari 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Laasri/Sayah
Youssef Belabdia, Independent	3/1/2001 (20 days)	Déc. 2001	Ensure the maintenance of the JSI computer network in Rabat	I.A.2.2	JSI	1. Tyane/Hajra 3. Wright/Bakkali 4. Cakir
Theo Lippeveld, JSI	1/15/2001	1/26/2001	Evaluate the status of the SMIPF system and the need for information for management	I.B.2.1 I.C.2.1 I.C.2.2	JSI	1. Tyane/Azelmat/Hajra 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir
Bruno Bouchet, URC	1/21/2001	2/10/2001	Assist the regional teams in initiating quality improvement projects and work with ongoing projects for a larger expansion	I.B.4 I.C.4	JSI/URC	1. Tyane/Jrondi 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir/El Omari
Wendy Edson, URC	1/24/2001	2/3/2001	Assist the regional teams in initiating quality improvement projects and work with ongoing projects for a larger expansion	I.B.4 I.B.4.5	JSI/URC	1. Tyane/Jrondi 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir/El Omari

- 1 MS (central)
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- 3 USAID
- 4 JSI

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July 2000 - September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Embark Moghli, Independent	1/24/2001	2/6/2001	Facilitate the workshop for the startup of the Rural Civil Society Project and Development of CRS	II.B.5.3	JSI	1. Tyane 2. Fasla/Sbayou 3. Wright/Bakkali 4. Cakir/Laasri
John Yanulis, Dan Devine World Education	2/19/2001	3/3/2001	Identify the necessary steps for the establishment of a multi-sector partnership in the health area and specifically in the two regions	II.B.5.3 II.C.5.5	JSI	1. Tyane/Maadi 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari
Helene Rippey, Independent	2/19/2001 (20 days)	7/1/2001	Assist the JSI team in the elaboration of a Monitoring and Evaluation Plan	Admin.	JSI	1. Tyane/Azelmat/Hajra 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir
Wendy Edson, URC	3/18/2001	3/31/2001	Develop memory aids, health cards, and a self-evaluation system to complete EONC training support materials and assist in the setup of a monitoring system for quality improvement projects in the regions.	I.B.4.1	JSI/URC	1. Tyane/Jrondi 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari
Tom Bossert, HSPH	3/19/2001	3/30/2001	Provide technical support for the elaboration of a synthesis document concerning regionalization experiences, as well as the facilitation of a workshop on the different on-going experiences	I.A.1.1	JSI	1. Tyane/Belghiti 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir
Abdelhadi Bounar, Independent	4/1/2001 (20 days)	7/31/2001	Facilitate the regional and provincial days organized as part of the CRESP and collect a workplan for developing partnerships with the civil society in the provinces of the region	II.B.5.2 II.B.5.3	JSI	1. 2. Fasla/Farhaoui 3. Wright/Bakkali 4. Cakir/Laasri/EI Omari
Brahim Hafidi, Independent	4/9/2001 (21 days)	6/30/2001	Facilitate the workshop on group dynamics in SMD and prepare a synthesis of the workshop that includes the recommendations and actions to implement	I.B.1.1	JSI	1. 2. Fasla 3. Wright/Bakkali 4. Cakir/Laasri/EI Omari
Omar Farouk Fadlollah, Independent	4/9/2001 (10 days)	6/30/2001	Co-facilitate the workshop on groups dynamics in SMD and prepare a synthesis of the workshop that includes the recommendations and actions to implement	II.B.1.3	JSI	1. 2. Fasla 3. Wright/Bakkali 4. Cakir/Laasri/EI Omari
Bruno Bouchet, URC	5/13/2001	5/31/2001	Assist the regional and central teams in the implementation and monitoring of quality improvement activities	I.B.4 I.C.4	JSI/URC	1. Tyane/Jrondi 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari Laasri/Sayah
Theo Lippeveld, JSI	5/16/2001	5/29/2001	Assist the MOH in the implementation of the short-term recommendations from the January 2001 trip report to lead to a better use of information at the regional level	I.B.2.1 I.B.2.2 I.C.2.2	JSI	1. Tyane/Azelmat 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir

- 1. MS (central)
- 2. MS (regions)
- 3. USAID
- 4. JSI

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July 2000 - September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Wendy Edson, URC	5/27/2001	6/8/2001	Test the prototypes of the memory aids, develop a guide for their use, develop the prototypes for the health cards, and develop a strategy for self-evaluation of performance by health providers	II.B.1.5 II.C.1.4	JSI/URC	1. Tyane/Jrondi 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari
Brahim Soudi, Independent	5/31/2001	6/15/2001	Facilitate the workshop on the review of project management mechanisms region	I.C.1.1	JSI	1. Tyane 2. Bekkali 3. Wright/Bakkali 4. Cakir/Sayah
Jean-François Safar, URC	6/27/2001	7/6/2001	Organize and facilitate a 2-day workshop on the normalization system in the Ministry of Health	I.A.4.2	JSI/URC	1. Tyane/Jrondi 2. Fasla/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari
Najia Hajji, Independent	8/9/2001	9/21/2001	Assist the Directorate of Population in writing a document on the national strategy for the reduction of maternal and neonatal mortality and morbidity	Support Activity	JSI	1. Tyane 2. 3. Wright/Bakkali 4. Cakir
Bouchra Bahiji, Independent	8/29/2001 (20 days)	Dec. 2001	Assist in documenting the project on video by conducting interviews concerning the project in the area of reproductive health and child health	III.A.3	JSI	1. Tyane 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari
Abdelhadi Bounar, Independent	Sep. 2001 (18 days)	Dec. 2001	Facilitate the provincial and regional days organized as part of the CRESP at least two partnership projects in each province of the region	II.B.5.2 II.B.5.3	JSI	1. 2. Cherradi 3. Wright/Bakkali 4. Cakir/Laasri/EI Omari
M. Khattabi, Independent	Sep. 2001 (20 days)	Dec. 2001	Assist the MOH in preparing a renovation plan for the Mohamed V maternity as well as the detailed specifications for the RFP	II.C.1.2	JSI	1. Tyane 2. Bendali/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah
Brahim Soudi, Independent	9/6/2001	10/12/2001	Facilitate and encourage participation of the DP staff in the workshop on the development of the different elements of the Quality Charter	I.A.4.3	JSI	1. Tyane/Rahmani 2. 3. Wright/Bakkali 4. Cakir/EI Omari
Theo Lippeveld, JSI	9/24/2001	10/5/2001	Assist the Ministry of Health in the implementation of the short-term decisions formulated during his previous visit in May 01 in order to improve the use of information at the central, regional and local levels	I.B.2.1 I.C.2.1	JSI	1. Tyane/Azelmat/Hajra 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir
Tom Bossert, HSPH	9/25/2001	10/5/2001	Complete the synthesis document on the decentralization process started by the MOH and incorporate the vision of the peripheral levels, and prepare the activities linked to decentralization planned by the project	I.A.1.1	JSI	1. Tyane/Jrondi/Belghiti 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir
Bruno Bouchet, URC	10/22/2001	11/9/2001	Support the regional and central teams in the implementation and monitoring of quality improvement activities	I.B.4 I.C.4	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari/Laasri/Sayah

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Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Abderrahman Maaroufi, URC	11/12/2001	11/23/2001	Assist the regional TT team in the development of a methodology to ensure the continuous documentation of QA experiences	I.C.4.6	JSI	1. Tyane/Jrondi 2. Bekkali 3. Wright/Bakkali 4. Cakir/Sayah
Brahim Hafidi, Independent	11/19/2001	1/6/2002	Facilitate the workshop on the development of the 2002 WP and prepare a synthesis of the workshop that includes a draft of the 2002 action plan for the SMD region	I.B.1.1	JSI	1. Tyane 2. Cherradi 3. Wright/Bakkali 4. Cakir/Laasri
Rachid Bezaoui, Independent	January (2 days per week)	December	Assist the TT and SMD regional teams as well as the DPF, the maternal health unit and the JSI team in the implementation of EONC and FP activities included in the 2002 workplan	EONC and FP Activities	JSI	1. Tyane/Zerrari/AbouOuakil 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Laasri/Sayah
Tom Bossert, HSPH	1/7/2002	1/18/2002	Complete the synthesis document on the decentralization process initiated by the MOH by incorporating the vision from the peripheral levels and prepare activities linked to decentralization planned by the project	I.A.1.1	JSI	1. Tyane/Jrondi/Belghiti 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/El Omari
Bruno Bouchet, URC	1/14/2002	1/26/2002	Assist in the implementation and monitoring of quality improvement activities. Particularly, the mission focused on initiating the modelization of a health center, the setup of a mini-accreditation system and support for quality improvement projects	I.A.4. I.B.4 I.C.4	JSI/URC	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/El Omari/Laasri Sayah
Ellen Coates, URC	1/14/2002	1/20/2002	Assist the SMD regional team in defining a local system for documentation and dissemination of best practices	I.B.4	JSI/URC	1. Tyane/Jrondi 2. Cherradi 3. Wright/Bakkali 4. Cakir/El Omari/Laasri
Theo Lippeveld, JSI	1/20/2002	2/2/2002	Assist the MOH in finalizing the procedures manual and thinking about mechanisms for its dissemination in the SMD and TT regions	I.B.2.1 I.C.2.1	JSI	1. Tyane/Azelmat 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir
Ayesha Siddiqui, JSI	3/4/2002	3/14/2002	Work with the JSI Team on administrative and financial issues to improve the coordination between the Morocco and Boston offices	Admin.	JSI	1. 2. 3. Wright/Bakkali 4. Cakir
Tisna Veldhuyzen Van Zanten, URC	4/15/2002	4/19/2002	Assist in the preparation of a conference to brainstorm on the orientations of ongoing reforms around an objective: Quality	I.A.4. I.B.4 I.C.4	JSI/URC	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/El Omari/Laasri Sayah

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2. MS (regions)
3. USAID
4. JSI

List of Consultants  
July 2000 - September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Brahim Hafidi, Independent	April to December (24 days)		Assist the SMD regional team to institutionalize the functioning of the organizational setup established within the project; assist the hospital maternities in the organization of their obstetrical circuit, and facilitate the creation of an inter-sector regional committee for the fight against STI/AIDS	I.B.1.2 I.B.1.3, II.B.1.8, II.B.4.1 II.B.5.5	JSI	1. Tyane 2. Cherradi 3. Wright/Bakkali 4. Cakir/Laasri
Bruno Bouchet, URC	4/28/2002	5/4/2002	Assist the central directorates and the regions in preparing their contribution to the Quality conference	I.A.4. I.B.4 I.C.4	JSI/URC	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari/Laasri/Sayah
Brahim Soudi, Independent	May to December (17 days)		Support the TT regional team in strengthening its organizational setup; assist the hospital maternities in Tanger in the reorganization of its unit; facilitate the follow-up meetings of the Larache and Tanger provincial committees and the creation of the inter-sector regional committee for the fight against STI AIDS	I.C.1.2 II.C.1.8 II.C.4.1 II.C.5.3	JSI	1. Tyane 2. Bekkali 3. Wright/Bakkali 4. Cakir/Sayah
Theo Lippeveld, JSI	5/13/2002	5/24/2002	Assist the MOH in finalizing a procedures manual and deciding on mechanisms for its dissemination in the SMD and TT regions	I.A.2.2 I.B.2.3 I.B.2.5 I.C.2.1/I.C.2.2	JSI	1. Tyane/Azelmat 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir
Tom Bossert, HSPH	5/27/2002	6/6/2002	Work on the analysis of the questionnaires on the delegates, and prepare the Tanger workshop on decentralization planned for the fall of 2002	I.A.1.1	JSI/HSPH	1. Tyane/Jrondi/Belghiti 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/EI Omari
Hasnae Belkebir, Independent	4/15/2002	5/10/2002	Assist in the installation of Acrobat Adobe Writer and the conversion of Progress reports into a Pdf format as well as train the JSI/Rabat team on the use of the software for the update of the project web pages	Admin.	JSI	1. 2. 3. Wright/Bakkali 4. Cakir
M. Khattabi, Independent	5/2/2002	5/15/2002 (5 days)	Define the needs for the reorganization of the surgery block of the Mohamed V maternity in Tanger, ensure the execution of the renovation work in conformity with the plans, and assist the provincial delegation in all the steps of the implementation of the renovation activity	II.C.1.2 (WP 2001)	JSI	1. Tyane 2. Bendali/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah
EI Mehdi Souilmi, Independent	6/1/2002	6/30/2003 (20 days)	Maintain the computer network of the JSI office in Rabat	Admin.	JSI	1. 2. 3. Wright/Bakkali 4. Cakir

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Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Charles Quist, Independent	6/24/2002	7/6/2002	Prepare a workshop for the training of trainers to introduce IMCI in the Casablanca school of Medecine and IFCS, facilitate this workshop and revise the IMCI training module already elaborated	Support Activity	JSI	1. Tyane/Zerrari 2. 3. Wright/Bakkali 4. Cakir/EI Omari
Brahim Hafidi, Independent	April to December (24 days)		Assist the SMD regional team to institutionalize the functioning of the organizational setup established within the project; assist the hospital maternities in the organization of their obstetrical circuit and facilitate the creation of the Inter-sector regional committee for the fight against STI AIDS	I.B.1.2 I.B.1.3 II.B.1.8 II.B.4.1 II.B.5.5	JSI	1. Tyane 2. Cherradi 3. Wright/Bakkali 4. Cakir/Laasri
Brahim Soudi, Independent	May to December (17 days)		Support the TT regional team in strengthening its organizational setup; assist the Tanger Maternity hospital in the reorganization of its services; facilitate the follow-up meetings of the Larache and Tanger provincial committees and the creation of the inter-sector regional committee for the fight against STI AIDS	I.C.1.2 II.C.1.8 II.C.4.1 II.C.5.3	JSI	1. Tyane 2. Bekkali 3. Wright/Bakkali 4. Cakir/Sayah
Charles Quist, Independent	6/24/2002	7/6/2002	Prepare a workshop for the training of trainers to introduce the IMCI approach in the Casablanca School of Medecine and IFCS; facilitate this workshop and revise the IMCI training module already developed	Support Activity	JSI	1. Tyane/Zerrari 2. 3. Wright/Bakkali 4. Cakir/EI Omari
Rachid Ben Ammor, TRG	7/1/2002	7/23/2002	Assist the participants to improve the quality and efficiency of their work by developing their skills as facilitators of trainings for health professionals	I.B.3.2 I.C.3.2	JSI	1. Tyane/Aachati 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Laasri/Sayah
Graeme Frelick, TRG	8/23/2002	9/2/2002	Retreat JSI team	Admin.	JSI	1. 2. 3. Wright/Bakkali 4. Cakir
Driss Boumnich, Independent	September to December (30 days)		Assist the School Health Division in the elaboration of a manuel for teenagers and the young that addresses priority issues related to reproductive health	Support Activity	JSI	1. Tyane:Cherradi 2. 3. Wright/Bakkali 4. Cakir/EI Omari
Afilal & Mellakh, Independent	September to December (20 and 23 days)		Undertake a socio-anthropological study in SMD to increase knowledge on vulnerable groups identified in the region, including their geographical location, their organization mode, and leadership within these groups	II.B.4.7	JSI	1. Tyane/Alami 2. Cherradi/Guezzar 3. Wright/Bakkali 4. Cakir/EI Omari/Laasri

1. MS (central)
2. MS (regions)
3. USAID
4. JSI

## **Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams**

### **MATERNAL HEALTH**

Maternal health is the project component that has received maximum resources. **Progress** has invested in EONC and IEC training, implementation of audits of critical cases: the purchase and installation of equipment; the training of technicians in the use and repair of the equipment; the training of providers involved in blood transfusion security; and the upgrading of maternities and delivery houses in both project regions.

#### **Souss Massa Drâa**

The objectives of the activities under this component, were to: (1) improve the technical and communication skills of the service providers involved in deliveries; (2) upgrade the infrastructure and the technical platform of certain delivery houses and hospital maternities; and (3) set up the audit of critical incidents to improve the quality of service delivery.

The EONC model as initiated in the Fès-Boulmane region has been repeated by other regions of Morocco in partnership with other donors such as the EU or UNFPA. To this end, a number of SMD health providers were trained in the Casablanca Hospital University Center (CHU). The providers' dissatisfaction with the quality of this training (lack of adaptability to local realities) pushed the region to organize EONC training on-site.

Thus, approximately **300** providers involved in deliveries in the region were trained. The training sites for this effort were the AIO, Taroudant and Ouarzazate maternities; however, the Taroudant site was abandoned because the number of obstetrical complications there was insufficient for hands-on training. The CNFRH and FARGO have shared responsibility for the theory part of the training, while the local teams have supervised the practice sessions in the maternities.

