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ACRONYMS

ANC	Antenatal Care
ARABSOFT	Arabic Software Engineering Co.
ARI	Acute Respiratory Infection
AWP	Annual Workplan
BBC	Basic Benefits Package
BEOC	Basic Essential Obstetric Care
CAP	Community Action Plan
CAU	Clark Atlanta University
CBT	Competency Based Training
CDA	Community Development Association
CDC	Communicable Disease Center
CDD	Control of Diarrheal Disease
CDS	Community Development Specialist
CEOC	Comprehensive Essential Obstetric Care
CGC	Credit Guarantee Company
CHC	Community Health Committee
CNI - RHS	Community Needs Identification and Rapid Household Survey
CNI-DMT	Community Needs Identification and Decision-Making Tool
COP	Chief of Party
CPAP	Continuous Positive Airway Pressure
CQI	Continuous Quality Improvement
CQIS	Continuous Quality Improvement System
CSSD	Central Sterilization and Supplies Department

CTO	Cognizant Technical Officer
DCOP	Deputy Chief of Party
DDM	Data for Decision Making
DH	District Hospital
DHC	District Health Committees
DHP	District Health Plan
DHS	Demographic Health Survey
DNF	Death Notification Forms
DSMC	District Safe Motherhood Committee
DT2	Development Training Two
ED	Emergency Department
EMRO	Eastern Mediterranean Regional office, WHO
EMS	Emergency Medical Services
EOAC	Essential Obstetric Anesthesia Care
EOC	Essential Obstetric Care
EPI	Expanded Program for Immunization
ER	Emergency Room
EU	European Union
FETP	Field Epidemiology Training Program
FGC	Female Gentile Cutting
FGD	Focus Group Discussions
FHI	Family Health International
FP/ RH	Family Planning/ Reproductive Health
GALAE	General Authority for Literacy and Adult Education
GH	General Hospital
GHC	Governorate Health Committees
GIS	Geographic Information System

GOE	Government of Egypt
GSMC	Governorate Safe Motherhood Committee
GWU	George Washington University
HIO	Health Insurance Organization
HIS	Health Information System
HM/HC	Healthy Mother/ Healthy Child Project
HM/HC PES	Healthy Mother/Healthy Child Package of Essential Services
HSMC	Hospital Safe Motherhood Committee
HSR	Health Sector Reform.
HSRP	Health Sector Reform Project
HU	Health Unit
I.V.	Intra Venus
IC	Infection Control
IDSC	Information and Decision Support Center (of the Cabinet)
IEC	Information, Education and Communication
IFA	Invitation for Application
IFB	Invitation for Bids
IIE/ DT2	Institute of International Training/ Development Training Two
IIT	Integrated Implementation Team
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
ITI	International Trachoma Initiative
JSI	John Snow, Inc.
MCH	Maternal and Child Health
MCH BBP	Maternal and Child Health of the Basic Benefits Package
MCH/FP	Maternal and Child Health/ Family Planning

MHIS	Management Health Information System
MMR	Maternal Mortality Ratio
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
MS	Microsoft
MVA	Manual Vacuum Aspiration
NAMRU3	Naval American Medical Research Unit 3
NC	Neonatal Care
NCPAP	Nasal Continuous Positive Airway Pressure
NCU	Neonatal Care Unit
NGO	NON Governmental Organization
NICHP	National Information Center for Health and Population
NICU	Neonatal Intensive Care Unit
NMMS	National Maternal Mortality Study
NPC	National Population Council
Ob/Gyn	Obstetric and Gynecology
OJT	On Job Training
OR	Operation Research
PAC	Post Abortion Care
PC	Population Council
PHC	Primary Health Care
PHR+	Partnership in Health Reform Plus
POP IV	Population Project IV
PP	Post Partum

QA	Quality Assurance
QPMR	Quarterly Performance Monitoring Report
RFP	Request for Proposal
RFQ	Request for Quotation
RH	Reproductive Health
RHS	Rapid Household Survey
SHIP	Students Health Insurance Program
SIF	Service Improvement Fund
SMC	Safe Motherhood Committee
SO20	Strategic Objective No. Twenty
SO5	Strategic Objective No. Five
SQL	Structure Query Language
TA	Technical Assistance
TCA	TransCentury Association
TOT	Training of Trainers
UE	Upper Egypt
UHC	Urban Health Center
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION AND PROJECT BACKGROUND

Background

The Government of Egypt has demonstrated continued political commitment to improving maternal and child health. Egypt was one of the six countries that supported the 1990 Summit Conference for the Protection and Development of Children, which strongly endorsed safe motherhood programs and strategies. In 1994, as host nation of the International Conference on Population and Development, the Government of Egypt endorsed a comprehensive approach to women's health, with a focus on reducing maternal mortality. Reducing maternal mortality was also a key goal of the successive National Five-Year Plans of the Ministry of Health and Population (MOHP) the latest is the Five Year Plan (2002-2007). The current goals for 2007 are to reduce maternal mortality to no more than 50 per 100,000 live births, infant mortality to 12 per 1000 live births and neonatal mortality to 7 per 1000 live births.

Specific projects and interventions have been implemented through the MOHP/MCH Department with support from USAID, UNICEF, UNFPA, WHO, EU, the Population Council and other international donors. The MOHP National Child Survival Project(1985-1996), funded by USAID, implemented interventions that contributed to improve quality and use of child health services as well as antenatal, delivery and postpartum health services throughout Egypt.

The 1992/93 National Maternal Mortality Study (NMMS) and Egyptian Demographic Health Surveys indicated that gains in improving health status were significant. However, high fertility, low literacy, poverty, and inadequate access to quality health care continued to contribute to excess maternal and child mortality rates in areas such as Upper Egypt and rural populations. Based on this information, the Healthy Mother/ Healthy Child Project (HM/HC) bilateral agreement was signed by USAID and GOE. As a part of this agreement, the MOHP with USAID assistance implemented targeted interventions to improve obstetric services through the MotherCare Project(1996-1998), which focused on Luxor and Aswan in Upper Egypt, and which was followed by Healthy Mother/Healthy Child Project to strengthen, integrate and decentralize health services in order to consolidate, improve and sustain improvements in maternal and child health.

USAID Strategic Framework

The Healthy Mother/Healthy Child Project (HM/HC) is designed to meet USAID/Egypt's health sector Strategic Objective No. Five (SO5) *Achieving Sustainable Improvements in the Health of Women and Children* which was replaced by Strategic Objective No. Twenty (SO20) *Healthier Planned Families* (Annexes A1 and A2) by improving the quality and increasing utilization of maternal, perinatal and child health services. The specific focus of John Snow, Inc. (JSI) within the HM/HC Project is to assist the MOHP to develop the package of essential maternal and child health care services, service standards, health provider training, linkages to ongoing family planning services, community education and mobilization for health, and district level planning and monitoring systems in high-risk districts of Upper Egypt.

Scope and Scale of the JSI Contract

John Snow, Inc. through its contract with USAID/Egypt has primary responsibility for providing technical assistance on national level activities and implementation of program activities in 75 districts of nine Upper Egypt governorates. In the Base Period, (March 15, 1998-November 30, 2001) activities were implemented in 25 districts in five target governorates: Beni Suef, Fayoum, Aswan, Luxor, and Qena. In the Option Period (September 16, 2001-March 15, 2005) activities are being implemented in an additional 50 districts. These districts include the six remaining districts in three of the original Base Period target governorates (Qena, Beni Suef and Fayoum), plus 13 districts in Assiut, 11 districts in Sohag, 9 districts in Minya and 11 districts in Giza governorate. In addition to assist MOHP, Urban Health Department to pilot test adapting HM/HC interventions in two slum areas in Cairo and Giza governorates. The contract, also, includes the implementation of MCH/ FP integrated package of services in one pilot district including Health Sector Reform. (Annex B: Governorates, Districts and Facilities covered by HM/HC Project).

MOHP Counterparts and Partners

The HM/HC Project activities are implemented in large part through the Ministry of Health and Population (MOHP) at the central, governorate and district levels. The main counterpart within the MOHP is the Maternal and Child Health General Department of the Primary and Preventive Health Care Division. In the governorates, JSI works with MOHP governorate and district Safe Motherhood Committees and Community Health Committees and Departments.

JSI is also responsible for coordinating its activities with the activities of the other contractors supported by USAID implementing SO20 activities:

- | | |
|---|--------------------------|
| 1. Population: TAHSEEN | CATALYST |
| 2. Infection Disease Surveillance & Response (IDSR) | NAMRU, CDC |
| 3. Focus on Family Health (FFH) | PHRplus |
| 4. Communication for Healthy Living (CHL) | Johns Hopkins University |
| 5. Health Workforce Development (HWD) | JPHIEGO |

JSI also works closely with other partners in the area of MCH, the list of partners includes: UNICEF, Credit Guarantee Company, NGO Service Center, Institute of International Education-Development Training Two, Healthy Egyptians 2010 and the Field Epidemiology Training Program (FETP).

Subcontractor Involvement

JSI works with the following subcontractors to implement the following task activities:

- Clark Atlanta University (CAU): Tasks One and Two
- Arabic Software Engineering Co. (ARABSOFT): Task Four
- The Manoff Group: Task Seven
- TransCentury Ass. (TCA): Task Eleven

HM/HC Project- Major Process Outcomes

As stated in the contract, there are six major process outcomes, to which the JSI technical assistance efforts will contribute to along with other partners:

1. All 75 HM/HC Project supported districts will become capable of planning, monitoring, budgeting, organizing, delivering, and partially financing their own

- integrated, quality maternal and child health services. Public and private health facilities in these districts will be providing the essential HM/HC Project and community health education programs.
2. Household members, particularly women, in the 75 districts (25 during the Base Period and 50 during the Option Period) will have increased ability to provide and seek appropriate health care for themselves and their children through social mobilization.
 3. The MOHP will have enhanced capacity nationally to set standards, policy, and management systems for cost-effective maternal and child health services. It will have consolidated its Management and Health Information System (MHIS) so that all data essential for monitoring and management are collected, while reporting burdens on service delivery facilities are minimized. Planning, budgeting, supervision, and support to districts at the governorate level will also be strengthened.
 4. Medical and nursing school graduates will have improved skills and knowledge for delivering the HM/HC Project interventions through the strengthening of curricula and in-service training programs at all undergraduate health professional schools and the programs of the national breastfeeding training center. (The pre-service education activity covering 13 medical schools and selected nursing schools in the target governorates was for *Base Period only*).
 5. National mass media campaigns will have increased popular awareness of, and demand for essential reproductive and child health services and avoidable health risk behaviors (*Base Period only*).
 6. Established national child survival programs shall be sustained: EPI, ARI, control of diarrheal diseases, neonatal care, and daya training (*Base Period only for EPI, ARI and CDD*).

Task Statement of Work and Milestones

Task Scope of Work and Year Six Milestones are presented below. Annex (F) has separate listing of all Milestones.

Task One: Basic Package of Essential Services Established and Standards Defined.

Assess and upgrade district/general hospital obstetric and neonatal care facilities, including minor renovations and procurement and delivery of needed equipment, supplies and drugs. Assist central and governorate level MOHP offices to implement policies and procedures to support and sustain establishment of standards.

Milestone No. 20: (9/15/2004) Implementation of basic package in 17 additional districts for a cumulative total of 70 districts.

Milestone No. 28: (3/15/2005) Implementation of basic package in 5 additional districts for a cumulative total of 75 districts.

Task Two: Pre/In-Service Training System Designed to Disseminate Standards to Public and Private Providers.

Continue support to institutionalize the training curricula developed and implemented in the Base Period in the target districts/governorate and assist the local lead trainers to take over the responsibility of training local health teams to cover the training staff who have not received training.

Competency-based training will be provided for clinical/hospital teams in the target districts of the Option Period to upgrade their skills and meet service standards. Training of staff will take place in comprehensive and basic essential obstetric care facilities.

Work with the MOHP and professional syndicates to establish continuing education training programs for private and public providers and integrate clinical protocols and service standards in national level programs.

Milestone No. 21: (9/15/2004) Complete implementation of MCH-FP integrated package of services in one pilot district including Health Sector Reform.

Milestone No. 29: (3/15/2005) Assist the MOHP/Urban Health Department to pilot test adapted HM/HC interventions in 1-2 urban slum areas.

Task Three: Public and Private Provider Partnerships with Communities to Develop and Manage District Plans.

Organize MOHP management teams and community health committees at the governorate, district and community levels; train teams in management, planning, and quality assurance; assist teams to develop annual district plans and monitoring system; assist in implementing district QA monitoring of service standards compliance in MCH, obstetrical care and neonatal care.

Milestone No. 22: (9/15/2004) 17 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 70 districts.

Milestone No. 30: (3/15/2005) 5 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 75 districts.

Task Four: Monitoring System in place to Track Utilization and Impact and Provide Feedback.

Install an improved Management and Health Information System (MHIS) in 85 Upper Egypt districts to enable a district-wide monitoring of process and outcome indicators. The MHIS will be upgraded from DOS-FoxPro based System to Windows-RDBMS based system. The MHIS will be used to monitor the implementation of the HM/HC district strategy and will provide data on indicators and strengthen vital statistics registration in target districts. The MHIS will gather, analyze, and evaluate data, which will be used for decision-making in all levels of service delivery and management.

Milestone No. 23: (9/15/2004) Assist MOHP to establish 80 district MHIS centers.

Milestone No. 31: (3/15/2005) Assist MOHP to establish 85 district MHIS centers.

Task Five: Research Activities.

Identify and conduct operations research studies to enhance HM/HC effectiveness; design and assist in implementing a maternal mortality surveillance system in nine target governorates.

Milestone No. 24: (9/15/2004) Assist MOHP in the development and pilot test of national maternal mortality surveillance system.

Milestone No. 32: (3/15/2005) 12 operations research studies completed.

Milestone No. 33: (3/15/2005) Monitor implementation of surveillance system in target governorates of Upper Egypt.

Task Seven: Better Social Community Services.

Assess and select community organizations to partner with health providers; form community health committees (also part of Task Three) and train in needs assessment,

problem solving and community mobilization; develop and test partnership schemes; conduct "sensitization" training of health providers; and provide support to schools to implement/sustain anemia prevention and anti-smoking programs; train district health educators in behavior change skills, and develop IEC activities and materials for providers and households/patients.

Milestone No. 25: (9/15/2004) Community Action Plans developed and implemented in 17 additional districts for a cumulative total of 70 districts.

Milestone No. 34: (3/15/2005) Community Action Plans developed and implemented in 5 additional districts for a cumulative total of 75 districts.

Task Ten: Small Grant Program.

Provide funding and technical assistance to small non-governmental organizations to carry out community activities in support of HM/HC activities in target districts.

Milestone No. 26: (9/15/2004) A cumulative total of 160 small grants awarded to NGOs in target districts.

Milestone No. 35: (3/15/2005) A cumulative total of 170 small grants awarded to NGOs in target districts.

Task Eleven: Commodity Procurement Program.

Procure the commodities identified by the other tasks to support the activities and expected accomplishments of those tasks.

Milestone No. 27: (9/15/2004) Procurement of \$ 7.5 Million of Project commodities.

Milestone No. 36: (3/15/2005) Procurement of \$ 9 Million of Project commodities.

Task Twelve: Coordination Activities

Collaborate with UNICEF in interventions in Upper Egypt and nationwide; coordinate with CDC, and FETP in district monitoring systems; exchange information and coordinate with NGO Service Center; coordinate and cooperate with the FP/TAHSEEN Project in integrating district level FP/Reproductive Health and MCH activities.

The Annual Workplan Structure

This Annual Work Plan (AWP) presents the HM/HC Project of activities to be implemented in the remaining 18 months of contract. It is based on JSI's contract and describes activities which will lead to accomplishment of specific milestones in targeted Upper Egypt Governorates. The MOHP HM/HC Project, however, has a broader national scope with a wider array of interventions to implement. Nevertheless, the HM/HC Project has included Upper Egypt as a priority area for further programmatic enhancements.

JSI 2003 Retreat

This Annual Work Plan is the product of a collective effort of JSI and its partners and counterparts after an initial draft which was compiled by JSI Task Teams in consultation with their counterparts. A work planning Retreat was held from June 23 to 26, 2003 in Sharm El Sheikh which was attended by JSI/ Egypt and JSI/ Boston in addition to a representatives of TCA, JSI subcontractor.

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 review and discuss the milestones to be met by completion of Phases III and IV of the Option Period to develop 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 to the process of the development of Annual Work Plan for Phases III and IV.

The major outcomes of the Retreat were:

- 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 to write Phase II milestone reports.
- An outline for Phase III and IV Work Plan including: structure, strategy and detailed activities concerning the phase-in the 22 remaining districts and a plan to phase-out from the Option Period governorates by the end of the contract.

The Annual Work Plan covers the period of September 16, 2003 through March 15, 2005. As such, it is actually an 18-month Plan, with the additional six months covering the entire remaining time of the JSI Contract. This extra period of time gives a more comprehensive picture, plans for all interventions until they reach their conclusion and allows for a well-organized close-out process of the technical assistance as well as JSI offices in Cairo and in the governorates.

The AWP is divided into the following Sections:

Section I describes the MCH Package of Essential Services, which is a component of the Basic Benefits Package (BBP), defines responsibility of implementing it and the strategy adopted to implement the package through HM/HC Project.

Section II provides a brief summary annual report of the last year accomplishments.

Section III describes the implementation process and strategy JSI is adopting to capitalize on progress achieved so far. address the major issues that constitute constraints to improving MCH health services in the target governorates/districts and the plan to phase-in new districts/governorates and phasing out from all governorates by the end of the contract.

Section IV presents details of the specific individual tasks and activities to be implemented and their scheduling to meet contracted milestones.

This last section of the AWP contains a task-by-task detailed description for each of the eight Tasks. These Tasks are organized according to the results to which they contribute. Each Task is organized according to the activities which are described in the Statement of

Work in Section "C" of the Contract and has a narrative which contains the following sections:

- **Purpose** (the overall intended objective of the Task)
- **Strategy** (the main approach to be employed and activities to be accomplished by the Task)
- **Performance Milestone** (the expected accomplishment)

At the end of the narrative description of tasks, there is a Gantt Chart which shows the task level summarized with key activities, their implementation schedule, and Performance Milestones for the AWP period. In addition to the individual task plans, there is also a special plan for the closing-out of JSI offices by the completion of the technical assistance by the end of contract on March 15, 2005.

