



Healthy Mother/Healthy Child Project

Quarterly Performance Monitoring Report Option Period Quarter Seven April 1 – June 30, 2003



John Snow, Inc.

Arabic Software Engineering (ArabSoft)

Clark Atlanta University

The Manoff Group, Inc.

TransCentury Associates

In collaboration with

The Ministry of Health and Population

Cairo, Egypt

and

USAID/Egypt

(Contract No. 263-C-00-98-00041-00)

July 10, 2003

TABLE OF CONTENTS

TABLE OF CONTENTS	I
LIST OF ANNEXES	II
LIST OF TABLES	III
ACRONYMS	V
INTRODUCTION	1
MAJOR EVENTS DURING THIS QUARTER	3
HM/HC COVERAGE PROFILE (JUNE 30, 2003)	7
C.10.1 TASK ONE: BASIC PACKAGE OF ESSENTIAL SERVICES ESTABLISHED AND STANDARDS DEFINED	9
C.10.2 TASK TWO: PRE/ IN-SERVICE TRAINING SYSTEM DESIGNED TO DISSEMINATE STANDARDS TO PUBLIC AND PRIVATE PROVIDERS	15
C.10.3 TASK THREE: PUBLIC AND PRIVATE PROVIDER PARTNERSHIP WITH COMMUNITIES TO DEVELOP AND MANAGE DISTRICTS PLANS	25 ✓
C.10.4 TASK FOUR: MONITORING SYSTEM IN PLACE TO TRACK UTILIZATION AND IMPACT AND PROVIDE FEEDBACK	29
C.10.5 TASK FIVE: RESEARCH ACTIVITIES	31
C.10.7 TASK SEVEN: BETTER SOCIAL COMMUNITY SERVICES	35
C.10.10 TASK TEN: SMALL GRANTS PROGRAM	43
C.10.11 TASK ELEVEN: COMMODITY PROCUREMENT PROGRAM	45
C.10.12 TASK TWELVE: COORDINATION ACTIVITIES	47
CONTRACT ADMINISTRATION	51

LIST OF ANNEXES

Annex A: Status of the Option Period Performance Milestone -----	53
Annex B: Maps of Target Governorates -----	57
Annex C: Contract Staff List -----	63
Annex D: Summary of Implementation Status in Menya -----	71
Annex E: Summary of Implementation Status in Assiut -----	85
Annex F: Summary of Implementation Status in Sohag -----	99
Annex G: MOHP/ USAID/ JSI Monthly Coordination Meeting Minutes ---	117
Annex H: Curative Care Meeting Minutes -----	123
Annex I: Action Plan to coordinate with Curative Care Sector -----	131
Annex J: TAHSEEN/ HMHC/ JSI Coordination Meeting Minutes -----	137

LIST OF TABLES

Table 1: HM/HC Coverage Profile (June 2003) ----- 07

ACRONYMS

AWP	Annual Workplan
BEOC	Basic Essential Obstetric Care
CAP	Community Action Plan
CBT	Competency Based Training
CDA	Community Development Association
CDS	Community Development Specialist
CEOC	Comprehensive Essential Obstetric Care
CHC	Community Health Committee
CNI – DMT	Community Needs Identification and Decision Making Tool Process
CNI - RHS	Community Needs Identification and Rapid Household Survey
COP	Chief of Party
CPAP	Continuous Positive Airway Pressure
CQI	Continuous Quality Improvement
CTO	Cognizant Technical Officer
DCOP	Deputy Chief of Party
DH	District Hospital
DSMC	District Safe Motherhood Committee
DT2	Development Training Two
EMS	Emergency Medical Services
EOAC	Essential Obstetric Anesthesia Care
EOC	Essential Obstetric Care
ER	Emergency Room
FGC	Female Gentile Cutting
GALAE	General Authority for Literacy and Adult Education

GH	General Hospital
GOE	Government of Egypt
GSMC	Governorate Safe Motherhood Committee
GWC	George Washington University
HIO	Health Insurance Organization
HIS	Health Information System
HM/HC	Healthy Mother/ Healthy Child
HSMC	Hospital Safe Motherhood Committee
HU	Health Unit
I.V.	Intra Venus
IC	Infection Control
IEC	Information, Education and Communication
IFA	Invitation for Application
IIE/ DT2	Institute of International Training/ Development Training Two
IIT	Integrated Implementation Team
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
JSI	John Snow, Inc.
MCH	Maternal and Child Health
MCH/ FP	Maternal and Child Health/ Family Planning
MHIS	Management Health Information System
MMSS	Maternal Mortality Surveillance System
MOC	Memorandum of Cooperation
MOE	Ministry Of Education
MOHP	Ministry of Health and Population
MOISA	Ministry Of Insurance and Social Affairs
NAMRU3	Naval American Medical Research Unit 3

NC	Neonatal Care
NCU	Neonatal Care Unit
NGO	NON Governmental Organization
NICU	Neonatal Intensive Care Unit
NMMS	National Maternal Mortality Study
Ob/Gyn	Obstetric and Gynecology
OJT	On Job Training
OR	Operation Research
PHC	Primary Health Care
QA	Quality Assurance
QPMR	Quarterly Performance Evaluation Report
RFP	Request for Proposal
RFQ	Request for Quotation
RHS	Rapid Household Survey
SHIP	Students Health Insurance Program
SMC	Safe Motherhood Committee
TCA	TransCentury Association
TOT	Training of Trainers
UHC	Urban Health Center
US	United States
USAID	United States Agency for International Development

INTRODUCTION

Pursuant to Section F.4.1 of the John Snow, Inc/U.S. Agency for International Development (JSI/USAID) Contract No. 263-C-00-98-00041, JSI is required to submit Performance Reports summarizing the progress of major activities in process, indicating any problems encountered and proposing remedial actions as appropriate. These reports are to be submitted quarterly for calendar quarters ending the last day of March, June, September and December for each year of the Contract.

This current Quarterly Performance Monitoring Report (QPMR VII) represents the Seventh quarter of the Option Period contract and covers the period from April 1 through June 30, 2003.

This document is organized according to the nine tasks of the contract along with a section on contract administration. Each task contains a narrative with the following sections:

- Accomplishments
- Constraints
- Proposed Actions to Overcome Constraints

The attached annexes document progress in the following aspects of the Project:

Annex A: Status of the Option Period Performance Milestones

Annex B: Maps of Target Governorates

Annex C: Contract Staff List

Annex D: Summary of implementation status in Menya

Annex E: Summary of implementation status in Assiut

Annex F: Summary of implementation status in Sohag

Major Events during This Quarter

US Congressional Briefing, USAID Brown Bag Meeting and the Global Health Conference Meeting

- Intensive coordination between MOHP/ USAID/ JSI during April/ May took place to prepare for the US Congressional Briefing, USAID Brown Bag Meeting on May 27 and the Global Health Council meeting on May 27-30, 2003.
- Three presentations were prepared and presented at the US Congressional Briefing Meeting on May 27, 2003
 - An Overview of USAID Egypt Program in Health and Population
 - Reducing Maternal Mortality in Egypt “Achievements and Challenges”
 - How the HM/HC Project Helped Improve the Lives of Egyptian Women and Children
- Four presentations were prepared and presented at USAID, Washington (Brown Bag Meeting) on May 27, 2003 as follows :
 - An Overview of USAID Egypt Program in Health and Population
 - HM/HC Project Activities and Interventions
 - Reducing Maternal Mortality in Egypt “Achievements and Challenges”
 - HM/HC Lessons Learned
- MOHP/USAID/ JSI Team participated in the Global Health Council and led a panel on maternal and neonatal mortality and morbidity in Egypt as follows:
 - The National Maternal Mortality Study
 - Best Practices for the Reduction of Maternal Mortality
 - Reducing Maternal Mortality and Morbidity in Egypt Obstetric Departments through Continuous Quality Improvements
 - Cultural/Behavioral Research in Neonatal Care, Egypt
 - And participated in the following two round table discussions:
 - Training for Competence: Reducing Maternal Mortality in Egypt
 - Perinatal Care Status in Egypt
 - The following three posters were, also, presented in the Global Health Council Meeting:
 - Perinatal Care Status in Egypt
 - National Maternal Mortality Trends, Egypt 2000
 - Developing National Information, Education and Communication Campaigns to Improve Maternal Health in Egypt
- During the above meetings and presentations HM/HC publications and IEC materials were displayed, copies of the HM/HC Brochure, the National Maternal Mortality Summary report, and CD were distributed.

Memo of Cooperation between HM/HC/ JSI and Catalyst/ TAHSEEN

- A Memo of Cooperation, between MOHP- Family Planning and Primary Health Care Departments, JSI, USAID, JSI and TAHSEEN Team Leaders, was developed and signed by USAID HM/HC Team Leader and TAHSEEN Team Leader, JSI COP and TAHSEEN/ Catalyst Country Representative. The memo was submitted to MOHP Under-secretary for Integrated Health Care, HM/HC Executive Director, and Family Planning Under-Secretary for review and approval.

Signing the Memorandum of Cooperation with Giza Governorate

- On May 20, 2003, representatives of MOHP, USAID and Giza Governorate and its Department of Health and Population signed a Memo of Cooperation (MOC) to start up the implementation of HM/HC Project activities in Giza Governorate. Giza is the ninth and last governorate on the list of the HM/HC Project. Funded by USAID/ Egypt and the GOE and implemented by the Egyptian MOHP.
- According to the MOC, HM/HC will be extended to the 11 neediest districts of Giza Governorate's 17 districts following the signing of MOC by representatives of the governorate, the MOHP, the Department of Health and Population in Giza, USAID, and USAID contractor John Snow, Inc. (JSI). The work will cover all of the governorate rural districts, the desert district of El Wahat El Bahareya, the urban North Giza district, and a slum in Embaba.
- Scheduled to begin in June and continue through approximately March 2005, the service improvements in Giza will benefit approximately 1.5 million women of reproductive age each year including a half million pregnant women and more than 150,000 births annually. Activities will include:
 - Renovating 11 obstetrics and neonatal departments in general and district hospitals and 33 maternity centers in primary health care units;
 - Training staffs in updated clinical procedures and service standards in order to improve the quality of essential maternal, newborn and child services;
 - Building the capacity of Health District Officers and Hospital Directors to develop and monitor management plans; and
 - Mobilizing communities to increase knowledge, change behaviors and increase utilization of quality services.

Phasing- In Giza Governorate

- Following the signing of the MOC with Giza Governorate, the process to start-up implementation began. The first step is to assess the nine general/ district hospitals of the eleven selected district for the implementation of HM/HC interventions.
- A plan was developed for assessing the physical structure, commodities, staffing and service utilization. This plan was discussed and approved during a meeting held on May 28, 2003 with the Deputy of HMHC Executive Director, MCH Director General/ MOHP, MCH Director/Giza, JSI DCOP, Task 3 coordinator, and the manager of the Giza JSI field office.
- According to the approved plan, a team composed of Giza JSI Field Office Manager, civil and biomedical engineers and the Deputy MCH Director/Giza governorate conducted assessment visits to eight hospitals in Giza target districts namely: Etfeih, El Saff, El Ayat, El Badrashein, Abu El Norms, Osseim, El Hawamdeya and El Tahreir General and district hospitals. These visits were conducted during the period from June 2 to 11, 2003. El Wahat El Bahareya DH was previously assessed on April 29, 2003.
- After the completion of these visits, a detailed report on the results of the assessment was developed. In addition, the blueprints of the proposed renovations were, also, developed.

- Hospitals, districts, and governorate Safe Motherhood Committees were established to assume responsibility of overseeing the implementation of the project and meet Five Year Plan.

Phasing- Out and Develop Sustainability Plans from Base-Period Governorates

- Two Phase Out workshops were conducted in Fayoum on April 21, 2003 and in Qena on May 7 – 8, 2003.
- Fifty five participants from SMCs at governorate, district, and hospital levels participated in the Fayoum workshop on April 21, 2003 and 90 participants from the same level participated in the Qena workshop on May 8, 2003. Both workshops were inaugurated by the governorate MOHP Under-Secretaries, HM/HC Executive Director, and USAID Team Leader.
- The workshop reviewed the achievements of HM/HC and discussed strategies and plans of MCH and Curative Care Central Departments, Fayoum and Qena MOHP Directorates to sustain HM/HC project achievements. In addition, service standards, protocols, competency-based training (CBT) curricula, the quality assurance (QA) system and management tools were reviewed, and plans to sustain them were developed.

JSI 2003 Retreat

- The JSI Retreat, which was held from June 23 to 26, 2003, was an opportunity to bring together JSI staff from the four Field Offices and JSI Cairo Office to accomplish the following assignments:
 - To review progress towards meeting Phase II milestones, identify problems and bottlenecks and agreeing on a quarterly Work Plan (June 16 – September 15, 2003) including all the required actions leading to the completion of the milestones reports on time.
 - To discuss the milestones of Phases III and IV of the Option Period to translate them into a work plan that includes the strategy and required action to accomplish them on time.
 - To capitalize on the results of JSI Retreat 2002 by re-emphasizing that Quality Improvement is the driving force to identify, analyze, and solve performance problems and to contribute to the Final Completion Report through the process of documenting achievements, success stories and lessons learned.
- By the end of the Retreat, it was quite clear that it is mutually supportive to conduct the process of reviewing the implementation of Phase II in conjunction with the development of the new Annual Work Plan for Phases III and IV. While the review of JSI performance during Phase II provided a package of required actions to meet milestones deadlines, the results of the review are being inputs in the process of the development of Annual Work Plan for Phases III and IV.
- The major outcomes of the Retreat are:
 - An integrated Work Plan for three months June 15 - September 15, 2003 being the remaining period Phase II of the Option Period to meet milestone deadlines.
 - A plan for writing Phase II milestone reports.

- Phase III and IV Work Plan outline, structure, strategy and detailed activities concerning phase in the 22 remaining districts and phase-out plan of the Option Period governorates by the end of the contract.

HM/HC Coverage Profile (June 30, 2003)

	District	Population 2002	Estimated Female Population	Estimated Females in Reproductive Age	Live Births 2001	Estimated Pregnant Females
Aswan						
1	Aswan	297576	147315	44636	7940	12766
2	Daraw	89145	44131	13372	2410	3824
3	Kom Ombo	259539	128485	38931	7213	11134
4	Nasr Nouba	72173	35729	10826	2090	3096
5	Edfu	324270	160530	48641	7158	13911
	Total	1042703	516190	156405	26811	44732
Luxor						
6	Bandar	1920690	950837	288104	4748	82398
7	Bayadeya	2460974	1218304	369146	6062	105576
	Total	4381664	2169141	657250	10810	187973
Qena						
8	Qous	325368	161073	48805	9661	13958
9	Esna	300500	148762	45075	8397	12891
10	Armant	157355	77899	23603	3888	6751
11	Qena	488733	241947	73310	13897	20967
12	Deshna	293400	145248	44010	10126	12587
13	El-Wakf	61828	30608	9274	1651	2652
14	Naqada	129766	64241	19465	3322	5567
15	Qift	117219	58029	17583	3282	5029
16	Naga Hamadi	418156	207008	62723	11707	17939
17	Abu Tesht	325857	161315	48879	10714	13979
18	Farshout	127615	63176	19142	4168	5475
	Total	2745797	1359305	411870	80813	117795
Sohag						
19	Sohag	548388	271479	82258	16700	23526
20	Tahta	3377779	1672168	506667	9871	144907
21	Gerga	384313	190254	57647	11424	16487
22	Terna	301501	149258	22389	9646	6403
23	El Balyana	350788	173657	26049	11816	7450
24	Dar El Salam	279223	138229	20734	10531	5930
25	Saqolta	152296	75394	11309	5630	3234
26	Geheina	187652	92897	13935	5714	3985
27	Maragha	285212	141194	21179	8754	6057
28	Akhmeim	275011	136144	20422	9132	5841
29	El Mounshaa	378531	187392	28109	12497	8039
	Total	6520694	3228066	810697	111715	231859
Assiut						
30	Gharb Assiut	207442	102694	31116	10241	8899
31	Shark Assiut	17222	8526	2583	2433	739
32	Markaz Assiut	363896	180147	54584	10010	15611
33	El Ghanayem	91211	45154	6773	3249	1937
34	El Kouseyah	326369	161569	24235	10823	6931
35	El Fath	210988	104450	15667	6092	4481
	Total	1217128	602539	134960	42848	38599

	District	Population 2002	Estimated Female Population	Estimated Females in Reproductive Age	Live Births 2001	Estimated Pregnant Females
Menya						
36	Menya	664547	328984	99682	19673	28509
37	Samalout	526389	260589	78958	17231	22582
38	Abu Qurkas	431326	213528	64699	13660	18504
39	Deir Mowas	269781	133555	20033	9433	5730
40	Beni Mazar	424028	209915	31487	13714	9005
	Total	2316071	1146570	294860	73711	84330
Beni-Suef						
41	Beni Suef	463251	229332	69488	12456	19873
42	Ehnasia	254540	126010	38181	8614	10920
43	El Wasta	329130	162936	49370	10680	14120
44	El Fashn	304372	150679	45656	10568	13058
45	Beba	302392	149699	45359	9489	12973
46	Nasser	261499	129455	39225	7521	11218
47	Somosta	179752	88986	26963	5726	7711
	Total	2094936	1037097	314240	65054	89873
Fayoum						
48	Sennoures	386970	191569	58046	12174	16601
49	Etsa	464444	229923	69667	14567	19925
50	Bandar Fayoum	286751	141956	43013	7619	12302
51	Tamia	286845	142002	43027	8959	12306
52	Markaz El Fayoum	347599	172079	52140	10325	14912
53	Ebshway	531660	263198	79749	16234	22808
	Total	2304269	1140727	345640	69878	98853
	Grand Total	22623262	11199635	3125922	481640	894014

C.10.1 TASK ONE: Basic Package of Essential Services Established and Standards Defined

Accomplishments:

Activity No. 1.1: Develop and Sign Memoranda of Cooperation

- On May 20, 2003, representatives of MOHP, USAID, JSI and Giza Governorate and its Department of Health and Population signed a Memo of Cooperation (MOC) to start up the implementation of HM/HC Project activities in Giza Governorate.