The training in these sites has not only upgraded providers' skills, but has also contributed to the re-organization of the work in the maternities, the agenda for daily staff meetings, the implementation of near-miss audits, and the use of quality assurance tools for service delivery such as health cards and memory aids.

In January 2002, the US Ambassador and the Health Minister participated with the SMD Wali in the acceptance ceremony for the first delivery of medical equipment purchased by **Progress** to improve the management of obstetrical emergencies. The medical equipment, with a value of \$420,000, was intended for the hospital maternities and delivery houses of the SMD region. Later in 2002, the remaining equipment was received, distributed and installed.

In parallel, physical renovations at the selected delivery houses was completed during the same year. Table 3 summarizes the units upgraded in the different provinces of the region.

**Table 3 – Summary of Units Upgraded in the SMD Region**

Province	DH/Maternity	Amount Dh	Province	DH/Maternity	Amount Dh
Agadir	Tamraght	82 079,00	Tiznit	Pediatric Ward	8 380,00
	Tikioune	69 625,60		Maternity Hassan 1er	18 588,31
	Maternity Hassan II	49 820,00		Tighirte	8 447,08
	Pv 9 Maternity Hassan II	20 488,00		Tafraout	15 860,00
	JFCS	183 205,40		Tioughza	30 084,08
	<b>TOTAL</b>	<b>405 218,00</b>		Sahel	14 900,90
IAM	Pediatric Ward	215 762,10	<b>TOTAL</b>	<b>96 260,37</b>	
	Maternity	57 356,00	Zagora	Maternity Room	45 560,00
	Dcheira	46 097,00		Surgery Room	5 567,50
	Temsia	58 632,00		Tamzmoute	26 220,00
	Ait Melloul	51 595,00		Tazarine	17 300,00
	Ouled Dahou	26 177,58		Agdz	33 500,00
	<b>TOTAL</b>	<b>455 619,68</b>		<b>TOTAL</b>	<b>128 147,50</b>
Ouarzazate	EONC Room	11 402,00	CAB	Biougra	23 000,00
	Timdline	21 240,00		Sidi Bibi	21 000,00
	Telouat	19 025,00		Belfaâ	21 000,00
	M'semrir	19 440,00		Massa	11 000,00
	Toundoute	11 850,00		Ait Baha	22 000,00
	Ighrem N'goudal	10 280,00		Ait Moussa	21 000,00
	<b>TOTAL</b>	<b>93 237,00</b>		Idaougnidif	21 000,00
		<b>TOTAL</b>	<b>140 000,00</b>		
<b>GRAND TOTAL</b>					<b>1 318 482,55</b>

The IEC training sessions started and continued in parallel with the EONC training, with approximately **360** providers trained since the beginning.

However, the set-up of critical case audits has experienced ups and downs in terms of its acceptance by the health providers and the quality of the sessions. Indeed, at the beginning, the providers perceived the audit not as a quality improvement tool, but as a “control” of their work. Thus, the implementation took smaller steps: (1) raising awareness of hospital and provincial managers from the region; (2) elaborating a set of minimum criteria for case management and initiation of professionals in the audit process; and (3) the set-up of the audit in the Agadir, Inezgane and Tiznit maternities. The Ouarzazate maternity has benefited from the set-up of the audit through the UNFPA. The Taroudant and Tiznit maternities were ready to start this activity; however, only the Agadir Ida Outanane and IAM maternities have progressed in this process.

To help in the diagnosis of pregnancies at risk and to optimize the use of the different ultrasound equipment that the region owns, **Progress** financed the training of general practitioners and gynecologists in obstetrical ultrasound.

Finally, the doctors in charge of regional blood transfusion centers and blood banks of the SMD region received training on the quality of blood transfusion.

The investment made in maternal health will not have any visible effect on the reduction of maternal mortality for a few years. The current situation only allows us to evaluate a number of process indicators.

## **Tanger Tétouan**

Safe Motherhood was, without contest, the priority of the region in light of the local indicators. Three intervention areas were identified to improve access and case management: improvement of the technical platform, the strengthening of technical and relational skills, and the implementation of quality improvement tools and information system management.

The initial data for the region concerning deliveries in a supervised environment, the case management of obstetrical complications and the caesarian sections were below the national average: in 2000, the DSE was 33.5%, the needs satisfied 18.8% and the caesarian rate 2.3%. The availability of services was as follows: 5 SOUC with a deficit estimated at 2 and 18 SOUB with a deficit of 14.

### *Improvement of the technical platform and upgrade*

The project started by orienting the resources toward the regional maternity of reference, the MV maternity in Tanger, where the volume of activity is the highest of the region (6,000 deliveries per year at the beginning of the project and 8,000 at the end). More than 40% of the budget for renovations and equipment was allocated to the Tanger maternity, based on a decision made by the RCC. However, the project investments have also assisted other provinces: equipment and renovation of the Larache maternity, the Al Amal delivery house in Fahs Beni Makada, the El Jebha delivery house in Chefchaouen and additional equipment for all the delivery facilities of the region. The project supported the procurement with training on the use and maintenance of the equipment.

### *Strengthening of the technical and relational skills*

The innovation introduced by the project in planning the EOC training was to completely decentralize it. By sub-contracting with FARGO and CNFRH, the region has benefitted from the expertise of university professors in the three training sites: Tétouan, Tanger and Larache. This close supervision has had a real impact on the skills of health providers, but has also contributed to the re-organization of the three maternities. The three sites in aggregated have held **23** EONC training sessions and trained more than **270** delivery personnel.

The second project innovation was to involve the general practitioners in the case management of women in childbirth. Sessions adapted for these doctors were held to initiate them in the practice of deliveries. This mobilization of a key member of the care team will contribute, through the medicalization of delivery houses, to better case management of complications previously referred.

These trainings have had a direct impact on the availability of SOUB functions. An evaluation undertaken in March 2003 showed that the delivery houses provided all the SOUB functions; however, health providers expressed a need to strengthen their skills in the use of vacuum extractors and in case management of newborns.

For the development of relational skills, the project has supported IEC training of delivery personnel and of other staff in contact with the patients. **Sixteen** training sessions were organized under the same principle of decentralized management of the training component, development of a core group of trainers and training by local trainers.

#### Use of evaluation and self-evaluation tools

The improvement of the technical platform would not by itself be sufficient to improve the case management of the parturient and newborns. It was necessary to monitor the quality and the involvement of the maternity team and the administration, a process in which these individuals must participate. For regular evaluation, the team needed training in use of the information system, the near-miss sessions, and the self-evaluation grids on the organization and functioning of the teams.

At the beginning, the project confronted an important constraint: the collection of information on EONC. The lack of baseline data against which to evaluate interventions sparked a process of training on the obstetrical register and the information support materials. Two main problems have been identified: an under-notification of major obstetrical complications due to a lack of knowledge of the definition, and a lack of interest in the obstetrical register and partograms on the part of midwives and gynecologists. A training module was developed and regular training sessions organized by the maternal health cell. Monthly verification meetings were organized in the provinces, supervised by the PSGA managers and under the direction of the heads of gynecology units.

To assist the teams in their improvement efforts, the audit was implemented in the different hospital maternities on the basis of the near-miss model initiated in Tétouan. It should be noted that inter-province solidarity and support has been very strong in this process. The Tétouan maternity team, director and gynecologists, have played a fundamental role in raising the awareness of their colleagues on the importance of the audit process.

Currently, the maternities of the region are not all at the same level in the use of the audit process. For the Tétouan and Chefchaouen provinces, the audit has become an evaluation and management tool to address constraints and malfunctions; however, it is still not the case for the Mohamed V maternity in Tanger. The lack of leadership from the head of the unit and his role in all the improvement efforts explains in part this delay compared to other maternities of the region.

It is too early to evaluate the impact of these interventions on the SOU indicators, but we can objectively notice important changes in the hospital maternities:

- Involvement of the hospital administration and support for initiatives taken by the department;
- Teamwork and coordination between the different members of the health team;
- Commitments formulated, such as the development of a charter for the Larache maternity in order to ensure quality care for the parturient.

However, the impact of the training is real and can be evaluated based on the EOC needs satisfaction and the slight increase in the caesarian section rate: the satisfied needs have

increased from 18.8 to **22.98%**, and the caesarian rate from 2.3 to **2.6%**. A differential analysis can be undertaken for each of the provinces:

- For the Larache province, the caesarian rate has gone from 2.1 in 2000 to 2.8 in the first quarter of 2003, and this since the end of the EONC training.
- For the Tétouan province, in terms of the availability indicators, the number of working SOUB in 2000 was zero out of the seven existing SOUBs. It is currently four out of the seven.
- For the Chefchaouen province, the number of working SOUBs was initially six out of the 14 existing ones. At the end of the first quarter of 2003, the province had ten working SOUBs.
- The Fahs Beni Makada prefecture previously had no facility for the deliveries. At the end of 2002, one delivery house was opened thanks to a tri-partnership between the MOH, Medicos Mundi and Progress. This house, Al Amal, has achieved a DSE coverage rate of 22% in its first six months of operation and offers 100% of the SOUB functions.

**When collaboration and synergy work toward a common goal:**

The Al Amal CS inaugurated the delivery module on November 18, 2002. This delivery house is the result of collaboration between different international partners, of complementarities and involvement of the different provinces of the region and the community, and of a commitment from the local team with a permanent support from the delegation.

1. Tripartite Financing : MS, Médicos Mundi, USAID
2. Redeployment of the material and equipment of the other provinces of the region
3. An evacuation system put in place between the provinces of FBV and TA that allows the transfer of women in childbirth when necessary, to the MV hospital within 15 minutes
4. A support committee for the creation of a guest house for the parturient and for the management of the Delivery House
5. A team, which has defined its vision and values, and has initiated a modelization approach.

The objective of the province is to make a center of excellence out of the Al Amal Delivery House for all Maternal and Child Health activities

However, the improvement of these indicators cannot make a real qualitative jump without increased deliveries in a supervised environment. Consequently, the project started partnership activities to raise popular awareness of the necessity to give birth in a supervised environment. But, the short duration of the project, combined with environmental factors such as the difficulty of access to delivery houses from rural areas, require that efforts to increase the demand continue through multi-sectorial actions involving the community and the local collectivities. The example of the Fahs Beni Makada delivery house illustrates this reality.

## CHILD HEALTH

### Souss Massa Drâa

The SMD region, and especially the AIO prefecture, was among the first to implement the IMCI approach in its entirety (including the community involvement component). The Ministry of Health made the decision to generalize this approach across the entire kingdom. According to the IMCI evaluation, the cost of this approach is very high, the duration of the training is too long and the model is too complex for the region.

A palliative strategy was found: in light of the incapacity of **Progress** to finance the training of all the appropriate providers in SMD, the managers have decided, during an RCC meeting, to train only a pool of regional trainers. Thus, the Ministry Department for the Protection of Child Health has organized, in Tiznit, an IMCI training of trainers for 13 participants. These trainers will then be involved in the training of health providers from the SMD region. Two other training sessions for health providers were held in Tiznit (27 participants) and Taroudant (29 participants), at the end of which a pool of trainers was identified from among the group of trainees. Afterward, this group received additional training to learn group management techniques. Two more training sessions were organized in October 2002 in the same provinces for 48 additional health providers.

## **Tanger Tétouan**

In conformity with the workplan established by the team from the Child Health Department, the region has organized three training sessions on IMCI: one training of trainers and two training sessions for health providers. Another 12 training sessions were scheduled, but the provincial delegations were able to follow the rythme of this training with difficulty. The large mobilization of logistical and mobility means that this training required and that the provinces did not have, as well as the density of the content, have led the RCC to propose an alternative for the IMCI expansion:

- Revision and reduction of the training module from 12 to seven days by eliminating the group reading sessions and transforming the training methodology into a more participative approach in conformity with the adult teaching methodology;
- Organization of practice sessions in a maximum of two sites: the pediatric unit and one urban health center with many deliveries, to avoid unnecessary travel for the trainees;
- Reduction in the number of participants and separation of training for doctors, nurses and itinerants; and
- Reduction in the number of trainers.

In another activity, a meeting of the National Immunization Program (NIP) was held in Tétouan with the objective to define the main thrust of a regional immunization approach based on the complementary and synergistic relationships among the provinces. Following this meeting, the Chefchaouen province received the support of the Tétouan province in terms of transportation for the immunization mini-campaigns.

## **FAMILY PLANNING**

### **Souss Massa Drâa**

Contraceptive prevalence in the SMD region remains below the national average. The disparity between the provinces and health districts are even more important given that the geography of the region makes a large part of the population difficult to reach.

The objective of FP activities was to: (1) maintain the contraceptive utilization rate; (2) promote the use of long-term methods; and (3) develop local mechanisms for responding to the needs of the population.

List of Consultants  
July 2000 September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Theo Lippeveld, JSI	9/22/2002	10/6/2002	Review the final version of the procedures manual before its pretest in the field and discuss the mechanisms for its dissemination in the SMD and TT regions	HIS Activities	JSI	1. Tyane/Laaziri/Azelmat 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/El Omari
Tom Bossert, HSPH	9/30/2002	10/5/2002	Assist in the preparation of the decentralization workshop in Jan03 start the social capital study, review the data collected and analyze the decentralization study, start to develop a formula for the allocation of provincial resources	I.A.1.1	JSI	1. Tyane/Jrondi/Belghiti 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/El Omari
Mahamane Karki, URC	10/2/2002	11/2/2002	Ensure the follow-up of the Giqua+ activities in TT and SMD elaborated during the July03 workshop, assist in the preparation of the 1st national conference on quality and health as well as its facilitation	I.A.4 I.B.4 I.C.4	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/El Omari
Tisna Veldhuyzen Van Zanten, URC	10/23/2002	11/4/2002	Assist the MOH in the organization of the 1st national conference on quality and health, and facilitate this 3-day workshop, discuss with Project staff the URC interventions for 2003	I.A.4.1	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/El Omari
Orlando Urroz, URC	10/28/2002	11/9/2002	Facilitate the session on the theme "skills and motivation of human resources" within the 1st national conference on quality and health; assist the Tanger-Tetouan region, and particularly the Fahs Bni Makkada delegation in the modelization of a health circonscription	I.A.4.1 I.C.4	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/El Omari
Jonathan E. Smith, URC	10/28/2002	11/9/2002	Facilitate the session on the theme "skills and motivation of human resources" within the 1st national conference on quality and health; assist the Tanger-Tetouan region, and particularly the Fahs Bni Makkada delegation in the modelization of a health circonscription	I.A.4.1 I.B.4 I.C.4	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/El Omari
Jean-François Safar, URC	10/30/2002	11/2/2002	Facilitate the session on the theme "content of health care" within the 1st national conference on quality and health	I.A.4.1	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/El Omari

- 1 MS (central)
- 2 MS (regions)
- 3 USAID
- 4 JSI

List of Consultants  
July 2000 - September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Jamal Eddine Tebbaa, Independent	10/1/2002	11/9/2002	Facilitate the session on the theme "skills and motivation of human resources" within the 1st national conference on quality and health; and participate in the preparation and organization of a workshop on leadership for a number of managers from the SMD and TT regions	I.A.4.1 I.B.4 I.C.4	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/ El Omari
Ahmed Akhchichine, Independent	10/1/2002	11/4/2002	Co-facilitate the 3-day national conference on quality and health	I.A.4.1	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Wright/Bakkali 4. Cakir/Sayah/Laasri/ El Omari
Graeme Frelick, TRG	11/22/02	11/22/2002	Assist the MOH in identifying the main themes of the national meeting on human resources management through a series of interviews and by sharing international experiences on the performance improvement approach; and assist the JSI team in identifying the support and contribution that they could bring to this event		JSI	1. Tyane/Aachati 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Laasri/Sayah
Charles Quist, Independent	12/9/2002	12/21/2002	Prepare the workshop for the training of trainers to teach clinical skills as part of the introduction of IMCI in the School of Medecine and IFCS in Rabat, facilitate the workshop for the School of Medecine, and revise the IMCI training module elaborated by the local team	Support Activity	JSI	1. Tyane/Zerrari 2. 3. Lhaloui/Bakkali 4. Cakir
Mahamane Karki, URC	12/26/2002	1/28/2003	Assist the SMD and TT regions in the implementation of certain Quality Assurance activities	I.A.4 I.B.4 I.C.4	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Sayah/Laasri
Rachid Beza, D, Independent	January to June (42 days)		Ensure the continuity of interventions initiated for the quality improvement of obstetrical practices; and support the regional teams in the implementation of interventions identified in the hospital maternities	EONC Activities	JSI	1. Tyane/Zerrari/AbouOuakil 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Laasri/Sayah
Theo Lippeveld, JSI	1/19/2003	2/1/2003	Work with the organization committee to prepare the HMIS Forum which was held in the second quarter of 2003; and with the SEIS team to follow-up on the test of the procedures manual	HIS Activities	JSI	1. Tyane/Laaziri/Azelmat 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Sayah/Laasri/ El Omari