SECTION ONE

MCH – THE BASIC BENEFITS PACKAGE AND THE HEALTHY MOTHER/ HEALTHY CHILD PROJECT STRATEGY

MCH Component of the Basic Benefit Package

The MCH BBP is an evidence-based package of services that combines best practices with the promotion of behaviors and interventions that are essential for saving lives and reducing morbidity among women and children. The MCH BBP works at the household and community level to encourage care-seeking behavior and ensure improved services at the primary health care and referral levels. It includes maternal services such as antenatal care, delivery, EOC, postnatal care and reproductive health services. The MCH BBP also includes child health services such as neonatal care, preventive services, and integrated management of childhood illnesses in selected governorates. The 10 elements of the MCH component of the BBP and the responsibilities are detailed in Table 1.

Table 1. The 10 elements of the MCH component of the BBP and the responsibilities

MCH/ Basic Benefits Package	Responsibility	
	GOE	TA
1. Premarital examination and counseling	<ul style="list-style-type: none"> Family Planning Div., MOHP 	<ul style="list-style-type: none"> TAHSEEN
2. Prenatal, delivery, and postnatal care (essential obstetric care – basic and comprehensive)	<ul style="list-style-type: none"> HM/HC Project, MCH Dept., MOHP (screening and referral of STDs/RTIs) Curative Care Division, MOHP Family Planning Div., MOHP (diagnosis and treatment of STDs/RTIs) 	<ul style="list-style-type: none"> JSI for EOC JSI to facilitate materials development JSI to facilitate coordination of implementation of MCH/PHC activities in target areas TAHSEEN for screening, referral, diagnosis and treatment of for STDs/RTIs
3. Peri/neonatal care	<ul style="list-style-type: none"> HM/HC Project, MCH Dept., MOHP Curative Care Div., MOHP 	<ul style="list-style-type: none"> JSI
4. Promotion of immediate and exclusive breastfeeding	<ul style="list-style-type: none"> HM/HC Project, MCH Dept., MOHP 	<ul style="list-style-type: none"> JSI

MCH/ Basic Benefits Package	Responsibility	
	GOE	TA
5. Fortieth day integrated visit for mother and infant postpartum check-ups	<ul style="list-style-type: none"> • HM/HC Project, MCH Dept., MOHP • Family Planning Div., MOHP 	<ul style="list-style-type: none"> • TAHSEEN for development and implementation of materials for FP services/ counseling • JSI to facilitate development of EOC post-partum care materials development. • JSI to facilitate coordination of implementation of MCH/PHC activities in target areas
6. Children's preventive health services	<ul style="list-style-type: none"> • HM/HC Project, MCH/ IMCI Dept., MOHP 	<ul style="list-style-type: none"> • JSI collaborates and facilitates
7. Sick child case management	<ul style="list-style-type: none"> • HM/HC Project, MCH Dept., MOHP 	<ul style="list-style-type: none"> • JSI collaborates and facilitates
8. Reproductive health services	<ul style="list-style-type: none"> • Family Planning Div., MOHP • MCH Dept. 	<ul style="list-style-type: none"> • TAHSEEN
9. Nutrition services	<ul style="list-style-type: none"> • HM/HC Project, MCH Dept., MOHP • HIO/ SHIP 	<ul style="list-style-type: none"> • JSI with SHIP and IEC Materials
10. Counseling and health education on all the above	<ul style="list-style-type: none"> • As indicated above 	<ul style="list-style-type: none"> • JSI • TAHSEEN

Healthy Mother/ Healthy Child Project Strategy

The Pathway to Care and Survival - A Conceptual Framework

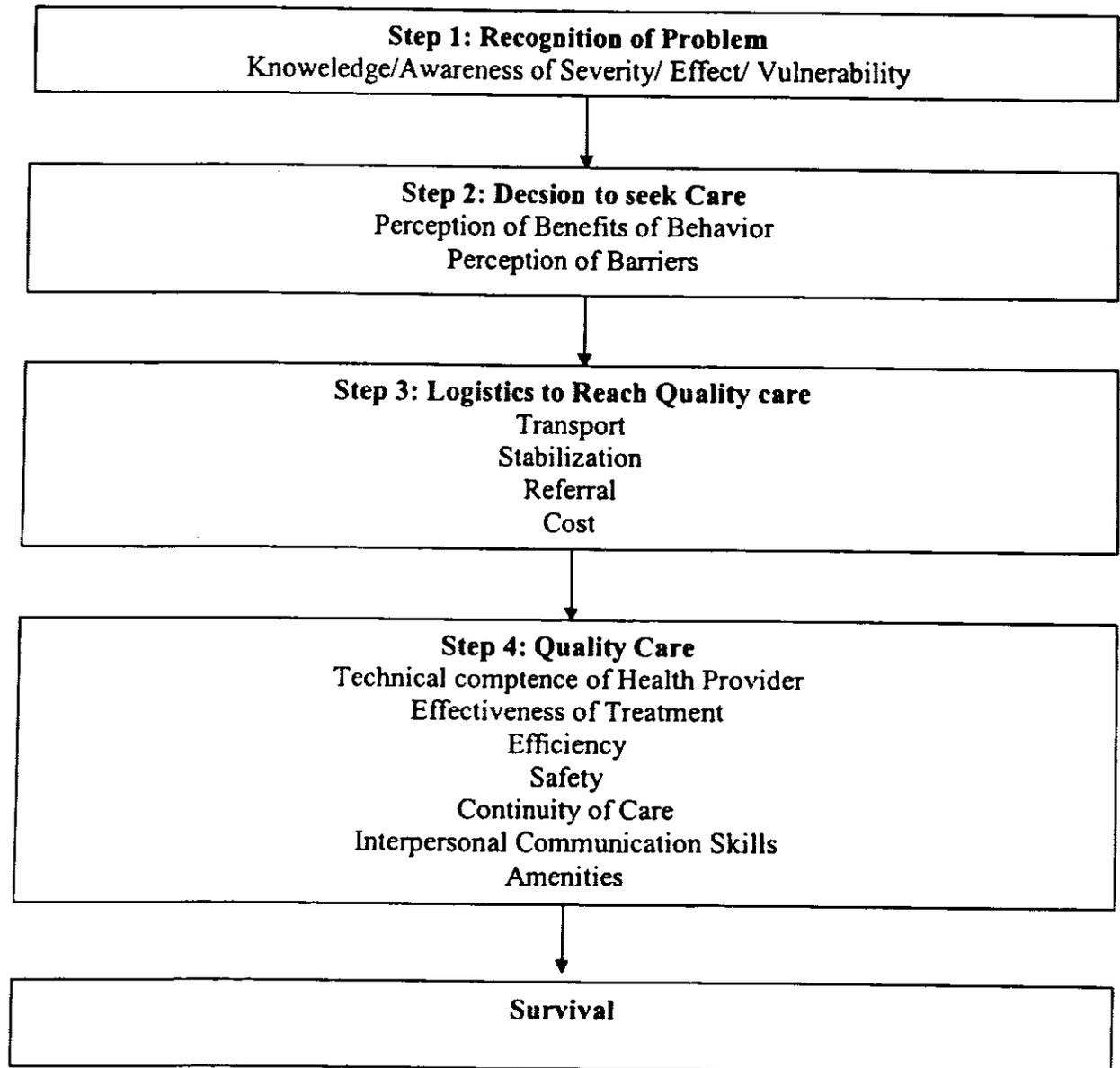
The continuum of care represented in the MCH part of the Basic Benefits Package is based upon a conceptual framework, "The Pathway to Care and Survival", that follows the steps necessary to increase the likelihood of survival of a mother and her baby in the event of complication or illness. The Pathway begins with:

- (Step 1) Recognition of the problem by the woman, her family and/or traditional birth attendants, or health providers. If the woman is at home or a site where the problem cannot be managed, the decision to seek care must be made).
- (Step 2) A health-seeking decision is generally based on consideration of the perceived benefits versus the perceived barriers to action or inaction. Once a decision is made to seek care, any barriers to reaching quality care must be overcome.

- (Step 3) Cost, transportation, availability of doctors, and the perceived poor quality of services and negative attitude of providers are often cited as barriers to access. Once services are reached, quality care must be available.
- (Step 4) Here, the availability of essential drugs and equipment and the technical competence, efficiency and interpersonal communication skills of the provider are critical to increase mother/child survival, as are appropriate, timely care for emergency cases and correct diagnosis.

Figure 1. Pathway to Care and Survival: A Conceptual Framework

Life Threatening Illness – Complications during pregnancy and pre/neonatal period



Based on the Egypt 2000 NMMS findings and recommendations for HM/HC interventions, Table 2, is an application of pathway to care and survival that summaries problems, steps, HM/HC objectives, activities and interventions as well as coordination with other partners.

Table 2. Application of Pathway to Care and Survival based on Egypt 2000 NMMS findings and recommendations

	Problems	Pathway to Survival Steps	HM/HC Objectives	HM/HC Activities and Interventions by Task (s)	Coordination with MOHP and other HM/HC partners	
Household and Community	Problems: Maternal <ul style="list-style-type: none"> • 2000 MMR in UE 9/100,000 • 81% deaths avoidable • 30% deaths due to delay • 93% sought care • Major causes of death: 38% Hemorrhage, • 22% Hypertensive disease, • 8% Sepsis, 8% Ruptured uterus, • 13% Cardiovascular disease 	Step 1. Recognition of Problem <ul style="list-style-type: none"> • Knowledge • Awareness • Effect/ • vulnerability 	Increase knowledge of households/ Communities	<ul style="list-style-type: none"> • Support better antenatal care especially for high risk pregnancies (1,2) • Support early postpartum home visits(1) • Community education on danger signs. • Daya training on danger signs (1,2) • NGO activities (10) • Research on health knowledge (5) • Research on nutrition knowledge (9) 	MCH Dept Training Unit IEC Unit Daya program Social Services Research Unit	UNICEF NGO Service Center SHIP
	Problems: Neonatal- <ul style="list-style-type: none"> • NMR in UE 28.8 Urban 35.4 Rural • 70% died at home in 1st week • 52.5% received care • Major causes of death: Sepsis, Asphyxia Birth trauma ARI and diarrhea 	Step 2. Decision to Seek Care <ul style="list-style-type: none"> • Behavior • Motivation to seek care • Barriers 	Improve health behavior households/ communities	<ul style="list-style-type: none"> • Daya and health provider links improved (1,2) • Research on care seeking and barriers (5,7) • Community groups and NGO activities to reduce local barriers (7,10) • Sensitize health providers to community needs (7) 	MCH Dept Training Unit IEC Unit Daya program Social Services Research Unit	UNICEF NGO Service Center FETP
	Problems: Child (<5 yrs) <ul style="list-style-type: none"> • Mortality 54/1000 • Diarrhea • ARI • Nutritional deficiencies • Immunizable diseases 	Step 3. Access to Care (Logistics to reach) <ul style="list-style-type: none"> • Transportation • Cost 	Remove barriers to access quality care	<ul style="list-style-type: none"> • Community resources mobilized for transport and other support (7,10) • Assist in implementation of IMCI (1,2) 	Social Services MOHP IMCI Unit	NGO Service Center WHO/ UNICEF

	Problems	Pathway to Survival Steps	HM/HC Objectives	HM/HC Activities and Interventions by Task (s)	Coordination with MOHP and other HM/HC partners	
<p>Health Facility and Provider</p>	<p>Problems: Providers and Facilities</p> <ul style="list-style-type: none"> • 43% of maternal deaths due to substandard care by obstetrician • 11% due to GPs and 8% to dayas • 16% to lack of blood, 4% transport, 2% drugs/supplies • 25% NCU mortality • Limited services available in MOHP facilities • No referral system • Lack of management systems to maintain quality of service • Low demand for services 	<p>Step 4. Quality Care</p> <ul style="list-style-type: none"> • Knowledge, skills, attitudes, behaviors • Technical competency: training and experience, effectiveness, safety • Ability to provide supplies, equipment, drugs • Continuity of care 	<p>Improve quality of essential maternal, perinatal and child health services</p> <p>Strengthen district capability to provide essential MPC health services</p> <p>Sustain established child survival programs</p>	<ul style="list-style-type: none"> • Upgrade selected anchor facilities (1,3) • Establish national service standards for obstetric and neonatal care (1) • Improve planning and management systems to ensure staff and resources available and in compliance to standards (3) • Provide competency-based training for clinical trainers, doctors, nurses, midwives (1,2) • Revise medical and nursing school curricula and improve training skills on include CBT methods and service standards (1,2) • Develop and test maternal and neonatal referral system (1,3) • Assist MOHP to improve ANC, PP, ARI, CDD, EPI services in target governorates (1) • Train private providers in essential obstetric and neonatal care topics (1,2) • Conduct research on mortality patterns and OR to improve service effectiveness (5) • Improve nutrition education curricula and health educator skills (7) 	<p>Administrati on Engineering Dept CA unit MCH unit ARI,CDD, EPI IMCI NPC Training Unit Medical education Research unit HIS/NICHIP</p>	<p>TAHSEEN FETP SHIP PHR CGC DT2</p>

The Pathway to Care and Survival - A Shared Responsibility

The Pathway to Care and Survival is a shared responsibility throughout all levels of the system:

Figure 2. Pathway to Care and Survival: A Shared Responsibility

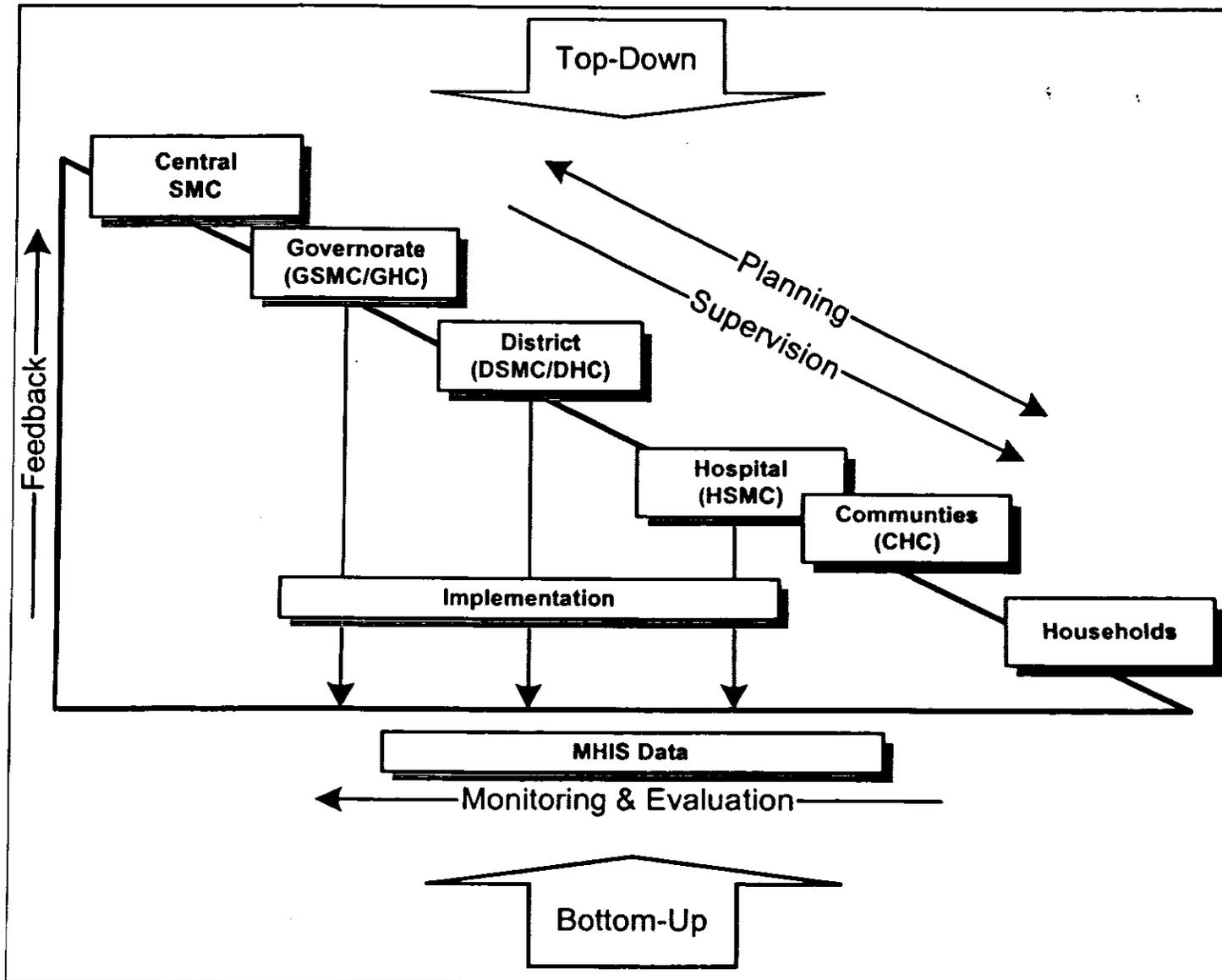
Policymaker	A policymaker creates an environment that supports the survival of the pregnant woman and the newborn.
Facility	The facility must be adequately equipped, staffed, and managed in accordance with the QA service standards to assure that skilled care is provided for the pregnant woman and the newborn.
Provider	The provider is responsible for providing skilled care during normal and complicated pregnancies, birth, and the postpartum period in accordance with the standards specified in the protocols.
Community	The community advocates and facilitates preparedness and readiness to carry out the required actions to assure access to services.
Family	The family supports the pregnant woman's plans during pregnancy and birth and during the postpartum period.
Woman	The woman prepares for birth and values and seeks skilled care during pregnancy, childbirth and during the postpartum period.

Decentralization and Capacity Building

Decentralization is a theme which permeates many aspects of HM/HC. Tasks Three, Seven, and Ten take the lead in this area, with the establishment of Facility, District and Governorate Safe Motherhood Committees, as management teams, as well as Community Health Committees as represented by the Health Committees of Elected Councils at community, district and governorate levels. District health planning and systems provide a good opportunity to take decisions more responsive to local needs and promotes citizen participation. Each district will be supported/ enabled to tailor a strategy to meet its own unique set of needs and challenges.

Capacity Building of MOHP to institutionalize the protocols and systems developed and pilot testing is the center piece of JSI technical assistance. Decentralization and capacity building are two driving forces to achieve better utilization of available resources and contribute to sustainability. With the establishment of SMCs at different level, focus during this year will be on activating and promoting vertical and horizontal work relationship between MOHP departments as well as between MOHP and other government agencies and community based organizations.

Figure 3. The Decentralization Process



Community Participation and Responsibility

Community participation and responsibility is a major determinant of the use of health services and also sustainability. HM/HC aims at changing behavior at household/ community levels and engenders a sense of community ownership of health services.