Activity No. 1.2: Prepare District Health Profile and Select BEOCs and facilities to provide PES

- In cooperation with Task 3, district profiles for the target districts of Phase II (16 districts) were developed, and used as a base to select the BEOCs. Thirty six BEOCs were selected as follows:
 - 21 in Sohag,
 - 7 in Assiut and
 - 8 in Menya.

Activity No. 1.3: Assist General / District Hospital in Self-Assessment of the Capacity to Provide Comprehensive Essential Obstetric / Neonatal Services. Development of Improvement Plans and Monitor Implementation Package of Services

- Phase II general and district hospital profiles were updated. Profiles include:
 - Facility baseline assessment
 - Facility plan for renovation with schedule of implementation
 - List of commodities needed for each hospital and schedule of procurement, delivery and installation
 - Human resources development plan for the hospital, including training plan and status of implementation
 - Reports on management and clinical performance indicators (retrospective and summary of concurrent indicators) produced by monitoring team
- Integrated visits by JSI Implementation Team including clinical supervisors and Field Officers continued to:
 - Discuss the status of implementation of activities at the facility level
 - Assure information flow among different members/ departments
 - Identify problems at facility level and develop solutions
 - Identify problems requiring involvement of higher management level at MOHP/JSI.
 - Integrate and coordinate activities at the facility level
- The team is composed of Task 2 clinical supervisors, Task 1 biomedical engineers and the implementation specialist of the concerned governorate and the field office specialist responsible for the hospital.
- The three days integrated visits are scheduled as follows:

- During the first and second days of the integrated visits, members of the team conduct their own regular OJT supervisory activities in the target facilities.
- A regular meeting/ group discussion is held in the evening of the second day to prepare for the next day HSMC meeting. During this meeting, problems are identified and openly discussed to find out possible solutions and appropriate corrective actions needed to reach the desired outcomes. Problems and weak points are identified through records review (patients' sheets, hospital statistics, etc.), meetings with the staff and hospital management, comments from clinical supervisors and direct observation of the staff performance.
- On the third day, the HSMC holds a meeting during which the previously pinpointed problems are raised and possible solutions are suggested. By the end of the meeting, the committee allocates resources and suggests how to address them in order to overcome previously identified problems and constraints.
- JSI Integrated Teams paid a three day visit per facility per month to the following facilities:
 - Sohag Governorate:
 - Sohag General Hospital, Tahta, Gerga, Maragha, Tema, Geheina, Akhmeim and El Mounshaa District Hospitals.
 - Assiut Governorate:
 - Assiut, New Eman and Specialized General Hospitals, El Ghanayem and El Kouseyah District Hospitals.
 - Menya Governorate:
 - Menya General Hospital, Samalout, Abu Qurkas, Beni Mazar, and Deir Mowas District Hospitals.

Giza Assessment:

- Following the signing of the MOC with Giza Governorate, the process to start-up implementation began. The first step was to assess the nine general/ district hospitals of the eleven selected district for the implementation of HM/HC interventions.
- A plan was developed for assessing the physical structure, commodities, staffing and service utilization. This plan was discussed and approved during a meeting held on May 28, 2003 with the Deputy of HMHC Executive Director, MCH Director General/ MOHP, MCH Director/Giza, JSI DCOP, Task 3 coordinator, and the manager of the Giza JSI field office.
- According to the approved plan, a team composed of Giza JSI Field Office Manager, civil and biomedical engineers and the Deputy MCH Director/Giza governorate conducted assessment visits to eight hospitals in Giza target districts namely: Etfeih, El Saff, El Ayat, El Badrashein, Abu El Norms, Osseim, El Hawamdeya and El Tahreir General and district hospitals. These visits were conducted during the period from June 2 to 11, 2003. El Wahat El Bahareya DH was previously assessed on April 29, 2003.
- After the completion of these visits, a detailed report on the results of the assessment was developed. In addition, the blueprints of the proposed renovations were, also, developed.

- Hospitals, districts, and governorate Safe Motherhood Committees were established to assume responsibility of overseeing the implementation of the project.

Activity No. 1.4: Develop and Monitor the Implementation of the Renovation Plans

- Renovation activities supported by JSI in hospitals of the Option Period Phase II were completed in:
 - Abu Qurkas and Beni Mazar District Hospitals (Menya)
 - El Ghanayem District Hospital (Assiut)
 - Gerga, Tema and Tahta District Hospitals (Sohag)
- Renovation activities supported by JSI in hospitals of the Option Period/ Phase II is on-going in Menasha DH, Maragha DH and Geheina DH and are expected to be completed by the end of August 2003.
- Renovation activities planned and supported by HM/HC Project started in:
 - Deir Mowas and Malawi District Hospitals (Menya)
 - El Kouseyah, Sahel Selem, Badary District Hospitals (Assiut)
 - Invitation for bidding was issued for Gerga, Tema, Saqolta, Akhmeim and El Balyana District Hospitals (Sohag)
- The Interim Spaces for obstetrics, NICU and OR were selected in the facilities to be renovated, to secure the provision of services without interruption, namely in:
 - Mallawi District Hospital (interim for Obstetric) (Menya)
 - Badary (Obstetric, NICU and OR), Sahel Selem (Obstetric), El Kouseyah District Hospitals (Obstetric, NICU and OR) (Assiut).
 - Gerga DH (Obstetric and OR) (Sohag).
- As for the 36 BEOCs of the Option Period/ Phase II, renovation activities were completed in El Magabra IH (Gerga/ Sohag) and Asmant IH (Abu Qurkas/ Menya), but still in process in the remaining 34 BEOCs.

Activity No. 1.5: Monitor the Delivery, Installation, Staff Training, Maintenance and Repairing of Commodities and Implement the Commodity Management Guidelines in Target Facilities

- Commodities for the Somosta facility are available, and will be delivered upon the completion of renovation activities by the MOHP.
- Interim commodities were delivered to all Option Period/ Phase II hospitals except for the Gerga DH which will be delivered early July, 2003.
- Full commodities (except few missing items) were delivered to Beni Mazar, Abu Qurkas (Menya), Ghanayem (Assiut), and Tahta (Sohag).
- In coordination with Task 11, procurement plans for the 36 BEOC facilities of the Option Period/ Phase II were completed. Delivery is on-going.
- The biomedical engineers conducted 78 person/day visits to the OB/GYN, NC, CSSD, and OR departments in the facilities of both the Base and Option Periods to review, screen available equipment in addition to maintaining and repairing those which are out-of-order. During these visits, they provided technical assistance and conducted on-the-job-training sessions (OJT) to the hospital maintenance staff.

Activity No. 1.6: Upgrade the Managerial Capacity of Hospital Management and Hospital Safe Motherhood Committees

- A new training curriculum for Safe Motherhood Committees (SMCs) of general and district hospitals was developed. The curriculum aims to promote planning, management and quality improvement skills of the hospital staff. One four days workshop was conducted in Assiut.

Governorate	From	To	No. of Participants
Assiut	April 7	April 10	13
Total			13

Activity No. 1.7: Coordinate the Phasing-out and Develop Sustainability Plans from Target Governorates

- Two Phase Out workshops were conducted in Fayoum on April 21, 2003 and in Qena on May 7 – 8, 2003.
- Fifty five participants from SMCs at governorate, district, and hospital levels participated in Fayoum workshop on April 21, 2003 and 90 participants from the same level participated in Qena workshop on May 8, 2003. Both workshops were inaugurated by the governorate MOHP Under-Secretaries, HM/HC Executive Director, and USAID Team Leader.
- The workshop reviewed the achievements of HM/HC and discussed strategies and plans of MCH and Curative Care Central departments, Fayoum and Qena MOHP Directorates to sustain HM/HC project achievements. In addition, service standards, protocols, competency-based training (CBT) curricula, the quality assurance (QA) system and management tools were reviewed, and plans to sustain them were developed.

Activity No. 1.8: Assist the MOHP/ Urban Health Development to Pilot Test Adapted HM/HC Interventions in 1-2 Urban Slum Areas

Activity No. 1.8.1: Carry Out the Situation Analysis for Each of the Selected Slum Areas

- Required physical restructuring and renovation assessments were completed by JSI engineering team (Task I) for all four facilities in the slum areas: Gharb El Matar Urban Health Center (UHC), El Tahreir General Hospital, Basateen Shark UHC, and El Khalifa General Hospital. Proposals for restructuring to meet project service standards were shared with slums team and Task I management.
- Commodities requirements data for the two UHCs entered into the Quality Assurance database. Proposal for procurement of required commodities is ready for submission to Task 11.
- Commodities requirements for the two referral hospitals (Tahreir, Khalifa) are available but entry into HIS system is pending availability of quality assurance checklists for CEOCs.
- A detailed assessment was completed for Tahreir General Hospital which in May replaced Embaba General Hospital as the referral center for Gharb El Matar UHC. The assessment included physical restructuring, commodities, clinical and management components. The assessment will be used to devise the facility improvement plan.

- Highlights of the slums situation analysis were shared with senior management at the June Sharm retreat. Inconsistencies and deficiencies in the analysis were indicated to be addressed and discussed with all concerned parties before final slums pilot plan development. The primary healthcare framework for UHC maternal and child health interventions was presented to senior management. The requirement for more solid baseline indicators to demonstrate HM/HC impact in the slums was discussed with senior management and Task 5.
- A complete situation analysis is pending for a final revision after the June retreat and will be shared with all HM/HC partners urgently.

Activity No. 1.8.2: Adapt HM/HC Interventions in 1-2 Slum Areas

- Adapted interventions are contingent on the completion of the situation analysis and coordination/planning activities with various MOHP bodies. Progress in this area is expected to begin with slum pilot project implementation scheduled to for the start of the final quarter in 2003.

Activity No. 1.8.3: Assist in the plan Development to Improve Perinatal Health Care Services and Their Utilization

- Two meetings were held with North Giza district and Basateen and Dar El Salaam zone (district level) Health Administrations, to which the two slum UHCs report for administrative issues. The two district level administrations were informed on HM/HC activities and the intended interventions of the adapted slums pilot project.
- Two meetings were held with the Giza and Cairo Health Affairs Directorates to inform them on HM/HC interventions and intended slums pilot adaptations. Proposals for SMC membership were discussed. Preliminary SMC members were selected and are pending final approval.
- In Giza, after the signing of the Memorandum of Cooperation with Giza governorate, the responsibility for SMC establishment in North Giza was transferred to the Giza field office. Giza SMCs have been established for North Giza and will include members representing the Gharb El Matar UHC and Tahreir hospital.
- In Cairo, the Under-Secretary - Director of Health Affairs, Dr. Ahmed Adel, has made solid recommendations for SMC membership. The proposed Cairo SMC has been shared with JSI Tasks I and III management, and will be submitted to the MOHP Under-Secretary and HM/HC Executive Director for final/official approval.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.2 TASK TWO: Pre/ In-Service Training System Designed to Disseminate Standards to Public and Private Providers

Accomplishments:

Activity No. 2.1: Disseminate Standards and Build Training Capacity

- Lead Trainers TOT materials were updated to emphasize the clinical role of the Lead Trainers and their usage of the HM/HC Quality Monitoring System format during supervision and on-the-job-training.
- One TOT course was conducted in Sohag Governorate and was attended by participants from Ob/Gyn, Neonatology, Emergency, and Anesthesia Departments of all the Option Period/ Phase II hospitals.

Governorate	From	To	No. of Participants
Sohag	May 31	June 5	24
Total			24

- Two TOT courses were conducted for Secondary Nursing Schools of Menya, Assiut, Sohag, and Upper Egypt governorates to introduce the new MCH curriculum for Secondary Nursing School that will be put into practice September 2003. Other workshops are scheduled in July for Cairo and Giza governorates.

Governorate	From	To	No. of Participants
Menya, Assiut, and Sohag	June 15	June 19	21
Lower Egypt	June 28	July 02	22
Total			43

Activity No. 2.2: Sustain, Organize and implement EOC Training Clinical Supervision

- Based on information provided by the MMSS in the districts of Qena, Beni Suef, and Fayoum, technical assistance was provided to those facilities of the Base Period where avoidable factors of maternal deaths are still high in order to help health providers develop improvement plans that address avoidable factors contributing to maternal deaths.
- Three CEOC workshops were conducted in Assiut, Menya, and Sohag governorates where 60 obstetricians, from the general and district hospitals, were trained to identify the contributing factors that lead to women death in Egypt, highlighting the avoidable factors and substandard care and harmful practices that are contributing to maternal deaths. The workshops were held on the following dates:

Governorate	From	To	No. of Participants
Sohag	May 17	May 27	18
Assiut	June 03	June 12	15
Menya	June 16	June 25	27
Total			60

- Continuous OJT/clinical supervisory visits were paid to 20 districts in Sohag, Assiut and Menya Governorates (Phase I & II Hospitals). Each of these districts was visited from six to nine days/month by clinical supervisors to ensure implementation of the EOC protocols.
- A one day visit/ month was conducted to all Phase III district hospitals in Assiut and Menya Governorates, to familiarize them with all CEOC training documents and to expose clinical problems that came up during the initial assessment and from the NMMSS results.
- The Concurrent Assessment Clinical Performance Monitoring Indicators are being used in Sohag, Assiut and Menya governorates to monitor progress of the obstetricians towards competency and mastery of the Essential Obstetric Care skills. Concurrent Assessment tool has proven to be very helpful to the obstetricians to figure out their areas of weakness and to include corrective actions in their Clinical Self Improvement Plans.
- A complete set of training materials for the primary health care physicians, including BEOC Protocol, BEOC Flow-Charts, BEOC Concurrent Assessment in addition to BEOC Modules and Resources are subject to final reviewing and editing.

Activity No. 2.3: Sustain, Organize and Implement NC Training and Clinical Supervision

- The following Basic and Advanced Neonatal Care Workshops for Physicians were conducted during the period from April – June 2003:

Governorate	Workshop	From	To	No. of Participants
Assiut	Advanced Neonatal Care	April 20	April 24	16
Assiut	Basic Neonatal Care	June 15	June 18	14
Sohag	Advanced Neonatal Care	April 19	April 23	19
Total				49

- The following Resuscitation Sessions were conducted during the period from April to June 2003 at the following CEOC workshops:

Governorate	Workshop	From	To	No. of Participants
Sohag	CEOC	May 17	May 27	18
Assiut	CEOC	June 3	June 12	15
Menya	CEOC	June 16	June 25	27
Total				60

- Technical assistance was provided to Option Period facilities through continuous visits to Phases I and II facilities in Menya, Assiut, Sohag, Beni Suf and Fayoum governorates. Each of these facilities was visited monthly

and for three days by the clinical supervisor to ensure implementation of neonatal protocols.

- Technical assistance continued to be provided to 19 Base Period facilities concentrating on continuous positive airway pressure (CPAP) therapy in units which provide this service. Infection control and resuscitation training for Neonatal and Obstetric staff was also performed. The clinical supervisory practice concentrated on emphasizing the use and sustainability of the QA checklists for assessment of the training (Concurrent Checklist) and Clinical Performance (Retrospective Checklist). A total of 356 supervisory days were carried out during this quarter.
- The training program for I.V. fluid preparation and mixing was done in additional four units.

Governorate	Workshop	From	To	No. of Participants	
El Kouseyah (Assiut)	NICU I.C.	May 04	May 06	14	5
Ghanayem (Assiut)	NICU I.C.	May 26	May 28	2	17
Dar El Salam (Sohag)	NICU I.C.	June 21	June 23	6	7
Saqolta (Sohag)	NICU I.C.	June 28	June 30	4	8
Total				24	33

- Three Follow Up visits and one CPAP workshop were conducted, and coordinated during May 2003 by Dr. Hany Ali, Director of The Neonatal Unit, George Washington University, Washington D.C. USA.