1. MS (central)
2. MS (regions)
3. USAID
4. JSI

List of Consultants  
July 2000 - September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
My Driss Alaoui, Independent	1/25/2003 (6 days)	2/28/2003	Assist a team of midwives, obstetricians, pediatrics, and pediatrics nurses of the SMD & TT regions to design and elaborate the content of the memory aids on the saving acts for neonatal complications according to the EONC norms and standards	I.B.4.7	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Lhaoui/Bakkali 4. Cakir/Sayah/Laasri/ El Omari
Brahim Soudi, Independent	February to June (15 days)		Support the provincial teams of Larache and Chefchaouen in their process of strategic and operational planning; and assist the team of the Tanger maternity hospital in the reorganization of the unit	I.C.1.2 II.C.1.4	JSI	1. Tyane 2. Bekkali/Saissi/Bendali 3. Lhaloui/Bakkali 4. Cakir/Sayah
Tom Bossert, HSPH	2/3/2003	2/14/2003	Prepare a presentation on the results of the study on the current level of decentralization using the "decision space" approach; follow-up on the preliminary results of the social capital study; and initiate the planning for presenting the results of the social capital study for June 2003	I.A.1.1	JSI	1. Tyane/Jrondi/Belghiti 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Sayah/Laasri/ El Omari
Brahim Hafidi, Independent	March to June (12 days)		Support the provincial and regional teams in their strategic planning process, and assist the regional team in developing its 2004 action plan	I.B.1.2	JSI	1. Tyane 2. Cherradi 3. Lhaloui/Bakkali 4. Cakir/Laasri
Graeme Frelick, TRG	3/3/2003	3/15/2003	Work with the SMD region to prepare a tool to assist the regional coordinator and SMD delegates in organizing their health services better	I.B.1.1	JSI	1. Tyane/Aachati 2. Cherradi/El Aabassi 3. Lhaloui/Bakkali 4. Cakir/Laasri
Tisna Veldhuyzen Van Zanten, URC	3/10/2003	3/22/2003	Assist the MOH in strengthening the capacities and the development of a consensus on institutionalizing Quality assurance	QA Activities	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Sayah/Laasri/ El Omari
Abdelhaq Bedraoui, Independent	April to May 2003 (22 days)		Assist the staff of the Health Economy Department and the Mohamed V hospital team to elaborate a computer application from a budgetary simulation model prepared on Excel software	I.C.2.3	JSI	1. Tyane 2. Bendali 3. Lhaloui/Bakkali 4. Cakir/Sayah
Ahmed Akhchichine, Independent	May - Jun 2003 (7 days)		Facilitate the training workshop on the elaboration of a communication plan in order to strengthen the capacity of regional and provincial managers	III.B.2	JSI	1. Tyane 2. Cherradi 3. Lhaloui/Bakkali 4. Cakir/Laasri
Charles Quist, Independent	5/21/2003	6/4/2003	Prepare a training of trainers workshop in VSC for the teachers of the Fes and Marrakech School of Medicine	Support Activity	JSI	1. Tyane/Zerrari 2. 3. Lhaloui/Bakkali 4. Cakir

- 1 MS (central)
- 2 MS (regions)
- 3 USAID
- 4 JSI

List of Consultants  
July 2000 - September 2003

Consultant Name and Organization	Arrival Date	Departure Date	Objective of the Visit	Activity	Source Source	Coordinators
Tom Bossert, HSPH	6/23/2003	7/4/2003	Review and present the results of the decentralization study and social capital to USAID and MOH for their feedback; Revise the reports on decentralization and social capital	I.A.1.1	JSI	1. Tyane/Belghiti 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir
Theo Lippeveld, JSI	6/30/2003	7/12/2003	Participate in the HMIS conference, and particularly the workshop for of the master plan, as well as finalize this document after the conference; Review the last version of the procedures manual before its printing	IS Activities	JSI	1. Tyane/Laaziri/Azelmat 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Laasri/Sayah
L. Ibaaquil, M. Belkebir et A. Sekkat Independent	30/06/2003	15/07/2003	Supervize the peer training activity in the SMD region	Support Activity	JSI	1 2. Cherradi 3. Lhaloui/Bakkali 4. Cakir
Tisna Veldhuyzen Van Zanten, Urlando Urroz-t, URC	30/06/2003	15/07/2003	Assist the MOH in strengthening capacities and the development of a consensus on institutionalization of quality assurance in the SMD and TT regions	QA Activities	JSI	1. Tyane/Jrondi 2. Cherradi/Bekkali 3. Lhaloui/Bakkali 4. Cakir/Sayah/Laasri/

1. MS (central)
2. MS (regions)
3. USAID
4. JSI

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**Annex 2**  
**List of Local Trainings**

List of Local Training  
July 2000 - September 2003

SMD REGION

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
SMIPF Application	P3	27/09/00	29/09/00	Agadir	Completed	Workshop	12	2	14	\$787.30	Mike Edwards & MOH	JSI/MOH	\$2,392.45
Strengthening the use of the health information sub-system in the region	I.B.2.1	22/01/01	22/01/01	AIO	Completed		25	3	28	\$536.50	Theo LIPPEVELD	JSI	\$826.08
Information Day on EONC IS	I.B.2.1	15/02/01	15/02/01	CAB	Completed		25	18	43	\$703.92	Rachid BEZAD, Fatima FRIZ, Lhou ZOUGAGH	JSI MOH MOH	\$468.26
Information Day on EONC IS	I.B.2.1	19/02/01	19/02/01	Tiznit	Completed		9	25	34	\$640.22	Rachid BEZAD, Zahra CHOUKAYRI, Abdellah BOULAID, Zahra ESSAHIR	JSI MOH MOH MOH	\$498.70
Information Day on EONC IS	I.B.2.1	16/03/01	16/03/01	Taroudant	Completed		35	22	57	\$870.00	Rachid Bezaad, Fatima FRIZ, Lhou ZOUGAGH, Med LASRI, Jamaâ ELAABASSI	JSI MOH MOH MOH	\$529.13
Information Day on Health Information System	I.B.2.1	25/05/01	25/05/01	IFCS Agadir	Completed	Workshop	30	6	36	\$834.78	Theo LIPPEVELD LAKSSIR Mohamed ALJEM	JSI MOH MOH	\$826.08 \$245.22 \$245.22
Obstetrical Register	I.B.2.1	26/06/01	27/06/01	IFCS Agadir	Completed	Workshop	21	21	42	\$2,904.34	Rachid BEZAD Mohamed ALJEM	JSI MOH	\$886.95 \$216.95
Training to increase the skills of personnel on the use of the OR and the monthly report	I.B.2.2	10/07/01	12/07/01	Tiznit	Completed	Workshop	52	36	88	\$1,273.91	Dr A BOURJILAT Dr DEMNA M. M. NASSIF	MOH MOH MOH	\$26.08 \$26.08 \$26.08
Training to increase the skills of personnel on the use of the OR and the monthly report	I.B.2.2	17/07/01	19/07/01	IAM	Completed	Workshop	8	29	37	\$382.61	Dr K RIFI Dr M HASSEK Mme N. KELTOM Mme BOUAROUA M A AOUZAL	MOH MOH MOH MOH MOH	\$17.39 \$17.39 \$17.39 \$17.39 \$17.39
Training to increase the skills of personnel on the use of the OR and the monthly report	I.B.2.2	17/07/01	19/07/01	CAB	Completed	Workshop	21	42	63	\$1,478.26	M E KHOYI Mme K ESSAHIR Dr M. ABYRE	MOH MOH MOH	\$8.70 \$8.70 \$8.70
MS-Project Training	I.B.2.2	25/09/01	28/09/01	Agadir	Completed	Workshop	10		10	\$1,365.22		JSI	\$652.17
Workshop on the health information system	I.B.2.2	01/10/01	02/10/01	Agadir	Completed	Workshop	32	15	47	\$1,426.09	Mme Nassor M Ziqour, M Lakssar, M Rjmat, M Elbadour	MOH	\$1,402.17
Training to increase the skills of personnel on the use of the OR and the monthly report	I.B.2.2	03/11/01	03/11/01	Taroudant	Completed	Workshop		17	17	\$147.83	Fadih Ahmed Zahra Choukayri	MOH	\$17.39

1 Planned cancelled completed ongoing  
2 Conference Study Tour Workshop  
3 P.I.M.S. DRG.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Training to increase the skills of personnel on the use of the OR and the monthly report	I.B.2.2	10/11/01	10/11/01	Taroudant	Completed	Workshop		15	15	\$130.43	Fadili AHMED	MOH	\$13.04
Training to increase the skills of personnel on the use of the OR and the monthly report	I.B.2.2	04/12/01	05/12/01	Agadir	Completed	Workshop	18	28	46	\$400.00	Razouki L'houcein Fatima Friz Med Ghassoub Boudrigua	Med MOH	\$69.57
Training of the Administrateurs Economes	I.B.3.4	09/10/01	19/10/01	Agadir	Completed	Workshop	13	5	18	\$3,173.91	TMIS		\$7,826.09
Setup of the collaborative model * First session	I.B.4.1	25/01/01	26/01/01	AIO	Completed		24	6	30	\$1,206.07	Wendy EDSON, Bruno BOUCHET	URC URC	\$1,038.74
* Second session	I.B.4.1	28/03/01	28/03/01	AIO	Completed		17	3	20	\$540.00	Wendy EDSON, Dr. MALKI	URC MOH	\$695.61
Leadership	I.B.4.1	24/05/01	24/05/01	Taliouine	Completed	Workshop	14		14	\$417.39	Bruno BOUCHET	URC	\$574.87
Training in contraceptive logistics	I.B.5.1	17/04/01	19/04/01	DMS Agadir	Completed	Workshop	5	1	6	\$273.91	El Khadri Ali Maha Salah Haman Mohamed	MOH MOH MOH	\$338.43  \$338.43
Upgrade of the training sites	II.B.1.3	13/01/01	13/01/01	AIO	Completed		7	6	13	\$250.00	Rachid BEZAD, Fatima TSOULI, Mina OUALLA	JSI MOH MOH	\$810.00
Group dynamics	II.B.1.3	13/04/01	14/04/01	IFCS Agadir	Completed	Workshop	16	6	22	\$382.60	Dr.HAFIDI Dr. FADLOULLAH	JSI JSI	\$630.00 \$300.00
Training of trainers on EONC	II.B.1.4	05/11/01	25/11/01	Taroudant	Completed	Workshop		9	9	\$4,130.43	FARGO		\$8,783.47
Training of trainers on EONC	II.B.1.4	07/11/01	18/11/01	Agadir	Completed	Workshop	4	11	15	\$2,126.09	CNFRH		\$2,273.47
EONC planning workshop	II.B.1.5	23/02/01	23/02/01	AIO	Completed		37	4	41	\$680.80			
Training of community development agents	II.B.1.5	10/09/01	14/09/01	Agadir	Completed	Workshop	7	15	22	\$43.48	M.M. MBROUKI M. L. KHNIBILA M. M. EL AMRAOUI	MOH MOH MOH	\$213.04 \$43.48 \$213.04
Training of community development agents	II.B.1.5	21/09/01	25/09/01	Zagora	Completed	Workshop	6	14	20	\$869.57	M. L. KHNIBILA M. M. EL AMRAOUI	MOH MOH	\$243.48 \$152.17
Training in HAC	II.B.1.6	16/04/01	21/04/01	IFCS Agadir	Completed	Workshop	2	17	19	\$2,192.77	Ghita HMAMOUCI Rachida SADOUR Zohra HAMOUCI	MOH MOH MOH	\$338.43 \$213.04 \$213.04

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop.

3. JSI, MS, IJRC.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants				Trainers		
							M	F	Total	Cost	Name	Affiliation	Cost
Training in HAC	II.B.1.6	18/06/01	22/06/01	Taroudant	Completed	Workshop		12	12	\$2,669.56	Khadija BOUZIDI Souad CHABI	MOH MOH	\$213.04 \$213.04
Training in HAC	II.B.1.6	16/07/01	21/07/01	Agadir	Completed	Workshop		10	10	\$565.22	M. ELAMRAOUI	MOH	\$383.91
Training in HAC	II.B.1.6	08/10/01	12/10/01	Tiznit	Completed	Workshop		15	15	\$1,226.09	Zahra CHOUKAYRI Fatima MAOUN	IFCS	\$365.22
Training in HAC	II.B.1.6	09/10/01	13/10/01	Taroudant	Completed	Workshop	1	14	15	\$2,139.13	Khadija ABDOU Rachida BAADANI	DMS	\$234.78
Training in HAC	II.B.1.6	15/10/01	19/10/01	Tiznit	Completed	Workshop		12	12	\$1,391.30	Khadija ROBIO	DMS	\$52.17
Training in HAC	II.B.1.6	29/10/01	02/11/01	IAM	Completed	Workshop		19	19	\$878.26	Zahra CHOUKAYRI Najwa KELTOUMA	IFCS	\$104.35
Training in HAC	II.B.1.6	29/10/01	02/11/01	Taroudant	Completed	Workshop		16	16	\$2,000.00	Khadija ABDOU Rachida BAADANI	DMS	\$234.78
Training in HAC	II.B.1.6	05/11/01	09/11/01	Tiznit	Completed	Workshop		14	14	\$1,617.39	Khadija ROBIO	MOH	\$52.17
Training in HAC	II.B.1.6	05/11/01	09/11/01	Taroudant	Completed	Workshop		15	15	\$2,234.78	Khadija ABDOU Rachida BAADANI	MOH	\$234.78
Training of Trainers in IUD	II.B.3.1	27/06/01	29/06/01	IFCS Agadir	Completed	Workshop	3	14	17	\$2,265.21	Malika BOUACHRA Lhou ZOUGAGH Habiba OUBOU Aicha SEBBAR Mana MOUNIR	MOH MOH MOH MOH MOH	\$338.43 \$26.08 \$26.08 \$26.08 \$26.08
Training in VSC	II.B.3.2	21/05/01	02/06/01	Rabat	Completed		4		4	\$3,430.00		CNFRH	\$400.00
Training in VSC	II.B.3.2	25/06/01	07/07/01	Rabat	Completed		2	1	3	\$2,571.00		CNFRH	\$400.00
Training in VSC	II.B.3.2	10/09/01	21/09/01	Rabat	Completed	Workshop	3		3	\$1,650.78		CNFRH	\$400.00
Prenuptial Counseling	II.B.3.3	15/11/01	15/11/01	Agadir	Completed	Workshop	12	3	15	\$130.43	Dr Oucherif, Mme Sefati, M. Bardani		\$438.91
Prenuptial Counseling	II.B.3.3	16/11/01	16/11/01	Taroudant	Completed	Workshop	19	14	33	\$286.96	Dr Oucherif, Mme Sefati, M. Bardani	MOH	\$438.91
STI / AIDS	II.B.4.1	02/04/01	02/04/01	COS Agadir	Completed	Workshop	28	14	42	\$1,460.43	Dr Farza Dr Kamal Alami Dr Aziza Bonnani Aicha Choukari Mme Choukayri	Consultant Rabat Rabat Rabat MOH	\$262.78 \$262.78 \$262.78 \$262.78 \$52.17
Training of community development agents	II.B.5.1	12/11/01	16/11/01	Agadir	Completed	Workshop	9	16	25	\$1,304.35	Muâdi Khnabila I Lamlalou M. Knissou	MOH	\$1,157.82
GRI SP Information Day	II.B.5.3	20/03/01	20/03/01	AIO	Completed		51	5	56	\$757.60	Abdelhadi BOUNAR		\$107.00