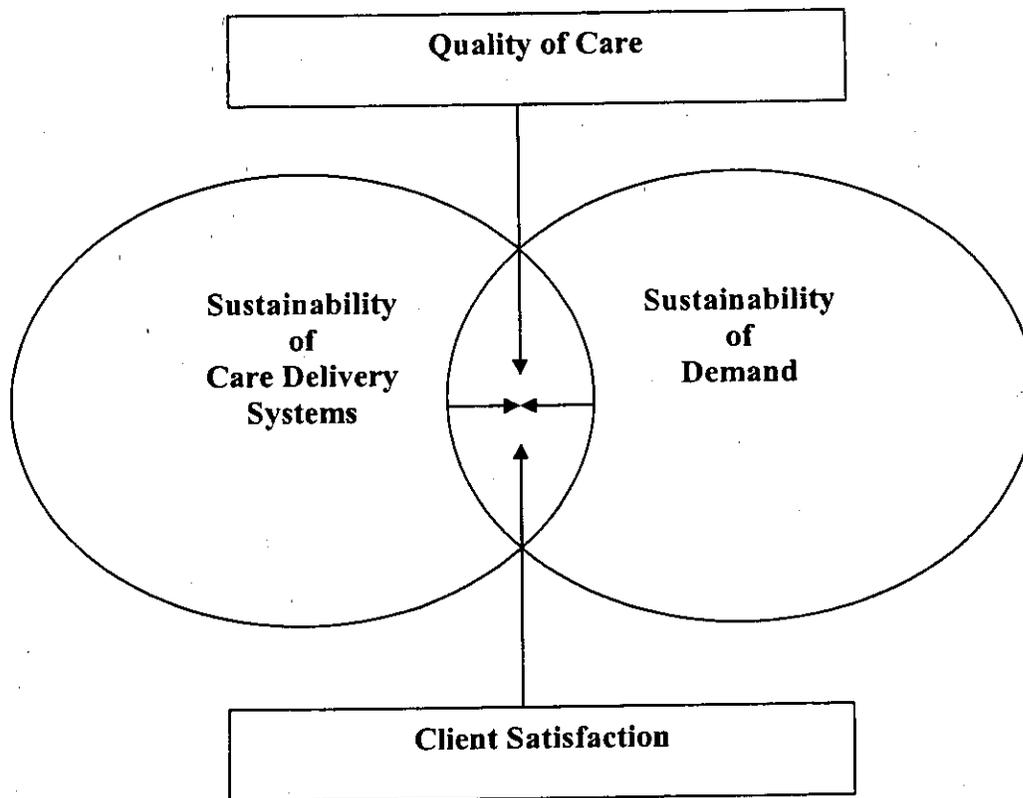
Increasing demand on quality upgraded services is one of the main strategies of implementing the MCH/ BBP. Increased use of quality antenatal care can contribute to improved pregnancy outcomes through health education and promotion of appropriate delivery care, especially for high risk pregnancies recognition of danger signs and immediate action to access care.

Sustainability

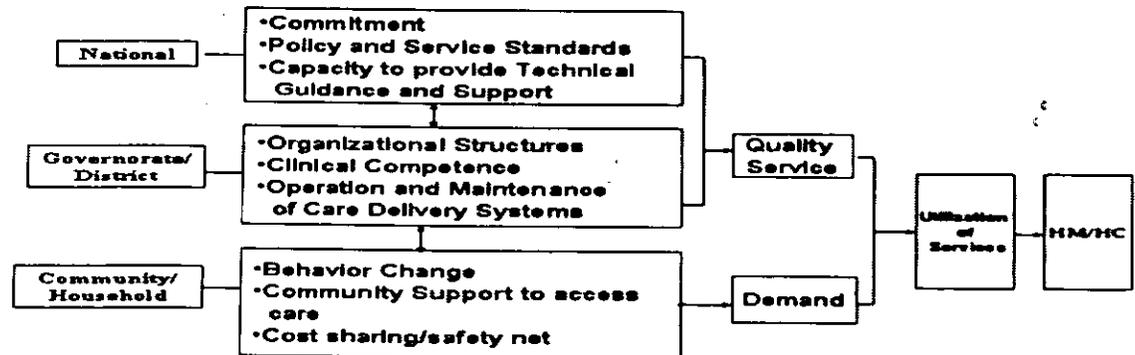
Sustainability, community participation and responsibility, and decentralization are three key aspects of implementing the HM/HC Project. They are inter-related. An overriding objective for work planning and implementation is to strengthen sustainability of interventions.

JSI has developed an initial sustainability strategy entitled "Continuum of Sustainability" as depicted in Figure 4 below. Within this strategy, the utilization of services is considered a primary focus influenced by both the sustainability of "quality" care delivery systems and the sustainability of demand dependant on client satisfaction.

Figure 4. The Continuum of Sustainability



In implementing the proposed strategy, JSI and MOHP counterparts will focus on the following specific factors related to sustainability at the national, governorate/district, and community/household levels as described below:

Figure 5. An Overview of Factors Related to Sustainability

Integration of MCH and FP Service

A Memo of Cooperation was signed between HM/HC Project/ Maternal and Child Health Department and TAHSEEN Project/ Family Planning and Population Sector- MOHP, USAID and its technical assistance contractors: JSI and Catalyst to coordinate and support integrated services in the following areas:

- Development of a basic package of essential MCH/ FP services.
- Development of cross referral mechanisms between MCH and FP services.
- Development of a joint management/ quality improvement/ supervisory/ incentive MCH/ FP system.
- Revision of HIS to assure a common system of codes for MCH and FP.
- Development and implementation of Post partum care guidelines including 40th day visit.
- Cooperate in the revision and printing of the FP curricula for Secondary Technical Nursing Schools.
- Cooperate in the revision of "Women's Health Card" and cooperate in supporting the promotion of this card on the facilities.
- Develop a strategy and plan for the implementation of integrated MCH/ FP and other services in at least one district in Minya governorate.

Continuous Quality Improvement (CQI)

The main thrust of the implementation strategy is the use of continuous quality improvement as the entry point and main tool for HM/HC interventions. CQI is used to achieve the following:

- Collect baseline data on the facility before phasing in to be used as a base for monitoring and evaluation.
- Assess the gap between current practices and desired standards.
- Development of an improvement plan which concentrates on identification of opportunities for quality improvement, analysis of improvement area in accordance with service standards and protocols, development of possible interventions to address a need for improvement, and implementation of interventions.
- Prioritize JSI/ MOHP technical assistance and interventions in reference to potential for greatest impact.

Pilot Projects and Replication

If a reduction in maternal and neonatal mortality is to be achieved, HM/HC interventions must obviously be implemented throughout Egypt. While JSI technical assistance is mainly concentrated in Upper Egypt governorates, it is the responsibility of HM/HC with its broader national responsibility to see the implementation of HM/HC nation-wide. However, JSI's contract allows for pilot-testing of innovative approaches and methods as well as new interventions to be replicated nationally in case of their success.

The previous period of technical assistance the HM/HC Project witnessed some successful trials towards this direction: the SHIP Program, Integrating Health Messages in GALAE Curriculum, Safe Motherhood Committees, etc are some examples.

The remaining period of this contract includes two more areas whereby two pilot projects will be implemented with the ultimate goal to successfully expand them nation-wide:

- Assist MOHP to pilot test adapted HM/HC/ MCH BBP in 1-2 urban slum areas.
- Implement an Integrated HM/HC/ FP Package of Services in 1-2 pilot district including Health Sector Reform.

SECTION TWO

SUMMARY ANNUAL REPORT (SEPTEMBER 16, 2002 – SEPTEMBER 15, 2003)

The primary purpose of reviewing last year's Annual Work Plan is to assess progress and help in improving approaches, methods, and ways of implementing activities to benefit mothers and children. A secondary purpose is to make an input to the preparation of the next AWP.

In this section of the AWP, a brief summary of the accomplishments of the previous year are presented. Further to the summary of the achievements of the previous year, the lessons learned in the process are offered, which will guide activities during the subsequent year of the Contract. Please note that at the time of finalizing this AWP for submission to USAID/ Egypt (August 15, 2003), the last month of Contract Year Six had not been completed (August 16 – September 15, 2003). Accordingly, some accomplishments have been included in this Section which may not have been fully realized by the time of submission, but which will likely be accomplished by September 15. For a full account of Contract accomplishments and activities during the Contract Year Five, refer to JSI's Quarterly Performance Monitoring Reports for Quarters I through IV.

Highlights of Major Accomplishments

The meeting of the Central Committee of Safe Motherhood Committee

- The first meeting of the Committee was held on November 4, 2002 and chaired by H.E. the Minister of Health and Population and membership of all the Under-Secretaries and Director Generals who are sharing the responsibility of reducing maternal and neonates mortality in Egypt as well as a number of resources academic staff from the faculties of Medicine and the Secretary General of the Physician Syndicate. The reporter of the Committee, i.e. Dr. Esmat Mansour, HM/HC Executive Director, prepared a draft plan of action to follow on the results and recommendations of the NMMS: Egypt 2000. The plan, which was endorsed by the Committee, sets up a goal to reduce maternal mortality ratios from 84 per 100,000 live births in the year 2000 to 50 per 100,000 live births by the year 2007 (42%). The plan, also, defines the main issues and problems, charts courses of action and assigns responsible Sectors/ Departments.
- H.E. the Minister of Health and Population called on the Sectors/ Departments to cooperate and share effectively in shouldering the responsibility of implementing this plan of action as assigned. He stressed that slum and deprived remote areas need innovative approach and method to reach them with service and emphasized the need to bridge the gap between these areas and the rest of the country. Another area which the Minister placed more emphasis, is the MCH/FP/RH integration for their impact on maternal health and mortality and development in general.

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

- Intensive coordination between MOHP/ USAID/ JSI took place during April/ May 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 as follows:
 - 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
 - Participated in the following two round table discussions:
 - Training for Competence: Reducing Maternal Mortality in Egypt
 - Perinatal Care Status in Egypt
 - Presented the following three posters:
 - Perinatal Care Status in Egypt
 - National Maternal Mortality Trends, Egypt 2000
 - 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 FP/ TAHSEEN/ Catalyst

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

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 area in Embaba.
- Scheduled to begin in June and continue through the middle of 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 4 neonatal departments in general and district hospitals and 33 maternity centers in primary health care units;
 - Training MOHP staff 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 and their teams to develop and monitor management plans; and
 - Mobilizing communities to increase knowledge, change behaviors and increase utilization of quality services.

Institutionalization and Sustainability

Safe Motherhood Committees

Management Teams and Health Committee that were established by HM/HC to enlist the support of stakeholders at MOHP administrative levels (Governorate, District, Hospital and Community) in promoting a "bottom-up" planning and enabling the health facilities with their catchment area communities to have input into planning the district, governorate and national level.

To institutionalize these teams and committees, the Minister of Health and Population issued on July 4, 2002 a Ministerial Decree establishing a Central Safe Motherhood Committee to be chaired by him and membership of all concerned MOHP sectors and departments. To secure coordination with medical schools and provide required professional expertise to the committee, Professors of Ob/Gyn and Pediatrics from Cairo, Ain Shams and Al Azhar Universities, have been selected to serve as members of the said committee.

The second Article of the Decree institutionalizes the Management Teams established by HM/HC at the beginning of the project at governorate and district levels by mainstreaming these teams to be the Safe Motherhood Committees and continued an integral part of the structure of MOHP at these levels.

Infection Control Committees and Units

HM/HC started its work in this area by establishing infection control committees and developing service standard at the facility level. Training modules were developed and training workshops on infection control were conducted. These initiatives by HM/HC were institutionalized in the year 2002 when H.E. the Minister of Health and Population issued two decrees to institutionalize the function and procedures of infection control to all MOHP administrative levels.

Decree 99/2002 establishing the Central Consultative Committee for Infection Control to be chaired by the minister and membership of concerned MOHP sectors and departments in addition to representatives of Ministry of High Education (universities), Medical Syndicate, Egyptian Society for Infection Control (NGO), Medical Services of the Ministry of Defense and Ministry of Interior and WHO.

The second decree, Decree 100/2002, stipulates the establishment of a Central Unit for infection control within the structure of the Central Department for Preventive Affairs, Infection Control committees and units within the structure of MOHP Governorate Departments and facilities.

Local Lead Trainers

Through the process of clinical and managerial training, potential trainers were selected and trained as lead trainers in the areas of EOC, NC, Management and quality, health education and FGC to take over responsibility of developing and implementing local training programs. Local lead trainers/ supervisors represent the approach and method adopted by HM/HC Project to sustain all training / supervision interventions. Work is underway to institutionalize and mainstream them within MOHP system as the JSI team phases out by the end of this contract.

Disseminate and Institutionalize Protocols and Training Modules

- While the main counterpart in the Ministry of Health and Population is the MCH Department, HM/HC interventions are not confined to this Department. Working in the areas of EOC, NC and related support services, e.g. Laboratory, Blood, Anesthesia, Infection Control...etc. within a hospital are beyond the jurisdiction and the functions of the MCH Departments.
- The key to sustain gains is to build alliance with all the concerned Departments of MOHP and involve them from the beginning to create a sense of ownership. The Central Safe Motherhood Committees with its branches at governorate, district, and hospital levels has a critical roles in that direction. Strengthening and deepening the coordination and integration needs joint planning and implementation.
- HM/HC used different mechanisms to Institutionalize its activities such as signing MOCs and issue joint directives to MOHP staff, develop joint plans of action, organize joint field trips, establish Task Forces and committees, ...etc.

Pre-Service training

- Pre-service curriculum for training newly graduate physicians which address EOC, neonatal care and the management of obstetric and neonatal emergencies was developed. This part of the curriculum has been mainstreamed in the MOHP curriculum for pre-service training which is implemented by the Ministry.

- JSI provided the newly developed MCH training component of the pre-service training in Port Said during march – April 2003 to the newly graduate physicians.

Women's Health Card

- The Women's Health Card was reviewed and modifications/ changes were introduced. Birth preparedness, danger signs during pregnancy, delivery, post-partum with a special information on action required if a woman faces complications were added. JSI provided technical and art design assistance to the Card which is produced by MOHP.
- MOHP Undersecretary for Integrated Health Care/ HM/HC Executive Director requested TAHSEEN Project to review the FP part of the Card to secure integration and consistency which was done.
- The Card was submitted by the Undersecretary/ Executive Director HM/HC to the Women National Council for final review.
- After the production of the revised Card, HM/HC Project -supported by JSI- is implementing a plan to promote the use of the Card, and encourage the women to maintain and use the card for more than one pregnancy.

Secondary Technical Nursing School Curriculum

- A review of the curriculum of Secondary Technical Nursing Schools by a central committee consists of representatives of universities, MOHP and resource persons was conducted.
- Based on the review, a revised curriculum that covers maternity, pediatric, neonatal and community health nursing was developing.
- Consensus was reached on January 2003 on the best and final draft of the curriculum by the MOHP Undersecretaries for Integrated Health Care, Human Resources Development, and Nursing Services in a meeting that was attended by members of the central committee and the authors of the text books.
- The newly revised curriculum is being implemented in all the Secondary Technical Nursing Schools (228 schools), starting on the school year 2003/2004.
- JSI supported three TOT courses to support the implementations and institutionalization of the new curriculum. One at the central level, the second in Upper Egypt and the last in Lower Egypt.

NGOs Proved to be Capable of Sustaining Activities

- NGOs trained by JSI on project proposal writing on topics related to maternal and child care were able to write proposals to other donors, refine their proposal based on experience gained from implementation, compete and win grants.
- As an example, the following NGOs that were awarded grants by HM/HC Project are now implementing a two year project in the same areas of HM/HC with grants from the NGO Service Center:

○ Coptic Association for Services	Beni Suef
○ Community Development Association- Beni Soliman	Beni Suef
○ Childhood and Development Association	Assiut
○ Jesuit and Ferers Association for Development	Minya

Expansion of SHIP to all Governorates of Egypt

The Minister of Health and Population was briefed on the outcome activities of the Anemia Prevention Program for adolescent in preparatory and secondary schools of Upper Egypt and the accomplishments achieved so far in reducing the prevalence of anemia among

adolescents. As a result, he decided to go to scale with the SHIP Program and cover all the governorates of Egypt with fund from GOE budget (HIO and MOHP).

Based on the Minister's approval, this program will continue to be implemented in the eight governorates of Upper Egypt and will be started from scholastic year 2003/2004 in all the remaining governorates gradually to cover the whole country by the year 2006/2007. During the year 2003/2004, it is planned to launch the program in Giza, Dakahelya and Suez governorates.

Annual cost of the program will be divided between the HIO and MOHP; on the basis of 50% share of the total annual cost. Funding responsibilities of each of the HIO and MOHP were decided to be as follows:

- HIO will cover the cost of cups, registers, IEC materials, training courses, as well as the salaries of the health educators of the five Base Period governorates.
- MOHP will cover the cost of the iron tablets and the field visits for supervision and monitoring.

Design and Upgrade User Friendly Software for MHIS

- In cooperation with the National Information Center for Health and Population (NICHIP), a model of a new HIS application was developed. The prototype of the new MHIS was completed. In addition, a planning and monitoring system was completed.
- The new system supports different implementation models, i.e. single user and client server. It is a user friendly software that ensures data quality through control procedures, and allows MHIS technicians to develop and generate tailored reports in addition to the redesigned reports. The data transfer tools have been designed to be completely transparent to the user.
- The planning and monitoring system is a new application that was developed to act as a decision support system for district and governorate offices. The system allows managers to setup targets for selected monitoring indicators and monitors the achievements on quarterly, annually and seasonally basis. The system produces a health service profile for each catchment area and produces geographical distribution pattern of each health indicator. The system presents a new tool to stimulate a data use environment.
- The new system has been installed in the three governorates of the Option Period Minya, Assiut, and Sohag and work is on-going to install it in the five governorates of the Base Period in addition to Giza governorate.

Integrate HM/HC Messages in Literacy Curricula

- The pilot activity to integrate HM/HC messages in the literacy curricula of the General Authority for Literacy and Adult Education (GALAE), which was implemented in 30 classrooms in Luxor, was successfully expanded to cover all classrooms in Luxor.
- A Memorandum of Cooperation (MOC) to replicate the activity in Giza and Cairo HM/HC slum areas was signed between the chairman of GALAE, MOHP Undersecretary/Executive Director of HM/HC Project, USAID, World Education and Ford Foundation.
- By the way, of the MOC, Master Trainers of GALAE Headquarters were trained to act as trainers and supervisors of literacy facilitators at the local level. The activity started on December 2002 in 20 classrooms in Cairo and 15 classrooms in Giza.