Governorate	Workshop	From	To	No. of Participants	
Beni Suef	Follow Up	May 12	May 12	17	8
Fayoum	Follow Up	May 14	May 14	5	7
Qena	Follow Up	May 17	May 18	22	10
Qena	CPAP	May 19	May 20	9	5
Total				53	30

- The Field Epidemiologist Team assisted in implementing Neonatal Care activities carried out by JSI in target governorates and HM/HC Project in other governorates as follows:

○ Infection Control in Neonatal Units/ JSI

Governorates	Dates	Name
Assiut	May 05-07	Samir Aziz
Assiut	May 26-28	Atef Farid
Sohag	June 21-23	Mary Salama
Sohag	June 28-30	Samir Aziz

○ Infection Control in Neonatal Units/ HM/HC

Governorates	Dates	Name
Alexandria	March 30 - April 01	Mary Salama
Cairo	April 01-03	Samir Aziz

Governorates	Dates	Name
Kalyubia	April 12-14	Atef Farid
Alexandria	April 12-14	Samir Aziz
Gharbia	April 13-15	Mary Salama
Behera	April 15-17	Atef Farid
Kalyubia	April 15-17	Samir Aziz
Menoufia	April 22-24	Samir Aziz
Kafr El Sheikh	May 25-27	Samir Aziz
Cairo	June 10-12	Mary Salama
Cairo	June 10-12	Atef Farid
Qualoubia	June 14-16	Atef Farid
Cairo	June 14-16	Samir Aziz
Alexandria	June 14-16	Mary Salama
Sharkia	June 21-22	Atef Farid
Gharbia	June 21-22	Samir Aziz

o Neonatal Retrospective Indicators Checklists

Governorates	Dates	Name
Beni Suef	May 04-07	Atef Farid
Fayoum	May 11-12	Samir Aziz
Fayoum	May 11-12	Atef Farid
Fayoum	May 11-12	Mary Salama
Fayoum	May 14-15	Samir Aziz
Beni Suef	May 28-29	Samir Aziz
Beni Suef	June 04-05	Mary Salama
Qena	June 28-30	Atef Farid

Activity No. 2.4: Sustain, Organize and Implement Nursing Training and Clinical Supervision

- Technical assistance and continuous OJT/Clinical Supervisory visits were continued to districts in Fayoum, Beni Suef, Qena, Sohag, Assiut, and Menya governorates. Each of these districts was visited from six to nine days by nurse supervisors to ensure implementation of the protocols.
- Four Neonatal Care Workshops for Nurses were conducted in Assiut, Sohag, Luxor and Fayoum, as follows:

Governorate	From	To	No. of Participants
Assiut	April 19	April 24	18
Sohag	May 10	May 15	23
Luxor	June 14	June 19	20
Fayoum	June 21	June 26	22
Total			83

- Two EONC workshops for nurses were conducted in Sohag governorate. Forty five trainees were instructed on nursing procedures in the obstetric department and delivery room. The workshops were held on the following dates.

Governorate	From	To	No. of Participants
Sohag	May 24	May 29	25
	June 21	June 26	20
Total			45

- Technical assistance and continuous OJT/Clinical Supervisory visits were continued to districts in Sohag, Assiut, and Menya governorates. Each of these districts was visited from three to six days by nurse supervisors to ensure implementation of the EONC protocols.

Activity No. 2.5: Sustain, Organize and Implement Nurse Midwifery Training and Clinical Supervision

- Midwifery Training Course in Sohag Governorate, was completed, and was attended by 24 nurses. The graduation ceremony was held on May 7, 2003 and twenty one nurses graduated and received their certificates and licenses.
- A Midwifery Training Course started in Menya where 25 nurse midwives are going to be trained on safe maternity and vaginal deliveries.

Activity No. 2.6: Strengthen Other Clinical Support Services

Activity No. 2.6.1: Anesthesia Services

- OJT for safe obstetric anesthesia was conducted (preoperative visits, monitoring during operation time and at recovery time, general and regional anesthesia, infection control) to Phase II facilities:
 - Ten facilities in Sohag (Gerga, Tahta, Tema, El Geheina, El Maragha, Akhmeim, Dar El Salam, El Balyana, El Mounshaa and Saqolta District Hospitals).
 - Three facilities in Menya (Deir Mowas, Beni Mazar, and Abu Qurkas District Hospitals).
 - Two facilities in Assiut (El Ghanayem and El Kouseyah District Hospitals).
- Assessment of the present status of anesthesia equipment and procurement plan for the deficiencies was done for all the hospitals of Phase II.
- Three Essential Obstetric Anesthesia Care (EOAC) workshops were conducted, one in each governorate (Menya, Assiut & Sohag) covering 34 anesthesiologist. The workshops aim to develop the skills of the participants in the area of safe obstetric anesthesia, painless labor and how to manage cases of hypovolemic shock.

Governorate	From	To	No. of Participants
Menya	June 09	June 11	14
Assiut	June 02	June 04	8
Sohag	June 29	July 01	12
Total			34

- In Cooperation with EOC coordinator cases of maternal mortality were investigated and avoidable cases were discussed with concerned staff and administration and based on the decision a self improvement plan was developed for each facility.

- As a component of the three CEOC workshops that were conducted, one in each governorate (Menya, Assiut & Sohag) covering 60 obstetricians, a session was conducted on the right way of fluid therapy, blood transfusion and how to decrease the maternal mortality rate due to blood loss.

Governorate	From	To	No. of Participants
Sohag	May 17	May 27	18
Assiut	June 03	June 12	15
Menya	June 16	June 25	27
Total			60

- Anesthesia modules were developed.
- Preparation of the manual for anesthesia technician training program is under development.
- Anesthesia record and recovery score sheets were used in all governorate district hospitals.
- Clinical performance monitor indicators (concurrent assessment) for anesthesia have been developed.

Activity No. 2.6.2: Emergency Medical Services (EMS)

- Service standards for EMS were completed and are now being published.
- A draft manual of Maternal and Neonatal Emergency Medical Service, for Physicians was developed and is currently being revised.
- A binder on *Emergency Service for Obstetric and Neonatal Care in Upper Egypt Pilot Hospitals* was developed to summarize the processes and progress of this activity. The binder will be used to coordinate actions with relevant sectors in the MOHP.
- A draft *Emergency Room Manual for Nurses (Arabic)* was developed and is being revised.
- An organizational structure for Emergency Departments (ED), compatible with the local context, was developed and set up in the following facilities: El Menya General Hospital, Samalout and Maghagha District Hospitals (Menya), Sohag General Hospital, Tahta and Tema District Hospitals (Sohag), Assiut General Hospital, El Eman Specialized Hospital and El Kouseyah District Hospital (Assiut).
- OJT supervisory visits were conducted at four general hospitals (Menya, Sohag, Assiut, and New Eman) and five district hospitals (Samalout, Tahta, Kouseyah, Tema, and Maghagha District Hospitals). Visits were conducted once per month for each of the nine facilities. A total of 18 visits were conducted for the 9 facilities during the period from April 2003 to June 2003.
- One EMS workshop for physicians was conducted in Menya from June 04 to 05, 2003 and was attended by 22 participants.
- Emergency Medical Service Package for Training of Pre-Service Physicians was developed. This package aims at providing those newly graduate doctors with training materials required for proper management of essential emergency cases with emphasis on major causes of maternal and neonatal mortalities

Activity No. 2.6.3: Blood Bank Services

- A total of 30 OJT days- covering the Menya, Assiut, and Sohag- were conducted to orient blood bank physicians on blood transfusion protocol application.
- Orientation sessions on blood component and its practical use were conducted through regular seminars to all Phase II hospitals.
- Orientation sessions on the central blood bank services, and how to cooperate with these services was conducted in Sohag governorate.
- Blood Bank protocol was developed & reviewed by the editors.
- Blood Transfusion services standards and Blood Bank monitoring checklists were developed.
- Infection Control Protocol for Blood Banks is under development.

Activity No. 2.6.4: Laboratory Services

- The laboratory activities are done in cooperation with the Central Department of Laboratories, MOHP. The Laboratory Services aim to develop physician skills in requesting appropriate tests and interpreting test results, particularly in critical cases. The above mentioned activities also help in bridging the communication gap between clinicians (laboratory users) and Laboratory Service providers. Activities also aim to better coordinate the link between hospitals, the Governorate Health Department and the MOHP Central Laboratory Department. Training of Technicians on the technical use of equipment will be the responsibility of the Central Laboratory Department at the MOHP as agreed.
- A Guide to Clinical Aspects of Laboratory Services was drafted and is currently being revised.
- A list of essential laboratory investigations for General and District Hospitals was developed in conjunction with the Central Laboratory Department, MOHP.
- A list of available laboratory investigations during and after regular working hours was developed by the Laboratory Department in each of the pilot hospitals.
- A policy on the use of the Integrated Laboratory was developed in each governorate to provide bacteriological laboratory services for hospitals where this was lacking. Implementation of the policy started in Assiut GH. Strengthening of this integrated microbiology service needs combined effort from HM/HC, Central Department of Laboratory, and Local Governorates.
- Laboratory Committees have been established in pilot hospitals in the three governorates of the Option Period. The duties of these committees are as follows:
 - Establish and monitor laboratory services at the hospital
 - Issue local guidelines
 - Solve local problems, and
 - Follow-up on the use of the laboratory manual
- A national revised *Laboratory Request Form* has been developed in the Central Laboratory Department and is awaiting pilot testing.
- A *Laboratory Service Standards Guide* is under development and will target the laboratory committee members.
- A *Laboratory Checklist* was developed to be used by JSI Clinical Supervisors during their field visits to collect information, monitor performance, and

record incidence reports related to laboratory services in their visited facilities.

- A questionnaire on available laboratory resources and root causes for deficiency is collected from participating hospitals to be discussed with Central Laboratory Department in Cairo.
- The JSI Consultants were requested to take part in the Laboratory Workshop organized by the Central Department of Laboratory in Cairo that was held during the period May 24-25, 2003. The new topic “Clinical Aspects of Laboratory Service” has never received enough attention in the past. The feed back from participants and from senior staff of Central Department was so positive. The Central Laboratory requested to have this topic added to future workshops on regular basis.
- Three one-day laboratory service workshops were conducted during the last quarter. The workshops focused on the clinical aspects of laboratory services and clinician contribution to good laboratory performance. 65 participants attended these workshops as follows:

Governorate	Date	No. of Participants
Assiut	April 30	24
Menya	May 08	23
Assiut	June 11	18
Total		65

Activity No. 2.7: Infection Control Activities

- A coordination meeting with the Infection Control Unit/MOHP was held on April 2, 2003. During this meeting, proposed names of the selected Infection Control Teams of Sohag 11 hospitals were submitted. The infection control team included a doctor and nurse/s (one or two nurses according to hospital number of beds) in accordance with the Ministerial Decree number 100/2002.
- Director of Infection Control Unit/ MOHP held a meeting in Assiut to orient Assiut Hospitals Directors on the National Program for Infection control.
- Directors of Infection Control Units at the governorate level have joined SMC to secure coordination and cooperation.
- A meeting was held on April 22, 2003 and was attended by the IC Unit Director/MOHP, HM/HC Executive director, JSI COP, IC Coordinator, and Perinatal coordinator to discuss the coordination opportunities between HMHC and Infection control Unit/MOHP.
- JSI IC Consultants reviewed the first part of the National guidelines of infection control and a full report has been developed and will be submitted to IC Unit/MOHP.
- Supervisory visits were conducted to all Option period/ Phase I and Phase II hospitals during which, efforts were made to emphasize the importance of comprehensive approach to infection control.
- The quarterly integrated IC 10 days OJT/Supervisory follow-up visits were conducted at the following hospitals:
 - Sohag General Hospital, Tahta, Gerga, Maragha, Tema, Geheina, Balyana and Dar El Salam District Hospitals /Sohag,
 - Assiut, New Eman General Hospitals, Specialized Hospital, Ghanayem, and Kouseyah District Hospitals/Assiut, and
 - Menya General Hospital, Samalout, Abu Qurkas, Beni Mazar, and Deir Mowas District Hospitals/ Menya.

- A plan on the implementation of behavior change IC activities was developed. The plan is based on research studies that reflected that sepsis is the third leading cause of both maternal and neonatal deaths. However, there are different issues related to IC in each hospital that affect sepsis rates. Six major infection control procedures have been highlighted due to their importance and will be addressed, namely:
 - Proper hand washing & scrubbing.
 - Proper IV Preparation and medicine preparation.
 - Proper use of protective devices.
 - Proper processing of instruments
 - Proper patient preparation, and,
 - Proper waste disposals
- Each of the six IC procedures will be investigated by conducting a behavioral analysis to understand why providers are not practicing/following right infection control procedures in addition to this, barriers and resistances that hinder practicing proper infection control procedures will also be identified.
- Based on the assessment, appropriate interventions to address the major IC issues will be designed to improve provider behavior related to infection control issues.
- Two OR and 2 CSSD workshops were conducted during the period from April to June 2003 as follows:

Workshop	Governorate	From	To	No. of Participants
CSSD	Sohag (For Sohag & Assiut Nurses)	April 12	April 14	17
OR	Sohag (For Sohag & Assiut Nurses)	April 22	April 24	22
CSSD	Menya	April 05	April 07	14
OR	Menya	April 22	April 24	12
Total				65

- Three one-day Infection Control training sessions were conducted on May 23, June 10 and 23 as integral part of the EOC workshops:

Governorate	Date	No. of Participants
Sohag	May 23	20
Assiut	June 10	20
Menya	June 23	22
Total		62

Activity No. 2.8: Involve Private Sector Services Provided by Physicians and Pharmacists in HM/HC

- Local syndicates, MOHP Private Sector Department and the Pharmacy Inspection Departments provided JSI with updated information on private sector providers. This information included the number of private clinics, polyclinics, private hospitals, and pharmacies in the targeted governorates.
- Three CBT EOC training courses were conducted for private physicians as follows:

Governorate	From	To	No. of Participants
Sohag	May 25	May 26	20
Assiut	June 11	June 12	20
Menya	June 24	June 25	22
Total			62

Activity No. 2.9: Implement IMCI Program in New Governorates

- No activities were conducted this quarter.

Activity No. 2.10: Conduct Refresher Courses for Dayas

- No activities were conducted this quarter.

Activity No. 2.11: Teleconferencing and Off-Shore Training

- During this Quarter, nine Tele-sessions were conducted and the duplications of video tapes and CDs are ongoing and a Competency Based Training Modules were developed to disseminate and utilize these video tapes by our service providers.
- A group of 25 participants from MOHP will attend the off shore training program in Management that will be conducted from July 31 to August 23, 2003 at Santa Cruz, USA.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.4 TASK FOUR: Monitoring System in Place to Track Utilization and Impact and Provide Feedback

Accomplishments:

Activity No. 4.1: Assist the MOHP to Set Up MHIS Centers at District Level in Coordination with Family Planning

- Currently all district Management Health Information Systems (MHIS) Centers in Giza are operating.
- The renovation process is taking place for the district MHIS centers of Dokki, South Giza, and Menshaat el Qanater.
- The installation of dial-up connections for data transfer at the district level in Giza is completed. Family Planning (MOHP) provided all district MHIS centers in Giza with computers. The computers lacked the Fax/Modem cards necessary for dial-up connections to the governorate MHIS Center; however JSI was able to procure the missing Fax/Modem Cards and were installed. The Dial-up connections are operating and data is transferred from district level to governorate level electronically.

Activity No. 4.2: Design and Upgrade User Friendly Software for MHIS

- The upgraded MHIS software application is developed and the Planning and Monitoring System is completed.
- In coordination with National Information Center for Health and Population (NICHP), HM/HC installed the upgraded MHIS system in five governorates namely Sohag, Assiut, Menya, Alexandria, and South Sinai.
- The pilot Implementation started in March 2003. A pilot implementation plan is developed and discussed with Dr. Sanaa Ibrahim NICHP Director, Dr. Atef Hassan HIS Unit Manager. Dr. Sanaa approved the plan.
- During this quarter, the local area network is installed in Menya governorate premises to include all MHIS center staff members and some technical departments staff members who have access to use computers in the governorate premises.
- Training for MHIS technical specialists who are responsible for data management took place as follows:

Course Name	Participants	Governorate	From	To	No. of Part.
MHIS Technical	Governorate MHIS Center staff	Assiut	May 03	May 07	12
MHIS Technical	Governorate MHIS Center staff	Sohag	May 31	June 06	12
MHIS Administration	Central Implementation Team	Cairo	June 21	June 26	15

- Data entry on the upgraded system is taking place, statistical technicians started to operate the planning and monitoring system, and started to produce reports for testing purposes.

Activity No. 4.3: Develop and Implement Quality Assurance Checklist for the District MHIS Centers

- A comprehensive manual for quality assurance system is developed to include:
 - Procedures for District and Governorate MHIS Centers under the upgraded MHIS system
 - Data quality monitoring system
 - MHIS Centers QA system

Activity No. 4.4: Establish Monitoring Mechanisms at Facility and Community Levels

- Curricula for two workshops were developed. One for health officers for data use, and the other for MHIS Center staff members to provide technical support for health officers in using the system. The data use workshops will be based on the new MHIS application and the Planning and Monitoring system.
- Workshops on data use for target districts in Sohag, Menya and Assiut, are scheduled to take place during July and August.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.5 TASK FIVE: Research Activities**Accomplishments:****Activity No. 5.1: Assist in the Development of Policy/ Procedure Guidelines for the Maternal Mortality Surveillance System (MMSS)**

- No Activities were done this quarter

Activity No. 5.2: Training on the Maternal Mortality Surveillance System (MMSS)

- MMSS was introduced to Ob/Gyn and Anesthesiologists working in district/ general hospitals and at the private sector in the following governorates.