1 Planned, cancelled, completed, on going  
2 Conference, Study Tour, Workshop  
3 I, J, M, O, etc.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Orientation of doctors newly recruited	I.B.1.1	Fin juin	Début Jul.	Ouarzazate	Completed	Workshop	8	11	19	\$165.22	Zahim Ali Khamar Taouil Belfkih Meziane Zahidi Abdelkacem Laarif Moha	MOH MOH MOH MOH MOH	\$26.09 \$26.09 \$26.09 \$26.09 \$26.09
Training on stock management of medication	I.B.1.1	7/4/2002	7/11/2002	CAB	Completed	Workshop	74	16	90	\$782.61	Abyre Mustapha Mohamed Boumzaing Mohamed Ramis	MOH MOH MOH	\$17.39 \$17.39 \$17.39
Training on rationalization and stock management of essential drugs	I.B.1.1	10/22/2002	10/23/2002	IAM	Completed	Workshop	26	12	38	\$323.81	Kirami Mustapha Mellib Latifa	MOH MOH	\$19.05 \$19.05
Training of doctors newly recruited	I.B.1.1	11/11/2002	11/15/2002	CAB	Completed	Workshop	12	6	18	\$776.19	Kahlid Rifi Abyre Mustapha Khoyi Maati	MOH MOH MOH	\$47.62 \$47.62 \$47.62
Training of doctors newly recruited	I.B.1.1	11/25/2002	11/29/2002	CAB	Completed	Workshop	10	8	18	\$1,276.19	Khalid Rifi Abyre Mustapha Khoyi Maati	MOH MOH MOH	\$47.62 \$47.62 \$47.62
Training on M&E plan	I.B.1.2	7/1/2002	7/3/2002	Agadir	Completed	Workshop	26	4	30	\$1,689.04	Taoufik Bakkali Farouk Fasla	USAID MOH	\$26.09
Dissemination workshop for the results of the injectables study	I.B.2.3	1/3/2002	1/5/2002	Tiznit	Completed	Workshop	15	9	24	\$1,726.09	Lakssir Abdelylah Friz Fatima Razouki Lhoucine Boudrigua Med Kirmai Mustapha	MOH MOH MOH MOH MOH	\$323.04 \$60.87 \$60.87 \$60.87 \$60.87
Workshop on refining the data	I.B.2.3	3/4/2002	3/4/2002	Agadir	Completed	Workshop	24	3	27	\$447.83	Abdelylah Lakssir Ljem Mohamed	MOH MOH	\$262.17 \$262.17
Training on the SMIPF application	I.B.2.3	12/23/2002	12/27/2002	Casa	Completed	Workshop	1	0	1	\$209.52			
Training on office software	I.B.2.7	11/25/2002	12/13/2002	Agadir	Completed	Workshop	6	4	10		ILEIC	ILEIC	\$1,333.33
Training on office software	I.B.2.7	12/9/2002	12/20/2002	Taroudant	Completed	Workshop	22	9	31		Ecole SINE	SINE	\$1,268.57
Training on office software	I.B.2.7	4/17/2002	9/26/2002	Ouarzazate	Completed	Course	8	7	15		Ecole Pigier	PIGIER	\$1,393.04
Training on office software	I.B.2.7	12/16/2002	1/16/2003	Ouarzazate	Completed	Workshop	18	2	20		Ecole PIGIER	PIGIER	\$1,525.71
Training on office software	I.B.2.7	9/1/2002	11/3/2002	Zagora	Completed	Course	7	2	9		Ecole INRGI	INRGI	\$638.61
Training on office software	I.B.2.7	10/14/2002	11/1/2002	Agadir	Completed	Workshop	12	8	20	\$0.00	ILEIC	ILEIC	\$2,666.67
Training on office software	I.B.2.7	12/16/2002	1/3/2003	Agadir	Completed	Workshop	16	4	20	\$0.00	ILEIC	ILEIC	\$2,666.67
Training on office software	I.B.2.7	12/16/2002	1/16/2003	Zagora	Completed	Workshop	9	8	17	\$0.00	INRGI	INRGI	\$1,476.57
Training of administrators on networks	I.B.3.3	12/16/2002	12/27/2002	Agadir	Completed	Workshop	12	2	14	\$733.33	Polytechnique		\$5,700.00
Training of Administrators on public procurement	I.B.3.4	10/29/2002	11/1/2002	Agadir	Completed	Workshop	18	2	20	\$2,761.90	Abouyassine Gholidi Daoudi	MOH MOH MOH	\$166.67 \$166.67 \$166.67
Training on Giqua +	I.B.4.3	12/16/2002	12/20/2002	IAM	Completed	Workshop	18	3	21	\$1,647.62	Aarab Lahcen Brahim Belattar	MOH MOH	\$47.62 \$61.90
Training on Giqua	I.B.4.3	10/22/2002	10/26/2002	Taroudant	Completed	Workshop	18	1	19	\$1,904.76	Ahmed Fadlii Brahim Belattar	MOH MOH	\$47.62 \$166.67

1. Planned, cancelled, completed, on going.  
2. Conference, Study Tour, Workshop.  
3. ISJ MS URC.

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List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Training on Giqua	I.B.4.3	11/11/2002	11/15/2002	Agadir	Completed	Workshop	16	7	23	\$919.05	Belattar Brahim	MOH	\$38.10
											Ahmed Fadili	MOH	\$76.19
Training on Giqua	I.B.4.3	11/19/2002	11/23/2002	CAB	Completed	Workshop	16	5	21	\$947.62	Khoyi Maati	MOH	\$38.10
											Brahim Belattar	MOH	\$52.38
Training on Giqua+	I.B.4.3	11/25/2002	11/29/2002	Agadir	Completed	Workshop	17	4	21	\$1,136.19	Belattar Brahim	MOH	\$38.10
											Ahmed Fadili	MOH	\$76.19
Training workshop for quality assurance animators	I.B.4.3	3/18/2002	3/22/2002	Agadir	Completed	Workshop	24	2	26	\$2,469.57	Rachid Bakkali	MOH	\$441.83
											Mahouti	MOH	\$441.83
											Belbssir Mohamed	MOH	\$441.83
Basic training on quality assurance	I.B.4.3	5/6/2002	5/10/2002	Agadir	Completed	Workshop	23	5	28	\$2,543.48	Khalid Rifi	MOH	\$43.48
											Brahim Belattar	MOH	\$43.48
											Abassi Ahmed	MOH	\$43.48
											Hanafi Abderrahmane	MOH	\$43.48
											Fadili Ahmed	MOH	\$152.17
Training in improved Giqua	I.B.4.3	7/12/2002	7/20/2002	Agadir	Completed	Workshop	20	6	26	\$4,295.48	Mahmane Karki	Consultant	\$3,710.48
											M. Karimi	MOH	\$476.96
											Ali Malki	MOH	\$476.96
											Brahim Belattar	MOH	\$86.96
Training on EONC	II.B.1.3	12/9/2002	12/20/2002	Agadir	Completed	Workshop	0	11	11	\$2,800.00	CNFRH	CNFRH	\$2,980.00
											El Farouqi Abdellah	CNFRH	\$500.00
											Gondje Samuel	CNFRH	\$500.00
Training on EONC	II.B.1.3	12/23/2002	1/4/2003	Agadir	Completed	Workshop	0	12	12	\$4,285.71	CNFRH	CNFRH	\$2,980.00
											Nojjar Hicham	CNFRH	\$500.00
											Lachkar Ali	CNFRH	\$500.00
Training of Trainers on EONC * 2nd session	II.B.1.4	1/22/2002	2/8/2002	Agadir	Completed	Workshop	3	9	12	\$1,608.70	Rachid Bezaud,	CNFRH	\$2,949.13
											Pr. Chraïbi		
Training of trainers on EONC * 2nd session	II.B.1.4	2/4/2002	2/20/2002	Taroudant	Completed	Workshop	1	10	11	\$1,617.39	Pr. Chaoui	FARGO	\$8,000.00
Training on the preventive maintenance of equipment	II.B.1.5	12/23/2002	12/31/2002	SMD	Completed	Workshop	26	11	37	\$1,371.43	Bouyanif Allal	MOH	\$517.14
											Kaddouri Elhouari	MOH	\$219.05
Training of Health providers on EONC	II.B.1.6	2/18/2002	3/1/2002	Agadir	Completed	Workshop	3	9	12	\$1,617.39	CNFRH		\$2,720.87
Training of Health providers on EONC	II.B.1.6	3/4/2002	3/15/2002	Taroudant	Completed	Workshop	12	1	13	\$2,147.83	FARGO		\$3,999.13
Training of Health providers on EONC	II.B.1.6	3/4/2002	3/16/2002	Agadir	Completed	Workshop	3	6	9	\$3,078.26	CNFRH		\$2,720.87
Training of Health providers on EONC	II.B.1.6	4/15/2002	4/27/2002	Agadir	Completed	Workshop	2	10	12	\$2,973.91	CNFRH	CNFRH	\$2,720.87
											Filali Adib	CNFRH	\$456.52
											Mami Jaouad	CNFRH	\$456.52
Training of Health providers on EONC	II.B.1.6	5/6/2002	5/17/2002	Agadir	Completed	Workshop	1	11	12	\$3,226.09	CNFRH	CNFRH	\$2,538.26
											Farouqi Abdellah	CNFRH	\$456.52
											Nojjar Hicham	CNFRH	\$456.52
Training of Health providers, on EONC	II.B.1.6	5/27/2002	6/7/2002	Agadir	Completed	Workshop	0	12	12	\$3,078.26	CNFRH	CNFRH	\$2,720.87
											El Alami Ahmed	CNFRH	\$456.52
											Filali Adib	CNFRH	\$456.52
Training of Health providers on EONC	II.B.1.6	6/24/2002	7/6/2002	Agadir	Completed	Workshop	0	10	10	\$2,702.61	CNFRH	CNFRH	\$2,720.87
											Rachidi Karim	CNFRH	\$456.52
											Smami Hassan	CNFRH	\$456.52

1 Planned cancelled completed ongoing  
2 Conference Study Tour Workshop  
3 PSI Mtg. etc.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Training on EONC	II.B.1.6	7/15/2002	7/27/2002	Agadir	Completed	Workshop	2	10	12	\$4,773.91	CNFRH		\$2,980.00
											Dr. Rachidi	CNFRH	\$456.52
											Dr. Smaini	CNFRH	\$456.52
Training on EONC	II.B.1.6	9/9/2002	9/21/2002	Agadir	Completed	Workshop	3	9	12	\$4,000.00	CNFRH		\$2,980.00
											Dr. Samini	CNFRH	\$456.52
											Dr. Rachid Karim	CNFRH	\$456.52
Training on Ultrasound	II.B.1.6	7/15/2002	8/3/2002	Rabat	Completed	Workshop	3	3	6	\$3,853.48	CNFRH	Rabat	\$6,000.00
Training on Ultrasound	II.B.1.6	10/7/2002	10/25/2002	Rabat	Completed	Workshop	1	0	1	\$890.48	CNFRH		\$1,000.00
Training on EONC	II.B.1.6	10/14/2002	10/26/2002	Agadir	Completed	Workshop	0	12	12	\$3,777.78	CNFRH		\$2,980.00
											El Farouqi Abdellah	CNFRH	\$500.00
											Gondje Samuel	CNFRH	\$500.00
Training on EONC	II.B.1.6	10/21/2002	11/4/2002	Ouarzazate	Completed	Workshop	1	7	8	\$2,628.57	FARGO	FARGO	\$3,619.05
Training on HAC	II.B.1.7	1/28/2002	2/1/2002	CAB	Completed	Workshop		13	13	\$1,000.00			\$43.48
											Zohra Essahir	MOH	\$43.48
											El Maati Khoyi	MOH	\$43.48
Training on HAC	II.B.1.7	2/11/2002	2/15/2002	CAB	Completed	Workshop		12	12	\$1,326.09			\$43.48
											Zohra Essahir	MOH	\$43.48
											El Maati Khoyi	MOH	\$43.48
Training on HAC	II.B.1.7	3/4/2002	3/8/2002	Ouarzazate	Completed	Workshop	2	13	15	\$2,043.48			\$243.48
											Mme Choukayri	MOH	\$43.48
											Ait Takniouine Zahra	MOH	\$43.48
											Amraoui Mohamed	MOH	\$43.48
Training on HAC	II.B.1.7	3/11/2002	3/15/2002	Agadir	Completed	Workshop	3	11	14	\$717.39			\$43.48
											Choukayri Zahra	MOH	\$86.96
											Essahir Zahra	MOH	\$43.48
Training on HAC	II.B.1.7	3/18/2002	3/22/2002	Ouarzazate	Completed	Workshop		11	11	\$1,456.52			\$43.48
											Ait Takniouine Zahra	MOH	\$43.48
											Amraoui Mohamed	MOH	\$43.48
Training of delivery personnel on HAC	II.B.1.7	4/8/2002	4/12/2002	Agadir	Completed	Workshop	0	12	12	\$934.78			\$152.17
											Khadija Robio	MOH	\$43.48
											Choukayri Zahra	MOH	\$43.48
Training of delivery personnel on HAC	II.B.1.7	4/15/2002	4/19/2002	Agadir	Completed	Workshop	3	11	14	\$1,021.74			\$152.17
											Khadija Robio	MOH	\$43.48
											Fatima Maoun	MOH	\$43.48
Training of delivery personnel on HAC	II.B.1.7	4/22/2002	4/26/2002	Agadir	Completed	Workshop	1	13	14	\$1,130.43			\$43.48
											El Faquir Khaddouj	MOH	\$152.17
											Robio Khadija	MOH	\$152.17
Training of delivery personnel on HAC	II.B.1.7	4/29/2002	5/3/2002	Agadir	Completed	Workshop	1	13	14	\$1,021.74			\$152.17
											Robio Khadija	MOH	\$43.48
											Choukayri Zahra	MOH	\$43.48
Training of delivery personnel on HAC	II.B.1.7	5/13/2002	5/17/2002	CAB	Completed	Workshop	0	16	16	\$1,347.83			\$43.48
											Khouyi El Maali	MOH	\$43.48
											Essahir Zahra	MOH	\$43.48
Training of delivery personnel on HAC	II.B.1.7	5/27/2002	5/31/2002	IAM	Completed	Workshop	0	11	11	\$673.91			\$43.48
											Najwa Keltouma	MOH	\$86.96
											Essahir Zahra	MOH	\$86.96
Training of delivery personnel on HAC	II.B.1.7	6/3/2002	6/8/2002	Zagora	Completed	Workshop	4	10	14	\$2,108.70			\$456.52
											Choukayri Zahra	MOH	\$456.52
											Khadija Robio	MOH	\$456.52
Training of delivery personnel on HAC	II.B.1.7	6/10/2002	6/14/2002	IAM	Completed	Workshop	0	12	12	\$691.30			\$43.48
											Najwa Keltouma	MOH	\$152.17
											Khadija Abdou	MOH	\$152.17
Training of delivery personnel on HAC	II.B.1.7	6/10/2002	6/14/2002	Zagora	Completed	Workshop	6	14	20	\$2,152.17			\$456.52
											Choukayri Zahra	MOH	\$456.52
											Khadija Robio	MOH	\$456.52
Training on blood transfusion	II.B.1.14	6/6/2002	6/7/2002	Agadir	Completed	Workshop	9	24	33	\$1,411.30			\$170.87
											Dr. Louhkmass	MOH	\$170.87

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop.

3. ICMC, IBC

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants				Trainers													
							M	F	Total	Cost	Name	Affiliation	Cost											
Training of trainers on IMCI	II.B.2.1	3/25/2002	3/29/2002	Tiznit	Completed	Workshop	10		10	\$1,408.70	Chakib Fatima	MOH	\$182.61											
											Sahir Mohamed	MOH	\$182.61											
											Nourredine Warrak	MOH	\$182.61											
											Errafii M'barek	MOH	\$182.61											
											Rakib Khalid	MOH	\$182.61											
Jaghmoune Nourredine	MOH	\$182.61																						
Training of health providers on IMCI	II.B.2.1	4/8/2002	4/18/2002	Tiznit	Completed	Workshop	24	3	27	\$4,314.66	Talbi Mustapha	MOH	\$395.65											
											Bajouj Abdellah	MOH	\$395.65											
											Essouqiani Kelloum	MOH	\$395.65											
											Nassiri Abdeighani	MOH	\$395.65											
											Nouredine Sadki	MOH	\$395.65											
											Akki Moha	MOH	\$395.65											
											Gourichi Rachid	MOH	\$395.65											
											Redouane Ahmed	MOH	\$395.65											
Training of health providers on IMCI	II.B.2.1	4/8/2002	4/18/2002	Taroudant	Completed	Workshop	24	5	29	\$4,380.31	Farhaoui Mohamed	MOH	\$113.04											
											Ghassoub Mohamed	MOH	\$395.65											
											Benabdeljalil Khadija	MOH	\$395.65											
											Abbyre Mustapha	MOH	\$395.65											
											Faouzi Mohamed	MOH	\$395.65											
											Simou Med Jamil	MOH	\$395.65											
											El Haj Bouhassoune	MOH	\$395.65											
											El Gamri Abdelahi	MOH	\$395.65											
											Radia Tayibi	MOH	\$395.65											
											Bahij Abderrahmane	MOH	\$395.65											
											Benabdeljalil Khadija	MOH	\$333.33											
											Farhaoui Mohamed	MOH	\$95.24											
IMCI training	II.B.2.1	10/21/2002	10/30/2002	Taroudant	Completed	Workshop	14	10	24	\$6,361.90	Simou Med Jamil	MOH	\$333.33											
											Abyre Mustapha	MOH	\$333.33											
											Faouzi Mohamed	MOH	\$333.33											
											Bouhassoun EL Haj	MOH	\$333.33											
											Oubou Habiba	MOH	\$333.33											
											Bajouj Abdellah	MOH	\$333.33											
											Said Hafid	MOH	\$95.24											
											Imam Khadija	MOH	\$333.33											
											Naciri Abdelghani	MOH	\$333.33											
											IMCI training	II.B.2.1	10/21/2002	10/30/2002	Tiznit	Completed	Workshop	13	11	24	\$7,523.81	Boulalfouh M'barek	MOH	\$333.33
																						Redouane Ahmed	MOH	\$333.33
																						Talbi Mustapha	MOH	\$333.33
																						Gouchi Rachid	MOH	\$333.33
Sobbar Med Said	MOH	\$333.33																						
El Kilani Mohamed	MOH	\$333.33																						
Jaghmoune Nourredine	MOH	\$333.33																						
Oujja Mina	MOH	\$95.24																						
El Gour Fatima	MOH	\$333.33																						
Nourredine Sadki	MOH	\$333.33																						