- Work is on-going through donations from Ford Foundation to add to the curricula ten new reproductive lessons to the five that were previously developed.

National Polio Campaign (A function beyond JSI Contract)

JSI staff was mobilized to help in the national polio campaign by providing assistance to WHO international polio experts in monitoring the activities in more than 15 governorates. Their contribution was highly appreciated.

Basic MCH Package Implemented in 16 Districts for a Cumulative Total of 53 Districts

Population Covered

By the completion of Phase II of the Option Period, the service improvements in the 16 districts have benefited approximately nine hundred thousand women of reproductive age, quarter of million pregnant women and one hundred fifty thousand births annually.

Table 3. Populating Covered (2002)*

District Number	District Phase II	District	Population 2002	Estimated Female Population	Estimated females Reproductive Age	Estimated Pregnant Women	Estimated Births
Sohar							
38	1	Tahta	97526	48280	22431	6415	9871
39	2	Gerga	95368	47212	21935	6273	11424
40	3	Terna	271455	134384	62435	17856	9646
41	4	El Balyana	314696	155790	72380	20701	11816
42	5	Dar El Salam	255235	126354	58704	16789	10531
43	6	Saqolta	134839	66752	31013	8870	5630
44	7	Geheina	167839	83089	38603	11040	5714
45	8	Maragha	256801	127129	59064	16892	8754
46	9	Akhmeim	248191	122867	57084	16326	9132
47	10	El Mounshaa	334757	165721	76994	22020	12497
Total			2176707	1077578	500643	143184	95015
Assiut							
48	11	El Ghanayem	83206	41191	19137	5473	3249
49	12	El Kouseyah	289810	143470	66656	19064	10823
50	13	El Fath	191574	94839	44062	12602	6092
Total			564590	279500	129856	37139	20164
Minya							
51	14	Abu Qurkas (Fekreya)	378522	187387	87060	24899	13660
52	15	Deir Mowas	244173	120878	56160	16062	9433
53	16	Beni Mazar	368458	182405	84745	24237	13714
Total			991153	490670	227965	65198	36807
Grand Total			3732450	1847748	858464	245521	151986

*Cumulative Populations served in 77 districts covered by HM/HC interventions is mentioned in Annex (E)

Phase II Districts and Facilities

The 16 districts covered during Phase II of the Option Period include 15 district hospitals (CEOC), 36 BEOCs and ten neonatal care units (NCUs). Table 4 shows the sites of these facilities and table 5 presents the cumulative of Basic Package implemented in 8 governorates and 53 districts.

Table 4. Districts and Facilities Covered

Governorate	District	CEOC	BEOC	
Minya	Abu Qurkas	Abu Qurkas DH	Asmant Integrated Health Unit	
	Deir Mowas	Deir Mowas DH	Deir Mowas Maternity	
			Nazlet Badraman Integrated Hospital	
			Beni Haraam Health Unit	
	Beni Mazar	Beni Mazar DH	Sandafa Integrated Hospital	
			Beni Ali Integrated Hospital	
			Abu Garg Women Health Center	
			El Sheikh Fadl Integrated Hospital	
	Assiut	El Ghanayem	El Ghanayem DH	Urban Health Center, Maternity
		El Kouseyah	El Kouseyah DH	El Kouseyah Maternity
Beni Korra Women Health Unit				
Fazara Integrated Hospital				
El Fath			El Fath Urban Health Center	
			El Atawlla Integrated Hospital	
			El Wasta Integrated Hospital	
Sohag		Tahta	Tahta DH	Tahta Maternity Center
	Shattoura Integrated Health Unit			
	El Sawamaa Integrated Hospital			
	Gerga	Gerga DH	El-Magabra Integrated Hospital	
	Tema	Tema DH	Tema Urban Health Center	
			Om Dooma Integrated Hospital	
			El Rayayna Integrated Hospital	
	El Balyana	El Balyana DH	Al Sheikh Baraka Women Health Unit	
			Al Sheikh Marzouk Integrated Health Unit	
	Dar El Salam	Dar El Salam DH	El Naghameesh Rural Health Unit	
	Saqolta	Saqolta DH	Saqolta Maternity	
			El Galaweya Integrated Hospital	
	Geheina	Geheina DH	Eneibis Integrated Hospital	

Governorate	District	CEOC	BEOC
	Maragha	Maragha DH	Shandaweel Integrated Hospital
			El Gherazat Integrated Health Unit
	Akhmeim	Akhmeim DH	Neida Integrated Hospital
			El Koola Integrated Hospital
	El Mounshaa	El Mounshaa DH	El-Mounshaa Maternity Center
			El Zok El Sharkia Integrated Hospital
			Awlad El Sheikh Women Health Unit
			Awlad Hamza Integrated Hospital

Table 5. CEOCs and BEOCs Covered in 53 District

Governorate	District	CEOC	BEOC	NCU
Aswan	05	5	14	3
Luxor	02	2	5	2
Qena	11	11	23	6
Fayoum	06	5	19	5
Beni Suef	07	7	16	5
Minya	05	5	18	5
Assiut	06	5	11	5
Sohag	11	11	23	11
Total	53	51	129	42

Facility Upgraded

- All the facilities were assessed clinically to establish a base line compliance with quality standard, managerially to determine the missing commodities and supplies and physically to evaluate the required renovation.
- Based on the results of the assessment, a self improvement plan was developed for each facility. The plan specifies the area of intervention, what activity to be carried out, who is responsible to do what and time frame.
- Based on the improvement plans, all the 15 target district hospitals, 36 BEOC facilities, 10 NCUs were renovated and equipped with commodities and supplies as per the result of the assessment and in accordance with the service standards to enable them to provide the full range of CEOC, BEOC and NC services.

Safe Motherhood Committees Established and Trained

- All the districts and hospitals of Phase II of the Option Period established and trained on district health planning, management and monitoring as well as continuous quality improvement and data use. Management Lead Trainers were trained to provide sustainability of this process after the completion of the project.

District Planning and Management System Implemented

- Sixteen district SMCs were established and with a total of 53 DSMCs.
- SMCs members were trained on district health planning, management, and continuous quality improvement.
- Community Health Committees at the district level (Health Committee of the District Elected Council) were oriented on the project objectives and activities and the role they are expected to perform as representatives of the local people.
- Sixteen district health plans were developed with a total of 53 district health plans.
- Quarterly monitoring and progress reports on the implementation of the district health plans were produced and action was taken by SMCs to accelerate implementation and remove bottlenecks.
- Joint meetings between SMCs and Community Health Committees are held on quarterly basis to review progress of the implementation of district health plans.

Continuous Quality Improvement Introduced and Implemented

- As a follow up to JSI 2002 Retreat on CQI, a Retrospective and Concurrent Quality Monitoring Checklists were developed, tested, and implemented in the area of obstetric care. The checklists include clinical and managerial indicators.
- Expansion to the areas of NC and other related support clinical services is on-going.
- A manual of CQI is under preparation.
- Training on Quarterly Assurance training and implementation at the BEOC level is conducted by the Quality Assurance Unit of HM/HC Project with Support from JSI.

MHIS Centers Established and Functioning

- All 17 districts Management and Health Information Systems (MHIS) Centers in Giza established and are functioning now.
- The installation of dial-up connections for data transfer at the district level in Giza is completed. Data is transferred from district to governorate electronically.
- User friendly software to upgrade MHIS was designed, tested, and installed in the Option Period governorates.
- A comprehensive system for QA for MHIS centers was developed, tested, and implemented to monitor the performance of the centers and data quality.
- Data use workshops were conducted to key members of SMCs at the district level to promote their skills in data analysis for better planning, management, and monitoring of the district health plans.

Table 6. Management Training

G & D SMCs Members Trained		Hospitals SMCs Members Trained	Health Committee Members Oriented	GSMCs Meetings	DSMCs Meetings	Hospital SMCs Meetings	SMCs & HCs Joint Meetings	Quarterly Reports	MMSS Training Session (# trained)	MMSS OJT (P/D)*
Planning and Management Training (# trained)	Quality Assurance Training (# trained)	Management & Quality Assurance Training (# trained)								
152	168	134	294	24	101	91	163	16	2883	365

*P/D = Person/Day

Health Providers Skills Improved

- Health Service Providers received the necessary training to improve their competencies to the level of mastery.
- JSI continued working with HM/HC Project and MOHP Departments in further defining/ refining the essential package of services.
- Review, update, and add protocols, training modules, and materials continued during last year.
- In conjunction with IIE/DT2, a teleconferencing system was established to deal with practical interventions with emphasis on perinatal care and reduction of avoidable factors contributing to maternal and neonatal mortality in Egypt. Nine teleconference sessions were conducted. These teleconference sessions were video taped to be disseminated and utilized in training and by service providers.

Table 7. CBT Clinical Training

No. of Physicians Trained (Classroom)											
Basic NC	Advanced NC	EOC Service Providers	BEOC Service Providers	EOC Anesthesia	Emergency Services	Laboratory Services	Blood Bank Services	Private sector	Private sector (pharmacists)	EOC (Infection control)	Total
100	84	129	53	29	41	105	39	150	98	60	888

No. of Nurses Trained (Classroom)					
NC	EOC	Emergency Services	OR	CSSD	Total
153	79	39	80	79	430

No. of Lead Trainers Trained (Classroom)					
NC Physicians	EOC Physicians	Emergency Services for Physicians	Anesthesiologists	Nurses	Total
6	12	3	2	45	68

No. of Physicians Trained (On-The-Job Training)								
Basic NC	Advanced NC	EOC Service Providers	BEOC Service Providers	EOC Anesthesia	Emergency Services	Laboratory Services	EOC (Infection control)	Total
270	270	715	53	12	125	58	25	1528

No. of Nurses Trained (On-The-Job Training)						
NC	EOC	Emergency Services	OR	CSSD	Midwifery Skills	Total
379	414	46	26	26	69	379

Maternal Mortality Surveillance System Established and Functioning

- A questionnaire to identify avoidable factors contributing to death was developed and tested.
- A system of reporting female deaths and identifying MMR, causes of maternal deaths and take corrective action was developed, tested and is now functioning extremely well.
- Governorate MCH Directors and Assistant District Health Manager (MCH) were trained as local Lead Trainers.
- The local Lead Trainers trained the Health Officers and Health Office Clerks in all the nine governorates of Upper Egypt.
- Obstetricians in hospitals and private sector were oriented on the MMSS.
- A MMSS Quality Monitoring Checklist was developed, tested, and used in monitoring and supervising the performance of the system. The tool is used to assess the performance of Health Offices, Health Districts Management and Governorate Health Departments against criteria of completeness of forms, accuracy of data on one hand and timeliness of dispatching the forms from level to another on the other hand.

Operation Research Conducted

- Based on research needs identification, the following operation research studies have been conducted:
 - OR 1A: Premixed interventions fluid formulae for neonates for the prevention of nosocomical infection.

- OR 1B: Cost-effectiveness study of premixed IV fluid formulae for neonates versus regular formulae for prevention of systemic nosocomial infections
- OR 2: Cost analysis and efficiency indicators of three neonatal intensive care units in Upper Egypt
- OR3: Defining indicators and developing tools for monitoring client satisfaction for maternal and child health services from community women's perspective
- OR 4: Taxonomy of maternal and child health terms
- OR 5: Reasons for the poor availability of blood for emergency obstetric care in Upper Egypt

Community Involved and Mobilized

- Community Health Committees established and trained.
- Community Outreach Workers from 36 communities were recruited, trained on how to conduct the Rapid Household Survey in their communities to assess needs.
- Community Health Committees developed Community Action Plans (CAP) based on the identified community needs and submitted those interventions that are beyond their capacity to the district for incorporation in the District Health Plans.
- Health providers were sensitized on community beliefs and perceptions.

Community Knowledge Increased and Health Behavior Changed

- Counseling cards to be used by community outreach workers to reach households with health messages were produced.
- Nine workshops to train Health Educators in the four governorates of the Option Period were conducted.
- A series of FGC workshops were conducted for MOHP Social Workers, Health Educators, and Community Outreach Workers of NGOs in Sohag, Assiut and Minya governorates.
- Copies of all HM/HC TV spots for IEC campaigns were duplicated in one video tape to be used by NGOs in their community seminars and activities.
- HM/HC Brochure was developed and printed. Copies were distributed in the Global Health Council meeting in Washington D.C.
- HM/HC Publication Booth and 23 posters were exhibited in USAID premises and then moved to the American Embassy in Cairo.
- An IPC refresher workshop was conducted to review the IPC curriculum.
- Literature review was conducted to develop a behavior change module.

Table 8. Community and IEC Activities

Health Providers Sensitization	Community Health Committee members Oriented	Outreach Workers Trained on CNA	Community Needs Assessment Conducted	Community Action Plan Developed	FGM	
					TOT Training (# trained)	Training (# trained)
128	2000	1080	36	36	30	189

School Nutrition and Health program Strengthened

- Target students in all target governorates were provided with weekly iron tablets.
- Science teachers were trained on iron supplementation distribution and supervision as well as health education activities.
- A two-day refresher training of the HIO Data Specialists was conducted.
- A pilot testing of IEC materials for smoking prevention was completed.
- Health Educators in Beni Suf and Fayoum were reappointed and resumed their work

Table 9. SHIP Activities

No. of Schools	No. of Students	No. of Trained personnel	
		Science Teachers	HIO Staff (Data Entry)
9060	5457278	79	1578

Small Grants Awarded

- Eighteen grants were awarded to small Upper Egyptian Non-Governmental Organizations (NGOs) with total 120 grants awarded up till now.
- Training courses on proposal writing were conducted for NGOs to submit proposals for 20 new grants to be awarded to capable local NGOs by the end of Phase II.
- Tools were developed and tested to assess the quality of home visits, seminars, and support groups. Outreach workers used the developed tools that proved to be effective in monitoring quality of implementation of home visits and seminars.
- Technical and financial close-out of 102 grants awarded to NGOs completed.
- Partial payments were advanced to 18 awarded NGOs and monitoring implementation is on-going.

Table 10. NGOs Small Grants Activities

Pre-Awarding Activities			Grants Awarded	Post-Awarding Activities				
Orientation for NGOs (# trained)	NGOs Assessed	Training on Proposal Writing (# trained)		Financial & Admin. (# trained)	Outreach Workers (# trained)	Home Visits	Community Seminars	
						NGO Outreach Workers	Number	Number of Participants
200	105	55	102	36	289	974607	4478	187693

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 Tahrir 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.

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

- Three Phase-Out workshops were conducted in Beni Suef on February 23, 2003 Fayoum on April 21, 2003 and in Qena on May 7 – 8, 2003.
- Eighty participants from SMCs at governorate, district, and hospital levels participated in Beni Suef Workshop, Fifty Five in Fayoum Workshop and ninety participants from the same level participated in the Qena Workshop. The three workshops were inaugurated and attended by the governorate MOHP Under-Secretaries, HM/HC Executive Director, and USAID Team Leader.
- The workshop reviewed the achievements of HM/HC Project and discussed strategies and plans of MCH and Curative Care Central Departments, Beni Suef, 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.
- In support of the phase-out process, the HM/HC Executive Director issued a letter to the Director Generals and Undersecretary of Beni Suef, Fayoum and Qena MOHP Departments advising that JSI is in the process of phasing-out its technical assistance from the three governorates, and directing the three departments to hand over JSI field offices, with all its furniture and equipment, to the MCH Section as HM/HC Project is on-going and will continue its activities in their governorates, without external technical assistance, till March 15, 2005.

SECTION THREE

WORK PLAN IMPLEMENTATION AND MANAGEMENT

The Overall Strategy

- For most of the activities in which JSI is cooperating with the GOE, implementation means more than the timely and well-managed delivery of inputs that JSI has undertaken to supply. It means strengthening of a sustainable health delivery system to mothers and children.
- Implementation is more important than work planning. The goal of a good work plan is to make possible fruitful implementation. The previous annual review and the preparation of a new Annual Work plan (AWP) constitute in fact a continuation of a work plan design in the light of feedback from implementation.
- The implementation of this annual work plan is characterized by intensive and concentrated activities to be implemented in a very tight time schedule due to the following reasons:
 - The need to allocate at least three months to close out JSI activities by March 15, 2005.
 - As District Annual Health Plan follows the schedule and the planning/ budgeting system of GOE, District Health Plans for the 22 districts of Phases III and IV and the cumulative 75 Districts Health Plans have to be developed by June 2004 to cover the fiscal year 2004/2005.
 - The deadline for releasing the remaining 30 small grants for the awarded NGOs will be March 31, 2004 for a period of nine months to allow for implementation and closing-out the financial transactions of the program by December 31, 2004.
 - By the completion of Phases III and IV of the Option Period and end of the contract, technical assistance will cover all the nine governorates of Upper Egypt, except Giza where 11 districts out of the 17 districts will be covered.
- The implementation strategy in the governorate is basically the same for each target governorate. Variation among the governorates is mainly due to phasing-in of activities and some differences due to the overall size of the respective governorates. Urban slum areas need a different approach and method to develop a model to be tested before replication.
- As described in Task Twelve of this Workplan, very frequent efforts will be exerted to coordinate HM/HC activities with other USAID funded project as well as donors working in the area of maternal and child health to avoid duplication and ensure maximum utilization of available resources. Integration with TAHSEEN in two districts in Minya: (Mattay and Mallawi), Health Reform, Environmental Health Project in slum areas and NGO Service Center are on the top of the list of key partners and areas of cooperation.

Maintaining Activities in the Phased-Out Governorates

District Health/ Community Action Plans

- JSI ensures the continuity of annual planning process at the district and governorate level through coaching at a distance and using the local planning/ management

Lead Trainers and the HM/HC Project staff at the central level to follow up on the different stages of the planning process.

Semi-Annual Meeting to Review Implementation

- A semi-annual joint meeting of SMCs and Community Health Committees that will be held in each governorate where JSI phased-out its technical assistance will be monitored to review progress achieved in implementing the District Health Plans.

Installation of the Upgraded MHIS Software in Phased-Out Governorates

- After the successful testing of the newly designed MHIS software and the completion of its installation in the Option Period's governorates. Task Four Team will work with MOHP Team to install the software in the five Base Period governorates and train the staff on operating the new system.
- Task Four Team will follow-up the performance of the District Health Information Centers by receiving and reviewing the scores of the Quality Monitoring Checklist from all the centers in Upper Egypt and take appropriate actions to secure the efficient operation of the system and timely flow of accurate data to the governorate and central levels.