Governorate	From	To	Number of participants
Assiut	April 12	April 13	40
	April 14	April 15	40
Menya	April 16	April 17	30
	April 19	April 20	30
Giza	June 16	June 17	29
	June 18	June 19	37
Total			206

- MMSS Specialist, assisted by the Field Epidemiologists conducted On Job Training (OJT) for health officers/ clerks and district health administrators in the following governorates:

Governorates	From	To	Number of District visited	Number of health office visited	Field Epidemiologists
Giza	April 05	April 10	10	60	Samir Aziz, Atef Farid
	April 06	April 08			Mary Salama
Aswan	May 17	May 20	5	44	Samir Aziz, Mary Salama, Atef Farid
Menya	June 02	June 03	3	20	Samir Aziz, Mary Salama, Atef Farid
Assiut	June 08	June 09	3	24	Samir Aziz, Mary Salama, Atef Farid
Sohag	June 17	June 19	5	36	Samir Aziz, Mary Salama, Atef Farid
Total			26	184	

Activity No. 5.3: Implement Maternal Mortality Surveillance System (MMSS) in Nine Upper Egypt Governorates

- MMSS Performance Monitoring score reports were produced to assess the performance of health offices, health districts, and health directorates at Giza and Aswan governorates.
- MMSS result reports for 2002 were presented at the Phase-out Workshops of Beni Suef, Fayoum, and Qena governorates.

Activity No. 5.4: Identify and Conduct Operation Research Studies

- Preparatory actions to conduct five operation research studies were completed and implementation started:
 - **OR1 A:** Premixed intravenous fluid formulae for neonates for the prevention of nosocomial infection
 - Implementation of this study is currently under way. Data collection is taking place at two sites simultaneously at the Neonatal Unit at Kasr El Aini Hospital, Cairo University, and Neonatal Unit at Embaba General Hospital.
 - **OR1 B:** Cost-effectiveness study of premixed IV fluid formulae for neonates versus regular formulae for prevention of systemic nosocomial infections.
 - Data collection is currently underway; analysis awaits the availability of effectiveness data from part A of the study.
 - **OR 2:** Cost analysis and efficiency indicators of three neonatal intensive care units in Upper Egypt.
 - Data collection, entry, and verification are currently underway in two sites: Qous District Hospital and Fayoum General Hospital. We were supposed to collect data from Assiut University Hospital; however, there is lack of cooperation. We are currently in the process of selecting a Ministry of Health neonatal unit, particularly that the vast majority of neonatal services in Upper Egypt are provided by the Ministry of Health facilities.
 - **OR 3:** Defining indicators and developing tools for monitoring client satisfaction for maternal and child health services from community women's perspective.
 - First round of data collection concerning the identification of client satisfaction indicators from community women perspectives was done in Fayoum and Menya Governorates. Data was collected from both urban and rural districts and in different age groups using Focus Group Discussions and In Depth Interviews. Indicators were used to design tools for routine collection of client satisfaction data. Preparations for the second round of data collection for testing the practicability of these tools are currently taking place.
 - **OR 4:** Taxonomy of maternal and child health terms.
 - Focus Group Discussions and In Depth Interviews were completed in Menya, Assiut, Sohag, and Qena governorates to

develop a list of medical terms and their colloquial equivalent used by women. Preparations for conducting the research in Giza are currently underway.

- **OR 5: Reasons for the poor availability of blood for emergency obstetric care in Upper Egypt.**
 - Data collection, entry, and verification were completed in Menya and Sohag General Hospitals. Data collection and entry is currently taking place in Assiut General Hospital and Embaba General Hospital.

- Field Epidemiologists assisted in conducting the blood availability OR5 as follows:

Governorates	Dates	Name
Menya	April 02-05	Mary Salama
Menya	April 09-12	Mary Salama
Sohag	May 26-28	Mary Salama
Sohag	May 25-28	Mary Salama
Giza	June 13	Mary Salama
Sohag	June 20	Mary Salama

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.7 TASK SEVEN: Better Social Community Services**Accomplishments:****Activity No. 7.1: Community Needs Identification and Decision-Making**

- Ten one-day workshops were held in Menya, Sohag, and Assiut to train Community Health Committees (CHCs) on the Community Needs Identification and Decision-Making Tools (CNI-DMT).
- The workshops were attended by 80 participants representing CHC members, heads of local administration units, and managers of the health facilities in these communities. The main result of the workshops was to agree on the scheduling of the Rapid Household Survey Workshops that will be conducted in their communities; and the nomination of the Outreach workers who will be trained to conduct the surveys.

Governorate	District	Community	Date
Assiut	El Ghanayem	El Ghanayem	May 03
	El Kouseyah	Fazara	April 13
		Beni Koura	May 01
Sohag	El Mounshaa	El Sheikh Marzouk	April 06
		El Sheikh Baraka	April 07
		El Zewak	April 08
	Dar El-Salam	El Naghameesh	May 17
Menya	Deir Mowas	Deir Mowas	May 12
		Abu Garg	April 22
	Beni Mazar	El Sheikh Fadl	June 01

- Five-day workshops were held in 10 communities in Assiut, Sohag, and Menya, to train Community Outreach Workers on conducting Community Needs Identification-Rapid Household Survey (CNI-RHS). Fifteen Outreach Workers from each community (a total of 150) were selected and trained on the CNI-RHS process, and they subsequently conducted the process in each of the following communities.

Governorate	District	Community	From	To
Assiut	El Ghanayem	El Ghanayem	May 25	May 29
	El Kouseyah	Fazara	April 20	April 24

Governorate	District	Community	From	To
		Beni Koura	May 04	May 08
Sohag	El Mounshaa	El Sheikh Marzouk	April 20	April 24
		El Sheikh Baraka	April 27	May 01
		El Zewak	April 13	April 17
	Dar El Salam	El Naghameesh	May 25	May 29
Menya	Deir Mowas	Deir Mowas	May 18	May 22
	Beni Mazar	Abu Garg	April 13	April 17
		El Sheikh Fadl	June 08	June 12

- The main objectives of the workshops were to learn to use the RHS to identify:
 - Key behaviors related to MCH issues – whether they are followed by women or not,
 - Whether danger signs during pregnancy, delivery, postpartum and care for the newborn are known by women or not,
 - Main obstacles that could hinder accessing the MCH services in these communities.
- To conduct the RHS, a random sample of 50 mothers with a baby less than one year old was selected from the Birth Registers of the health units for interview during the RHS.
- Over a five-day period, the RHS interview process was conducted in each community and the results were manually tabulated and finalized for appropriate action.
- The workshops were preceded by the development of community profiles for each of the ten communities. These profiles included demographic data collected from the local administration units and health units of the communities. The main purpose of these profiles is to portray communities with their unique characteristics, services, and resources.
- Following the RHS, the previously mentioned 10 CHC workshops were conducted to:
 - Share the results of the RHS,
 - Identify the community needs/problems related to MCH issues,
 - Prioritize and analyze these problems,
 - Suggest alternatives for solutions to address these problems and meet the community needs,
 - Develop Community Actions Plans (CAPs) to guide the community actions in this respect.
- The action plan workshops were attended by 237 participants who represent CHCs members, Community Outreach Workers who conducted the CNI-

RHS process and Heads of the Village Executive Councils in these communities.

- The CAPs describe the problems/needs of the community, their priority order, their causes, suggested interventions, and the responsible persons and time frame for each intervention. Some of the CAPs problems/needs are addressed at the community level. Others that are beyond the capability of the community are submitted to the district to be incorporated in the district health plans.
- Five three-day workshops were conducted for the second round of CNA in Qena and Fayoum to assess impact of the HM/HC interventions on the community health knowledge and behaviors. The workshops followed the same pattern of the first Community Needs Assessment (CNA). During these workshops, a total of 75 Community Outreach Workers (15 from each community) were trained and accordingly implemented the surveys in the following communities.

Governorate	District	Community	From	To
Qena	Abu Tesht	Abu Shousha	April 06	April 08
		El Marashda	April 13	April 15
	El Wakf	Bakhaness	April 06	April 08
	Qift	El Barahma	April 13	April 15
Fayoum	Ebshway	El Nazla	April 06	April 08

- Results of the surveys were shared with the Community Health Committees (CHC) so as to adapt the community action plans accordingly. This was achieved in five CHC workshops attended by 150 participants representing CHC members, the Outreach Workers who conducted the RHS and Heads of the Village Executive Councils in the targeted communities.

Activity No. 7.2: Community Health Education

Activity No. 7.2.1: Health Providers Sensitization

- Four workshops were conducted for 75 health providers and decision-makers from the districts of El Maragha and Saqolta in Sohag, El Fath, El Kouseyah, and El Ghanayem in Assiut and, Deir Mowas and Beni Mazar in Menya. Participants were alerted to the community perceptions and beliefs related to MCH issues. The main objective was for health providers to keep these perceptions and beliefs into consideration during patient interactions. The following table illustrates the number of participants in these workshops and the districts they represent.

Governorate	Districts	From	To	No. of Participants
Menya	Deir Mowas Beni Mazar	May 20	May 22	24
Assiut	El Fath	May 10	May 12	17

	El Ghanayem El Kouseyah	May 27	May 29	16
Sohag	Saqolta El-Maragha	May 10	May 12	18
Total				75

Activity No. 7.2.2: Integrating HM/HC Messages in the Literacy Curricula of General Authority for Literacy and Adult Education (GALAE)

- All the joint activities have been implemented and finalized between the GALAE and JSI Teams.

Activity No. 7.3: Training of Health Educators

- A series of meetings were conducted last quarter with the MOHP Health Education Department at the central level and in Menya, Assiut, and Sohag before developing a plan for conducting nine workshops on Health Education training courses up to March 2005.
- An outline for the Health Education Curriculum was drafted and is being finalized

Activity No. 7.4: Female Genital Cutting

- A series of FGM workshops were conducted for MOHP Social Workers, Health Educators, and Community Outreach Workers of non-government organizations (NGOs) in Sohag, Assiut and Menya Governorates as follows:

Governorate	From	To	No. of Participants
Sohag	April 08	April 10	25
Assiut	April 15	April 17	28
Menya	May 20	May 22	32
Sohag	June 17	June 19	31
Total			116

Activity No. 7.5: Engaging the Private Sector

- Work is pending for Minister of Health and Population approval on the Public/Private Strategy that was submitted on September 2002.
- A letter was sent to Procter & Gamble Co. to request donation of 6 months' supply of detergents for the laundry rooms that were established in Menya, Sohag and Assiut hospitals.

Activity No. 7.6: Continuing Community Activities

- Women Health Card
 - A final design was delivered (Hard & Electronic copies) to the HM/HC project for printing and distribution.
- Counseling Card
 - One-thousand copies were printed and delivered to JSI for distribution.
- HM/HC CDs
 - Due to budget limitation allocated for the development to HM/HC CD, JSI has sent a formal letter to the first ranked competitive bidder

to request a clarification on the budget structure and whether the same cost would remain in case of development one CD on HM/HC project.

- HM/HC Campaigns
 - One hundred copies of all HM/HC TV Spots for IEC campaigns were duplicated in one video tape last quarter. The copies would be used by NGOs to implement the community activities. Another 50 copies English subtitled were duplicated.
- Success Story
 - The success stories and lessons learned have been collected, revised, and finalized by the relevant task managers.
- Medical teleconference
 - Extensive work has been done to review the eight teleconference video tapes in terms of editing, montage and slide presentation inserts. During the last quarter, the eight video tapes have been finalized and the production agency started the duplication process. Delivery of 5 beta cams and 200 VHS per teleconference would be submitted early next quarter.
 - A Design for each video tape has been developed and in process of printing these covers early next quarter.
- A Day in the Life of JSI
 - During this quarter, three stories have been developed for three days in the life of three JSI employees. The three stories were covering three different topics: Neonatology, Essential Obstetric Care, and Community Outreach.
 - Among the three stories that were developed to be published by JSI Boston in the JSI publication “A Day in the life of JSI” for the 25th Anniversary Book, the community success stories narrated by Amal, JSI Fayoum Community specialist was selected and published. Copies of this publication are available.
- HM/HC Brochure:
 - A HM/HC brochure has been developed and shared with the MOHP and USAID. One thousand copies of the brochure were printed: 600 copies were distributed in the GHC, the Congressional Briefing, and Brown Bag Meeting while the rest were distributed to the MOHP, USAID and the US Embassy. An Extra thousand copies were printed and their distribution plan is being developed.
- HM/HC Publications:
 - An RFP for printing new HM/HC Publications and IEC Materials was sent out to five potential competitive bidders. Evaluation process for samples submitted and cost analysis was conducted and awarded for three different printshops.
 - The HM/HC Publications booth and 23 Posters were moved from the USAID building to the American Embassy to promote the different HM/HC activities and achievements.

Activity No. 7.7: Strengthen IPC Training for Physicians and Nurses

- An IPC refresher workshop was conducted in Ain El Shokhna from May 11 to 13, 2003 for a number of 26 participants from JSI and MOHP. The

workshop aimed to review the IPC curriculum and develop and IPC pilot plan till the end of September 2003.

Activity No. 7.8: Behavior Change

- During this quarter, a literature review of the tools to be used in developing the behavior change module has been completed. The behavior change module will be developed next quarter.
- Work is on-going to implement the Behavior Change Plan. Please refer to Task 2 Behavior Change Infection Control activities.

Activity No. 7.9: Gold Star

- A final design for the MCH Gold Star Sign for PHC health facilities and hospitals was produced and waiting for a decision on accreditation procedures.

Activity No. 7.10: Health Education Activities to Support SHIP in Schools

- Health education activities took place through trained Science Teachers in all 11 districts of Sohag, 8 districts of Assiut and 6 districts of Menya. While health education took place through Health Educators in all districts of the other five Governorates, except for Beni Suef.
- JSI transformed the two program video films: Procedures of Iron Supplementation film and the Health Education film, into CDs. Duplication of 1000 copies of the CD will take place. These copies will be distributed to schools in which there are no VCRs, in addition to Al Azhar and MOE schools in the eight governorates of Upper Egypt.

Activity No. 7.11: Iron Supplementation Program

- Target students in all governorates were provided with the weekly iron tablets.
- A two day refresher training of HIO Data Specialists took place in Fayoum, Luxor, Qena, Assiut, and Menya governorates. Two participants from each HIO Zone attended the workshop. The main objectives of these workshops were to update the knowledge of the participants regarding the computer system used for the school statistics, answer their questions, and enable them to solve problems related to the system.

Governorate	From	To	No. of Participants
Fayoum	June 04	June 05	2
Luxor	June 08	June 09	2
Qena	June 10	June 11	2
Assiut	June 15	June 16	2
Menya	June 17	June 18	2
Total			10

Activity No. 7.12: Pilot Testing of IEC for Smoking Prevention

- The smoking posters and brochures are used in target schools. The brochures are used during the health education sessions by both Health Educators in the

Base Period governorates, and Science Teachers in the Option Period governorates. -

Constraints:

- No health education activities took place in Beni Suef, as the Health Educators' contracts were not renewed since July 2002.

Proposed Actions to Overcome Constraints:

- To intensify efforts with HIO authorities at the central and regional levels to renew the contracts to proceed with the delayed activities.

C.10.10 TASK TEN: Small Grants Program**Accomplishments:****Activity No. 10.1: Management and Monitoring of the Base Period Awarded 102 Grants**

- Partial payments were advanced to 17 governorates NGOs with a total amount of LE 157,771 for on-going activities.
- Outreach workers used the developed tools to assess the quality of home visits, seminars, and support groups. An assessment of these tools after their utilization will be conducted to determine their impact on the performance of outreach workers in conducting community awareness activities.

Activity No. 10.2: Modify the Existing IFA and the Structure of the Review Panel

- Done.

Activity No. 10.3: Provide Grants to Capable Local NGOs through Standardized Mechanisms

- Training sessions on proposal writing were conducted for NGOs that passed the capacity assessment as follows:

Governorate	From	To	No. of NGOs	No. of Participants	
				From NGOs	From MOISA
Sohag	April 06	April 09	6	12	5
Menya	April 20	April 23	13	26	5
Menya	May 04	May 07	14	28	5
Assiut	April 13	April 16	14	28	3
Total			47	82	13

- The main objective of these sessions was to enable the NGOs to gain the following skills:
 - Finish them with the results of the community needs assessment conducted.
 - Set a priority for community needs by using ranking matrix.
 - Problem analysis by using problem tree technique.
 - Set budget and action plan for implementation, monitoring, evaluation, and sustainability.
- Sixty three Proposals were submitted (47 proposals from NGOs that were trained this quarter and 16 proposals from NGOs that have been trained last quarter).
- The proposals were distributed among the members of the Review Panel for assessment then submitting final recommendations for USAID Contracting Office.
- The following table illustrates the numbers of the proposals submitted to Cairo office classified by Governorate, Districts and the dates of submission.