1 Planned cancelled completed on going  
2 Conference Study Tour Workshop  
3 P.M. DRG.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants				Trainers		
							M	F	Total	Cost	Name	Affiliation	Cost
IUD Training	II.B.3.1	2/11/2002	2/20/2002	Agadir	Completed	Workshop	1	12	13	\$2,000.00	Friz Fatima	MOH	\$86.96
											Oubou Habiba	MOH	\$86.96
											Mounir Maria	MOH	\$86.96
											Sebbar Aicha	MOH	\$86.96
IUD Training	II.B.3.1	3/11/2002	3/22/2002	Agadir	Completed	Workshop	2	13	15	\$2,347.83	Fatima Friz	MOH	\$86.96
											Sebbar Aicha	MOH	\$86.96
											Oubou Habiba	MOH	\$86.96
											Mounir Maria	MOH	\$86.96
IUD Training	II.B.3.1	7/1/2002	7/12/2002	Tiznit	Completed	Workshop	6	8	14	\$2,608.70	Khadija Robio	DMS	\$86.96
											Dr. El Jebbassi	MOH	\$86.96
VSC Training	II.B.3.2	4/1/2002	4/13/2002	Rabat	Completed	Workshop	2	0	2	\$1,254.26	CNFRH	CNFRH	\$1,730.30
Training of trainers from socio-educative Centers and women shelters on STI/AIDS	II.B.4.3	12/12/2002	12/15/2002	Agadir	Completed	Workshop	10	5	15	\$2,238.10	AMSED	AMSED	\$2,022.86
Training of trainers from socio-educative centers and women shelters on STI/AIDS	II.B.4.3	12/24/2002	12/27/2002	Agadir	Completed	Workshop	11	3	14	\$2,619.05	AMSED	AMSED	\$1,813.33
Training on focus group techniques and life stories	II.B.4.5	12/13/2002	12/14/2002	Agadir	Completed	Workshop	9	7	16	\$938.10	Rachida Afillal		\$704.51
											Kamal Melagh		\$320.00
Training on epidemiology and use of Epi-info software	II.B.4.8	6/17/2002	6/21/2002	Agadir	Completed	Workshop	17	4	21	\$1,284.35	Fatiha Guezzar	MOH	\$47.83
											Azzedine Taha	MOH	\$169.57
											My Hafid El Idrissi	MOH	\$186.96
											Houria Lambarki	MOH	\$323.04
Training on group animation techniques	II.B.5.1	3/11/2002	3/16/2002	Agadir	Completed	Workshop	14	1	15	\$1,730.43	Laaziz Mohamed	MOH	\$213.04
											Belkadi Med Hajib	MOH	\$213.04
											Elfaid Salah	MOH	\$213.04
											Talbi Khadija	MOH	\$213.04
Training of NGOs on ADC	II.B.5.1	4/22/2002	4/26/2002	Tiznit	Completed	Workshop	0	12	12	\$276.52	Lhbib Khnabila	MOH	\$152.17
											Ait Sghir	MOH	\$43.48
Training of NGOs on ADC	II.B.5.1	6/10/2002	6/14/2002	CAB	Completed	Workshop	11	3	14	\$1,580.52	M. Ktir	MOH	\$32.61
											Essahir Zahra	MOH	\$32.61
Training of NGOs on ADC	II.B.5.1	7/1/2002	7/5/2002	Taroudant	Completed	Workshop	6	11	17	\$1,980.00	Ilzen Hmad	MOH	\$152.17
											Ahmed Fadili	MOH	\$152.17
											Rimi Said	MOH	\$43.48
											Fakhri Abdellatif	MOH	\$152.17
											Said Bourhane Eddine	MOH	\$152.17
Training of NGOs on ADC	II.B.5.1	7/8/2002	7/12/2002	Taroudant	Completed	Workshop	3	11	14	\$1,826.96	Ilzen Hmad	MOH	\$152.17
											Ahmed Fadili	MOH	\$152.17
											Rimi Said	MOH	\$43.48
											Fakhri Abdellatif	MOH	\$152.17
											Said Bourhane Eddine	MOH	\$152.17

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants				Trainers		
							M	F	Total	Cost	Name	Affiliation	Cost
Training of NGOs on ADC	II.B.5.1	9/30/2002	10/4/2002	Taroudant	Completed	Workshop	0	13	13	\$2,086.96	Ahmed Fadili	MOH	\$43.48
											Rimi Said	MOH	\$152.17
											Fakhr Abdellatif	MOH	\$152.17
											Said Bourhane Eddine	MOH	\$43.48
											Brahim Outakhrout	MOH	\$152.17
Training of NGOs on ADC	II.B.5.1	10/21/2002	10/25/2002	CAB	Completed	Workshop	20	0	20	\$3,700.00	Khouyi Maati	MOH	\$190.95
											M. Ktiri	MOH	\$190.95
Training of ADC	II.B.5.1	12/10/2002	12/13/2002	Ouarzazate	Completed	Workshop	7	8	15	\$1,619.05	Ali Zahim	MOH	\$38.10
Training of SATAS staff and drivers	II.B.5.4	4/15/2002	4/26/2002	IAM	Completed	Workshop	0	29	29	\$0.00	Saâdaoui Mohamed	MOH	\$43.48
											Hanafi Abderrahmane	MOH	\$43.48
											M Hamma	MOH	\$43.48
Training on office software	I.B.3.1	3/10/2003	3/29/2003	Inezgane	Completed	Workshop	5	5	10	\$0.00	Uni-Tec	IAM	\$1,140.00
Training on office software	I.B.3.1	3/17/2003		Tiznit	Completed	Workshop	7	6	13	\$0.00	INRGI	Tiznit	\$800.00
Training of facilitators on adult teaching and conflict management	I.B.4.2	1/6/2003	1/10/2003	Agadir	Completed	Workshop	14	3	17	\$2,100.00	Mahmane Karki	Consultant	\$2,307.24
Training on improved Giqua	I.B.4.3	1/20/2003	1/24/2003	Inezgane	Completed	Workshop	19	4	23	\$1,600.00	Aarab Lahcen	IAM	\$50.00
											Brahim Belattar	Agadir	\$50.00
Training on improved Giqua	I.B.4.3	2/24/2003	2/28/2003	CAB	Completed	Workshop	15	7	22	\$865.00	Dr. Khalid Rifi	DMS/CAB	\$45.00
											Dr. Abyre Mustapha	DMS/CAB	\$45.00
											Khoyi Maati	DMS/CAB	\$45.00
Training on improved Giqua	I.B.4.3	3/24/2003	3/28/2003	Tiznit	Completed	Workshop	18	6	24	\$950.00	Dr. Khalid Rifi	DMS/CAB	\$175.00
											Brahim Belattar	SIAAP/Agadir	\$175.00
EONC Training	II.B.1.1	1/6/2003	1/18/2003	Agadir	Completed	Workshop	1	11	12	\$4,440.00	CNFRH	Rabat	\$2,919.00
											Smaini Hassan	Rabat	\$525.00
											Rachid Zakaria	Rabat	\$525.00
EONC Training	II.B.1.1	1/20/2003	2/1/2003	Agadir	Completed	Workshop	2	10	12	\$5,160.00	CNFRH	Rabat	\$2,919.00
											Idrissi	Rabat	\$525.00
											Benjelloun	Rabat	\$525.00
EONC training	II.B.1.1	2/17/2003	3/1/2003	Agadir	Completed	Workshop	0	13	13	\$4,500.00	CNFRH	Rabat	\$2,709.00
											El Farouqi Abdallah	Rabat	\$525.00
											Gondje Samuel	Rabat	\$525.00
EONC Training	II.B.1.1	2/24/2003	3/8/2003	Ouarzazate	Completed	Workshop	4	6	10	\$3,360.00	FARGO	Rabat	\$3,800.00
EONC Training	II.B.1.1	3/3/2003	3/15/2003	Agadir	Completed	Workshop	1	11	12	\$3,660.00	CNFRH	Rabat	\$2,919.00
											Rachidi Karim	Rabat	\$490.00
											Smaini Hassan	Rabat	\$490.00
EONC Training	II.B.1.1	3/17/2003	3/29/2003	Agadir	Completed	Workshop	2	10	12	\$4,560.00	CNFRH	Rabat	\$2,919.00
											El Farouqi Abdallah	Rabat	\$525.00
											El Alami Ahmed	Rabat	\$525.00
IID Training	II.B.3.1	1/13/2003	1/22/2003	Inezgane	Completed	Workshop	0	13	13	\$1,327.00	Najoua Koltouma	SIAAP/IAM	\$73.00

1 Planned cancelled completed ongoing  
2 Conference Study tour Workshop  
3 P.M. D.M.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
IUD Training	II.B.3.1	1/20/2003	1/30/2003	Taroudant	Completed	Workshop	6	7	13	\$2,700.00	Latifa Guider	Taroudant	\$100.00
											Fatima Friz	Agadir	\$323.00
											Khadija Abdou	Taroudant	\$100.00
											Elouidali Mbarek	Taroudant	\$100.00
											Fatna Belfatmi	Taroudant	\$100.00
IUD Training	II.B.3.1	1/20/2003	1/31/2003	CAB	Completed	Workshop	2	7	9	\$1,500.00	Essahir Zohra	CAB	\$73.00
Training of educators from socio-educative centers with help from AMSED	II.B.4.2	3/17/2003	3/21/2003	Agadir	Completed	Workshop	4	12	16	\$700.00	AMSED	Rabat	\$2,124.00
Training of peer educators	II.B.4.4	1/7/2003	1/10/2003	Agadir	Completed	Workshop	12	3	15	\$2,020.00	AMSED	Rabat	\$1,904.00
Training of trainers for educators	II.B.4.4	1/21/2003	1/25/2003	Agadir	Completed	Workshop	8	6	14	\$1,850.00	AMSED	Rabat	\$1,832.00
Health Mapper Training	II.B.4.9	1/20/2003	1/22/2003	Agadir	Completed	Workshop	19	7	26	\$4,182.00	Fatiha Guezzar	Agadir	\$0.00
											El Mbarki	Rabat	\$196.50
											El Hamdaoui Malika	Rabat	\$196.50
Training of ADC from NGOs	II.B.5.1	1/13/2003	1/17/2003	Taroudant	Completed	Workshop	15	1	16	\$3,200.00	Said Bourhane	Taroudant	\$175.00
											Said Rimi	Taroudant	\$175.00
											Ahmed Fadili	Taroudant	\$0.00
											Abdellatif Fakhri	Taroudant	\$175.00
											Brahim Outakhrouf	Taroudant	\$175.00
<b>Total</b>							<b>1506</b>	<b>1386</b>	<b>2892</b>	<b>\$257,726</b>			<b>\$201,569</b>

TT Region

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Training Type	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Training on SMIPF application	P3	2/10/00	4/10/00	Agadir	Completed	Workshop	20	10	30	\$1,753.00	Mike Edwards et MS	JSI/MOH	\$1,915.25
Group dynamics workshop for regional managers	I.C.1.1	5/31/2001	6/1/2001	Volubilis	Completed	Workshop	12	1	13	\$1,670.17	M. Soudi	JSI	\$350.00
Training in the use of information sub-system support materials for maternal health	I.C.2.2	3/1/2001	3/1/2001	Tanger	Completed	Workshop	5	34	39	\$447.00	Dr.Rimi, Dr Lachham, Mme Ouharbiten, Mme Houari, Mme Hbala	MOH	\$58.00
Training in the use of information sub-system support materials for maternal health	I.C.2.2	3/20/2001	3/20/2001	Tétouan	Completed	Workshop	4	16	20	\$132.00	Dr Lachham, Mme Ouharbiten, Mme Houari, Mme Hbala	MOH	0
											* First session		
											* Second session		
		3/22/2001	3/22/2001	Tétouan	Completed	Workshop	4	7	11	\$110.00	Dr.Rimi, Mme Hbala, Mme Ouharbiten	MOH	0
Training on the use of information sub-system support materials for maternal health	I.C.2.2	3/21/2001	3/21/2001	Chefchaouen	Completed	Workshop	10	25	35	\$305.00	Dr.Rimi, Dr Lachham, Mme Ouharbiten	MOH	0
Training on information system for obstetrical emergencies	I.C.2.2	4/5/2001	4/5/2001	Tanger	Completed	Workshop	0	4	4	\$69.56	Dr Rimi, Mme Houari, Mme Hbala	MOH	\$39.13

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Workshop on the elaboration of a procedures manual	I.C.2.2	5/22/2001	5/22/2001	Tétouan	Completed	Workshop	16	9	25	\$449.04	Dr Theo Lippeveld, M. Lakssir, M. Al Jem	JSI MOH	\$948.00
Training on Information system for hospital management	I.C.2.2	4/4/2001	4/5/2001	Tétouan	Completed	Workshop	30	3	33	\$1,235.48	Dr Bensaid, Dr Maaouni, M. Bessar	MOH	\$188.52
Workshop on the elaboration of a procedures manual	I.C.2.2	9/27/2001	9/28/2001	Tanger	Completed	Workshop	22	9	31	\$1,452.17	Dr Theo Lippeveld	JSI	\$1,158.00
Training of Administrator "Economies"	I.C.3.2	10/10/2001	10/25/2002	Tanger	Completed	Workshop	18	2	20	\$4,548.61	TMIS		\$7,826.09
Training on office software for the Tetouan delegation personnel	I.C.3.3	11/26/2001	1/31/2002	Tétouan	Completed	Workshop	24	19	43	\$0.00	Cyber Primo		\$4,486.96
Consensus workshop on quality norms	I.C.4.1	12/5/2001	12/6/2001	Tétouan	Completed	Workshop	31	13	44	\$924.00	Dr Bakkali, M. Mahoti	MOH	\$34.78
Training of animators on quality assurance	I.C.4.2	4/2/2001	4/6/2001	Tétouan	Completed	Workshop	23	1	24	\$3,089.43	M Mahoti, M. Asrih, M Achou	MOH	\$0.00
Training of animators on quality assurance	I.C.4.2	4/23/2001	4/27/2001	Chefchaouen	Completed	Workshop	4	7	11	\$1,168.13	M Mahoti, M. Asrih, M Achou	MOH	\$341.02
Training of animators on quality assurance	I.C.4.2	5/14/2001	5/18/2001	Larache	Completed	Workshop	15	0	15	\$1,358.57	M Mahoti, M. Asrih, M Achou	MOH	\$430.43
Training of animators on quality assurance	I.C.4.2	5/28/2001	6/1/2001	Tanger	Completed	Workshop	14	7	21	\$1,432.30	M Mahoti, M. Asrih, M Achou	MOH	\$501.91
Training on QA facilitation techniques	I.C.4.3	7/9/2001	7/13/2001	Tétouan	Completed	Workshop	24	1	25	\$3,702.17	M. Mahoti, M. Asrih, M Achou	JSI	\$97.82
Workshop on documentation of quality assurance	I.C.4.6	11/19/2001	11/21/2001	Tétouan	Completed	Workshop	8	0	8	\$286.16	Dr Maaroufi	JSI	\$600.00
Training of trainers on EONC	II C.1.4	10/8/2001	10/19/2001	Tétouan	Completed	Workshop	5	4	9	\$1,422.00	CNFRH + DF	MOH	\$3,588.26
Training of providers on EONC	II C.1.4	11/19/2001	12/1/2001	Tétouan	Completed	Workshop	2	7	9	\$1,768.39	Dr El Achham, Dr Bahlioui, Dr Kasraoui, Dr Khaldi, Mme El Kohen, Mme Ahouari	MOH	\$426.09
Training on HAC	II C.1.5	4/9/2001	4/14/2001	Tétouan	Completed	Workshop	5	14	19	\$982.44	Mme El Idrissi, Mme Fadi, Mme Hmamouchi	MOH	\$587.73
Training on HAC * First session	II C.1.5	4/16/2001	4/20/2001	Tanger	Completed	Workshop	2	11	13	\$1,148.96	Mme El Idrissi et Mme Fadi	MOH	\$400.43
* Second session		6/25/2001	6/29/2001	Tanger	Completed	Workshop	1	13	14	\$856.17	Mme El Idrissi et Mme Marrakchi	MOH	\$232.60
Training on HAC	II C.1.5	6/11/2001	6/15/2001	Chefchaouen	Completed	Workshop	0	16	16	\$2,292.40	Mme El Idrissi et Mme Fadi	MOH	\$340.36