Lead Trainers

- Local Lead Trainers in different disciplines will be provided with latest versions of materials and modules developed and produced to keep them abreast with the latest information and developments.
- Local Lead Trainers will be contacted at the beginning of planning fiscal year to work with them on the development of local training plan to fill in the gaps due to turn over of the staff, introducing new information and/or promoting new skills. The process of working with the Local Lead Trainers includes facilitating and securing local and central financial allocation from GOE budget to implement the developed plans.

Maintenance and Repairment of Commodities

- Monitor the operation of equipment delivered to facilities and provide technical assistance to train providers on the proper use and operation of the equipment and technicians on repairing out-of-order equipment and preventive maintenance.

Monitor the SHIP

- Monitoring the continuity of SHIP activities in Base Period governorates after phasing-out will be done by joint monitoring field trips by HIO and HM/HC Project staff as well as through reports and flow of data on implementation to the program data base established at HIO.

Continuous Quality Improvement Reports

- Support will be provided to SMCs at the district and facility level in the Base Period governorates to produce quality reports on a quarterly basis and develop self-improvement plan to facilitate continuous quality improvement activities.

Monitor the Implementation of MMSS

- Monitor the flow of maternal deaths data in the nine governorates of Upper Egypt on a monthly basis, produce analytical reports and review the results and decisions of SMCs meeting to assess and follow up on corrective action taken.

An Overview of Phasing in the Option Period

Table 11. Phasing in Districts/ Governorates of the Option Period Phases

Governorates	Phase I 2001/2	Phase II 2002/3	Phase III 2003/4	Phase IV 2004/5	Total
Sohag	1	10	0	0	11
Assiut	3	3	7	0	13
Minya	2	3	4	0	9
Giza	0	0	6	5	11
Total	12*	16	17	5	50

*Six districts from the Base Period: Two from Qena, Beni Suef and Fayoum

Phasing-In Districts/ Governorates (Phases III and IV)

Figure 6 shows the phasing-in districts/ governorates for Phases III and IV. According to contract, Phase III covers 17 districts, while Phase IV covers five districts for the remaining six months of the end of contract. As indicated before, this plan covers the remaining 18 months of the contract and merging Phases III and IV to allow concentration and mobilization of efforts to implement the package early enough to take necessary actions to close-out in well organized way. The 22 districts are divided into two groups for scheduling the steps of phasing-in and implementing the package of essential services.

Figure 6. Phasing-In Districts/ Governorates (Phases III & IV)

Phase-In Plan Group A September 16, 2003 - March 15, 2004	
Menya	1- El Edwa 2- Maghagha 3- Mattay 4- Mallawi
Assiut	5- Sahel Selim 6- El Badary 7- Sedfa 8- Dayrout 9- Abnoub 10- Manfalout 11- Abu Teig
Giza	12- El Wahat El Bahareya 13- North Giza 14- Efteih

**Phase-In Plan
Group B
February 16, 2004 - August 15, 2004**

Giza

15- El Saff
16- El Badrashein
17- El Ayat
18- Giza District
19- El Hawamdeya
20- Osseim
21- El Warrak
22- Menshaat El Qanater

**Phase-In Plan
Urban Slum Areas
September 16, 2003 - August 15, 2004**

Giza

23- Gharb El Mattar Slum Area

Cairo

24- Basateen Shark Slum Area

Population Covered

By the completion of the Phases III and IV and end of the contract, the service improvements in the 22 districts and 2 urban slum areas will have benefited approximately one million four hundred thousand women of reproductive age four hundred thousand pregnant women and quarter of million births annually.

Table 12. Population Covered by Phases III and IV (2002)

District Number	District Phases III & IV	District	Population	Estimated Female Population	Estimated females in Reproductive Age	Estimated Pregnant Females	Live Birth 2001
Giza							
54	1	El Wahat EL Bahareya	25116	12434	5777	1652	823
55	2	North Giza	523265	259042	120351	34420	13315
65	3	Etfaih	199548	98786	45896	13126	8224
57	4	El Saff	224572	111174	51652	14772	9300
58	5	El Badrashein	285858	141514	65747	18804	11373
59	6	El Ayat	280872	139046	64601	18476	10760
60	7	Giza District	180568	89390	41531	11878	5766
61	8	El Hawamdeya	115376	57117	26536	7589	3980
62	9	Osseim	193751	95916	44563	12745	17925
63	10	El Warrak	395259	195673	90910	26000	9490

64	11	Menshaat El Qanater	391502	193813	90045	25753	10894
Total			2815687	1393905	647608	185216	101850
65	12	Sahel Selim	110114	54512	25326	7243	3963
66	13	El Badary	172151	85223	39595	11324	6535
67	14	Sedfa	128454	63591	29544	8450	4508
68	15	Dayrout	364139	180267	83752	23993	14520
69	16	Abnoub	247541	122545	56934	16283	9982
70	17	Manfalout	327159	161960	75247	21521	13245
71	18	Abu Teig	222922	110357	51272	14664	8170
Total			1572480	778455	361670	103438	60923
72	19	El Edwa	156462	77456	35986	10292	6190
73	20	Mattay	194236	96156	44674	12777	7260
74	21	Maghagha	342477	169543	78770	22528	12933
75	22	Malawi	562867	278647	129459	37025	24438
Total			1256042	621803	288890	82622	50821
76	23	Gharb El Mataar	45437	22494	10451	2989	1108
77	24	Basatin Shark	298000	147525	68540	19602	983
Total			343437	170019	78991	22591	2091
Grand Total			5987646	2964182	1377159	393867	215685
Grand Total for all the nine governorates			19565866	9686074	4500149	1287043	697325

Phasing-In Process

The Phasing-In Process with its twelve implementation steps are summarized in Table 13

Table 13. Phasing-In Implementation and Steps

Step	Activity	Responsible Task/ JSI
1	Establish and orient Safe Motherhood Committees and Community Health Committee at all levels to ensure ownership of the project	Task 1 Task 3
2	Prepare a district profile to serve as baseline data and a basis as well as framework for planning and implementing activities.	Task 1 Task 3
3	Select Anchor facilities according to the set of criteria to provide Basic Essential Obstetric Care.	Task 1
4	Conduct self-assessment of the general/ district hospital and BEOC facility for clinical services and management systems services with a view to: <ul style="list-style-type: none"> Establish a base-line of the quality performance Target required training interventions Determine required renovation and missing commodities 	Task 1 Task 2 Task 3
5	Develop a Facility Self-Improvement Plan based on the results of the assessment.	Task 1 Task 2 Task 3

Step	Activity	Responsible Task/ JSI
6	Procure needed equipment, supplies, and renovations.	Task 1 Task 11
7	Initiate the clinical service improvement activities and implement a full competency-based clinical training program.	Task 2
8	Train facility, district and governorate level management/ supervisory SMCs on planning, management, monitoring, and Continuous Quality Improvement.	Task 1 Task 3
9	Mobilize community health committees to identify health needs and develop a plan for priority areas.	Task 7
11	Develop, implement and review Annual Work Plans by district and governorate SMCs.	Task 3
12	Support local NGOs with small grants to assist communities with their plan of action.	Task 10

Integrated Field Visits

- JSI successfully started a new approach of integrating its activities at the same time in one place during Phase II of the Option Period. The approach is to organize and conduct integrated implementation visits that involve JSI Implementation Specialists, clinical supervisors, JSI Field Officers and representatives of HM/HC Project and other concerned MOHP Departments to help the facility SMCs to achieve the following:
 - Integrate and coordinate activities at the facility level
 - Review the status of the implementation of activities at the facility level
 - Assure flow of information among different members/ departments
 - Identify problems at facility level and develop and implement self-improvement plans.
 - Identify problems that require involvement and support from higher level of authority, e.g. MOHP, JSI, etc.

Phasing-Out

Phasing out technical assistance from governorates districts and facilities is always associated with a sustainability plan. Sustainability of gains is a complex issue within a complex activity such as the HM/HC Project. The design of the HM/HC Project takes into consideration the need for developing a phase-out strategy to ensure the sustainability of activities after the completion of the project.

Indicators of completion of activities and to measure the capacity of the health teams and institutions to take over responsibilities of provision of quality care service were defined, discussed and agreed upon by the HM/HC Executive Director and USAID. (Annex C: A list of key indicators).

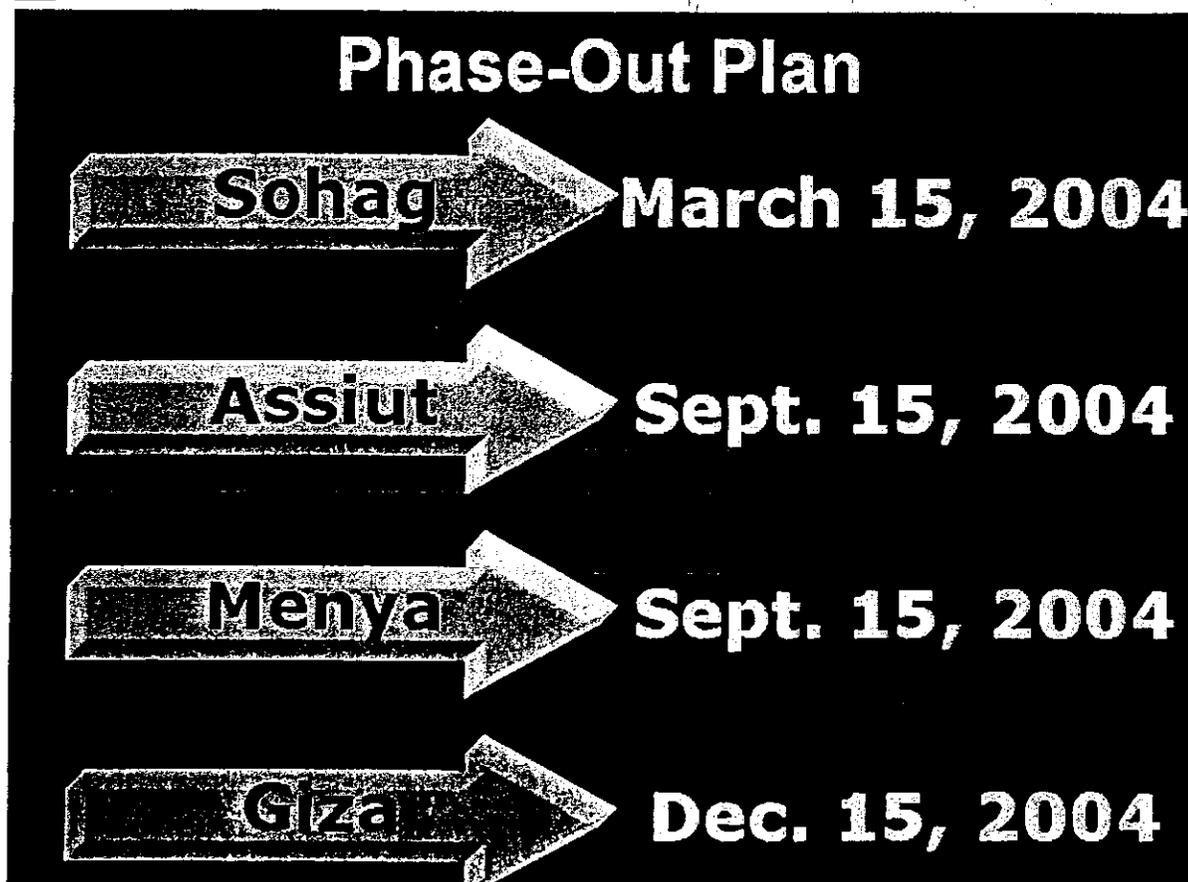
The phase-out plan includes a three step process as follows:

- Each Safe Motherhood Committee (SMC) at the hospitals and districts within the governorate conducts a meeting to review accomplishments and develop a plan of action to ensure that HM/HC activities will continue after the phase-out of technical

assistance. The output of this meeting will serve as input to the Completion/ Phase-Out Report and the governorate/district meeting.

- A one to two-day joint meeting of governorate, district, and hospital level SMCs is to be held to review the HM/HC completion/phase-out report of the whole governorate. (Annex D: An outline of the Completion/Phase-Out Report)
- The two previous events will take place three- two months before the phase-out deadline to give time for the MOHP authorities at different levels to take the necessary steps to secure a smooth and gradual phasing out. During the period from the end of the second meeting to the phase-out deadline, JSI continues to provide coaching, and critically needed support from a distance.
- The phasing-out process described above will be applied in phasing out from all the remaining governorates as presented in the following figure 7.
- After the phasing out, JSI will continue to provide technical assistance until the end of the contract (March 15, 2005) to the governorates/ districts and facilities on a selective basis. The assistance will be guided by the results of monitoring the implementation of the district health plans , the quality assurance monitoring checklists, the facility self improvement plans as well as what will be revealed by the Maternal Mortality Surveillance System and the indicators of the health information centers.

Figure 7. Phasing-Out Plan from Target Districts Governorates (Phases III & IV)



JSI Close-Out Plan

- According to the contract, the JSI contract is scheduled to end March 15, 2005. Therefore, an 18 month JSI close-out plan has been developed to ensure a well project end for contract activities. Close-out plans have been established for each task specially. The collection of all relevant documentation for the eventual auditing of the contract, after project end, is the bulk of the overall project close out plan. Much of the documentation collection will be carried out by the finance/ admin. staff. All documents will be shipped to the JSI Boston Office for storage, making it necessary for Cairo staff to keep in close contact with the JSI/Egypt project coordinator.
- An 18-month contract close-out schedule has been assembled; each task (taken from the JSI Close-Out Manual) has been given an expected completion date and a person responsible for the task assigned. A separate documentation checklist has been compiled to confirm what documentation needs to be sent to Boston, the person responsible for the task and date of completion have also been listed.
- In order to complete all finance related project close-out procedures, it is necessary for the documentation of technical work and completion of satellite of office work to begin 3 months before the contract end date.

SECTION FOUR
INDIVIDUAL TASK PLANS

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

Purpose:

Task One is responsible for phasing-in new districts/ governorates through coordinating all task efforts to conduct a base line survey to assess facility compliance with service standards of physical infrastructure, equipment, and supplies based on the results of the assessment assist the facility management to develop a plan of action for upgrading the facility and oversee its implementation.

Task One is also responsible to coordinate the phasing-out from target governorates, districts, develop sustainability plans, and monitor their implementation.

Strategy:

Activity No. 1.1: Phasing-In New Districts/ Governorates

Activity No. 1.1.1: Establish and Orient Facility Safe Motherhood Committees

- The first step in phasing-in implementation plan at the facility level is to establish SMCs for 20 facilities in Giza, Minya, and Assiut that will be targeted for the implementation of the package of services in phases III & IV to create a sense of ownership and secure involvement and participation from the very beginning.
- The SMCs and the Board of Directors of the facility will be oriented on HM/HC objectives, components and their roles and responsibilities.

Activity No. 1.1.2: Select BEOCs

- Based on the District Health Profile developed by Task Three, the following activities will be completed:
 - Primary health care facilities (e.g. rural integrated hospital or maternity center) will be selected for upgrading in the 22 target districts in the governorates of Assiut, Minya, and Giza to serve as Basic Essential Obstetric Care facility.
 - Selected facilities will include those that require minimal physical upgrading (i.e. recently renovated by MOHP or other donors) and have the capacity (staff, beds, location) to provide basic obstetric care to approximately one hundred thousand of three district population.
 - Additional selection criteria include the rate of normal delivery utilization per month and whether the facility is located in a 'deprived area' where access to other facilities and services is difficult.
- The selection process of the Anchor Facilities will involve an assessment of each facility from physical structure and commodities required to take action to upgrade them.

Activity No. 1.1.3: Assist General / District Hospital in Self-Assessment and Development of Improvement Plans

- This activity is to be carried out jointly by Tasks One, Two, and Three. Task One will be responsible for the coordination of the activity.

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Activity No. 1.1.2: Select BEOCs

- Based on the District Health Profile developed by Task Three, the following activities will be completed:
 - Primary health care facilities (e.g. rural integrated hospital or maternity center) will be selected for upgrading in the 22 target districts in the governorates of Assiut, Minya, and Giza to serve as Basic Essential Obstetric Care facility.
 - Selected facilities will include those that require minimal physical upgrading (i.e. recently renovated by MOHP or other donors) and have the capacity (staff, beds, location) to provide basic obstetric care to approximately one hundred thousand of three district population.
 - Additional selection criteria include the rate of normal delivery utilization per month and whether the facility is located in a 'deprived area' where access to other facilities and services is difficult.
- The selection process of the Anchor Facilities will involve an assessment of each facility from physical structure and commodities required to take action to upgrade them.

Activity No. 1.1.3: Assist General / District Hospital in Self-Assessment and Development of Improvement Plans

- This activity is to be carried out jointly by Tasks One, Two, and Three. Task One will be responsible for the coordination of the activity.

- Nine general and district hospitals in Giza, four district hospitals in Minya and seven district hospitals in Assiut will be assessed comprehensively by a joint team of JSI, MOHP and hospital staff.
- The Clinical and Management performance assessment tool that will be used includes the physical structure of obstetrics, neonatal services, OR, ER, Blood Bank, availability of essential equipment and supplies, availability of key critical staff, application of key management systems, and clinical practices in the management of life-threatening complications.
- The comprehensive assessment will be used to develop a specific clinical and management self-improvement plan for each facility in the three governorates.

Activity No. 1.2: Monitor the Implementation of the Renovation Plans

- This activity will be implemented in coordination with Task Eleven.
- Based on the comprehensive assessment conducted to targeted hospitals of phases III and IV (20 General / District hospitals in Minya, Assiut and Giza governorates) and the assessment and selection of BEOC facilities, a renovation plan will be developed.
- This plan will take into consideration the plans and allocated fund by GOE through MOHP and donors to renovate facilities in the same districts to avoid duplication.
- The renovation plan will include the following:
 - Development of the blueprints according to the physical structure specifications and standards which will be reviewed by the JSI clinical team before being reviewed and approved by the Health Directorates, Health District and Hospital Managers.
 - After the approval, JSI engineers will develop Bills of Quantity and estimated cost of renovation process in preparation for request for bidding.
 - Once the contract is awarded, close monitoring will follow to make sure that renovation is carried out according to standards and to be timely completed.
 - In some hospitals, there will be additional renovation work for interim places whenever they are needed. The renovation of the interim place will precede the process of renovation to avoid interruption of services.