Governorate	Districts	# of submitted proposals	Date of Submission
Sohag	9 (Sohag, Tema, Tahta, Geheina, El Maragha, Akhmeim, El Mounshaa)	25	June 02
Assiut	4 (Assiut, El Kouseyah, El Fath and El Ghanayem)	14	June 07
Menya	5 (Menya, Beni Mazar, Samalout and Deir Mowas)	24	June 12
Total		63	

Activity No. 10.4: Training Awarded NGOs (Technically and Financially)

- No activities were conducted this quarter.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.11 TASK ELEVEN: Commodity Procurement Program

Accomplishments:

Activity No. 11.1: Commodities

- JSI/TCA completed the procurement process and issued Purchase Orders for a total of US\$ 4,551,103. The total amount committed to date is 51% of the total procurement budget.
- TCA has procured the following items this quarter per the Life of Contract Procurement Plan:
 - Local medical furniture, equipment, and supplies
 - Local computing equipment
 - Local office furniture
- Technical specifications for the remaining offshore medical equipment requirements were finalized and IFB #13 was issued on June 23, 2003. Bids are due on July 31, 2003.
- A comprehensive spreadsheet was developed to define the remaining local medical requirements and an RFQ for Phase II and III requirements will be released soon.
- Waiver requests for LCD Projectors and local medical commodities are being drafted for submission to USAID.
- Offshore medical equipment awarded under IFB #12 was received in Cairo and is being prepared for distribution to MOHP facilities. Additional containers are in transit to Cairo.
- Pre-delivery inspection (PDI) of the vehicles was completed and the vehicles were distributed to the MOHP Directorates per the approved Vehicle Procurement Plan.
- JSI and TCA have accepted delivery and installed the following items for Option Period recipient locations this quarter:
 - Medical equipment, furniture, and supplies in completed Phase One and Phase Two facilities.
 - Interim requirements for medical equipment, furniture, and supplies for select Phase II facilities.
 - Air conditioners for Phase I facilities (General District Hospitals and BEOCs) and for District Health Offices.
 - Office furniture for selected District Health Offices.
 - Medical supplies for Embaba Hospital CPAP activities.
- Discussions have continued with ICS, Preemicare, and Hi-Med regarding the PreemiCare incubators. All correspondence has been shared with the MOHP and USAID.
- Inventory in the warehouse was maintained and a physical inventory was completed.
- The computerized Commodity Procurement Database was maintained and is producing required reports.
- Distribution reports were provided to the GOE Customs Representative and Sales Tax Authority as required.
- The Procurement Milestone documenting the \$3 Million in commodities was approved by USAID.

Activity No. 11.2: Renovations

- All the bidding, contracting and financial procedures related to the renovation process were implemented according to the renovation plan.
- Three contracts were signed for the renovations of Geheina, Maragha, and El Mounshaa District Hospitals.
- An RFQ for Menya Phase II facilities requiring renovations to be funded by JSI was issued and quotations are due on July 2, 2003.
- RFQs for Assiut and Sohag Phase II BEOCs requiring renovations to be funded by JSI are being finalized to be issued by the second week of July 2003.

Activity No. 11.3: Publications

- A RFP for printing new HM/HC Publications and IEC Materials was distributed to five potential bidders. The bid analysis (technical and cost) was conducted and awards were made to three different print shops.
- The Admission Sheet has been finalized and is ready for printing. A RFQ was distributed for this requirement.
- The HM/HC Publications booth was moved from the USAID building to the American Embassy per the request of USAID.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.12 TASK TWELVE: Coordination Activities

Accomplishments:

USAID

- JSI Chief of Party and Communication Specialist met with Dr. Abdel Hadi El Tahir, Senior Technical Advisor, USAID Washington on June 16, 2003 in the JSI office. The purpose of the meeting was to present the HM/HC activities in the area of FGC. A presentation was presented to the visitor documenting all the HM/HC FGC activities. Copies of all the materials, as well as, the presentation were given to Dr. Abdel Hadi.
- It was agreed that on the occasion of the communication Specialist being in Washington, D.C. at any point of time, Dr. Abdel Hadi will arrange a HM/HC presentation in USAID Washington on the FGC activities. It was also agreed that JSI will calculate the cost of FGC different activities and email it to him.
- Dr. Abdel Hadi mentioned that he would welcome a proposal to be submitted by JSI for extending the FGC activities and he will be willing to consider securing the required fund from USAID Washington.

MOHP/ USAID/ JSI Monthly Coordination Meeting

- One monthly coordination meeting was held on April 2003 during this quarter. Annex G contains the minutes of the said meeting. Intensive coordination between MOHP/ USAID/ JSI during April/ May took place to prepare for the US Congressional Briefing, USAID Brown Bag Meeting on May 27 and the Global Health Council meeting May 27-30, 2003.

MOHP-Intra-Ministerial Coordination

A- Curative Care Sector

- A meeting was held with the MOHP Under-Secretary for Curative Care, Director General of Hospitals, and two specialists in the Central Department for Curative Care on April 14, 2003. The purpose of the meeting was to follow up on activities related to areas of collaboration and coordination discussed in previous meetings and to propose solutions to problems identified through JSI clinical supervisory visits to target facilities in Upper Egypt.
- A full briefing on competency-based training and the clinical supervisory system implemented by JSI presented, main findings/ problems at target hospitals were discussed. An agreement was reached to develop a plan of action to address issues raised and discussed. (Annex H: Minutes of the meeting). As a follow up to this meeting, a joint action plan was developed (Annex I). Since the said meeting and the agreed upon action plan, cooperation between the MOHP Curative Central Department and HM/HC has witnessed a remarkable break-through. Areas of cooperation covered participation in phasing out the JSI technical assistance from Qena, Fayoum and Beni-Suef and in developing sustainability plans, conducting joint integrated visits to target facilities in Upper Egypt and responding positively to identified problems as shortage in staff in El Wahat El Bahareya District

Hospital as well as assuring the availability of essential supplies in the target hospital.

B- Infection Control Unit

- Dr. Esmat Mansour, MOHP Under-Secretary , and HM/HC Executive Director chaired a coordination meeting between HM/HC, JSI, and Director of Infection Control Unit/ MOHP on April 22, 2003.
- In addition to the areas of coordination and cooperation, the meeting was used as a vehicle to brief the Executive Director of HM/HC on the latest developments in the implementation of IVF Premixed formula for neonates and the outcomes of JSI meeting with the MOHP Curative Sector.
- Cooperation between HM/HC Project and the Infection Control Unit/ MOHP in Menya, Assiut and Sohag governorates are in progress and in accordance with MOHP National Guidelines for Infection Control.

HM/HC/ MCH/ HIO

- JSI meet with the Director General of MCH, MOHP, Deputy Executive Director, HM/HC Project, and key staff from HIO and MOHP and MCH Director, Giza Governorate to brief him on the preparatory work to introduce and implement SHIP Program in Giza Governorate.
- The meeting which took place on May 28, 2003 was followed with a meeting between the MOHP/ HIO/ Giza Governorate team and Dr. Mohamed Ali, Chief of North Upper Egypt HIO. It was agreed with Dr. Mohamed to hold an orientation meeting for all District Directors of the Giza targeted districts to brief on project objectives, strategy, and activities.

TAHSEEN Project

A- Integrating MCH, FP Service delivery at PHC Level

- To clarify what is meant by coordinating and integrating MCH and FP at the primary Health Care Level, JSI and TAHSEEN Chiefs of Party accompanied with their aids meet with Dr. Esmat Mansour, Under-Secretary for Integrated Health Care and HM/HC Executive Director on May 5, 2003. (Annex J: Minutes if the meeting)

B- Memo of Cooperation

- A Memo of Cooperation, between MOHP- Family Planning and Primary Health Care Departments, JSI, USAID, JSI and TAHSEEN Team Leaders, was developed and signed by USAID HM/HC Team Leader and TAHSEEN Team Leader, JSI COP and TAHSEEN/ Catalyst Country Representative. The memo was submitted to MOHP Under-secretary for Integrated Health Care, HM/HC Executive Director, and Family Planning Under-Secretary for review and approval.

C- Post-Partum Care Guidelines

- JSI shared with TAHSEEN the above guidelines for their review and comments which JSI received and is considering their incorporation, as appropriate, in the final draft.

D- Secondary Nursing School Curriculum

- JSI met on April 8, 2003 with TAHSEEN team who is following the process with its steps that JSI adopted to revise, upgrade, and update the MCH component of the secondary nursing school curriculum to develop the family planning component of the curriculum.
- JSI briefed the team on the process, resources available and how to involve concerned authorities to conclude the process with an approval on the curriculum. TAHSEEN team agreed to follow CBT in its development of the materials

NGO Service Center

- The Population and Health NGO activity within the NGO Service Center - based on previous agreement of cooperation- is advising their grantee NGOs to use the specifications, protocols and the IEC materials developed by HM/HC Project.
- JSI provided a number of sets of materials and publications produced to the NGOs Service Center to be distributed to their guarantee NGOs. In a recent development, JSI provided the NGO Service Center –Upon their request-, the production cost of these materials and permission to produce and distribute them to the NGO Service Center guarantee NGOs.

Contract Administration

Accomplishments:

- Full and part time staff positions were filled for the Option Period. A Contract Staff List detailing employee names and positions can be found in Annex C.
- The JSI/Boston Project Coordinator visited the office to complete several administrative/financial activities including a review of the procedures manual, drafting a close-out plan, assistance with the budget racking tool, etc.
- Technical and administrative visits were made to the field offices. The Fayoum and Qena field offices were closed in June, 2003.
- JSI use of PIL funds is being tracked daily and reconciled with the Project on a monthly basis. A detailed review is being conducted on the last quarter projections to ensure there is enough remaining funds by line item.
- The JSI budget-tracking tool was updated monthly and actual and projected expenses were entered.
- JSI provided monthly expenditure estimates to USAID as required.
- Project inventory records were updated and reviewed for accuracy.
- JSI received the approved sales tax exemption request from USAID and is following up with the Sales Tax Authority for finalization.
- JSI/Egypt forms were produced in electronic form and a pilot test will be run using electronic approvals.
- A hardware/software analysis was completed for the Cairo office and the procurement of additional desktop and laptop computers was completed.
- Renovations for the Giza field office are underway. Commodities are also being procured for the new office.
- A project close-out plan was developed and is being prepared for presentation to the Senior Management Team.

Constraints:

- None

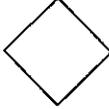
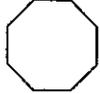
Proposed Actions to Overcome Constraints:

- None

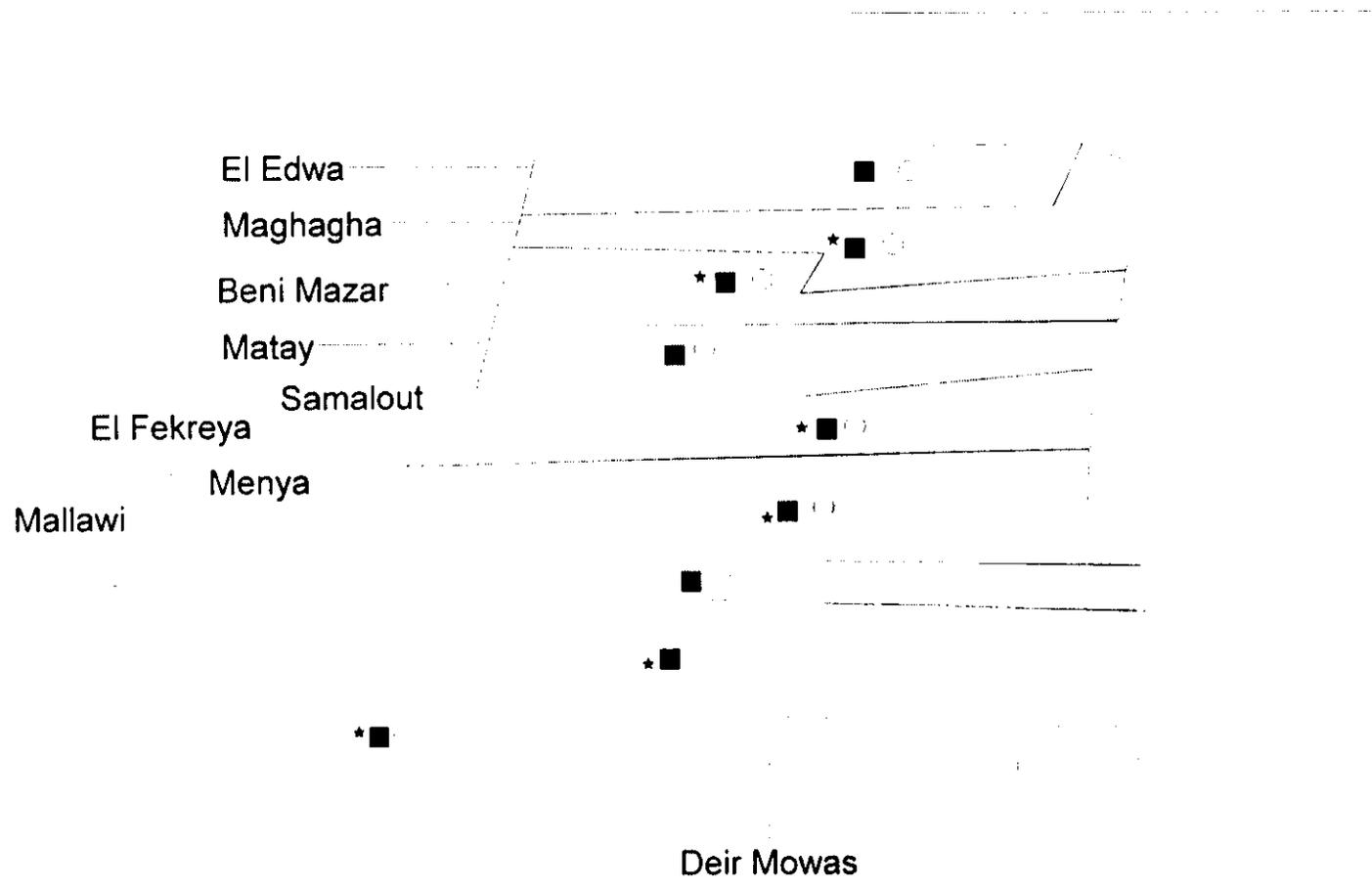
**ANNEX A: STATUS OF THE OPTION PERIOD
PERFORMANCE MILESTONE**

No.	Date Due	Task No.	Milestone	Submitted	Validated	Approved	Comments
						USAID	
11	09/15/2003	1	Implementation of basic package in 16 additional districts for a cumulative total of 53 districts.				
12	09/15/2003	2	Monitor QA scores of neonatal centers in target governorates.				
13	09/15/2003	3	16 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 53 districts.				
14	09/15/2003	4	Assist MOHP to establish 75 district MIIS centers.				
15	09/15/2003	5	5 operations research studies completed.				
16	09/15/2003	7	Community Action Plans developed and implemented in 16 additional districts for a cumulative total of 53 districts.				
17	09/15/2003	7	Assist the MOHP and HIO to maintain the Adolescent Anemia Prevention Program in the five original UE governorates and phase into the new target governorates.				
18	09/15/2003	10	A cumulative total of 140 small grants awarded to NGOs in target districts.				
19	09/15/2003	11	Procurement of \$ 5.5 Million of Project commodities.				
20	09/15/2004	1	Implementation of basic package in 17 additional districts for a cumulative total of 70 districts.				
21	09/15/2004	2	Complete implementation of MCH-FP integrated package of services in one pilot district including Health Sector Reform.				
22	09/15/2004	3	17 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 70 districts.				
23	09/15/2004	4	Assist MOHP to establish 80 district MIIS centers.				
24	09/15/2004	5	Assist MOHP in the development and pilot test of a national maternal mortality surveillance system.				
25	09/15/2004	7	Community Action Plans developed and implemented in 17 additional districts for a cumulative total of 70 districts.				
26	09/15/2004	10	A cumulative total of 160 small grants awarded to NGOs in target districts.				
27	09/15/2004	11	Procurement of \$ 7.5 Million of Project commodities.				
28	03/15/2005	1	Implementation of basic package in 5 additional districts for a cumulative total of 75 districts.				
29	03/15/2005	2	Assist the MOHP/urban Health Department in pilot test adapted IIM/IC interventions in 1-2 urban slum areas.				
30	03/15/2005	3	5 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 75 districts.				
31	03/15/2005	4	Assist MOHP to establish 85 district MIIS centers.				
32	03/15/2005	5	12 operations research studies completed.				
33	03/15/2005	5	Monitor implementation of surveillance system in target governorates of Upper Egypt.				
34	03/15/2005	7	Community Action Plans developed and implemented in 5 additional districts for a cumulative total of 75 districts.				
35	03/15/2005	10	A cumulative total of 170 small grants awarded to NGOs in target districts.				
36	03/15/2005	11	Procurement of \$ 9 Million of Project commodities.				