1 Planned cancelled completed ongoing  
2 Conference Study Tour Workshop  
3 For M's URC.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Training on HAC	II.C.1.5	6/18/2001	6/22/2001	Larache	Completed	Workshop	4	9	13	\$1,122.26	Mme El Idrissi et Mme Fadil	MOH	\$333.04
Training on HAC	II.C.1.5	10/22/2001	10/26/2001	Larache	Completed	Workshop	1	10	11	\$1,012.00	Mme Fadil et Mme Boujibar	MOH	\$404.00
Workshop to increase skills to fill-out the obstetrical register and the monthly report	II.C.1.6	6/28/2001	6/28/2001	Tanger	Completed	Workshop	1	13	14	\$132.17	Pr Rachid Bezaad Dr Bensalah, M. Al Jem	JSI MOH	\$565.00
Workshop to increase skills to fill-out the obstetrical register and the monthly report	II.C.1.6	7/9/2001	7/9/2001	Larache	Completed	Workshop	0	9	9	\$65.21	Pr Rachid Bezaad	JSI	\$430.52
Workshop to increase skills to fill-out the obstetrical register and the monthly report	II.C.1.6	7/17/2001	7/17/2001	Chefchaouen	Completed	Workshop	1	12	13	\$66.78	Dr Rimi, M. Ameer, Mme Hanafie	MOH	\$0.00
Workshop to increase skills to fill-out the obstetrical register and the monthly report	II.C.1.6	9/21/2001	9/21/2001	Chefchaouen	Completed	Workshop	2	11	13	\$66.78	Pr Rachid Bezaad	JSI	\$457.52
Workshop to increase skills to fill-out the obstetrical register and the monthly report	II.C.1.6	7/11/2001	7/11/2001	Tanger	Completed	Workshop	1	12	13	\$130.43	Dr Tadmouri, M. Hamdaoui, Mme Marrakechi	MOH	\$0.00
Workshop for follow-up on IS/OR * First session	II.C.1.6	12/8/2001	12/8/2001	Tétouan	Completed	Workshop	2	2	4	\$0.00	Consultant: Pr Bezaad	JSI	\$430.52
* Second session		12/10/2001	12/10/2001	Tétouan	Completed	Workshop	0	8	8	\$0.00	Dr Abbassi, M. Amer	MOH	\$0.00
* Third session		12/11/2001	12/11/2001	Tétouan	Completed	Workshop	1	9	10	\$0.00	Dr Abbassi, M. Amer	MOH	\$0.00
* Fourth session		12/27/2001	12/27/2001	Tétouan	Completed	Workshop	0	6	6	\$0.00	Dr Abbassi, M. Amer	MOH	\$0.00
Workshop for follow-up on IS/OR	II.C.1.6	12/12/2001	12/12/2001	Ksar Kébir	Completed	Workshop	0	7	7	\$0.00	Dr Abbassi	MOH	\$60.87
Workshop for follow-up on IS/OR	II.C.1.6	12/13/2001	12/13/2001	Larache	Completed	Workshop	0	7	7	\$0.00	Dr Abbassi	MOH	\$60.87
Workshop for follow-up on IS/OR	II.C.1.6	12/14/2001	12/14/2001	Chefchaouen	Completed	Workshop	0	16	16	\$0.00	Dr Abbassi	MOH	\$60.87
Workshop for follow-up on IS/OR	II.C.1.6	12/25/2001	12/25/2001	Tanger	Completed	Workshop	0	3	3	\$0.00	Dr Abbassi	MOH	\$60.87
VSC Training	II.C.3.1	5/21/2001	6/2/2001	Rabat	Completed	Workshop	1		1	\$702.00	CNFRH	MOH	\$400.00
VSC Training	II.C.3.1	9/10/2001	9/21/2001	Rabat	Completed	Workshop	2	0	2	\$730.43		CNFRH	\$400.00

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers			
							M	F	Total		Name	Affiliation	Cost	
IUD Training	* First session	II.C.3.2	5/7/2001	5/18/2001	Tétouan	Completed	Workshop	1	9	10	\$1,054.87	Dr Moukit, Dr Ikram et Mme Hannifi	MOH	\$217.39
	* Second session		6/11/2001	6/22/2001	Tétouan	Completed	Workshop	1	9	10	\$1,010.09	Dr Moukit, Dr Ikram et Mme Hannifi	MOH	\$260.86
IUD Training		II.C.3.2	9/17/2001	9/28/2001	Tétouan	Completed	Workshop	1	9	10	\$3,043.47	Dr Moukit, Dr Ikram Mme Hanafie	MOH	\$260.86
Training of trainers on IUD		II.C.3.2	10/22/2001	10/24/2001	Tanger	Completed	Workshop	4	7	11	\$1,068.40	M Maholi, M.Asrih, M. Achou	MOH	\$273.91
IUD Training		II.C.3.2	12/19/2001	12/29/2001	Tétouan	Completed	Workshop	5	5	10	\$2,841.22	Mme Hanafi, Dr Moukit, Dr Ikram	MOH	\$260.87
Training of doctors on pre-nuptial counseling	* First session	II.C.3.3	12/20/2001	12/20/2001	Tétouan	Completed	Workshop	22	12	34	\$460.70	Dr Oucherif, Mme Sefiati, M. Bardani	MOH	\$182.61
	* Second session		12/21/2001	12/21/2001	Tétouan	Completed	Workshop	13	10	23	\$378.96	Dr Oucherif, Mme Sefiati, M. Bardani	MOH	\$182.61
Training on syndromic approach for STI-AIDS	* First session	II.C.4.1	11/19/2001	11/23/2001	Tétouan	Completed	Workshop	12	15	27	\$3,477.91	Dr Moukit, Dr Mabchour, Dr Many, Mme Hanafi, M. El Akkaoui	MOH	\$217.39
	* Second session		11/26/2001	11/27/2001	Tétouan	Completed	Workshop	0	23	23	\$769.22	Dr Moukit, Dr Mabchour, Dr Many, Mme Hanafi, M. El Akkaoui	MOH	\$86.96
	* Third session		11/28/2001	11/29/2001	Tétouan	Completed	Workshop	1	17	18	\$518.78	Dr Moukit, Dr Mabchour, Dr Many, Mme Hanafi, M. El Akkaoui	MOH	\$86.96
	* Fourth session		12/3/2001	12/4/2001	Tétouan	Completed	Workshop	1	23	24	\$784.52	Dr Moukit, Dr Mabchour, Dr Many, Mme Hanafi, M. El Akkaoui	MOH	\$86.96
Training on syndromic approach for STI-AIDS		II.C.4.1	12/26/2001	12/26/2001	Tétouan	Completed	Workshop	30	7	37	\$597.91	Dr Moukit, Dr Mabchour, Dr Many, Mme Hanafi, M. El Akkaoui	MOH	\$0.00
Training on syndromic approach for STI-AIDS	* First session	II.C.4.1	12/3/2001	12/5/2001	Tanger	Completed	Workshop	7	8	15	\$412.78	Dr Aaboud, Dr Soussa, Dr Handaoui, Mme Marrakechi, M Bouhsain	MOH	\$130.43

1 Planned cancelled completed on going

2 Conference Study Tour Workshop

3 2001 MOH

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
* Second session		12/6/2001	12/7/2001	Tanger	Completed	Workshop	1	14	15	\$282.35	Dr Aaboud, Dr Soussi, Dr Handaoui, M. Marrakechi, Bouhsain	MOH	\$86.96
Training on syndromic approach for STI-AIDS	II.C.4.1												
* Third session		12/10/2001	12/12/2001	Tanger	Completed	Workshop	9	6	15	\$412.78	Dr Aaboud, Dr Soussi, Dr Handaoui, M. Marrakechi, Bouhsain	MOH	\$130.43
* Fourth session		12/13/2001	12/14/2001	Tanger	Completed	Workshop	3	20	23	\$404.78	Dr Aaboud, Dr Soussi, Mme Marrakechi	MOH	\$52.17
Training on syndromic approach for STI-AIDS	II.C.4.1												
* First session		12/24/2001	12/25/2001	Larache	Completed	Workshop	26	4	30	\$580.09	Dr Mouzdahir, Dr Sakili, Dr Karmouni, M. Dkhissi, M. Bahmad	MOH	\$86.96
* Second session		12/26/2001	12/27/2001	Larache	Completed	Workshop	29	3	32	\$580.09	Dr Mouzdahir, Dr Sakili, Dr Karmouni, M. Dkhissi, M. Bahmad	MOH	\$86.96
STI-AIDS Workshop	II.C.4.3	4/23/2001	4/25/2001	Tanger	Completed	Workshop	17	17	34	\$1,182.53	Dr Alami, Pr Aouad, Dr Bennani	MOH	\$281.73
Training of Relay persons	II.C.5.2												
* First session		11/28/2001	11/30/2001	Tanger	Completed	Workshop	2	20	22	\$36.26	Dr Aaboud, Mme Marrakechi, M. Mesri	MOH	\$0.00
* Second session		12/19/2001	12/21/2001	Tanger	Completed	Workshop	3	9	12	\$125.78	Dr Aaboud, Mme Marrakechi, M. Mesri	MOH	\$0.00
Training on syndromic approach for STI-AIDS	II.C.4.1 WP 01	1/2/2002	1/4/2002	Larache	Completed	Workshop	6	3	9	\$234.78	Dr Mouzdahir, Dr Sakili, Dr Karmouni, M. Dkhissi, M. Bahmad	JSI	\$130.43
Training of relay persons	II.C.5.2 WP 01	1/8/2002	1/10/2002	Tanger FBM	Completed	Workshop	15	7	22	\$274.04	Dr Merrouche, M. Charkaoui, M. El Ghafri	JSI	\$0.00
VSC Training	PA 01	4/1/2002	4/13/2002	Rabat	Completed	Workshop	1	0	1	\$473.91	CNFRH		\$825.41
Workshop for budgetary planning	I.C.1.3	7/8/2002	7/9/2002	Tanger	Completed	Workshop	21	0	21	\$989.82	M. Zineddine, Mme Alami, M. Belghiti, M. Hazim	MOH	\$312.27
Workshop on data analysis	I.C.2.2	5/16/2002	5/17/2002	Tanger	Completed	Workshop	17	6	23	\$917.39	Consultant : Theo Lippeveld	JSI	\$1,158.00

1. Planned, cancelled, completed, on going.  
2. Conference, Study Tour, Workshop.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Workshop on data analysis	I.C.2.2	6/26/2002	6/27/2002	Chefchaouen	Completed	Workshop	19	5	24	\$1,164.00	M. Angarou, M. Boumaaz, M. Aboulfarah, Mme Soufi	MOH	\$69.50
Workshop on data analysis * First session	I.C.2.2	6/17/2002	6/18/2002	Tétouan	Completed	Workshop	11	12	23	\$209.36	Dr El Hannach, M. Inssi, Mme Ratbaoui, M. Lachhab, Mme Hanafi, Dr Abbasi	MOH	\$24.00
* Second session		6/24/2002	6/25/2002	Tétouan	Completed	Workshop	11	12	23	\$260.54	Dr El Hannach, M. Inssi, Mme Ratbaoui, M. Lachhab, Mme Hanafi, Dr Abbasi	JSI	\$43.49
* Third session		6/24/2002	6/25/2002	Tétouan	Completed	Workshop	11	12	23	\$260.54	Dr El Hannach, M. Inssi, Mme Ratbaoui, M. Lachhab, Mme Hanafi, Dr Abbasi	MOH	\$45.05
* Fourth session		6/24/2002	6/25/2002	Tétouan	Completed	Workshop	11	12	23	\$260.54	Dr El Hannach, M. Inssi, Mme Ratbaoui, M. Lachhab, Mme Hanafi, Dr Abbasi	JSI	\$43.49
* Fifth session		6/26/2002	6/27/2002	Tétouan	Completed	Workshop	12	10	22	\$258.86	Dr El Hannach, M. Inssi, Mme Ratbaoui, M. Lachhab, Mme Hanafi, Dr Abbasi	MOH	\$45.05
Workshop on analysis of SMIPF data	I.C.2.2	7/1/2002	7/2/2002	Tétouan	Completed	Workshop	15	12	27	\$299.37	Dr El Hannach, M. Inssi, Mme Ratbaoui, M. Lachhab, Mme Hanafi, Dr Abbasi	MOH	\$45.05
Workshop on analysis of SMIPF data * First session	I.C.2.2	7/8/2002	7/9/2002	Tanger	Completed	Workshop	6	10	16	\$349.02	M. Ouardi, M Bouziane, Dr Soussi	MOH	\$46.36
* Second session		7/10/2002	7/11/2002	Tanger	Completed	Workshop	12	5	17	\$463.57	M. Ouardi, M Bouziane, Dr Soussi	MOH	\$46.36
Workshop on analysis of SMIPF data	I.C.2.2	9/23/2002	9/24/2002	Tanger-FBM	Completed	Workshop	16	6	22	\$589.11	Dr Chagraoui, M Ouardi	JSI MOH	\$42.42
Training on office software for the personnel from the Tanger Assalah delegation	I.C.2.3	4/22/2002	7/18/2002	Tanger	Completed	Workshop	32	28	60	\$0.00	BMHS		\$5,947.82
Training on office software for the personnel from the Fabs Beni Makada delegation	I.C.2.3	4/22/2002	7/22/2002	Tanger	Completed	Workshop	26	14	40	\$0.00	HMHS		\$3,965.21

<sup>1</sup> Planned / cancelled / completed / ongoing

<sup>2</sup> Conference / Study Tour / Workshop

<sup>3</sup> JSI / MOH / Other

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants				Trainers		
							M	F	Total	Cost	Name	Affiliation	Cost
Training on SQL	I.C.2.3	6/17/2002	7/26/2002	Casablanca	Completed	Workshop	1	0	1	\$217.39	Ressources		\$1,815.65
Training on office software	I.C.2.3	7/1/2002	10/6/2002	Chefchaouen	Completed	Workshop	35	25	60	\$0.00	Institut Raouachid		\$5,236.36
Training on office software	I.C.2.3	9/9/2002	9/27/2002	Tétouan	Completed	Workshop	31	29	60	\$0.00	Cyber Primo		\$5,727.27
Training on maintenance and programming	I.C.2.3	9/26/2002	10/30/2002	Chefchaouen	Completed	Workshop	1	0	1	\$0.00	Institut Raouachid		\$454.55
Training on maintenance and programming	I.C.2.3	9/26/2002	10/30/2002	Tétouan	Completed	Workshop	2	0	2	\$0.00	Soft Nord		\$590.91
Training of trainers on Andragogy	I.C.3.2	7/15/2002	7/26/2002	Tétouan	Completed	Workshop	18	3	21	\$10,618.82	M.Boulgana, M. Zaari + Consultant M. Ben Omar	MOH+JSI	\$7,894.18
Training of animators on quality assurance	I.C.4.2	1/14/2002	1/18/2002	Tétouan	Completed	Workshop	9	12	21	\$2,320.44	M. El Mahoti, M. Asrih, M. Achou	JSI	\$130.43
Training of animators on quality assurance	I.C.4.2	2/11/2002	2/15/2002	Tanger	Completed	Workshop	18	7	25	\$1,918.78	M. El Mahoti, M. Asrih, M. Achou	JSI	\$456.52
Training of animators on quality assurance	I.C.4.2	3/4/2002	3/8/2002	Larache	Completed	Workshop	14	3	17	\$983.30	M. El Mahoti, M. Asrih, M. Achou	JSI	\$456.52
Training of animators on quality assurance	I.C.4.2	3/18/2002	3/22/2002	Chefchaouen	Completed	Workshop	22	3	25	\$2,314.26	M. Boumaaz, M. Asrih, M. Achou	JSI	\$347.83
Training of animators on quality assurance	I.C.4.2	5/13/2002	5/17/2002	Larache	Completed	Workshop	20	7	27	\$1,393.68	M.Mahoti, M.Asrih, M. Achou	MOH	\$456.52
Training on facilitation techniques	I.C.4.3	1/28/2002	2/1/2002	Tétouan	Completed	Workshop	12	3	15	\$1,965.69	M. El Mahoti, M. Asrih, M. Achou	JSI	\$130.40
Training on Documentation of Quality Assurance	I.C.4.6	3/27/2002	3/28/2002	Tanger	Completed	Workshop	16	1	17	\$864.99	M. El Mahoti, M. Asrih, M. Achou	JSI	\$182.61
Training of providers on EONC	II.C.1.6	1/7/2002	1/19/2002	Tétouan	Completed	Workshop	1	8	9	\$2,883.10	CNFRH + Encadrants locaux: Dr Rimi, Dr El Achham, Mme Sahib, Mme Houari	JSI	\$2,802.17
Training of providers on EONC	II.C.1.6	2/4/2002	2/16/2002	Tétouan	Completed	Workshop	0	9	9	\$2,858.05	CNFRH + Encadrants locaux: Dr Bahlioui, Dr Al Achham, Mme El Kohen, Mme Hbala, Dr Kasraoui, Dr Khaldi	JSI	\$2,616.09
Training of providers on EONC	II.C.1.6	3/4/2002	3/16/2002	Tétouan	Completed	Workshop	2	6	8	\$2,501.22	CNFRH + Encadrants locaux: Dr Rimi, Dr El Achham, Mme Sahib, Mme Houari, Dr Ksraoui, Dr Khaldi, Dr Mahraoui	JSI	\$2,479.57