Activity No. 1.3: Monitor the Delivery, Installation, Staff Training on New Commodities Operation, Maintenance and Repairment Out-of-Order Equipment

- This activity will be implemented in coordination with Task Eleven.
- Based on the assessment conducted for the 20 hospitals and BEOCs for commodity requirements, Task Eleven will develop a delivery plan taking into consideration the renovation status of each facility and the arrival time of the local and offshore commodities.
- Regarding facilities that will undergo renovation, commodities for interim place will be delivered.
- Delivery and installation of equipment is the responsibility of the supplier's agent, JSI will monitor the process.
- JSI biomedical engineers will be responsible for examining and screening the equipment available. Also, repairing out of order equipment and provision of technical assistance and OJT to the hospital maintenance staff.
- The Commodity Management Guidelines that were developed in cooperation with Task Three will be introduced and staff of governorate Curative and Maintenance sections as well as the facilities will be trained.

Activity No. 1.4: Implementation Integrated Field Visits to Monitor the Implementation of PES

- The Integrated Implementation visits by JSI Implementation Specialists, clinical supervisors and Field Officers will start in 20 General / District hospitals in the three governorates to help the facility SMCs to achieve the following:
 - Review the status of the implementation of activities at the facility level.
 - Assure flow of information among different members/ departments.
 - Identify problems at facility level and develop self improvement plan.
 - Identify problems that are beyond the control and authority of the facility to raise them with MOHP at the central level.
 - Integrate and coordinate activities at the facility level.

Activity No. 1.5: Upgrade the Managerial Capacity of Hospital Management and Hospital Safe Motherhood Committees

- This activity will be implemented in coordination with Task Three
- A training curriculum for Safe Motherhood Committees (SMCs) of general and district hospitals was developed. The curriculum aims to improve planning and management skills of the hospital staff. The planned duration of training is four days.
- A training plan will be developed to train the SMCs of the 20 general and districts hospitals.

Activity No. 1.6: Coordinate the Phasing-out and Develop Sustainability Plans from Target Governorates

- In the phases III and IV Option Period, a continued focus will be on sustainability of essential maternal and child health services in the governorates/districts where JSI technical assistance was phased out as per the strategy described above.
- By the end of this work plan and the contract: phase out workshops will be held. The main objectives of these workshops are:
 - Review the achievements of the HMHC Project in targeted governorate during the previous period.
 - Development of a sustainability plan to review the continuous delivery of quality services.
- The expected outcomes of these workshops will be the ability of SMCs to effectively use the QA monitoring System to follow-up implementation of Sustainability Plans.
- Four phase-out workshops will be held during this AWP. The four workshops will be held during 2004 and include Sohag, Minya, Assiut and Giza.

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:
 - Implementation of basic package in 17 additional districts for a cumulative total of 70 districts (September 15, 2004)
 - Implementation of basic package in 5 additional districts for a cumulative total of 75 districts (March 15, 2005)

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

Purpose:

The purpose of Task Two is to assist the MOHP/ MCH and Curative Departments in developing additional standards of care and protocols, as appropriate, besides the already developed service standards and protocols. Task Two will assist the MOHP in developing, producing and implementation of clinical/nursing training curriculum and materials and supervisory support. The result of this effort is that a critical mass of MOHP staff will be adequately trained and able to implement the HM/HC Project interventions in health facilities.

This Task also will work closely with MOHP and partners to integrate the MCH-FP package of services in two pilot districts in cooperation with TAHSEEN Project and to assist the MOHP/Urban Health Department to pilot test adapted HM/HC Project interventions in two Urban Slum Areas.

Strategy:

Activity No. 2.1: Disseminate Standards and Build Training Capacity

- Disseminate MOHP training decrees, policies, procedures, roles, responsibilities, budgeted amounts, and financial cycles at the MOHP central, governorate, district and facility level through Safe Motherhood Committees. Regular integrated training and OJT/supervision planning with the HM/HC Project staff and other relevant MOHP departments will continue with more active participation of MOHP personnel who are encouraged to provide improved supervisory support.
- Training and other reference materials developed during the Base Period and Phase I and II of the Option Period will be further field-tested, refined, finalized, and published. These materials cover topics of prenatal care, neonatal care, NICU infection control, high risk maternal/fetal medicine, emergency (maternal and neonatal) services, anesthesia, OR, CSSD, blood banking, laboratory, nursing services as well as equipment operation and care.
- A nine day workshop will be conducted in the target governorates to follow up the orientation of Port Said workshop with OJT.
- A "multidisciplinary team approach" to training and OJT/supervision will be further rationalized and implemented. The system for documentation, using an improved rapid retrieval and follow-up system of Clinical Supervisors' recommendations will continue as documented in the Clinical Performance Monitoring Indicators (concurrent assessments), Retrospective Quality Assurance Monitoring Checklists, as well as Facility and Clinical/Nursing Self-Improvement Plans will be up-dated, streamlined and integrated across disciplines.
- As was done during the Base Period and Phases I and II of the Option Period, department heads and specialists will continue to be trained as Lead Trainers/Supervisors to a level of mastery in both clinical and CBT methodology.
- Local Lead Trainers/Supervisors are the foundation of sustaining all training interventions. Lead Trainers/Supervisors will participate in quarterly integrated OJT/Supervisory follow-up visits and periodic refresher workshops will be conducted. These activities will be delegated to the Lead Trainers/ Supervisors and

institutionalized within the MOHP system as the JSI team phases out of the Option Period districts.

- Strengthen local capacity of Lead Trainers/Supervisors to conduct CBT and post-workshop OJT/supervision.
- The TOT training during the Option Period will be modified to reflect the lessons learned. This will include:
 - Updating the task analysis and job description (roles and responsibilities) for Lead Trainers/ Supervisors at all levels.
 - Updating the content of TOT workshops to reflect the task analysis and job descriptions (roles and responsibilities) for Lead Trainers/ Supervisors at all levels.
 - Continuing to improve upon the selection and training system of Lead Trainers/ Supervisors based on lessons learned.
 - Monitoring Lead Trainers during training and OJT/supervisory activities and assess their ability to use Clinical Performance Monitoring Indicators (concurrent assessments) and Retrospective Assessments as well as the development of Facility and Clinical/Nursing Self-Improvements Plans which address areas of non-compliance.
 - Continuing to encourage active support of Lead Trainers/ Supervisors by higher level MOHP personnel.

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

Clinical Supervision

- JSI will continue to provide technical assistance to 28 EOC facilities in Phases-I and II of the Option Period in Qena, Fayoum, Beni Suef, Assiut, Sohag and Minya Governorates in order to sustain and institutionalize the accomplishments to date in these facilities.
- CBT will be provided to EOC physicians and nurses in the additional 20 EOC and approximately 66 BEOC facilities of Phases III and IV in Assiut, Minya, Giza Governorates and as well as at two urban health centers in Urban Slum Areas. The "avoidable factors" identified during the assessments will be addressed in CEOC/BEOC workshops as top priorities and during follow-up OJT and supervisory support visits.

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

Clinical Supervision

- Technical assistance will continue to be provided to Phases I and II neonatal units as well as some Base Period neonatal units in order to sustain and institutionalize the accomplishments to date. However, technical assistance will concentrate on respiratory therapy in units with CPAP and towards infection control and perinatal activities with the Ob/Gyn departments.
- For Phases III and IV Districts CBT will be provided for all physicians and nurses in these facilities.
- Monthly OJT/ supervisory visits will be conducted for basic neonatal care, safe preparation and mixing of IV medications, as well as CPAP therapy in designated Level II+ and level III units. This activity will include CBT of both physicians and nursing.
- A perinatal approach will be adopted through stressing training in the delivery room, operating room and post-natal environment, e.g. maternity rounds on normal

newborns, care of high risk neonates in the NICU as well as neonatal examinations on discharge and preparation for follow-up.

- Integrated visits to the facilities and the monthly perinatal conferences will continue.
- Monitor departmental performance through input indicators and retrospective indicators and provider performance through Clinical/Nursing Performance Monitoring Indicators (concurrent assessments) for physicians and nurses, reflecting non-compliance in the Facility and Clinical/Nursing Self-Improvement Plans.

Activity No. 2.4: Sustain, Organize and Implement Nursing Lead Trainer/Clinical Supervisor Training

- Continue nurse training using CBT methodology as the primary means of strengthening the EOC, OR/CSSD and NC services provided by nurses.
- Local Nursing Trainers/Supervisors form the foundation of sustaining EOC training interventions. With existing Nursing Trainers/Supervisors, quarterly integrated nursing OJT/Supervisory follow-up visits and periodic refresher workshops will be conducted. These activities will be delegated to the Nursing Trainers/Supervisors and institutionalized within the MOHP system as the JSI team phases out.
- Provide technical assistance to Phases III and IV target governorates through continuous nursing OJT/ Supervisory visits in the 22 districts using the Clinical Performance Monitoring Indicators (concurrent assessments) and Retrospective Assessment to address non-compliance in the Facility and Clinical/Nursing Self-Improvement Plan.

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

- Midwifery training courses for nurse midwives will be continued where 25 Nurse Midwives from Giza Governorate will receive training on Normal Delivery skills.

Activity No. 2.6: Strengthen Other Clinical Support Services

- Quarterly integrated anesthesia, emergency department, OR, CSSD, blood bank, laboratory and nursing services OJT/Supervisory follow-up visits will be conducted by Clinical Supervisors to provide technical assistance to Lead Trainers/Supervisors and support services personnel. The visits will emphasize the close supervision by MOHP/Curative Sector, either from the central level, or governorate level as a very essential activity to keep the standards for clinical support services implemented in Project facilities. Also, during the OJT/Supervision, any problem concerning the support services will be monitored and meetings will be held with facility managers to solve identified problems.

Activity No. 2.6.1: Anesthesia Services

- Refine and finalize service standards, clinical protocols and flow charts, CBT modules and resources materials will be completed.
- Continue to provide anesthesiology technical assistance to 22 districts in Phases III and IV districts through CBT and OJT/supervisory visits using Clinical Performance Monitoring Indicators (concurrent assessment) and Retrospective Assessment causes and corrective actions for non-compliance will be addressed in the Clinical/Nursing Self-Improvement Plans.

- A monthly seminar will be held in each hospital to discuss anesthetic complications which occurred due to "avoidable factors" and how to manage these complications as well as to avoid future reoccurrence.
- One day workshop for anesthesiologists will be organized to address the appropriate use and maintenance of anesthesiology equipment. This will be monitored through the following OJT.
- Provide assistance to facilities scheduled for Phasing-in, in the form of one day workshop and OJT, if needed.
- The above mentioned activities will be delegated to the Lead Trainers/ Supervisors and institutionalize within the MOHP system as the JSI team phases out of the districts.

Activity No. 2.6.2: Emergency Medical Services (EMS)

- The purpose of this activity is to assist MOHP Emergency Department to ensure that all patients (especially maternal and neonatal cases) presenting to the Emergency Department (ED) are properly managed during this initial period of emergency care ("Golden Hour" of resuscitation). Transportation of patients inside and outside of the hospital, the continuity of medical care from the time of arrival to ED until a relevant specialist takes over, proper coordination between the ED team and different hospital specialists, and the proper and rational use of ancillary services.
- Refine and finalize service standards, clinical protocols and flow charts, CBT modules and resources materials will be completed.
- Facilitate the establishment of an organizational structure for the ED in the target facilities compatible with the local circumstances at the hospital.
- Facilitate the establishment of Resuscitation Team to provide initial resuscitation for emergencies arising from inside the hospital (especially after regular working hours).
- Early identification and training of potential Local Lead Trainers/Supervisors who can carry on future training activities in their facilities will be emphasized.
- Hands-on-training with life saving equipment for physicians and nurses will be conducted.
- Implementation of CBT in target facilities CBT and OJT/supervisory visits using Clinical Performance Monitoring Indicators (concurrent assessment) and Retrospective Assessment. Clinical/Nursing Self-Improvement Plans will be developed based on the results of the assessment.

Activity No. 2.6.3: Blood Bank Services

- The purpose of this activity is to assist MOHP to increase/rationalize the timely availability and utilization of blood, blood products, and other volume expanders in the target facilities in order to decrease cases due to hemorrhage. All activities will be coordinated in close collaboration with the MOHP, FHI, and the Swiss project.
- Refine and finalize service standards, clinical protocols and flow charts, CBT modules and resources materials.
- Transfusion committees will be established in each of the new target hospitals to monitor compliance to service standards, transfusion practices, issue local guidelines and solve local problems.
- Provide CBT on indications of blood transfusion and use of plasma expanders at the acute phases for HM/HC Project related hospital staff including Obstetricians, Emergency Department/ Room Physicians and Anesthesiologists.

- Provide CBT sessions on the management of hypovolemic shock as part of CEOC, ER and Anesthesia Workshops. This session will also be included in the BEOC workshops as these physicians are usually the first ones to see the bleeding patients.
- Conduct a one-day workshop to implement the Quality Assurance. Monitoring Checklists for blood transfusion and Clinical Performance. Concurrent Assessment, and Retrospective Assessment will be conducted. Non-compliance with service standards will be the basis of a facility and clinical/nursing self-improvement plans.
- Blood Transfusion Request Forms will be distributed through the MOHP to the target facilities to organize and monitor transfusion practices.
- Special sessions on hemorrhage and referral will be provided during workshops for private sector obstetricians.
- Facilitate the cooperation between the Central Regional and Districts Blood Banks.

Activity No. 2.6.4: Laboratory Services

- The purpose is to assist MOHP Central Lab Department to ensure that good laboratory services is provided in target facilities to support different clinical departments (especially obstetric, neonatal, ER and OR). The focus will be on training all clinicians (especially those involved in Maternal and Neonatal Care) and laboratory technicians on important laboratory investigations that have the largest impact on patients' mortality, such as CBC (including platelets count), coagulation profile, blood typing and cross matching, electrolytes, B. HCG, liver function tests, renal function tests and blood gases.
- Refine and finalize service standards, clinical protocols and flow charts, CBT modules and resources materials.
- Laboratory Committees at each target facility will be established to monitor laboratory practices, issue local guidelines and solve local problems. The Laboratory Committee will monitor Quality Assurance Service Standards and Monitoring Checklists. Performance Monitoring Indicators (concurrent assessments) and Retrospective Assessments will be conducted and non-compliance with the standards will be the basis of a facility and clinical/nursing self-improvement plans.
- A CBT workshop will be held in the target facilities on the availability and appropriate utilization of laboratory services as well as the proper selection and interpretation of laboratory tests, proper technique of specimen collection, causes of spurious, laboratory results and critical values.
- A Laboratory Request Form which was developed jointly between HM/HC and the Central Lab Department of MOHP will be distributed for pilot testing and then finalized for wider distribution.
- A policy on accessing microbiological services for hospital with no such facilities was developed and implementation in pilot hospitals will continue during Phases III and IV.

Activity No. 2.7: Infection Control Activities

- Refine and finalize service standards, clinical protocols and flow charts, CBT modules and resources materials.
- Facilitate the coordination of infection control activities with Curative Care Sector and Infection Control Unit/MOHP.
- Promote the enforcement of the national policies of infection control and the establishment of Infection Control Committees at the facility level in target governorates.

- Establish linkages within the facility, between the laundry, the sterilization room, the operating theater, the delivery suites, the neonatal care unit, and waste management.
- Establish linkages between infection control specialists and the architects responsible for renovation to reach concurrence on suitable solutions to ensure the IC measures, policies, procedures, and protocols.
- Conduct quarterly integrated infection control OJT/Supervisory follow-up visits to monitor and evaluate compliance with infection control policies and procedures. The visits will be carried out by Infection Control Teams at the central, governorate and district levels.
- The program of infection control in Neonatal Intensive Care Units (NICUs) of the MOHP and Egyptian University Medical Schools will be continued. The purpose of this program is to reduce nosocomial infections in the neonatal units. The program includes an assessment of infection control practices in these NICUs. This will be followed by an intervention of three days to each unit where OJT will be conducted to all unit staff on universal precautions of infection control. During these days, emphasis will be put on safe preparation and insertion of intra-venous fluids. After two weeks, a follow-up evaluation visit will be conducted to assess the impact of the short-term intervention.

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

- Update information on private clinics, polyclinics, private hospitals, and pharmacies in the target governorates in cooperation with the local syndicates, Private Sector Department and Pharmacy Inspection Department, MOHP.
- Conduct EOC training for private physicians through a two days extension of the EOC Training workshops.
- Strengthen and sustain links between private providers, syndicates, the MOHP, the CGC and the commercial sector in all target governorates through conducting meetings that aim to sustain the close coordination between the MOHP and private sector activities in the new districts.
- Work with Private Sector Department/MOHP and Egyptian Medical Syndicate to explore possibility of establishment of an accreditation system for private physicians.

Activity No. 2.9: Disseminate and Use the Teleconference Materials

- The materials and cases presented and discussion took place with George Washington University (GWU) faculty resources covering nine perinatal were video documented and produced as training and education materials.
- The materials will be available for dissemination and wider utilization through mainstreaming it with the training provided by MOHP (pre-service, on-service, OJT, etc.) and university medical and nursing schools in cooperation with Health Workforce Development Project (HWD).
- Broadcasting through HORUS-the continuing medical education television channel- the teleconference materials that will be of mutual support and assure nation-wide access and utilization of these valuable resources.

Activity No. 2.10: Facilitate the Implementation of MCH Training in Target Districts

- Coordinate with the Integrated Management of Childhood Illness (IMCI) national Program to implement activities in the target districts.
- Work with HM/HC Project and MCH Development to facilitate and ensure that MCH training is implemented in primary health care facilities in target districts, priority will be given to BEOCs.
- Most of dayas in the governorates of Minya, Sohag, and Assiut received refresher training through UNICEF.
- A one day workshop will be conducted for each governorate , the objectives of this workshops are:
 - Establish a system for follow-up for dayas, through MCH registers, and ensure proper flow of data.
 - Intensify the process of license of dayas

Activity No. 2.11: Integrate MCH-FP Package of Services and Implement it in Two Pilot Districts

- In collaboration with Task Two and TAHSEEN project, technical assistance will be provided to district SMCs in the two pilot districts of Mallawi and Mattay, Minya governorate to develop integrated district health plans, which will involve mainly HM/HC Project interventions, Population Sector activities.
- Selection of these two districts will be according to criteria as utilization of FP-MCH services, number of active NGOs in the district, the facilities needs minor renovation, and committed staff.
- An integrated set of service indicators were agreed upon including HM/HC Project and FP indicators.
- The integrated DSMC will start to collect data on the socio-economic parameters, MCH, and FP services in each district; select potential anchor facilities.
- The training of integrated DSMC will be comprehensive, the needs assessment will be expanded to include FP needs in addition to MCH needs. Data collected will be analyzed to produce district profiles, MCH and FP needs; targets will be set for each of the services included in the HM/HC Project service package (including the family planning targets for each district); Activities required to attain district targets will be identified, including completion dates and persons responsible; Resources required will be identified, including MOHP budget, service improvement fund, and other health projects implemented in the district, as well as any potential support that can be provided through local channels; and, Draft DHPs will be developed.
- Community needs assessment will be incorporated into the integrated district plan, then the plan approved by the District Health Committee (DHC) and submitted to governorate SMC.
- By the end of the training workshop, the district SMC will develop integrated reproductive health / HM HC plan.