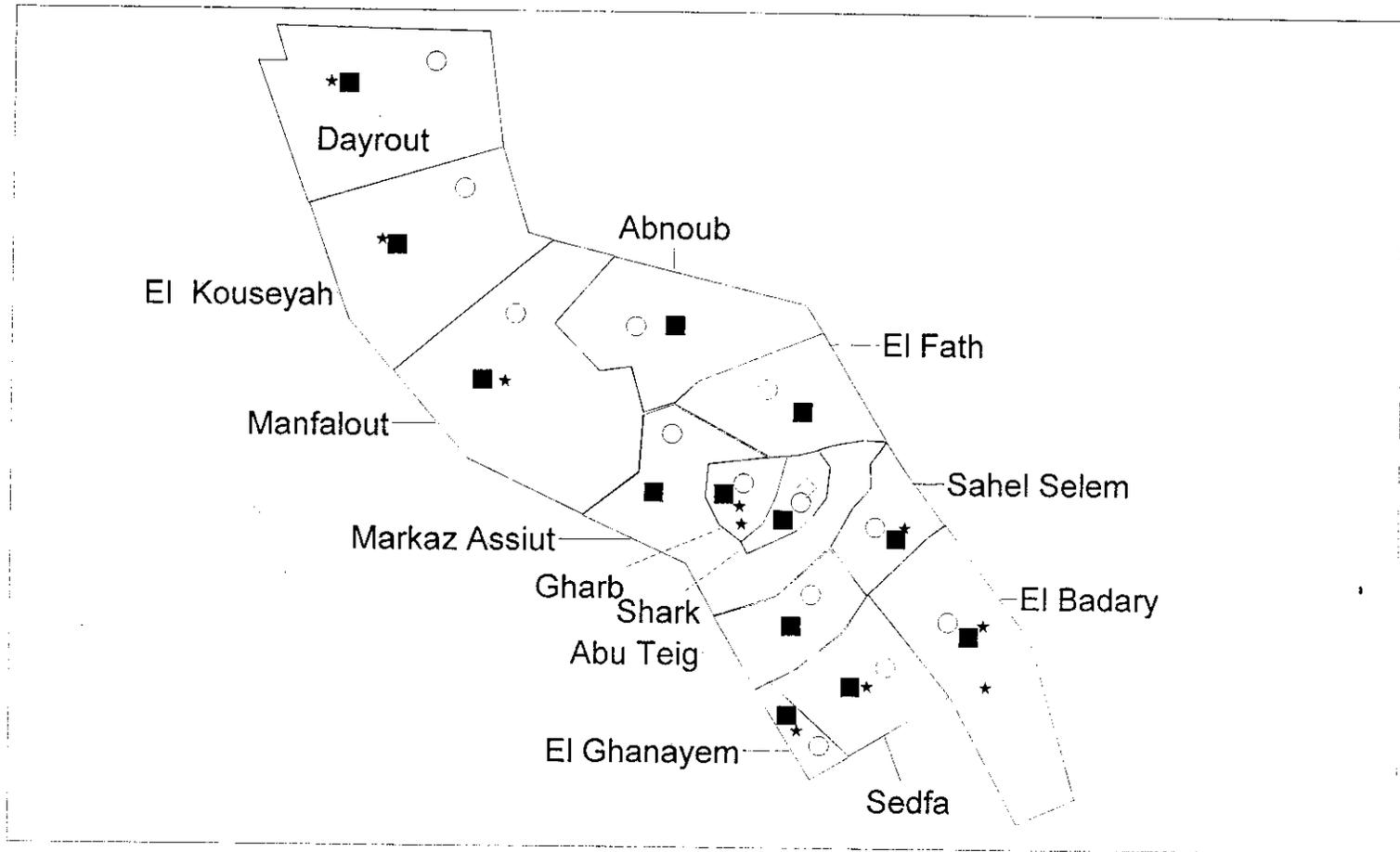
ANNEX B: MAPS OF TARGET GOVERNORATES

LEGEND	YES	NO
Directorate MHIS Center Upgraded		
District MHIS Center Established		
Neonatal Care Center Upgraded		
CEOC Center Upgraded		
BEOC Center Upgraded		

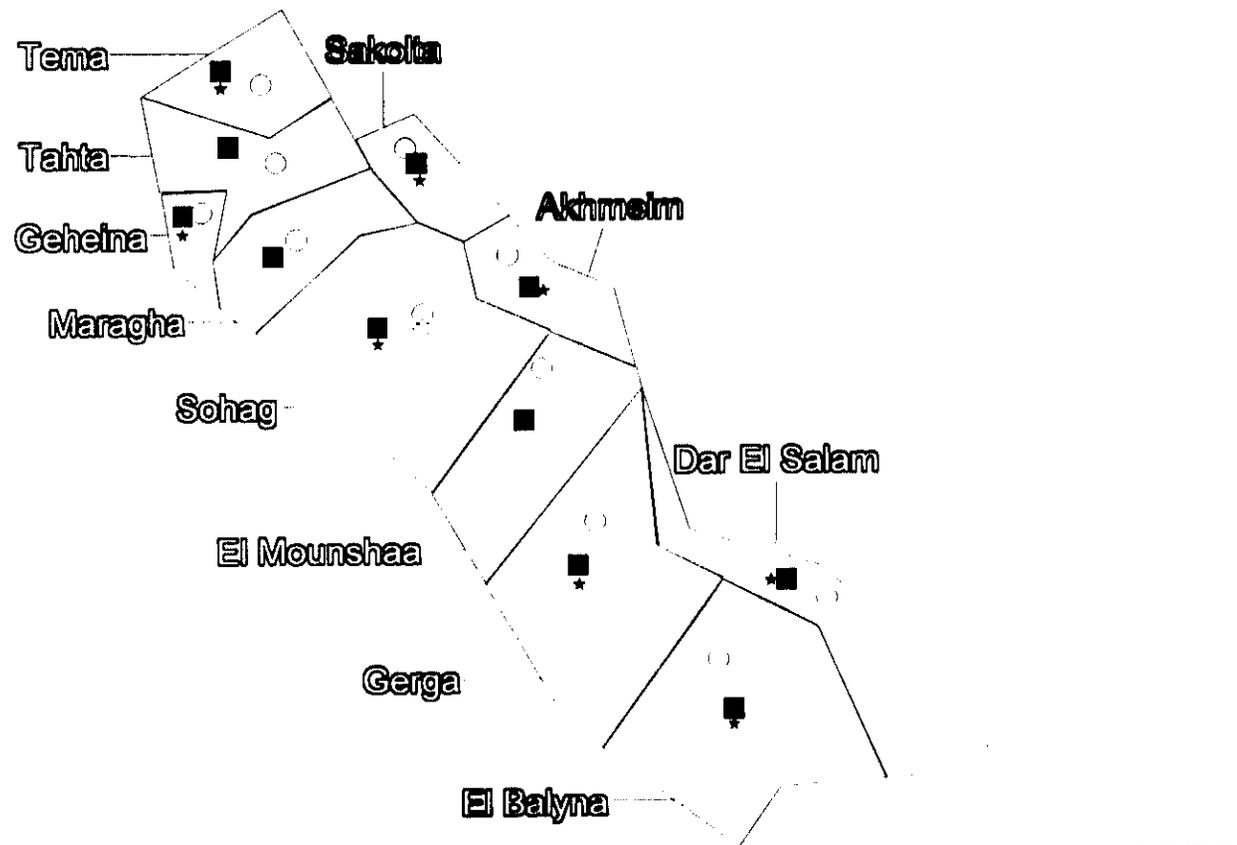
El Menya



Assiut



Sohag



ANNEX C: CONTRACT STAFF LIST

John Snow, Inc. HM/HC
Staff Names and Titles
Option Period - June 30, 2003

Names	Titles
ISI / Cairo office	
Full-Time Employees	
Reginald Gipson	Chief of Party
Sobhi Moharram	Deputy Chief of Party Coordinator for Tasks 1, 3, 4, 5, 7 & 10
Tom Coles	Health Providers Training Supervisor Coordinator for Task 2
Katrina Kruhm	Project Administrator Coordinator for Task 11
Hassan El Sheikh	Implementation Team Coordinator Task Team Member: Task 1 & 2
Mohsen El-Said	Implementantion Specialist (Assiut & Menya) Task Team Member: Task 1
Abdel Moncim Hamed	Implementation Specialist (Sohag) Task Team Member: Task 1
Dalia Raafat	Architect & Quantity Surveyor Task Team Member: Task 1
Mostafa Taher	Field Civil Engineer Task Team Member: Task 1
Ghada Sherif	Infection Control Specialist Task Team Member: Task 2
Lamiaa Mohsen	Perinatal Coordinator Task Team Member: Task 2
Mohamed Moustafa	Training Specialist Task Team Member: Task 2
George Sanad	Health Management Specialist Task Team Member: Task 3
Wafaei El-Sakkary	Quality Assurance Specialist Task Team Member: Task 3
Sherif El-Kamhawy	Quality Assurance Assistant Task Team Member: Task 3
Khaled Abdel Fattah	Senior Systems Analyst (Arabsoft) Task Team Member: Task 4
Sameh Gamil	Senior Systems Engineer (Arabsoft) Task Team Member: Task 4
Adel Hakim	Maternal Mortality Surveillance System Specialist Task Team Member: Task 5
Khaled Nada	Operation Research Specialist Task Team Member: Task 5
Marwa Kamel	Communication & Public Relations Specialist Task Team Member: Task 7
Ihab Abdel Ghani	Community Health & Health Educators Specialist Task Team Member: Task 7
Heba Rafik	Communications & Contracting Specialist Task Team Member: Task 7

Names	Titles
Dalia Sherif	Communications Assistant Task Team Member: Task 7
Khaled El-Sayed	Community Mobilization Specialist Task Team Member: Task 7
Maha Anis	Training Specialist Task Team Member: Task 7
Hana Abdel Megeid	SHIP Assistant Task Team Member: Task 7
El-Sayed Kishta	Community Outreach Worker Specialist Task Team Member: Task 10
Mohamed Mansour	Procurement & Commodity Logistics Specialist Task Team Member: Task 10 & 11
Marion Charobim	Procurement Specialist Task Team Member: Task 11
Ola Zakaria	Administrative / Contracting Specialist Task Team Member: Task 11
Hazem Mansour	Financial Manager & Deputy Administrator
Amr Obeid	Senior Accountant
Bassem Reda	Senior Accountant
Naglaa El-Bakri	Office Manager
Manar Adel	Administrative / Personnel Specialist
Rami Ezzy	Senior Network Administrator
Amr Hassan	Assistant Network Administrator
Gihan Iskandar	Senior Program Assistant (COP)
Dalia Hassan	Program Assistant (Management)
Mariam Samir	Program Assistant(MMSS)
Passant Al-Ashkar	Program Assistant (Service Development & Delivery)
Neveen Sami	Program Assistant (Health Providers Training Supervisor)
Nesrine Sobhi	Executive Secretary
Ingy Kotb	Executive Secretary
Amira Diao	Executive Secretary
Dina Khairy	Executive Secretary / Travel Assistant
Ola Hussein	Secretary
Soha Hassan	Secretary
Nashwa Bahgat	Secretary
Roa Ibrahim	Secretary
Dina Bahader	Receptionist/Secretary
Iris Guirguis	Data Entry Assistant
Walid Salah	Data Management Assistant (SHIP & Cocurrent EOC Assessment)
Tarek El-Nadi	Senior Driver
Ali Yassin	Driver
Hassaballah Mostafa	Driver
Ayman Mohamed	Messenger/ Expeditor
Ahmed Moawad	Messenger/ Expeditor
Mohamed Harbi	Messenger / Store-Keeper
Ayman Mirghani	Photocopy Clerk
Hassan Fawzi	Office Boy
Khaled El-Ghoneimy	Office Boy

Names	Titles
Part-Time Employees	
Nevine Hassanein	Slum Areas Development Coordinator
Mohamed Rashad	Architectural & Engineering Specialist
Mohamed Magdy Al-Aasar	Field Civil Engineer
Mohamed Helmy	Electrical Engineer
Khaled Saber	Bio-Medical Engineer
Iman Radwan	Bio-Medical Engineer
Walid Saber	Bio-Medical Engineer
Hussein Khamis	Support Services Coordinator
Sabry Hamza	EOC Coordinator
Ashraf Shawat	Anesthesiology Specialist
Ahmed Farag	Anesthesiology Specialist
Fareed Farouk	Anesthesiology Specialist
Mokhtar Abdel-Hai	Anesthesiology Specialist
Amr Abul Fadl	Emergency Room Team Trainer Specialist
Amr Abdallah	Emergency & Laboratory Specialist
Salwa Teama	Hematology Specialist
Ahmed Ashraf Wegdan	Infection Control Specialist
Alaa Abou Zeid	Infection Control Specialist
Amr Fathi	Clinical Supervisor
Abdel-Ghaffar Mohamed	Clinical Supervisor
Ahmed Samy	Clinical Supervisor
Ahmed Mohamed	Clinical Supervisor
Hossam Ahmed	Clinical Supervisor
Ihab El-Nashar	Clinical Supervisor
Karim Wahba	Clinical Supervisor
Khaled El-Sheikha	Clinical Supervisor
Magdy Sweed	Clinical Supervisor
Magdy Tawfik	Clinical Supervisor
Mahmoud Rizk	Clinical Supervisor
Mahmoud Shokry	Clinical Supervisor
Mohamed Sabry	Clinical Supervisor
Mohamed Mahmoud	Clinical Supervisor
Mohamed Morad	Clinical Supervisor
Sayed Mostafa	Clinical Supervisor
Tarek El-Dessouky	Clinical Supervisor
Tarek Khalaf	Clinical Supervisor
Yasser Abou-taleb	Clinical Supervisor
Ahmed Reda	Neonatal Clinical Supervisor
Ahmed Abdel Salam	Neonatal Clinical Supervisor
Aly Bayoumi	Neonatal Clinical Supervisor
Dahlia El-Sebaei	Neonatal Clinical Supervisor
Hisham Ali	Neonatal Clinical Supervisor
Mostafa Abdel Azeem	Neonatal Clinical Supervisor
Mounir Mostafa	Neonatal Clinical Supervisor

Names	Titles
Salah El-Din Ahmed	Neonatal Clinical Supervisor
Sherif Mohamed	Neonatal Clinical Supervisor
Ismail El-Hawary	Neonatal Specialist
Maaly Guimei	Senior Nurse Advisor
Rosario Raz	Nursing Master Trainer
Abeer El-Kotb	Nursing Trainer / Supervisor
Enayat El-Sayed	Nursing Trainer / Supervisor
Hamida Alam El-Din	Nursing Trainer / Supervisor
Hanan Said	Nursing Trainer / Supervisor
Heba Ezzat	Nursing Trainer / Supervisor
Iman Abdel Samea	Nursing Trainer / Supervisor
Madiha Mohamed	Nursing Trainer / Supervisor
Marzouka Gadallah	Nursing Trainer / Supervisor
Nadia Abd-Allah	Nursing Trainer / Supervisor
Rabab El-Sayed	Nursing Trainer / Supervisor
Randa El-Sayed	Nursing Trainer / Supervisor
Randa Mohamed	Nursing Trainer / Supervisor
Rasha Adel	Nursing Trainer / Supervisor
Sahar Nagieb	Nursing Trainer / Supervisor
Sahar younes	Nursing Trainer / Supervisor
Sahar Moussa	Nursing Trainer / Supervisor
Soad Ramadan	Nursing Trainer / Supervisor
Salwa Ali	Nursing Trainer / Supervisor
Safaa Mohamed	Nursing Trainer / Supervisor
Said El-Dib	Health Management & Community Health Coordinator
Olivia Riad	Management Specialist
Donald Benson	Publications Coordinator
Adam Taylor	Editor
Anna Alwen	Editor
Anna Stead	Editor
Heidi Thurmon	Editor
Jodi Deutsch	Editor
Mandy McClure	Editor
Martha Abou El-Ella	Editor
Michelle Auld	Editor
Alison Bichard	Technical Writer / Editor
Erin Benson	Technical Writer / Editor
Tarek El-Shimi	Technical Writer / Editor
Assiut Field Office	
Abdel Aziz Mohamed	Maternal & Child Health Specialist
Tarek Abdel-Wahed	Health Planning & Management Specialist/ Field Office Manager
Mohamed Youssef	Community Development Specialist
Akram Yehia	Field Program Assistant (SHIP)
Mahmoud Ahmed	Administrative Assistant
Mohamed Ali	Driver

Names	Titles
Nasser Sayed	Office Boy
Giza Field Office	
Marwan Abdel Fattah	Maternal & Child Health / Field Office Manager
Sameh Sabry	Field Program Assistant (SHIP)
Ashraf Saad	Administrative Assistant
Gamal Abdel-Azeem	Driver
Minia Field Office	
Gihan Shafik	Maternal & Child Health Specialist
Amgad George	Health Planning & Management Specialist/ Field Office Manager
Mostafa Sayed	Community Development Specialist
Ahmed Hosni	Field Program Assistant (SHIP)
Samah Khalifa	Administrative Assistant
Ahmed Al-Kassem	Driver
Gamal Ahmed	Office Boy
Sohag Field Office	
Gamal El-Korashy	Maternal & Child Health Specialist / Field Office Manager
Ossama Ibrahim Mohamed	Health Planning & Management Specialist
Ahmed Ramadan	Community Development Specialist
Hussein Kamel	Field Program Assistant (SHIP)
Ashraf Mostafa	Administrative Assistant
Mohamed Sayed	Administrative Assistant
Mohamed Badawi	Secretary
Hassan Abbas	Driver
Seoudi Fayez	Office Boy