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants				Trainers		
							M	F	Total	Cost	Name	Affiliation	Cost
EONC Training * First session	II.C.1.6	4/8/2002	4/19/2002	Tétouan	Completed	Workshop	0	8	8	\$2,585.26	CHFRH Dr Al Achham, Dr Bahlioui, Dr Khalidi, Dr Kasraoui, Mme Iharbitan, Mme Hbala	MOH	\$2,392.17 \$443.47
EONC Training * Second session	II.C.1.6	5/6/2002	5/19/2002	Tétouan	Completed	Workshop	0	9	9	\$2,319.75	CNFRH Dr Rimi, Dr Bahlioui, Dr Khalidi, Dr Kasraoui, Mme Ahouari, Mme Hbala	MOH	\$2,392.17 \$426.03
EONC Training * Third session	II.C.1.6	6/3/2002	6/15/2002	Tétouan	Completed	Workshop	0	8	8	\$1,745.00	CNFRH Dr Al Achham, Dr Bahlioui, Dr Kasraoui, Mme Kohen, Mme Iharbitan	MOH	\$2,392.17 \$382.60
EONC Training	II.C.1.6	6/6/2002	6/15/2002	Tanger	Completed	Workshop	3	10	13	\$2,090.19	FARGO		\$3,165.22
EONC Training	II.C.1.6	6/17/2002	6/29/2002	Tanger	Completed	Workshop	4	10	14	\$2,021.37	FARGO		\$3,165.22
EONC Training	II.C.1.6	6/3/2002	6/28/2002	Rabat	Completed	Workshop	1		1	\$217.39	CNFRH		\$0.00
EONC Training * First session	II.C.1.6	7/8/2002	7/20/2002	Tanger	Completed	Workshop	1	12	13	\$1,869.00	FARGO		\$3,310.00
EONC Training * Second session	II.C.1.6	7/22/2002	8/3/2002	Tanger	Completed	Workshop	2	11	13	\$3,153.57	FARGO		\$3,310.00
EONC Training * Third session	II.C.1.6	9/9/2002	9/21/2002	Tanger	Completed	Workshop	0	10	10	\$3,506.75	Mme Ahouari, Mme Boucetta + CNFRH		\$3,026.36
EONC Training * Fourth session	II.C.1.6	9/23/2002	10/5/2002	Tanger	Completed	Workshop	1	10	11	\$2,463.96	FARGO		\$3,310.00
Training of trainers on HAC	II.C.1.7	1/21/2002	1/25/2002	Tanger	Completed	Workshop	0	8	8	\$1,389.20	Mme Fadil et Mme Bouzidi	JSI	\$426.09
Training of providers on HAC	II.C.1.7	3/4/2002	3/8/2002	Chefchaouen	Completed	Workshop	0	21	21	\$2,857.59	Mme Hanafi, Dr Mokit, Mme Rahmani, Mme Boucetta, Mme El Amani, Mme Ait Sbah	JSI	\$739.13
Training of providers on HAC	II.C.1.7	3/11/2002	3/15/2002	Tanger	Completed	Workshop	0	11	11	\$1,230.09	Mme Hanafi, Dr Mokit	JSI	\$304.35
Training of providers on HAC	II.C.1.7	4/1/2002	4/5/2002	Larache	Completed	Workshop	0	12	12	\$1,395.47	Dr Moukit, Mme Nounou, Mme Lebbar	MOH	\$317.39
Training in HAC	II.C.1.7	7/15/2002	7/19/2002	Tétouan	Completed	Workshop	0	13	13	\$1,421.09	Mme Hanafi, Dr Moukit	MOH	\$77.27

1 Planned cancelled completed ongoing

2 Conference Study Tour Workshop

3 25 MS. UFR.

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Training in HAC	II.C.1.7	9/23/2002	9/27/2002	Tanger	Completed	Workshop	0	14	14	\$1,464.55	Dr Moukit, Mme Lebbar	MOH	\$122.73
Training in HAC	II.C.1.7	9/23/2002	9/27/2002	Chefchaouen	Completed	Workshop	0	13	13	\$1,580.09	Mme El Amari, Mme Hanafi	MOH	\$70.55
Workshop to present the organizational diagnostic of the obstetrical practice in the Med V maternity	II.C.1.8	9/13/2002	9/13/2002	Tanger	Completed	Workshop	12	10	22	\$531.73	Pr Bezad + Dr Lardy	MOH	\$106.77
Implementation workshop of near-miss * First session	II.C.1.9	3/1/2002	3/2/2002	Tétouan	Completed	Workshop	9	3	12	\$384.95	Dr Sahel	JSI	\$121.74
* Second session		3/4/2002	3/5/2002	Tétouan	Completed	Workshop	15	5	20	\$995.48	Dr Sahel	JSI	\$213.04
Workshop on the quality of blood transfusion	II.C.1.15	6/3/2002	6/4/2002	Tétouan	Completed	Workshop	15	8	23	\$1,838.70	Dr Ouanim	MOH	\$111.24
Training of trainers on IMCI	II.C.2.1	3/25/2002	3/29/2002	Tanger	Completed	Workshop	8	4	12	\$2,086.96	Dr Lamrani, Dr Meiouet, Dr Ajana, Dr El Graoui	JSI	\$578.26
Training of providers on IMCI	II.C.2.1	4/8/2002	4/19/2002	Tétouan	Completed	Workshop	14	10	24	\$5,447.73	Dr Alaoui, Dr Hassouni, Dr Bouhaddou, Dr Serir, Dr Tahiri, Dr Ajana, Dr Kandoussi, Dr Chagraoui, Dr Meiouet, Dr Yousseoufi	MOH	\$4,460.86
Training of providers on IMCI	II.C.2.1	4/8/2002	4/19/2002	Tanger	Completed	Workshop	14	10	24	\$2,823.39	Dr Lamrani, Dr Lasri, Dr Abdellah, Dr Drissi, Dr Filali, Dr Mellouli, Dr Achari, Dr Jbari, Dr Tarek, Dr Benamara	MOH	\$3,947.82
Training of providers on IUD	II.C.3.1	2/4/2002	2/15/2002	Tétouan	Completed	Workshop	0	9	9	\$2,750.73	Mme Hanafi, Dr Moukit, Dr Ikram	JSI	\$260.87
Training of providers on IUD	II.C.3.1	5/20/2002	5/31/2002	Tétouan	Completed	Workshop	1	9	10	\$2,935.73	Dr Ikram, Dr Mokit, Dr El Ghazouli, Mme Hanafi	MOH	\$286.95
FP redynamization workshop	II.C.3.4	5/2/2002	5/5/2002	Tétouan	Completed	Workshop	10	12	22	\$1,071.50	Dr Abou Ouakil, Mme Sefiati, M. Laksir	MOH	\$378.43
* First session		4/15/2002	4/20/2002	Larache	Completed	Workshop	14	2	16	\$2,628.91	M. Bendada, M. Krissou, M. Maadi	MOH	\$430.43
* Second session		6/3/2002	6/8/2002	Ben Slimane	Completed	Workshop	14	2	16	\$48,853.50	M. Bendada, M. Maadi, M. Krissou, Mme Soussi, M. Boulqana	MOH	\$521.74

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation	Cost
Workshop to finalize the research protocol for redynamizing the reference centers	II.C.3.4	9/5/2002	9/6/2002	Rabat	Completed	Workshop	1	2	3	\$176.36	M. Lakssir	MOH	\$0.00
Training on Epidemiology and Epi-Info	II.C.4.6	2/4/2002	2/15/2002	Tanger	Completed	Workshop	21	4	25	\$5,862.90	Dr Zidouh, M. Taha, M. Belhaj, Dr Aaboud, M. Nejari, Mme Guezzar, M. M'Barki	JSI	\$1,250.43
Workshop on operational research for reference centers	II.C.3.5	7/8/2002	7/12/2002	Tétouan	Completed	Workshop	1	5	6	\$264.36	M. Lakssir	MOH	\$190.91
Training on group animation techniques	II.C.5.2	9/30/2002	10/4/2002	Tanger	Completed	Workshop	5	17	22	\$984.02	Mme Haddad, M. Mesri, M. Ghafri, Dr Mekkaoui	MOH	\$141.52
Planning workshop for 2003	I.C.1.2	1/28/2003	1/30/2003	Larache	Completed	Workshop	31	3	34	\$1,723.76	Consultant : M. Soudi	JSI	\$1,554.60
Planning workshop for 2003	I.C.1.2	3/6/2003	3/8/2003	Chefchaouen	Completed	Workshop	31	6	37	\$1,407.12	Consultant : M. Soudi	JSI	\$791.45
Training of In-service training unit managers on management cycle	I.C.3.1	2/26/2002	2/28/2003	Tétouan	Completed	Workshop	17	3	20	\$2,182.56	Mme Temmar et M. Lasfar	JSI	\$310.26
Workshop to elaborate QA training tools	I.C.4.2	1/20/2003	1/25/2003	Tétouan	Completed	Workshop	5	1	6	\$533.00	Consultant : Dr Karki	JSI	\$2,816.00
Basic training on quality assurance	I.C.4.2	3/3/2002	3/7/2002	Tétouan	Completed	Workshop	6	9	15	\$1,607.12	M. Mahouti, M. Asnh, M. Achou	JSI	\$237.62
Workshop to elaborate the QA institutionalization plan	I.C.4.2	3/18/2003	3/20/2003	Rabat	Completed	Workshop	11	0	11	\$2,662.00	Consultant : Mme Tisna	JSI	\$1,072.00
Consensus workshop on the accreditation norms	I.C.4.3	1/7/2003	1/8/2003	Tétouan	Completed	Workshop	17	5	22	\$1,180.34	M. Mahouti, M. Asnh, M. Achou	JSI	\$95.00
EONC Training	II.C.1.1												
* First session		1/6/2003	1/17/2003	Larache	Completed	Workshop	3	10	13	\$2,770.29	FARGO	JSI	\$3,640.00
* Second session		1/27/2003	2/8/2003	Larache	Completed	Workshop	1	11	12	\$2,536.63	FARGO	JSI	\$3,640.00
Workshop for the introduction of norms for the Mohamed V maternity in Tanger	II.C.1.4	2/28/2003	2/28/2003	Tanger	Completed	Workshop	9	12	21	\$329.50	Consultant : Pr. Bezad	JSI	\$349.00
Workshop on prevention of infection	II.C.1.4	3/14/2003	3/14/2003	Tanger	Completed	Workshop	11	9	20	\$329.50	Consultant Pr Bezad	JSI	\$349.00
Training on preventive maintenance	II.C.1.6	1/20/2003	1/23/2003	Tanger	Completed	Workshop	4	11	15	\$1,045.47	M Bouyanfif et M. Kaddoun	JSI	\$346.53
Training on preventive maintenance	II.C.1.6	1/27/2003	1/28/2003	Chefchaouen	Completed	Workshop	4	8	12	\$585.55	M Bouyanfif, M. Kaddoun, Mlle Lhrit	JSI	\$454.45
Training on the obstetrical register	II.C.1.7	2/17/2003	2/19/2003	Tétouan	Completed	Workshop	9	13	22	\$2,274.32	M. El Badaoui	JSI	\$102.60
Workshop to analyze the results of the FP evaluation study	II.C.3.1	1/20/2003	1/31/2003	Tétouan	Completed	Workshop	12	8	20	\$1,307.52	M Lakssir, M. Ouadi, Dr Aaboud	JSI	\$951.08

1 Planned / cancelled / completed / ongoing

2 Conference / Study Tour / Workshop

3 JSI / MOH

List of Local Training  
July 2000 - September 2003

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation <sup>2</sup>	Cost
IUD Training	I.I.C.3.3												
* First session		3/3/2003	3/14/2003	Tétouan	Completed	Workshop	0	10	10	\$1,122.39	Dr Mokit, Mme Hanafi, Dr Ikram	JSI	\$281.56
* Second session		3/17/2003	3/28/2003	Tétouan	Completed	Workshop	0	10	10	\$1,548.17	Dr Mokit, Mme Hanafi, Dr Ikram	JSI	\$281.56
Training on post-partum	I.I.C.3.4	3/31/2003	4/4/2003	Tétouan	Completed	Workshop	0	18	18	\$1,479.06	Dr Mokit, Mme Hanafi, Dr Ikram	JSI	\$131.82
Training of trainers for Peer educators	I.I.C.4.1	1/15/2003	1/19/2003	Tanger	Completed	Workshop	5	3	8	\$1,482.79	AMSED	JSI	\$2,132.00
Health Mapper training	I.I.C.4.4	2/3/2003	2/8/2003	Tétouan	Completed	Workshop	23	1	24	\$5,117.96	Aaboud, Mme LI M'Bar	JSI	\$395.04
<b>Total</b>							<b>1312</b>	<b>1327</b>	<b>2639</b>	<b>\$240,672</b>			<b>\$138,471</b>

CENTRAL

Training	Activity	Start Date	End Date	Training Site	Status <sup>1</sup>	Type of Training	Participants			Cost	Trainers		
							M	F	Total		Name	Affiliation <sup>2</sup>	Cost
Training of "Administrateur Economies"	I.A.3.4	10/22/2001	11/14/2001	Rabat	Completed	Workshop	3	16	19	\$1,900.00		TMIS	\$7,826.09
Workshop to discuss the data utilization part of the procedures manual	I.A.2.2	5/23/2002	5/23/2002	Rabat	Completed	Workshop	4	3	7	\$0.00	Consultant : Theo Lippeveld	JSI	\$631.00
Workshop to finalize the data utilization part of the procedures manual	I.A.2.2	6/3/2002	6/5/2002	Rabat	Completed	Workshop	4	3	7	\$0.00	Consultant : Theo Lippeveld	JSI	\$1,893.00
Training on the functioning of the regional unit for production of information support materials	I.A.2.3	10/06/02	14/06/02	Rabat	Completed	Workshop	3	0	3	\$542.61	M. Boumzough	MOH	\$0.00
Training of trainers to introduce the IMCI approach in the Casablanca School of Medicine and IFCS	Activité d'appui	26/06/02	03/07/02	Casablanca	Completed	Workshop	9	10	19	\$552.02	Dr Charles Quist		\$4,095.00
Meeting on human resource management	I.A.3.1	21/11/02	21/11/02	Rabat	Completed	Workshop	5	16	21	\$562.67	Graeme Frelick		\$17,000.00
Training of trainers to introduce IMCI in the Rabat school of medicine and IFCS	Activité d'appui	11/12/02	19/12/02	Rabat	Completed	Workshop	5	14	19	\$6,008.56	Dr Charles Quist		\$5,629.00
Quality assurance institutionalization workshop	I.A.4.1	18/03/03	20/03/03	Rabat	Completed	Workshop	9	4	13	\$2,378.00	Tisna Veldhuyzen Van Zanten	MOH	\$1,072.00
VSC Training	Activité d'appui	20/01/03	01/02/03	Rabat	Completed	Workshop	2	2	4	\$1,680.00	CNFRH	MOH	\$3,979.60
Health Mapper Training	Activité d'appui	24/02/03	01/03/02	Oujda	Completed	Workshop	17	0	17	\$3,697.00	Mme Hamdaoui	MOH	\$258.00
Health Mapper Training	Activité d'appui	17/03/03	22/03/03	Fès	Completed	Workshop	30	4	34	\$7,044.00	Mme Hamdaoui, Mme M'Barki	MOH	\$500.00
<b>Total</b>							<b>91</b>	<b>72</b>	<b>163</b>	<b>\$24,365</b>			<b>\$42,884</b>