Activity No. 2.12: Assist the MOHP/Urban Health Department to pilot test adapted HM/HC Project interventions in Urban Slum Areas

Activity No. 2.12.1: Carry out the Situation Analysis for each of the Selected Slum Areas

- Using mostly secondary source data, a comprehensive situation analysis of 4 slum area facilities (2 urban health centers and their referral hospitals) has been completed in the period preceding June 15, 2003. The analysis comprised available services and utilization figures, as well as health practices and characteristics of the catchment area population. The information obtained from this analysis is to be confirmed through field visits and source comparison in order to eliminate prominent inconsistencies, and supplement deficiencies of data common to urban slums in Egypt.
- The revised draft of the situation analysis will be shared with the MOHP Urban Health Department and the HM/HC Project.

Activity No. 2.12.2: Adapt HM/HC Project Interventions in Two Slum Areas

- The package of MCH interventions implemented by Healthy Mother/Healthy Child applies an evidence-based approach to select and prioritize activities. These activities are integrated and delivered at multiple levels (facility, provider, household, community) using the *Pathway to Survival and Care* as a guiding framework. A review of contemporary academic models in urban health is currently underway to adapt the HM/HC Project as necessary for the urban context. This is done with the aim of developing an effective model for urban MCH intervention in Egypt, that in the future can be applied with success in other target slum areas.

Activity No. 2.12.3: Assist in the Development and Monitoring of a Plan to Improve Perinatal Health Care Services and their Utilization in Slum Areas

- Based on the assessments completed by the various JSI tasks (engineering, management, community, HIS, IEC, NGO, SHIP) recommendations will be formed as to the interventions required and their order of importance and priority. This should be completed by mid-September 2003, before the start of implementation. The JSI slums team is responsible for integrating the various task assessments and recommendations into a single plan for the improvement of perinatal services and their utilization in the two selected slum areas.
- While scheduling is flexible, most tasks will cover the Giza slum unit and hospital during their coverage of the North Giza district with the Giza field office. Interventions at the Cairo facilities (in practice covering only one urban health center, with technical assistance at one referral hospital) can be combined with Giza interventions for added efficiency. This is left at the discretion of the various JSI/MOHP task administrations.
- Community and NGO activities will begin implementation before mid-September 2003, in order to pre-empt possible delays resulting from task dependencies such as the utilization of the community needs assessments in the selection of NGO interventions. Community activities will therefore start in August 2004.

- HIS activities may in fact be unnecessary and depend on the results of the HIS assessment to be indicated by report by the end of August 2003.
- SHIP activities will be implemented in the Giza slum only, but as for Cairo, it will follow the schedule of the national coverage of the HIO/ MOHP plan of action.
- MMSS training has been scheduled for completion by the end of 2003.

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:
 - Complete implementation of MCH-FP integrated package of services in one pilot district including Health Sector Reform. (September 15, 2004)
 - Assist the MOHP/Urban Health Department to pilot test adapted HM/HC Project interventions in 1-2 urban slum areas. (March 15, 2005)



C.10.3 TASK THREE: Public and Private Provider Partnership with Communities to Develop and Manage Districts Plans

Purpose:

The purpose of Task Three is to support the implementation of the HM/HC Project of services at all levels by strengthening the management capabilities of governorate and district health teams and strengthening existing links with communities to ensure that planning and monitoring of health services is more effectively responsive to local needs.

In collaboration with other Tasks, Task Three will lead a process to involve private sector professional health organizations and practitioners as well as NGOs in efforts to improve the access to and quality of maternal and child health services. Policy guidance, supervision, and technical support from the national MOHP and Governorate Health Directorates will be secured.

Strategy:

The development of a decentralized, participatory planning, management, and monitoring process will take place at the community, facility, district, and governorate levels. The aim of this approach is to promote a "bottom-up"/"top-down" planning approach, where health facilities and their catchment area communities have input into the planning process at district and governorate levels. This will support facilities to receive an appropriate share of resources to effectively implement the HM/HC Project of services at the "front line" of the provider-patient encounter. An annual planning and monitoring process at the district level will be established. The framework for developing annual district plans will be the GOE national policies, strategies and plans as reflected by the long-term objectives of Healthy Egyptians 2010 as well as the MCH five year plan 2002-2007. The plan will take into account JSI, the other donor-funded projects, and the government annual plans to ensure coordination and efficiency.

JSI technical assistance was Phased-out from 18 Base Period and 6 of the I Option Period districts in three governorates (11 in Qena, 6 in Fayoum and 7 in Beni Suef), the Governorate, and Districts Safe Motherhood Committees took over the responsibility to sustain HM/HC Project activities, with the support from central MCH and Curative Care Departments.

During this planning period (September 2003 – March 2005) 22 additional districts will be involved , 7 in Assiut, 4 in Minya and 11 in Giza governorate. Integration at district level planning process of MCH-FP services will be implemented in two pilot districts (Malawi and Mattay) in Minya governorate in collaboration with TAHSEEN project.

In collaboration with Task One team, Boards of Directors in two urban health facilities in slum areas in Giza and Cairo will be trained on planning and management including commodity management and better utilization of Service Improvement Fund (SIF).

Activity No. 3.1: Community Level Involvement

- Existing administrative/management structures will be used to build on HM/HC Project activities at the local level. Activities to mobilize community involvement will take place through the Local Elected Councils and its Health Committees functioning under Law 43/1979 of Local Administration. Community Health

Committees then will conduct community needs assessments and develop community plans with local health facilities to support the implementation of the HM/HC Project. Members will receive appropriate training to strengthen their ability to carry out this role and to mobilize local public and non-governmental resources.

Activity No. 3.2: District Level Involvement

Activity No. 3.2.1: Safe Motherhood Committees

- The members of SMCs of the 22 new districts will start collecting baseline data and producing detailed district profiles as a preparatory step to planning process. Then they will be trained on the district planning and management including commodity management and better utilization of Service Improvement Fund.
- The District Health Committees (DHC) of the Elected Councils will be mobilized and oriented on HM/HC objectives and their role in supporting the achievement of these objectives.
- In collaboration with Task One team Hospital Safe Motherhood Committees will be trained on planning to develop their facility self-improvement plans. Special emphasis will be given to commodity management using the guidelines developed by JSI for commodity tracking and maintenance including the provision of required medications and supplies according to service standards. Technical assistance also will be provided to make effective use of the "Service Improvement Fund" as a major source of self-generated income that can be efficiently used to complement the government budget for improving the facility services.

Activity No. 3.2.2: District Plans

- The adopted semi-structured planning approach will be used to allow a consistent format and different content of the district plans. All districts will analyze their current situation and develop targets and activity plans in accordance with HM/HC Project objectives. Inputs from the communities should result in the plans reflecting the specific conditions and needs of each district. This approach will enable upgrading the technical and managerial performance of the district without jeopardizing responsiveness to local conditions. Both DSMCs and DHCs will work closely to develop their annual work-plans that incorporate community/facility level inputs.
- The newly target 22 districts will develop annual HM/HC plan for the fiscal year 2004-2005, In addition to 53 annual districts plans that all to be developed by the district health authorities that were previously covered by HM/HC, with cumulative total of 75 district health plans.

Activity No. 3.2.3: Monitoring Activities

- JSI Task Three team will provide support to districts SMCs in monitoring implementation through of regular meetings, field visits, quarterly achievements reports, and joint meetings with District Health Committees (DHCs) of Local Elected Councils.

Activity No. 3.3: Governorate Level Participation

- Support will continue in the three governorates (Sohag, Assiut, and Minya) in addition to phasing-in Giza through the functioning of the Governorate Safe Motherhood Committees and Health Committees (GHC) of Elected Councils so

they provide feedback to the district planning process and support district-level implementation. Governorate Safe Motherhood Committees will also have their own plans that reflect their supportive and supervisory role to the districts. These committees will participate in planning and supervision training and monitor the implementation of the package at the governorate level.

- In addition, the Integrated Safe Motherhood Committees of Cairo governorate for the slum areas will be established and oriented on HM/HC Project activities.

Activity No. 3.4: National Level Oversight

- H.E. Minister of Health and Population has issued on July 4, 2002 a Ministerial Decree No. 197 for the year 2002 setting up a National Committee for Safe Motherhood to be chaired by him, HM/HC Project Executive Director as a Reporter, membership of MOHP concerned departments and resource persons from Cairo and Ain Shams Universities.
- Key to this plan is the continuous dialogue with the HM/HC Project at the central level to ensure the participation of the national level in the decentralized planning process. To ensure the sustainability of this planning process, counterparts from the national level representing the MCH department will participate with Task Three members in the training, overseeing and supporting the planning and monitoring activities of both governorate and district levels.
- Coordination with TAHSEEN Project, will take place in a form of series meeting with CATALYST team, a concept paper to start integrated implementation of reproductive health/ HM HC activities of integrated MCH/FP package of services and start implementation during this planning period.
- Coordination of activities with different departments in MOHP and other related projects, e.g. PHR+, will continue. This coordination varies from exchanging information to joint meetings and field implementation visits.

Activity No. 3.5: Continuous Quality Improvement

Activity No. 3.5.1: Quality Improvement

- SMCs in 22 new districts will be trained on continuous quality improvement concepts, tools, and methods. The training will focus mainly on enabling the SMC members to carry out their quality responsibilities.

Activity No. 3.5.2: Support Monitoring Activities

- JSI will provide support to SMCs to produce quality reports on a quarterly basis to facilitate of continuous quality improvement activities.

Activity No. 3.5.3: Coordination Activities

- Coordination with relevant tasks for updating the Continuous Quality Improvement System (CQIS) as needed. This activity includes participation in the development of standards, monitoring tools or other related tools. Additionally, the CQI Manual will be under refinement to accommodate any quality improvement activities.

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:

- 17 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 70 districts. (September 15, 2004)
- 5 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 75 districts. (March 15, 2005)

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

Purpose:

The purpose of Task Four is to install an improved Management and Health Information System (MHIS) in Upper Egypt districts to enable a district-wide monitoring of process and outcome indicators. The MHIS will be used to develop and monitor the implementation of the HM/HC Project district plan, provide data on indicators and strengthen vital statistics registration in target districts. The MHIS will gather, analyze, and evaluate data which will be used for decision-making at all levels of service delivery and management. Activities are accomplished in coordination with the National Information Center for Health and Population (NICHHP).

Strategy:

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

- During the Base Period 64 district MHIS centers were established. During the Option Period, 17 district MHIS centers were established in Giza in coordination and cooperation between MCH and the Family Planning. The number of centers which will therefore be completed totals 81 district MHIS centers plus nine governorate MHIS centers for a total of 90 centers.
- Currently all 90 MHIS centers are in operation. Moreover, dial-up telephone connections between district information centers and governorate information center is established in most of Upper Egypt districts (some districts has no access to telephone lines).
- Coordination took place and will be continued with all the partners, especially family planning. The objective is to unify all hardware and software resources provided by different projects to establish an integrated Information Center at the district level.

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

- During the last year, Task four in coordination with NICHHP-MOHP developed an upgraded application for the MHIS.
- The implementation activities in the next 18 months will include:
 - Upgrade the 81 district MHIS Centers and the 9 governorate MHIS Centers to operate the upgraded MHIS application under Windows.
 - Assess and establish Client/Server Network in some selected governorates to include MHIS center computers and technical departments' computers in one expanded network (governorate level).
- To achieve the above the following activities will be carried:
 - Final version of the upgraded MHIS Application will be developed.
 - System testing in coordination with HM/HC Project and NICHHP will be conducted.
 - Training of Trainers and Training of MHIS, central implementation team on deploying and implementing the MHIS upgraded application.
 - Training of governorate and district, MHIS centers staff members and SMC members in all nine Upper Egypt governorates on the upgraded MHIS

- application use, operation and administration. The total number of participants in all nine governorates is expected to be 300 staff members.
- Deploy, implement, and monitor operations of the upgraded MHIS application in 9 governorate MHIS centers and 81 district MHIS centers in Upper Egypt.
 - Coordinate with NICHP to ensure full integration of activities with respect to MHIS implementation in Upper Egypt.

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

- Follow up the implementation of the MHIS QA system.
- Follow up the data quality reports produced by MHIS Centers.

Activity No. 4.4: Data Use Workshops

- Data use workshops will take place at district and governorate levels to improve direct use of indicators for planning and decision-making. The set of indicators will include community health needs assessment, assessing problems, evaluating alternatives, and monitoring interventions and plans. Coordination with MCH and NICHP will take place.

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:
 - Assist MOHP to establish 80 district MHIS centers. (September 15, 2004)
 - Assist MOHP to establish 85 district MHIS centers. (March 15, 2005)

C.10.5 TASK FIVE: Research Activities

Purpose:

The purpose of this task is two fold:

- Conduct a total of 12 operational research studies to address operational issues to reveal opportunities for improving the efficiency, efficacy and sustainability of maternal and child health services provided.
- Assist MOHP to implement a Maternal Mortality Surveillance System (MMSS) to provide information to policy makers regarding maternal mortality ratios at the governorate level and identify avoidable factors contributing to maternal deaths that will help to develop interventions to save the lives of pregnant mothers.

Strategy:

Activity No. 5.1: Identify and Conduct Operation Research Studies

- The last year Milestone Report identified twelve topics for operation research studies. Five topics were selected to start with.
- Further discussion will take place early this year to select the remaining seven topics to be implemented during the last remaining 18 months of the contract.

Activity No. 5.2: Training of Appropriate Staff on the Maternal Mortality Surveillance System

- Train of health officers/ clerks, District Health Managers, and staff at governorate MOHP Departments on MMSS. The training will be conducted by a team of FETP physicians, JSI and MOHP.
- Training will be introduced to the staff mentioned above in the target district/ governorate of Phases III and IV as well as selected slum areas of Giza and Cairo governorates.

Activity No. 5.3: Monitor the Implementation of Maternal Mortality Surveillance System (MMSS) in Nine Upper Egypt Governorates

- The flow of maternal death data through the system from the Health Office level to Health District and MOHP Governorate Department will be monitored on monthly basis during the whole period from September 16, 2003 to March 15, 2005.
- The performance of the Health Offices, Health District Administration, and Governorate Health Directorates will be monitored and corrective actions will be taken from September 16, 2003 to March 15, 2005.
- Monitor the SMCs meetings and actions taken on the results of the MMSS.
- Dissemination of collected information and analysis reports on quarterly and annually basis.

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:
 - Assist MOHP in the development and pilot test of a national maternal mortality surveillance system. (September 15, 2004)
 - 12 operations research studies completed. (March 15, 2005)

- Monitor implementation of surveillance system in target governorates of Upper Egypt. (March 15, 2005)



C.10.7 TASK SEVEN: Better Social Community Services

Purpose:

The purpose of Task Seven is to improve community/ household access to accurate and culturally appropriate information and modify health behavior. This will be achieved by creating demand for quality health services and increasing the use of antenatal, delivery, and postpartum services. IEC material will also be disseminated through the community outreach workers. Provider behavior change will be a focus for the task interventions with special concentration on interpersonal communication, infection control and harmful practices. In addition, Task Seven will create school-based health promotion activities to improve adolescent health knowledge and practices in collaboration with HIO/SHIP.

Strategy:

Activity No. 7.1: Community Needs Identification and Decision-Making

- The MCH Community Needs Identification and Decision-Making Tool (CNI-DMT), developed, tested and used in the Base Period, will continue to be used by community health committees to identify local maternal and child health needs and planning activities to address these needs with District Health Committees. The CNI-DMT process is particularly useful for identifying the needy groups of the community as well as the community local resources that could be mobilized to address the problems/ needs.
- The CNI-DMT process will have the following steps:
 - Orient the CHCs on the HM/HC Project goal and strategies as well as the CNI-DMT process.
 - Develop community profiles that include demographic data collected from the Local Administration Units and Health Units of the communities.
 - Conduct a Rapid Household Surveys (RHS) to identify the key behaviors related to MCH issues –whether they are followed by women or not, whether danger signs are known by women or not and the main obstacles that could hinder accessing the MCH services in the communities.
 - Identify the community needs/problems related to MCH issues, prioritize and analyze these problems, suggest alternative solutions and develop Community Action Plans (CAPs) to guide the community action in this regard.
 - Review implementation progress of the CAPs and conduct a second round of RHS to measure whether a change in community health knowledge and practices has occurred due the interventions of the HM/HC Project or not and adjust CAPs accordingly.

Activity No. 7.2: Community Health Education

Activity No. 7.2.1: Health Care Providers Sensitization

- Heightening the sensitivity of health providers to community needs, beliefs and perceptions in relation to MCH issues is of critical importance as it helps the interpersonal communication and renders the counseling process more effective.
- Providing sensitization workshops for local officials and health providers in the targeted districts.

Activity No. 7.2.2: Community Outreach Workers

- The goal of health education activities at the household level is to increase community health awareness and improve community health behaviors through the promotion of a core set of healthy behavior.
- Improvement of access to accurate and culturally appropriate information and the engagement of the community to develop and implement solutions to local problems.
- The focus will be on building up the knowledge and skills of community outreach workers who conduct the CNI-DMT and conduct outreach home visits, and developing ties and regular working relations with the health providers at the community level. This process should be supplemented and supported by efforts to change the attitudes of the health providers to treat and accept community outreach workers as helpful auxiliaries.
- The community outreach workers will be trained on interpersonal communications, use of the IEC materials for home visiting and on the manual and discussion cards for conducting visits that have been developed to guide their work.
- During the past period, an extensive effort was exerted to develop a set of counseling cards with pictorial illustrations to be used by the outreach workers in doing health education. The cards were arranged by visit. These cards were recently published. During the next 18-month period, the cards will be massively used by Outreach workers to help them better organize their health education activities.