ANNEX D: SUMMARY OF IMPLEMENTATION STATUS IN MENYA

Option Period

Status of Implementation as of

June 30, 2005

Menya Governorate

1 - CEOCs & BEOCs

1.1 - RENOVATION

Menya Governorate

Funding Source	Completed	Not Completed			Comments/ Action Required
		IFB issued	Contract Awarded	Expected Date for Completion	
	Yes				
	NO	NO		August	Blue prints are prepared by engineers and they said that by August 2003 renovation will be completed
	Yes				
JSI/MOHP	Yes				
	NO	NO		August	Blue prints are prepared by engineers and they said that by August 2003 renovation will be completed
JSI	Yes				
MOHP		YES	YES	AUG	
HMHC		YES	YES	AUG	
MOHP	Yes				
MOHP	Yes				
HMHC		YES	YES	AUG	
JSI	NO	NO		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be
JSI	NO	NO		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be
JSI	NO	NO		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be
	Yes				
	Yes				
	Yes				
	Yes				plan to renovate female OR, and make extension for CEOC, HMHC
	Yes				
JSI	NO	NO		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be
JSI	NO	NO		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be
JSI	NO	NO		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be
JSI	NO	NO		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be

1 - CEOCs & BEOCs

1.2 - COMMODITIES

Menya Governorate

Delivery			Comments/ Action Required
Delivered	Partial	Expected Date for Completion	

Yes			Except few missing items
No	No		Pending Completion of Renovations
Yes			Except few missing items
Yes			Except few missing items
No	No		Pending Completion of Renovations
Yes			Except few missing items

Interim Commodities Provided until the completion of renovations			
Yes			Except few missing items (1st Tranche)
Yes			Except few missing items
Equipped By JESICA, JSI will only provide supplies " Pending Request to supply".			
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations

Yes			Except few missing items
Yes			Except few missing items (1st Tranche)
Yes			Except few missing items
Yes			Except few missing items
Yes			Except few missing items
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations

		Number of Physicians Trained <input type="text"/> Number of Nurses Trained <input type="text"/> Number of Lead Trainers Trained <input type="text"/> HSMC <input type="text"/>												
Number of Nurses Trained	NC Nurses	Actual	3	4					3					
		Planned	1	1					1					
	NC Nurses Competency	Actual												
		Planned												
	NC Nurses Mastery	Actual												
		Planned												
	NC Nurses/OJT (# of Days)	Actual		18					22					
		Planned		6					6					
	EOC Nurses	Actual	9	4					4					
		Planned	0	2					3					
	EOC Nurses Competency	Actual												
		Planned												
	EOC Nurses Mastery	Actual												
		Planned												
	EOC Nurses/ OJT (# of Days)	Actual	72	18					18					
		Planned	9	18					18					
	Emergency Services for Nurses	Actual			0									
		Planned			4									
ER Competency	Actual													
	Planned													
ER Mastery	Actual													
	Planned													
ER for Nurses/ OJT (# of Days)	Actual													
	Planned													

Legend		Number of Physicians													
		Trained <input type="checkbox"/>													
Legend		Number of Nurses													
		Trained <input type="checkbox"/>													
Legend		Number of Lead Trainers													
		Trained <input type="checkbox"/>													
Legend		HSMC <input type="checkbox"/>													
		Number of Nurses Trained	OR Nurses	Actual	3		11					12			
	Planned		0		0					0					
	OR Competency		Actual												
			Planned												
	OR Mastery		Actual												
			Planned												
	OR Nurses/ OJT (# of Days)		Actual	10		9					8				
			Planned	9		9					9				
	CSSD Nurses		Actual	5		12					12				
			Planned	0		0					0				
	CSSD Competency		Actual												
			Planned												
	CSSD Mastery		Actual												
			Planned												
	CSSD Nurses/ OJT (# of Days)		Actual	10		9					8				
			Planned	9		9					9				
	Infection Control Team		Actual	0		0					0				
			Planned	0		0					0				
	IC Competency		Actual												
			Planned												
	IC Mastery	Actual													
		Planned													

Legend		Number of Physicians																			
Trained <input type="checkbox"/>																					
Legend		Number of Nurses																			
Trained <input type="checkbox"/>																					
Legend		Number of Lead Trainers																			
Trained <input type="checkbox"/>																					
HSMC <input type="checkbox"/>																					
Number of Lead Trainers Trained	Anesthesiologists																				
	Actual																				
	Planned		1			1															
	Anesthesiologists Competency																				
	Actual																				
	Planned																				
	Anesthesiologists Mastery																				
	Actual																				
	Planned																				
	Nurses																				
	Actual	6																			
	Planned	6																			
Nurses Competency																					
Actual																					
Planned																					
Nurses Mastery																					
Actual																					
Planned																					
HSMC	Mngt & QA Training (# trained)																				
	Actual		7																		
	Planned							6										8			
	Integrated Visits																				
	Actual		6					4													
	Planned		3					3											2		
QR Submitted Quarterly																					
Actual		4					2														
Hospital SMCs Meetings																					
Actual		6					4												2		
Planned		3					3														

2 - District Health Planning & Management

Menya Governorate

	SMC Members Trained										Service Improvement Fund	District Health Plan Developed	Quarterly Review Reports	# of GSMCs Meetings	# of DSMCs Meetings	# of SMCs & HCs Joint Meetings	MMSS Members Trained									
	Planning and Management Training (# trained)		Quality Improvement (# trained)		Data Use Training		# of Health Committee members Oriented		TOT (# trained)								SMC Members (# trained)		Health Offices (physicians and Clerks) (# trained)		Ob/Gyn Specialists (# trained)		MMSS OJT (# of Days)			
	A	P	A	P	A	P	A	P	A	P							A	P	A	P	A	P	A	P		
	22		22		0	10	12		11		5		7		2	24	450	80	38	8						
	10		10		0	5	15		8		6	1	3		8	2	47	3	5	2						
	12		12		0	5	30		0		0	1			1	2	41	3		2						
	12		12		0	5	30		0		0	1			1	2	48	3	5	2						

ANNEX E: SUMMARY OF IMPLEMENTATION STATUS IN ASSIUT

Option Period

Status of Implementation as of

June 30, 2005

Assiut Governorate

1 - CEOCs & BEOCs

1.1 - RENOVATION

Assiut Governorate

Funding Source	Completed	Not Completed			Comments/ Action Required
		IFB Issued	Contract Awarded	Expected Date for Completion	
MOHP	Yes				
MOHP	Yes	-	-	August	NCU needs extension (JSI) Blue prints are prepared by engineers and they said that by August 2003 renovation will be completed
MOHP/ JSI	Yes				
MOHP/ JSI	Yes				
JSI		-	-	Sept.	
HMHC		Yes	Yes	August	Complete renovation, interim space is used for CEOC and NCU
HMHC		Yes	Yes	August	
HMHC		Yes	Yes	August	
HMHC		Yes	Yes	August	
HMHC		Yes	Yes	August	
JSI	No	No		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be completed
JSI	No	No		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be completed
JSI	No	No		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be completed
JSI	No	No		Sept.	Blue prints are prepared by engineers and they said that by September 2003, renovation will be completed
JSI	No	No		Sept.	
JSI	No	No		Sept.	It is a new building that is not yet delivered by the contractor

1 - CEOCs & BEOCs
 1.3 - Training
 Assiut Governorate

		Number of Physicians																				
		Trained																				
Number of Physicians Trained	NC Physician Trained on Basic NC																					
	Actual												4									
	Planned												1									
	NC Physician Trained on Advanced NC																					
	Actual													8								
	Planned													1								
	NC Competency																					
	Actual																					
	Planned																					
	NC Mastery																					
	Actual																					
	Planned																					
NC/ OJT (# of Days)																						
Actual													23									
Planned													9									
Number of Physicians Trained	EOC Physician Service Providers																					
	Actual													3								
	Planned													3								
	(EOC Basic Competency)																					
	Actual													0								
	Planned													6								
	(EOC Mastery)																					
	Actual														0							
	Planned														6							
	EOC/ OJT (# of Days)																					
	Actual														72							
	Planned														18							

Legend

Number of Physicians

Trained

Number of Nurses

Trained

Number of Lead Trainers

Trained

HSMC

Number of Nurses Trained	OR Nurses													
	Actual		8		7									
	Planned		0		10									
	OR Competency													
	Actual													
	Planned													
	OR Mastery													
	Actual													
	Planned													
	OR Nurses/ OJT (# of Days)													
	Actual		9		8									
	Planned		6		9									
	CSSD Nurses													
	Actual		3		7									
	Planned		0		10									
	CSSD Nurses													
	Actual													
	Planned													
	CSSD Competency													
	Actual													
Planned														
CSSD Nurses/ OJT (# of Days)														
Actual		9		8										
Planned		6		9										
Infection Control Team														
Actual		0		0										
Planned		0		0										
IC Competency														
Actual														
Planned														
IC Mastery														
Actual														
Planned														

2 - District Health Planning & Management

Assiut Governorate

	SMC Members Trained										Service Improvement Fund	District Health Plan Developed	Quarterly Review Reports	# of GSMCs Meetings	# of DSMCs Meetings	# of SMCs & HCs Joint Meetings	MMSS Members Trained							
	Planning and Management Training (# trained)		Quality Improvement (# trained)		Data Use Training		# of Health Committee members Oriented		TOT (# trained)								SMC Members (# trained)		Health Offices (physicians and Clerks) (# trained)		Ob/Gyn Specialists (# trained)		MMSS OJT (# of Days)	
	A	P	A	P	A	P	A	P	A	P							A	P	A	P	A	P	A	P
	22		22		0	10	17		10		11			7		2	25	148	80	44	6			
	9		9		0	5	20		1		5	1		0		1	6	5			2			
	12		12		0	5	30		0		6	1		0		1	16	5		5	2			
	12		12		0	5	30		1		5	1		0		1	8				2			

**ANNEX F: SUMMARY OF IMPLEMENTATION
STATUS IN SOHAG**

Option Period

Status of Implementation as of

June 30, 2005

Sohag Governorate

1 - CEOCs & BEOCs

1.1 - RENOVATION

Sohag Governorate

Funding Source	Completed	Not Completed			Comments/ Action Required
		IFB Issued	Contract Awarded	Expected Date for Completion	
JSI	Yes				Shall to the department renovated by MOHP
MOHP	Yes				
MOHP	Yes				
MOHP	Yes				
JSI					There is a place near OR and needs minor renovation, Proposed to be funded by JSI
MOHP	Yes				
HMHC	Yes				JSI supplied one AAC for the DR.
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
HMHC		Yes		Nov. 03	Enterin space will be renovated
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
JSI	Yes				
HMHC		Yes		Nov. 03	
JSI	Yes				
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
MOHP	Yes				
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

Funding Source	Completed	Not Completed			Comments/ Action Required
		IFB Issued	Contract Awarded	Expected Date for Completion	

HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC	Yes			Nov. 03	
MOHP	Yes			Nov. 03	
MOHP		Yes		Nov. 03	
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

MOHP		Yes	Yes	Nov. 03	
MOHP		Yes	Yes	Nov. 03	
MOHP		Yes	Yes	Nov. 03	
MOHP		Yes	Yes	Nov. 03	
MOHP		Yes	Yes	Nov. 03	
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

Funding Source	Completed	Not Completed			Comments/ Action Required
		IFB Issued	Contract Awarded	Expected Date for Completion	

JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
MOHP	Yes				
MOHP	Yes				
JSI		Yes	Yes	Sept. 1	
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
HMHC		Yes		Nov. 03	
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI		Yes	Yes	Sept. 1	
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour
JSI				Sept. 1	The blueprints are prepared and ready to be delivered to Mr. Mansour

Delivery			Comments/ Action Required
Delivered	Partial	Expected Date for Completion	

No	No		Interim Commodities will be supplied by Jul 03
No	No		Pending Providing Equipment by Map then JSI will provide Supplies
No	No		Pending Completion of Renovations
Equipped By JESICA. JSI will only provide supplies " Pending Request to supply"			
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations

No	No		Interim Commodities will be supplied by Jul 03
No	Yes	Jul 03	(1st Tranche of Supplies) Equipment already delivered
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations

No	No		Interim Commodities will be supplied by Jul 03
No	Yes	Jul 03	(1st Tranche of Supplies) Equipment already delivered
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations

Interim Commodities Provided until the completion of renovations			
Yes			Except few missing items (1st Tranche)
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations
No	No		Pending Completion of Renovations

2 - District Health Planning & Management

Sohag Governorate

SMC Members Trained												MMSS Members Trained											
Planning and Management Training (# trained)		Quality Improvement (# trained)		Data Use Training		# of Health Committee members Oriented		TOT (# trained)		Service Improvement Fund	District Health Plan Developed	Quarterly Review Reports	# of GSMCs Meetings	# of DSMCs Meetings	# of SMCs & HCs Joint Meetings	SMC Members (# trained)		Health Offices (Physicians and Clerks) (# trained)		ObGyn Specialists (# trained)		MMSS OJT (# of Days)	
A	P	A	P	A	P	A	P	A	P							A	P	A	P	A	P	A	P
17		17			10	11		11		8			6		3	26		132		52		30	12
14		14			5	22		6		6	1	3		7	3	2		12		7			2
12		12			5	21		4		6	1	3		5	3	2		8		10		5	
12		12			5	30				4	1			5		2		0		8			2
9		9			5	30				0	1			2		1		0		0			2
9		9			5		24			0	1			3		2		7		0			2
9		9			5		20			0				0		1		27		2		5	
8		8			5	24				0	1			4		1		10		3			2
9		9			5		24			2				0		2		11		0		5	
9		9			5	30				6	1			3		2		13		0		5	2
12		12			5		30			0	1			3		1		17		3		5	

**ANNEX G: MOHP/ USAID/ JSI MONTHLY
COORDINATION MEETING MINUTES**

APRIL 06, 2003

[Handwritten mark]

MOHP/ USAID/ JSI Monthly Coordination Meeting

April 06, 2003

Time:

10:00 -- 12:00 PM

Venue:

HM/HC Project - Cairo

Participants:

Dr. Esmat Mansour	Undersecretary Integrated Health Care, HM/HC Executive Director, MOHP
Dr. Nahed Matta	HM/HC RP Team Leader, USAID
Dr. Reginald Gipson	Chief of Party, JSI
Mr. Sobhi Moharram	Deputy Chief of Party, JSI
Dr. Khaled Nasr	Deputy Executive Director, HM/HC, MOHP

I- Review and Follow-up on the Minutes of the Previous Meeting

(A) Women Health Card

- JSI welcomed the modification/ changes introduced on the card, however it believes that adding a box on birth preparedness besides the two boxes on danger signs during pregnancy and delivery would maximize the benefit of the card.
- The participants reviewed the changes proposed by JSI, Dr. Esmat Mansour and Dr. Nahed Matta requested to add one box to section five of the card that empowers women with information on preparatory actions required for safe delivery in case of normal delivery at home and what she ought to do if she faces complications. JSI will redraft section five of the card to incorporate the information to be added and submit it to the HM/HC.

(B) SHIP

- JSI presented the budget developed by HIO/ MOHP/ JSI to sustain the program in the current eight governorates covered by the program as well as funds required to cover two new governorates, i.e. Giza and Dakahlia.
- The best way to share financial cost of the program was subject for discussion. It is most likely that HIO would bear the cost of iron tablets, registers and Health Educator salaries, MOHP would bear the cost of cups and IEC materials and HM/HC PIL would cover training workshops, meeting honoraria and supervisory visits cost.
- A conclusion was reached that Dr. Esmat Mansour will submit a proposal to H.E. the Minister for consideration and approval including the new

governorates to be covered in view of GOE allocated funds for this program as well as the basis to share costs between HIO and HM/HC. If GOE funds are not sufficient, consideration should be given to drop Dakahlia.

(C) Preemicare Incubators

- JSI advised that due to the current situation, the arrival of the manufacturing company team was delayed from March 25 to April 28, 2003.

(D) Neonatal Tetanus/ Tetanus Toxioid

- JSI will meet with UNICEF and EPI (MOHP) to identify high-risk districts in Upper Egypt where JSI is currently working to mobilize the community to increase knowledge and awareness as well as demand on the services.

(E) HM/HC Cars Survey

- The form proposed was reviewed, an agreement was reached to add the following columns proposed by Dr. Esmat Mansour and Dr. Nahed Matta:

1. Car originally assigned to be used by:

Car originally assigned to be used by:	
Department	Person/ Team

2. Car used now by:

Car used now by:	
Department	Person/ Team

3. Car status is:

Car status is:	
Working	Out of Order

- The survey will be conducted by HM/HC central staff through field visits that include interviews and observation to ensure the validity of information within two months.
- The participants agreed with the delivery of a new batch of cars to the Project (41), HM/HC will enforce the compliance of submitting a Monthly Monitoring and Follow-up Sheet on the use of the car as well as action taken to have regular maintenance in order.

(F) Leadership, TQM and Hospital Administration (Santa Cruz)

- Dr. Esmat Mansour said that March 31, 2003 was the deadline to receive applications. Lately this week or early next week, the Selection Panel will meet to select candidates. Dr. Esmat Mansour promised, in response to Dr. Nahed Matta's request, to call USAID and JSI representatives to attend the meeting as observers.

II- New Topics Presented and Discussed

(A) Phasing-Out Workshop - Fayoum

- The participants reviewed quickly the routine regular activities of JSI and major events and discussed the Phasing Out process and agenda for Fayoum.