1. Planned, cancelled, completed, on going.

2. Conference, Study Tour, Workshop.

**Annex 3**  
**List of International Training and Travel**

International Training and Travel  
July 2000 - September 2003

Participant Name	Sex	Province	Start Date	End Date	Purpose of the Trip	Destination	Category	Activity	Financed By
Mohamed Bousfiha	M	Chechaouen	10/09/00	30/09/00	Participate in the Monitoring and Evaluation Workshop for health programs	Dakar Senegal	Participant Training	1.1.	JSI/MOH
Lahcen Ameur	M	Tétouan	10/09/00	30/09/00	Participate in the Monitoring and Evaluation Workshop for health programs	Dakar Senegal	Participant Training	1.1.	JSI/MOH
Mostapha Kirami	M	IAM	10/09/00	30/09/00	Participate in the Monitoring and Evaluation Workshop for health programs	Dakar Senegal	Participant Training	1.1.	JSI/MOH
Boudriga Mohamed	M	AIO	10/09/00	30/09/00	Participate in the Monitoring and Evaluation Workshop for health programs	Dakar Senegal	Participant Training	1.1.	JSI/MOH
Mimoune Aouragh	M	Rabat	09/02/01	18/02/01	Participate in the Course on the Utilization of data for decision-making in perinatal and maternal health and present the IS experience in Fès-Boulemane and TAT	Cairo Egypt	Participant Training	IV.42.	JSI/MOH
Mustapha El Mahoti	M	Tétouan	09/02/01	18/02/01	Finalize the analysis and Present the Results of the Study on Cost-efficiency of QA in Morocco, supported by QAP in 2000 and get information on the Intl QA Experiences	Bethesda USA	Study Tour	I.A.4.1	JSI
Ali Malki	M	Rabat	09/02/01	18/02/01	Finaliza the analysis and Present the Results of the Study on Cost-efficiency of QA in Morocco, supported by QAP in 2000 and get information on the Intl QA Experiences	Bethesda USA	Study Tour	I.A.4.1	QAP
Mohamed Lathel	M	Rabat	08/05/01	17/05/01	Participate in the Opening of Bids for the Purchase of EONC Equipment and check the technical specifications	Boston USA	Study Tour	II.B.1.2 II.C.1.3	JSI
Abdeljalil Khoumsi	M	Rabat	08/05/01	17/05/01	Participate in the Opening of Bids for the Purchase of EONC Equipment and check the technical specifications	Boston USA	Study Tour	II.B.1.2 II.C.1.3	JSI
Fatima Tsouli Chmiyale	F	Rabat	08/05/01	17/05/01	Participate in the Opening of Bids for the Purchase of EONC Equipment and check the technical specifications	Boston USA	Study Tour	II.B.1.2 II.C.1.3	JSI
Volkan Cakir	M	Rabat	03/06/01	06/06/01	Participate in the Meeting of the JSI International Division to present the project	Washington USA	Study Tour	Admin.	JSI
Boutaina El Omari	F	Rabat	03/06/01	06/06/01	Participate in the Meeting of the JSI International Division to present the project	Washington USA	Study Tour	Admin.	JSI
Volkan Cakir	M	Rabat	02/12/01	09/12/01	Participate in the Workshop on the Major Critical Themes	Washington USA	Study Tour	Admin.	JSI/Deliver

International Training and Travel  
July 2000 - September 2003

Participant Name	Sex	Province	Start Date	End Date	Purpose of the Trip	Destination	Category	Activity	Financed By
Mohamed Fathelkeir	M	Rabat	03/02/02	16/02/02	Work with Mike Edwards to Improve the Capacity to Use the SMIPF System	Washington USA	Participant Training	I.A.2.2	JSI/MOH
Noureddine Bidaoui	M	Rabat	03/02/02	16/02/02	Work with Mike Edwards to Improve the Capacity to Use the SMIPF System	Washington USA	Participant Training	I.A.2.2	JSI/MOH
M. Mohamed Archach	M	Rabat	03/02/02	16/02/02	Work with Mike Edwards to Improve the Capacity to Use the SMIPF System	Washington USA	Participant Training	I.A.2.2	JSI/MOH
Rajae El Aouad	F	Rabat	27/02/02	08/03/02	Visit CDC and other Laboratories involved in the fight against AIDS	Atlanta USA	Study Tour	Support Activity	JSI/CDC
Khadija Guilloul	F	Agadir	13/04/02	19/04/02	Participate in the 26th Forum of the International Midwives Confederation	Vienna Austria	Participant Training	III.B.3	JSI/MOH
Laila El Kohen	F	Tanger	13/04/02	19/04/02	Participate in the 26th Forum of the International Midwives Confederation	Vienna Austria	Participant Training	III.C.4	JSI/MOH
Aïcha Benbaha	F	Rabat	13/04/02	19/04/02	Participate in the 26th Forum of the International Midwives Confederation	Vienna Austria	Participant Training	Activité d'appui	JSI/MOH
Lhoucine Hassine	M	Taroudant	07/07/02	12/07/02	Participate in the XIV International Conference on AIDS	Barcelona Spain	Study Tour	III.B.3	JSI/MOH
Fatiha El Guezzar	F	Agadir	07/07/02	12/07/02	Participate in the XIV International Conference on AIDS	Barcelona Spain	Study Tour	III.B.3	JSI/MOH
Ali Banaoui	M	Agadir	07/07/02	12/07/02	Participate in the XIV International Conference on AIDS	Barcelona Spain	Study Tour	III.B.3	JSI/MOH
Abdelmalek Koualla	M	Tanger	07/07/02	12/07/02	Participate in the XIV International Conference on AIDS	Barcelona Spain	Study Tour	III.C.4	JSI/MOH
Rachid Bekkali	M	Tétouan	07/07/02	12/07/02	Participate in the XIV International Conference on AIDS	Barcelona Spain	Study Tour	III.C.4	JSI/MOH
Rachid Lamiri	M	Tétouan	07/07/02	12/07/02	Participate in the XIV International Conference on AIDS	Barcelona Spain	Study Tour	III.C.4	JSI/MOH
Fatima Haddad	F	Tanger	07/07/02	12/07/02	Participate in the XIV International Conference on AIDS	Barcelona Spain	Study Tour	III.C.4	JSI/MOH
Laila Ouffak	F	Rabat	21/07/02	21/07/02	Participate in the International Workshop on Mycotoxins	Maryland USA	Participant Training	Activité d'appui	JSI/MOH

International Training and Travel  
July 2000 - September 2003

Participant Name	Sex	Province	Start Date	End Date	Purpose of the Trip	Destination	Category	Activity	Financed By
Fatima El Miligh	F	Rabat	03/11/02	29/11/02	Participate in a Training on Human Resources Management	Turin Italy	Participant Training	Activité d'appui	JSI/MOH
Jamaa El Abbassi	M	Agadir	03/11/02	29/11/02	Participate in a Training on Human Resources Management	Turin Italy	Participant Training	Activité d'appui	JSI/MOH
Habiba Hanafi	F	Tétouan	25/05/03	01/06/03	Participate in the Global Health Council Conference	Washington USA	Study Tour	III.A.2	JSI
Nezha Mokit	F	Tétouan	25/05/03	01/06/03	Participate in the Global Health Council Conference	Washington USA	Study Tour	III.A.2	JSI
Hassin Lahoucine	M	Agadir	25/05/03	01/06/03	Participate in the Global Health Council Conference	Washington USA	Study Tour	III.A.2	JSI

**Annex 4**  
**List of Procurement**

Procurement and Upgrades  
July 2000 - September 2003

Act. #	ACTIVITY	BUDGET US\$	DESCRIPTION	AMOUNT
<b>RESULT I: ROLES, RESPONSIBILITIES AND CAPACITIES IDENTIFIED, DEFINED AND DEVELOPED AT THE VARIOUS LEVELS OF THE MINISTRY OF HEALTH</b>				
<b>Procurement and Upgrades 2001</b>				
<b>I.A. CENTRAL LEVEL</b>				
I.A.2.2	Support for the computer pool of the 2 regions	\$50,000	Computer Equipment	\$30,000
<b>I.B. SOUSS-MASSA-DRAA</b>				
I.B.1.1	Implementation of a Regional "Organizational Setup" for the Project		Purchase of a Micro-computer	3,500
I.B.3.2	Upgrade of the Agadir IFCS	\$30,000	Kitchen equipment Dormitory equipment Dormitory upgrade work	\$11,300 \$2,600 \$16,600
<b>I.C. TANGER-TETOUAN</b>				
I.C.1.1	Implementation of a Regional "Organizational Setup" for the Project		Office Furniture Fahs Bani Makada/Tanger	\$3,300
I.C.2.3	Upgrade a Room for the Monitoring Evaluation Cell in Tetouan	\$2,000	Closets and Shelves	\$900
I.C.3.3	Upgrade of a In-service Training and Documentation Room	\$20,000	Upgrade Work Overhead Projector	\$7,300 \$2,500
I.C.3.4	Upgrade of the Training room / Tanger Delegation	\$9,000	Material for Training Room Audio Equipment Data show	\$800 \$2,000 \$3,500
I.C.4.5	Purchase of appropriate Training Material for QA Cycles	\$20,000	Flipcharts & Overhead projectors	\$9,000
I.C.4.6	Setup of an Archiving and Documentation Unit	\$4,500	Office Furniture	\$2,710
<b>Procurement and Upgrades 2002</b>				
<b>I.A. CENTRAL LEVEL</b>				
I.A.2.3	Setup of Production Units for HIS Support Materials in the two Regions	\$95,000.00	Printing Equipment (Risograph, Biding Equipment, Massicot, Stitcher, Computer and Printer)	\$95,000.00
<b>I.B. SOUSS-MASSA-DRAA</b>				
I.B.2.7	Upgrade of the Computer Pool in some Provinces of the Region	\$41,000.00	Computer Equipment (16 computers, 5 printers and software)	\$51,600.00
I.B.3.1	Operationalization of the Regional WP for In-Service Training		Audio visual Equipment	\$5,600.00
I.B.3.3	Strengthening the Agadir IFCS with Simulation Equipment for Training in Obstetrics	\$5,000.00	Obstetrical Zoes	\$6,300.00
I.B.4.3	Support to Provinces in implementing the Giqua Model	\$10,000.00	Flipcharts & Training Material	\$4,100.00
<b>I.C. TANGER-TETOUAN</b>				
I.C.1.1	Strengthening of the Regional Organizational Setup	\$2,000.00	Flipcharts, Shelving for archives	\$1,850.00
I.C.3.3	Upgrade Documentation Units in the Larache, Tanger and Chefchaouen Delegation	\$3,000.00	Archiving Equipment	\$3,590.00
I.C.3.5	Strengthening the IFCS with Simulation Equipment for Training in Obstetrics	\$6,000.00	Obstetrical Zoes	\$6,300.00
I.C.4.6	Strengthening the Documentation Process for the Quality Sites	\$5,000.00	4 computers	\$10,100.00

Procurement and Upgrades  
July 2000 - September 2003

Act. #	ACTIVITY	BUDGET US\$	DESCRIPTION	AMOUNT
<b>Procurement and Upgrades 2003</b>				
<b>I.C. TANGER-TETOUAN</b>				
I.C.2.1	Strengthening the Computerization to improve Data and Decision-Making	\$30,000.00	Installation of a Computer Network in the Larache Delegation	\$21,400.00
<b>RESULT II: INNOVATIVE MODELS TO IMPROVE THE ACCESSIBILITY, UTILIZATION, QUALITY AND EFFICIENCY OF SERVICES DEVELOPED AND TESTED BY REGIONAL AND LOCAL TEAMS</b>				
<b>Procurement and Upgrades 2001</b>				
<b>II.B. SOUSS-MASSA-DRAA</b>				
II.B.1.1	Humanization Maternities/Delivery Houses	\$120,000	Upgrade Work in the Inezgane Maternity Upgrade Work for the other Delivery Houses	\$11,100 \$109,000
II.B.1.2	Additional EONC Equipment	\$369,000	EONC Equipment (Local and Offshore)	\$395,800
II.B.1.3	Upgrade of the Training Sites	\$15,000	Upgrade Work in the Hassan II Maternity Office Furniture	\$8,000 \$5,000
<b>II.C. TANGER-TETOUAN</b>				
II.C.1.2	Humanization Maternities/Delivery Houses	\$100,000	Upgrade Work in the MV Maternity / Tanger Air Conditionning System	76,000 3,100
II.C.1.3	Additional EONC Equipment	\$270,000	EONC Equipment (Local and Offshore)	\$279,600
II.C.1.4	EONC Training for Personnel Involved in Deliveries	\$6,000	Mobilier de bureau / Maternité Hôpital Civil Tétouan Travaux de réaménagements / Maternité Hôpital Tétouan	\$2,500 \$2,700
II.C.1.9	Implementation of Near Miss in 2 Hospital Maternities of the Region		Office Furniture for the Meeting Room in the Chefchaouen Maternity	\$4,000
<b>Procurement and Upgrades 2002</b>				
<b>II. B. SOUSS-MASSA-DRAA</b>				
II.B.1.1	Renovation of Pediatrics Services in Hospital Maternities	\$40,000.00	Renovation & Humanization of Pediatrics Units in Hospitals	\$19,650.00
II.B.1.6	Training of Delivery Personnel in HAC		Upgrade Work of the Ouarzazate Maternity	\$1,700.00
<b>II.C. TANGER-TETOUAN</b>				
II.C.1.1	Renovation of a Delivery House in Chefchaouen	\$12,000.00	Renovation of a Delivery House in Chefchaouen (heaters, washers, etc....)	\$12,800.00
II.C.1.2	Installation of Medical Fluids and Humanization of Fahs Beni-Makada Maternity	\$30,000.00	Medical Fluids in Fahs Beni-Makada	\$42,000.00
II.C.1.3	Support for the upgrade and Organization of a Delivery House in Ksar Es-Sighir, Fahs Beni-Makada Province	\$15,000.00	Renovation & Humanization (washers, benches, heaters)	\$5,700.00
II.C.1.6	EONC Training for Personnel Involved in Deliveries	\$27,000.00	Operating Table for the Mohamed V Hospital Training Site	\$37,100.00
II.C.1.13	Equipement of all Hospital Maternities with a Micro-computer	\$12,000.00	5 Micro-computers & Printers for 5 Maternities of the TT Region	\$9,730.00

Procurement and Upgrades  
July 2000 - September 2003

Act. #	ACTIVITY	BUDGET US\$	DESCRIPTION	AMOUNT
<b>Procurement and Upgrades 2003</b>				
<b>II. B. SOUSS-MASSA-DRAA</b>				
II.B.1.1	Support for the Organization of the CAB Hospital Maternity	\$25,000.00	Spare Parts EONC Equipment	\$20,387.00
<b>II.C. TANGER-TETOUAN</b>				
II.C.1.1	EONC Training	\$25,000.00	Spare Parts EONC Equipment	\$28,973.00
II.C.1.5	Complete the Humanization of Delivery Houses and Hospital Maternities	\$15,000.00	Humanization in the Larache Delegation	\$12,500.00
II.B.2.1	Renovation of Pediatrics Services in Hospital Maternities	\$13,000.00	Upgrades & Humanization of the Pediatrics Service in the Ourzazate Provincial Hospital	\$14,350.00
<b>IV. SUPPORT ACTIVITIES</b>				
<b>Procurement and Upgrades 2001</b>				
IV.3.1.	Upgrade of the Local Network and Internet Connection at the DP		Routers, Firewall, Modems and Ethernet Switches	\$22,700
IV.4.2.	Support for South-South Activities		Office Furniture for the South-South Regional Office	\$17,000
<b>Procurement and Upgrades 2002</b>				
			Office Furniture for the South-South Regional Office	\$20,700
			Data show for the Epidemiology Directorate	\$2,850
			Design Material for the Production Unit in the DIEC	\$7,000
			Printer for the DIEC Unit	\$23,600
			Wood Shelves - Documentation Unit in the FP Division	\$2,850
<b>Procurement and Upgrades 2003</b>				
			VSC Spare Parts	\$55,100
			Wiring & Equipement of the CAD Unit in the IEC Division	\$7,400
<b>Total Procurement and Upgrades</b>				<b>\$1,562,740</b>

**Annex 5**  
**Financial Report**

Program Expenditures

Status as of 09/30/03

	Central Level	SMD	TT	Total
<b>Result I - Roles, responsibilities, and Capacities Identified, Defined and Developed at the Various Levels of the Ministry of Health</b>				
Institutional Environment	\$96,387	\$75,246	\$40,993	<b>\$212,625</b>
Management Information System	226,501	90,568	90,881	<b>407,950</b>
Human Resources/In-Service Training	38,464	105,299	74,521	<b>218,284</b>
Quality Assurance	99,960	90,353	72,205	<b>262,518</b>
<b>Result II - Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams</b>				
Maternal Health		972,531	842,630	<b>1,815,161</b>
Child Health		59,775	24,860	<b>84,635</b>
Family Planning		48,266	57,678	<b>105,944</b>
STI - AIDS		69,658	52,285	<b>121,943</b>
Partnership		42,044	34,439	<b>76,483</b>
<b>Information Sharing and Dissemination</b>	40,948	39,113	55,704	<b>135,765</b>
<b>Support Activities</b>				<b>757,322</b>
<b>GRAND TOTAL</b>				<b>\$4,198,631</b>

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