- April 21, 2003 has been confirmed as the date for holding the Phasing-out Workshop in Fayoum City, Governorate Social Club. Dr. Esmat Mansour and Dr. Nahed Matta confirmed their participation.
- Dr. Esmat Mansour signed the official letter to the Director General of MOHP, Fayoum Governorate advising that technical assistance provided by JI will be phased-out on June 15, 2003, and JSI Field Office is to be handed over to the MCH Department to sustain HM/HC activities in the governorate.
- Dr. Esmat signed another letter inviting Dr. Hassan El Kalla, Undersecretary, Curative Care, MOHP to attend the workshop and advised that a similar letter to be sent to Dr. E: Kalla to approve the participation of Dr. Abdullah El Kaddah, Hospital Administration General Manager, Curative Care, MOHP in the said workshop.

(B) Memo of Cooperation between TAHSEEN and HM/HC

- The draft MOC will be reviewed by Dr. Esmat Mansour and Dr. Nahed Matta changes/ modification, if any, will be incorporated in the final draft.

(C) PHC/ PES

- In an attempt to identify types of training to serve as the Package of Essential Services (PES) at the PHC level, JSI presented the conclusions of its meetings with the Health Sector Reform (Dr. Hosni Tamam and Dr. Moshira El Shafei), PHC Department/Family Medicine (Dr. Laila Soliman) and IMCI National Coordinator (Dr. Said Madkour and Dr. Ahmed Nagati).
- The participants noted these activities and recommended to continue the dialogue and information sharing with Health Sector Reform to secure conformity and consistency with BEOC/ MCH training modules, It is advised to participate and coordinate the implementation of what HSR will develop in the joint target governorate i.e. Sohag.
- As regards IMCI, the participants welcomed the agreement reached to implement the IMCI in the two slum areas. It is believed that it is a pilot test that requires a post evaluation as a new approach for implementing IMCI (from PHC Unit to district-wide coverage, instead of starting from a district-wide approach to reach the PHC Unit). Regarding cooperation with IMCI in the HM/HC target districts in Upper Egypt, HM/HC handed over a list of phase two which contains 16 districts so that IMCI plan would include as much as possible to create mutual support impact.

(D) Pre-Service Training

- JSI Chief of Party shared with Dr. Esmat and Dr. Nahed the minutes of the meeting with Dr. Ahmed Metwaly and Dr. Khaled Nasr on the above topic.

(E) Cooperation and Coordination with Curative Care

- JSI Chief of Party presented the problems and drug deficiencies that were faced during clinical supervision visits to target facilities.
- Regarding deficiency of MS04 in some of the facilities, Dr. Esmat recommended to issue a joint circular to be signed by her and Dr. Hassan El Kalla to secure buffer stock from MOHP stores, and in case of shortage, procure the required quantity from Service Improvement Fund.

- Concerning other issues and problems raised, Dr. Esmat advised to have a meeting with Dr. Hassan El Kalla and/ or Dr. Abdullah El Kaddah to discuss with them these issues.
- As regards listing Hydralazene on Essential Drug List of MOHP, she indicated that there is a need to follow up on the letter she sent concerning this issue to the Pharmaceutical Department, MOHP. However, she believes that if a request is forwarded from Curative Care, it would be supportive. It is expected that such letter should be supported by an estimate of the cost of this drug and available alternative drugs, if there is any.

ANNEX H: CURATIVE CARE MEETING MINUTES
APRIL 14, 2003

**Curative Care Sector /JSI Meeting
(Minutes of the Meeting)**

Date: 14 April , 2003
Time: 10:30 – 12:00
Venue: Curative Care Sector - MOHP
Participants:

Curative Care Sector, MOHP

Dr. Hassan El Kala
Undersecretary/Curative Care

Dr. Abd Allah Kadah
General Director of Hospital

Dr. Saeed A Hafez
Hospital department

Dr Nahla El Hadidi
Hospital department

JSI

Dr. R. Gipson
Chief of Party

Mr. Sobhi Moharram
Deputy Chief of Party

Mr. Tom Coles
Training Supervisor

Dr. Sabry Hamza
EOC Coordinator
Dr. Hassan El Sheikh
Implementation Team Coordinator
Dr. M Mustafa
Training specialist

Purpose:

1. To follow up on activities related to areas of collaboration and coordination discussed in previous meetings.
2. To provide an update on HMHC activities, CBT, clinical supervisory system and progress to date at targeted hospital.
3. To brief the Curative Care Sector on the main progress, findings/problems identified at targeted hospitals.
4. To discuss proposed solutions and propose actions to be taken to solve problems identified at hospitals.

1 Update on HM/HC-JSI activities, CBT & clinical supervisory system and progress to date at targeted hospital in Upper Egypt.

- The meeting objectives were discussed and the Agenda was distributed for review and approval.
- An update was provided to the Curative Care Sector, MOHP on HM/HC-JSI activities. This included an orientation on the different activities of the HM/HC Project in target hospitals such as renovation, commodities, human resources development e.g., training of both physicians and nurses in different Departments such as Obstetric, NICU, Anesthesia, CSSD, Infection Control, OR, ER, Laboratory and Blood Bank.
- In addition, the steps of the project phase-in and phase-out process in target governorates was reviewed. The Agendas for the Phase-out Workshops for Fayoum and Qena were submitted to the Undersecretary and he agreed to attend.
- A full briefing on competency-based training (CBT) and the clinical supervisory system followed by HMHC/JSI was provided. The history of the development of clinical protocols, clinical performance monitoring checklists (concurrent assessment) as well as teleconferencing activities were reviewed.
- The roles and responsibilities of local Lead Trainers and the strengthening of their competences and skills of through the supervisory support of Clinical Supervisors were explained in the context of sustainability.
- In addition the role of Safe-Motherhood Committees (SMCs) reviewed as was the importance of monthly Integrated Visits by clinical/managerial teams to hospitals in Upper Egypt. Representation at these meetings from the Curative Care Sector was requested.
- The improvements and accomplishments do date in target hospitals were emphasized and discussed.
- The positive impact of the project activities as possibly contributing to the reduction in national maternal mortality from 174/100,000 live births in 1992-3 to 84/100,00 live births in 2000 was discussed as well as the importance of sustaining these efforts.

2 ***Brief the Curative Care Sector on the main findings/problems identified at targeted hospitals in Upper Egypt.***

- The main problems identified at targeted hospitals were reviewed:
 - **Supervision:** Lack of a MOHP Hospital Supervisory Management System.
 - **Sustainability:** Need for a system to sustain HM/HC Project interventions after phase-out.
 - **Private Sector:** The need for an activate role of the Private Sector Department in governorates to monitor implementation of MOHP rules and regulations at private clinics (the main problem is performing CS and other procedures as well as inappropriate use of drugs at private clinics).
 - **Harmful Practices:** The need to develop a Monitoring System for Harmful Practices and Substandard Care by practitioners in private clinics.
 - **Drugs:** The non-availability of certain drugs because they are not on MOHP Pharmaceutical List , such as Hydralazine and Misoprostol (cytotec) was discussed. The shortage in supply some essential drugs was noted as was the lack of knowledge of some physicians concerning the appropriate use of some types of available drugs.
 - **Certification:** The need to clarify the “certification” of physicians using the “concurrent assessment” for *basic competency* and skill *mastery* as part of the facility “accreditation” process was discussed.
 - **Referral system:** The need to officially agree upon and standardized referral system throughout all levels of the system was noted.
 - **Commodity requisition system:** It was noted that the requisition of supplies and commodities using the Form 111 is not working.
 - **Perinatal Medical Record:** The HM/HC-JSI developed Perinatal Medical Record was presented. It was noted that after piloting and approval by the Curative Care Sector, MOHP it should be printed by the MOHP Print Shop and distributed nationally as the official medical record form for use in MOHP Hospitals.

3 ***Proposed solutions and follow-up actions to solve identified problems.***

The Curative Sector Care Department Undersecretary and attendees agreed on the following actions to correct problems identified and discussed:

- 3.1 **Essential drug list:** JSI will provide the Undersecretary with a complete list of essential drugs which are currently not on the list for each department in which the HM/HC Project is working to be included on the Pharmaceutical List MOHP. The Undersecretary assured that these drugs would be included on the up-date of the list currently undergoing revision.
- 3.2 **Availability of essential drugs:** JSI will provide a complete list of the essential drugs which should always be available in hospitals.
- 3.3 **Circular on buffer stock of essential drugs:** The Undersecretary of Curative Care will issue a circular to all MOHP Hospital Directors indicating the buffer stock for essential drugs to be available all the time.
- 3.4 **Private sector maternal mortalities:** HM/HC-JSI will submit a confidential report with support documentations to The Undersecretary of Curative Care concerning maternal mortalities in private clinics in Upper Egypt.
- 3.5 **Clinical Supervisors:** The Undersecretary will assign a team of MOHP Clinical Supervisors from the different specialties of the Curative Care Sector to participate in HM/HC-JSI training and supervisory/OJT interventions so as to assure on-going supervisory follow-up post-project phase-out. They will also serve as co-coordinators of integrated MOHP – HM/HC-JSI activities.
- 3.6 **Egyptian Medical Society:** At the suggestion of the Undersecretary, attendees agreed on the need to involve the *Egyptian Medical Society* in future review and revision of project clinical reference materials, i.e., protocols, flow charts, concurrent assessments, etc. Notation of the participation of the *Egyptian Medical Society* in this process would bring added value and validity to the content.
- 3.7 **Sustainability of HM/HC Project activities:** JSI will submit a report on all HM/HC Project activities and tasks that require sustainability in Upper Egypt governorates after project phase-out.
- 3.8 **Coordination with Health Sector Reform:** The Undersecretary proposed that in the area of *Integrated Hospitals* that a group could be formed to include representatives of the Curative Sector, MCH, Health Sector Reform and HMHC-JSI to as to assure coordination of activities.

- 3.9 **Commodity Procurement System:** A detailed report on Commodity Procurement System developed by JSI will be submitted to the Undersecretary.
- 3.10 **Hospital Referral System:** A group will be formulated to work on the *Hospital Referral System* protocols developed by Dr. El Henawy's Department.
- 3.11 **Perinatal Medical Record:** The Undersecretary will assign members of his staff to collaborate with the HMHC/JSI team during the piloting, refinement and official MOHP sanction of the new *Perinatal Medical Record* which will then be printed and distributed through the MOHP.

The JSI representative presented the Undersecretary with a second draft of materials for Emergency Services for Obstetric & Neonatal Care in Upper Egypt Pilot Hospitals, March 2003 as well as copies of some of the latest HMHC-JSI publications.

Finally the Curative Care Sector Undersecretary expressed his great willingness to continue to coordinate activities with the MCH Department and the HMHC Project.

ANNEX I: ACTION PLAN TO COORDINATE WITH CURATIVE CARE SECTOR

Action Plan to Coordinate with Curative Care Sector/MOHP

Overall Coordinator: **Dr Hassan El Kalla**

HMHC/JSI : **Dr. Reginald Gipson**

Activity	Responsible		Due Date	Remarks
	Curative care	HM/HC JSI		
<p>1- Essential drug list : a complete list of essential drugs which are currently <u>not on</u> the list for each department in which the HM/HC Project is working to be included on the Pharmaceutical List MOHP.</p>	Dr. Nahla	Sabry, Lamiaa, Ashraf, Khamis	Done	The list was submitted and a follow up is needed to be sure the drugs are included on MOHP list
<p>2- Availability of essential drugs: a complete list of the essential drugs which should always be available in hospitals</p>	Dr. Nahla	Sabry, Lamiaa, Ashraf, Khamis	Done	The list was submitted and a follow up is needed to be sure the drugs are always available.
<p>3- Private sector maternal mortalities: a confidential report with support documentations to The Undersecretary of Curative Care concerning maternal mortalities in private clinics in Upper Egypt</p>	Dr Assem A Nasar	Sabry	Done	The report was submitted and a follow up is needed with Private sector/MOHP

Activity	Responsible		Due Date	Remarks
	Curative care	HM/HC JSI		
<p>4- Egyptian Medical Society: to involve the Egyptian Medical Society in future review and revision of project clinical reference materials, i.e., protocols, flow charts, concurrent assessments, etc:</p> <p>4.1 List of materials</p> <p>4.2 Contact Egyptian Medical Society</p> <p>4.3 Follow on</p>	Dr. Nahla	<p>Clinical coordinators</p> <p>M. Mustafa</p> <p>M Mustafa</p>	<p>29/5/03</p> <p>TBD after having the list</p>	
5- Circular on buffer stock of essential drugs	Dr. A Allah	Mr. Sobhi	29/5/03	
6- Sustainability of HM/HC Project activities: JSI will submit a report on all HM/HC Project activities and tasks that require sustainability in Upper Egypt governorates after project phase-out.	Dr. A Allah	A. Moneim	29/5/03	
7- Coordination with Health Sector Reform: The Undersecretary proposed that in the area of <i>Integrated Hospitals</i> that a group could be formed to include representatives of the Curative Sector, MCH, Health Sector Reform and HMHC-JSI to as to assure coordination of activities.	Dr Saeed Ali	Mr. Sobhi Hassan	15/6/03	
8- Commodity Procurement System: A detailed report on Commodity Procurement System developed by JSI will be submitted to the Undersecretary.	Dr Medhat A Fadel	Said El Deeb	15/6/03	

Activity	Responsible		Due Date	Remarks
	Curative care	HM/HC JSI		
9- Hospital Referral System: A group will be formulated to work on the <i>Hospital Referral System</i> protocols developed by Dr. El Henawy's Department	Dr. SAed Ali	Sabry Said Gorge	15/6/03	
10- Perinatal Medical Record: The Undersecretary will assign members of his staff to collaborate with the HMHC/JSI team during the piloting, refinement and official MOHP sanction of the new <i>Perinatal Medical Record</i> which will then be printed and distributed through the MOHP	Dr Sohair Abo Raeah	Sabry and Lamiaa	29/5/03	
11- Staff for the Integrated Visits	Dr. A Allah Dr. Nahla Dr Waselah	Attached	Done	
12- Wahat DH	Dr A Allah	Hassan	29/5/03	Dr A Allah coordinated with Giza directorate and 2 Obstetricians and 2 pediatricians will be soon moved to the hospital

**ANNEX J: TAHSEEN/ HMHC/ JSI COORDINATION
MEETING MINUTES**

MAY 05, 2003

MOHP /MCH -TAHSEEN (Catalyst) – HM/HC (JSI) Coordination Meeting

Date:

May 5, 2003

Venue:

MCH department MOHP

Time:

10:00 – 12:00 PM

Participants:

Dr Esmat Mansour	Undersecretary of Primary Health Care and Executive Director of HM/HC Project.
Dr. Khaled Nasr,	Deputy of Dr. Esmat.
Dr. Reginald Gipson	Chief of Party, JSI
Mr. Sobhi Moharram	Deputy Chief of Party, JSI
Mrs. Marwa Kamel	Communications and PR specialist
Dr. Damianos Odeh	Country representative, TAHSEEN
Ms Linda Casey	Deputy Country representative, TAHSEEN
Dr. Ton van der Velden	Quality Improvement Specialist, TAHSEEN

I- Objectives:

- To review the plans for coordination from HM/HC and TAHSEEN/Catalyst

II Summary of Proceedings

JSI only implements training on EOC in the districts. Any other training at the HU level, such as ANC, QA, MCH is implemented by the MCH department. As such it is difficult for them to work on creating integrated services at the Health Unit level. This will be under the responsibility of Dr Esmat Mansour.

The 1995 NPC Study by Dr Mona Khalifa on referral linkages was never followed up. However, she is interested in continuing to work on the topic. A suggestion was made for a large scale study to document the current (lack of) integration of services.

For integration of services the following items were mentioned as important factors:

- We need clarification on what Integration means. Is this limited to the use of similar protocols and strong referral systems or is this the provision of all services within the MCH FP package by the same person?
- When integrating at the HU level the nurses' work is more difficult than the doctors, since there is usually one doctor but several nurses, each with specific tasks.
- Integrating at the district level will be complicated. The management of the district now consists of two people, the MCH assistant director and the FP manager. Integrating their work will be difficult.

- For integrated services to be successful, there needs to be an integrated incentive payment,
- HIS and supervision are important support systems for services and they also need to be integrated.
- Any integrated services need to fit into the plans that the Health Reform programs are making.

Some activities are taking place already:

- Tahseen is planning to develop an integrated counseling training course
- Tahseen is implementing a study on incentive payments, to be better informed on current practices
- Tahseen will develop clinic management courses that will be useful for both FP and MCH services
- Part of the FP sector work plan is to form a taskforce from members of the FP and MCH sectors to develop an integrated checklist. The taskforce could take on a broader role, including developing a consensus on integration, developing an integrated package of services, and designing an integrated supervision and incentive system. Ideally this work would be prepared in small groups before presenting it to the full taskforce.

Dr Damianos assured Dr Esmat Mansour of the fact that she can draw on the Tahseen team for any technical assistance.

We need to sign a modified MOC as soon as possible for JSI to be mandated to provide TA to that workforce.

III Follow Up:

1. Dr Ton van der Velden will redraft the Memorandum of Cooperation (MOC) in light of these new developments
2. The new MOC will be shared with USAID and the MOHP
3. Dr Damianos Odeh will convene a meeting with all parties concerned to sign the MOC