Activity No. 7.3: Training of Health Educators

- During the next 18 months, in coordination with communication for Healthy Living, the trained trainers will train their colleagues in a series of 11 health education communication workshops in the previously mentioned governorates in addition to Giza.
- The training will include how to plan, implement, monitor, and evaluate communication activities, as well as link with community groups, and NGOs.
- The Health education training curriculum will be revised and printed after being tested in the said above workshops. IEC materials developed during the Base Period will be distributed through health education training workshops to help health educators implement their activities

Activity No. 7.4: Female Genital Cutting

Activity No. 7.4.1: Activities targeting the community and the non-medical people

- Last year, JSI has implemented a variety of FGC training activities for non-medicals.
 - A TOT was conducted to train a cadre of trainers from MOHP health educators, MOHP social workers, and NGO outreach workers on how to address FGC in their communities, and how to carry out FGC advocacy efforts.
 - Five training workshops have been conducted in Minya, Assiut, and Sohag, where the trained trainers have been leading the training of health educators, social workers, and NGO outreach workers.
- The FGC training module has been developed, tested, and Printed.
- During the coming 18 months, nine training workshops will be conducted in Minya, Assiut, Sohag, and Giza targeting health educators, social workers, and

NGO personnel. The workshops will be facilitated by the trainers trained last year. The anti-FGC low literates materials will be reprinted and distributed to NGOs, and during FGC workshops.

Activity No. 7.4.2: Activities targeting the Health Providers

- Last year the FGC training module has been revised and will be re-printed early next year.
- During this year an FGC Team will be formed, the team will be responsible for implementing FGC activities targeting Health providers.
- A plan will be developed for training Health providers using the FGC CBT module.

Activity No. 7.5: Engaging the Private Sector

- A public / private partnership strategy has been developed and shared with MOHP & USAID. The implementation of the strategy is contingent upon Minister of Health & Population approval.

Activity No. 7.6: Continuing Communication Activities

- Under the Base Period of the JSI Contract, The HM/HC Project has successfully developed and implemented communication activities. The communication materials produced were well developed and used. It is intended to sustain some of the communication work developed under the Base Period of the contract in the Option Period.
- Some of the potential activities would be:
 - Re-airing of the HM/HC Project TV, radio Spots and re-printing some of the HM/HC Project print materials in coordination and cooperation with CHL.
 - Distributing the HM/HC Project Communication materials including FGC materials to NGOs and Community outreach workers,
 - Documenting and disseminating HM/HC Project success stories, lessons learned and accomplishments.

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

- Last year, an IPC TOT workshop was conducted for 27 JSI clinical supervisors, an IPC training module has been developed, and a series of 14 IPC training workshops have been conducted in Minya, Assiut, and Sohag. The training workshops have been implemented for both physicians, and nurses. It included physicians and nurses from the following specializations: obstetrics, neonatology, anesthesiology, ER, infection control, and blood banks.
- Early next year the IPC training workshops will be assessed to identify the best strategy to use in further implementation of the IPC training, as well as identify whether or not an advanced TOT needs to be planned.
- During next 18 months, a series of 24 one-day IPC training workshops will be implemented in Minya, Assiut, Sohag, and Giza.

Activity No. 7.8: Behavior Change

- Although significant progress has been made in reducing maternal and infant mortality there is still a need for addressing provider behavior as part of the strategy to reduce maternal and infant mortality. Provider behavior practice was thus identified as a key priority for achieving better maternal and neonatal outcomes.

- During last year, a Comprehensive Behavior Change Plan has been developed. The plan has been approved by USAID, and MOHP.
- The Behavior Change Plan includes targeting the following Activities:
 - Infection Control (IC) activities
 - Six major IC issues have been identified and will be addressed through a series of Behavior Change infection control interventions that include training.
 - Harmful Practices
 - A list of Harmful practices has been identified that leads to substandard care by Health providers.
 - Critical issues will be addressed through trainings and orientations.
- As well as the Development of a Behavioral Change module, that will be used to train providers.

Activity No. 7.9: Gold Star

- A design for the MCH Gold Star has been developed and approved by the MOHP and USAID and it will be implemented based on the Quality Assurance System and certification/ accreditation procedures.

Activity No. 7.10: Iron Supplementation Program

- The school-based iron supplementation program is already conducted in the Base Period and the Option Period governorates. Use of Class Teachers as the distributors of the iron tablets is successfully applied in all governorates. Launching iron supplementation in the 11 districts of Giza governorate will take place during the next school year 2003-2004. Support will be given to the teachers and schools in the form of coordination through planning and monitoring meetings as well as supervisory visits. This work will be carried out through MOHP and HIO District Directors, Nurse Supervisors, Health Visitor Supervisors, Nurses and Health Visitors.

Activity No. 7.11: Health Education Activities to Support SHIP in Schools

- Health Education activities are taking place through health educators in the Base Period governorates and through Science Teachers in the Option Period governorates. It will start in Giza governorate through Science Teachers during the school year 2003-2004.

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:
 - Community Action Plans developed and implemented in 17 additional districts for a cumulative total of 70 districts. (September 15, 2004)
 - Community Action Plans developed and implemented in 5 additional districts for a cumulative total of 75 districts. (March 15, 2005)

C.10.10 TASK TEN: Small Grants Program

Purpose:

The Small Grants Program aims to encourage mobilization of community resources to assess their own needs and develop local solutions to address local health problems. It will also assist in bringing health awareness and improving services to the most underprivileged communities in Upper Egypt. This is achieved through providing grants and technical assistance to small non-governmental organizations (NGOs) that are (or have potential for) working in areas of interest to the Healthy Mother/Healthy Child Package of Essential Services.

Strategy:

An NGO seeking a grant is required to complete an application in which a proposal and a budget are presented. The application should reflect the results of a careful planning process. Priority for grant funding will be given to NGOs that provide clearly defined details regarding proposed activities which will achieve clear and measurable results. Each application will provide details of the proposed activities and the costs of these activities. The application will also provide sufficient information about the organization applying for the grant to enable JSI to assess the organization's experience and capabilities.

The program will support and strengthen the capacity of these NGOs by developing their institutional and management capabilities. This will be done through a package of training that includes:

- Training on development and writing of proposals so that they will be successfully able to apply for funds.
- Technical training on community outreach and communication skills.
- Financial management training on how to manage and report on grant funds.

Activity No. 10.1: Management and Monitoring of the Base Period Awarded 102 Grants

- By September 15, 2003, the cumulative awards granted by JSI will be 140. The next two milestones will be achieved by awarding a minimum of 30 new grants in order to reach a cumulative of 170 grants by March 15, 2004.
- The minimum 30 grants will be awarded to NGOs in the 22 districts and 2 slum areas covering Phases III and IV of the Option Period.
- This will be done through the following mechanism:
 - Advertise IFA in the target areas:
 - The Invitation for Applications (IFA) that was developed by JSI and approved by USAID will be published and distributed in the target governorates/districts through JSI Field Offices, the local Offices of the Ministry of Insurance and Social Affairs (MOISA) and the NGOs Regional Federations.
 - Receive NGOs letters of intent:
 - NGOs that would like to join the program, will submit letters of intent to JSI along with any questions or queries they may have about the Program.
 - Conduct a one day orientation for NGOs:
 - JSI will invite the NGOs who sent the letters of intent to attend a one day orientation meeting to introduce to NGOs the HM/HC Project in

general and the Small Grants Program in particular and explain the role that is expected from NGOs to further strengthen and support the HM/HC Project objectives and strategies. In addition, JSI will answer any questions NGOs may have.

- Capacity Assessment for interested NGOs:
 - JSI will visit the interested NGOs for assessment of their financial, administrative and institutional capacity. The assessment will address the following issues:
 - Accounting System and Internal Control.
 - Procurement and Inventory Procedures.
 - Personnel Policies and Payroll.
 - Efficiency and Effectiveness of both the Board of Directors and General Assembly, and how far they represent the community in terms of geographical distribution and gender.
 - Current and Previous Activities especially in the Health Field.
 - Capacity to mobilize community resources.
- Training on Proposal Writing:
 - JSI will conduct a training workshop on proposal writing for NGOs that pass the capacity assessment. In this workshop, a step-by-step training will be provided to the NGOs on how to write the proposal according to the requirements of the IFA.
- NGOs submit proposals:
 - After the workshop, NGOs will continue working on their proposals for submission to JSI by the closing date and time as mentioned in the IFA.
- Review and evaluate submitted proposals:
 - The Review Panel using the selection criteria outlined in the IFA will review all proposals received by the closing date. The Panel will review and evaluate the proposals in order to select the successful ones.
- Field visits to NGOs for discussions on how to further refine their proposals:
 - Discussions will be initiated with the prospective grantees by JSI staff, who will provide the necessary information and guidance to enter a grant pursuant to USAID regulations, policies and procedures. Detailed information will be required of the applicant, including supporting cost information for the proposed budget covering planned activities.
- Submit recommendations to USAID for Approval.
- Signing Award Contracts with Approved NGOs.

Activity No. 10.2: Training Awarded NGOs (Technically and Financially)

- After signing the contracts JSI will support and strengthen the capacity of the recipient NGOs through the following training:
 - Technical training on the topic of the proposal. Training will also include communication skills as well as how to compile the activity progress reports required by JSI.
 - Financial Management and Reporting on managing the awarded grants.

Activity No. 10.3: Management and Monitoring of Active Awarded Grants

- A total of 120 grants were awarded. Out of them, 102 already implemented their activities and closed out. 18 NGOs were awarded their grants on September 15, 2002 for 18 months and scheduled to close by February 2004. Therefore, maintaining and monitoring these grants will continue until February 15, 2004. The remaining 50 grants are expected to be terminated by December 15, 2004.

Activity No. 10.4: Evaluation, Closing and Setting Plan for Sustainability

- Sixty eight (18 NGOs of I and 50 NGOs of Phases II , III and IV) will be evaluated, closed and designed plans for projects sustainability during the planning period

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:
 - A cumulative total of 160 small grants awarded to NGOs in target districts. (September 15, 2004)
 - A cumulative total of 170 small grants awarded to NGOs in target districts. (March 15, 2005)

C.10.11 TASK ELEVEN: Commodity Procurement Program

Purpose:

The purpose of Task Eleven is to procure commodities and assist in renovation activities that will continue to support HM/HC Project activities at the central, governorate, district, facility and community levels.

By the end of the Option Period, project commodities equal \$9 million, necessary to achieve the results of the contract, are to be procured and provided. Up till now \$5.5 million in commodity procurement funds were procured and provided to end users. Estimated \$7.9 million for the contract Option Period, commodities are being procured.

The commodities being procured include, but are not limited to, utility vehicles, medical commodities, audio-visual equipment, computing equipment, office equipment, and office furniture. Most of the procurement will take place in the U.S. The procurement of the correct equipment in the right quantities, and the delivery of the commodities to the right place at the right time, is essential for the successful implementation of each task activity. Under Task Eleven, and in cooperation with Task One, special emphasis will also be made to train staff members that are the intended users of the equipment on its proper purpose, operation, and maintenance. In-house systems to monitor and track the entire procurement process including the completion of government inventory forms will also be maintained in coordination with the MOHP.

In addition, \$600,000 in commodity procurement funds has been reserved for renovation activities. These funds will be used for supplemental physical improvements to various MOHP district health facilities and Health Information Centers in HM/HC Project target governorates of Upper Egypt that can not be covered by the MOHP contractor in a timely manner. JSI will also provide technical assistance in the form of architectural and engineering services (developing plans and bills of quantities and monitoring activities of the MOHP architectural and engineering services) to expedite the renovation of MOHP district health facilities in the Upper Egypt target governorates.

Approximately \$500,000 has also been allocated for the printing and distribution of IEC materials. The publications will be distributed to MOHP counterparts in the target governorates. IEC documents will also be used for community and NGO activities.

Strategy:

Activity No. 11.1: Commodities

- The Commodity Procurement Program is providing equipment necessary to achieve the results of the contract. There will be close coordination between the Procurement Team (Task Eleven) and the other Task Teams. The individual Task Teams are responsible for assessing the commodity needs at the central, governorate, district, facility, and community levels that will ensure successful completion of their Tasks. The individual Task Teams will then work with the Procurement Team to develop and refine technical specifications.
- Using the lists of procurement needs from each Task, the Procurement Team has developed a Life-of-Contract Procurement Plan that was approved by the USAID

- CTO. The Procurement Plan is revised on an annual basis to reflect any changes and submitted to USAID with the procurement milestones.
- TransCentury Associates (TCA) conducts the actual procurement of commodities. For each category of commodity, TCA completes a procurement cycle that includes all required steps from identifying potential vendors to the distribution and installation of the commodity to the recipient location. Large procurements including several different categories of commodities are scheduled on a semi-annual basis to allow for consolidation both on the US side and in deliveries to the recipient locations.
 - For commodities that are not available from US manufacturers and for commodities that have a delivered price that exceeds 50% of the local price, requests for waivers are developed by JSI/TCA and submitted to USAID for approval. These waivers include medical commodities such as metal medical cabinets, neonatal cribs, delivery beds, adult examination tables, autoclaves, hot air ovens, sterilization drums, refrigerators, etc.
 - In order to ensure that procurement is done in a systematic and timely fashion and to assist in the improvement of procurement practices within the Ministry, an in-house computerized tracking system has been developed and installed on JSI computers. The system monitors and tracks the entire procurement process. This system will provide up-to-date information at all levels of HM/HC Project down to the facility. During the Option Period, a modified version of this system will be introduced to the MOHP for incorporation into their general inventory and record keeping system in cooperation with Task Four.

Figure 8. Illustrative List of Commodities for Option Period Procurement

<p>Central MOHP: Project vehicles, computers, printers, audio-visual equipment, and photocopiers</p> <p>District and Governorate Health Offices: Air conditioners, computers, printers, fax machines, photocopier machines, office furniture</p> <p>District and Governorate Health Information Centers: Computers, printers, modems, Zip drives, UPSs, surge protectors, software, air conditioners, office furniture</p> <p>District Hospitals/Basic Centers: Major medical equipment, medical tools, medical furniture, medical supplies for Ob-Gyn wards, operating rooms, emergency rooms, neonatal centers, sterilization rooms</p>

Activity No. 11.2: Renovations

- All renovation activities will be procured locally and in accordance with USAID rules and regulations. GOE rules for renovations will also be applied where applicable. All activities will receive prior approval from the HM/HC Project Executive Director and the Undersecretary/Director General of the governorate.

Activity No. 11.3: Publications

- Publications and IEC materials will be printed locally and in accordance with USAID rules and regulations. The final materials will be distributed to MOHP facilities, NGOs, and community workers in the target governorates, as required.

Performance Milestone:

- By the end of the contract (September 16, 2003 – March 15, 2005), the following Milestones are expected to be accomplished:
 - Procurement of \$ 7.5 Million of Project Commodities. (September 15, 2004)
 - Procurement of \$ 9 Million of Project Commodities. (March 15, 2005)

C.10.12 TASK TWELVE: Coordination Activities

Purpose:

The purpose of this task is to coordinate with partners that are active in field benefiting mothers and children, in order to profit for convergent or paralleled support, and avoid duplication. Sharing information, consultation and joint activities afford opportunities for tying in the support of national, international, and bilateral agencies working for promoting maternal and child health. Coordination and collaboration among HM/HC Project partners in planning and implementation of USAID-funded activities is of vital importance as it is expected to increase efficiency and effectiveness of Project inputs and resources and to promote sustainability by building upon and linking mutually supportive activities at the various levels of implementation from central policy making to local field implementation.

Strategy:

There are several functional levels of coordination:

- The first level of coordination concerns **integration** between activities, where the partners must collaborate and work closely together to jointly develop and implement activities.
- The second level of coordination concerns **dependency** relationships between activities. Dependency relationships indicate that one activity cannot begin until another activity has been accomplished. This level of coordination is the significant since it implies critical path arrangements.
- The third level of coordination involves **prevention of scheduling conflicts**. Such conflicts occur when two or more activities are planned to be conducted at the same time and /or in the same place and/or would potentially utilize the same resources.
- The fourth level of coordination is the need to **share information** so that all partners are working from the same base of knowledge about the plans and progress of the Tasks in the Project. Without information, sharing there is a high probability that disconnected and potentially duplicative activities will take place.

These functional levels, mentioned above, will continue to be carried out with USAID-funded projects working in areas related to improving maternal and child health as well as their agencies activities, in particular, the contract specifies coordination with current and future contractors working with the Population/Family Planning Sector (TAHSEEN/Catalyst), Infectious Disease and Surveillance (Centers for Disease/FETP), Partnership in Health Reform (PHR+) Communication for Healthy Living (CHL), and support of non-governmental organizations (NGO Service Center).

Major partners and key areas of cooperation

Activity No. 12.1: MOHP/ USAID/ JSI Monthly Coordination Meeting

- Monthly Coordination Meeting will be held on regular basis. The meetings which involve the Undersecretary of Integrated Health Care and HM/HC Executive Director, USAID/HM/HC Team Leader and JSI Chief of Party, are focusing mainly on reviewing the Monthly Work Plan, coordinate activities, and secure the HM/HC Project staff involvement in joint activities with JSI staff.

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- Monthly Coordination Meeting will be held on regular basis. The meetings which involve the Undersecretary of Integrated Health Care and HM/HC Executive Director, USAID/HM/HC Team Leader and JSI Chief of Party, are focusing mainly on reviewing the Monthly Work Plan, coordinate activities, and secure the HM/HC Project staff involvement in joint activities with JSI staff.

Activity No. 12.2: MOHP-Intra-Ministerial Coordination

- JSI plays a vital role in facilitating the coordination and cooperation between the MCH Department and Divisions/ Departments of MOHP in all activities related to the achievement of HM/HC objectives. The main Departments that are involved in this process are:
 - Curative Care Department,
 - Infection Control Department,
 - Private Sector Department,
 - Urban Health Department,
 - Nursing Department,
 - Human Resources Development Department,
 - Central Laboratory Department,
 - Family Planning Department,
 - NICHIP,
 - Blood Bank Affairs Department, and
 - Project Development and Technical Support Department.

Activity No. 12.3: TAHSEEN Project

- Implement of the agreed upon Memo of Cooperation signed by FP, MCH, USAID, JSI and Catalyst. Cooperation has taken place between HM/HC and previous USAID funded population programs. By this memo TAHSEEN and HM/HC projects intends to deepen, enhance, and continue this cooperation for the furtherance of the goals of both projects and GOE.

Activity No. 12.4: NGO Service Center

- JSI is a member of the Population and Health Technical Advisory Committee (PHTAC) of the NGO Service Center. In this capacity, JSI provides and ensures the compliance to technical specifications, protocols, and trained manual for the NGOs awarded grants to provide MCH services.
- JSI will keep sharing information, networking and maintain a level of joint operational and technical support in the field.

Activity No. 12.5: Partnership in Health Reform (PHR+)

- Establish a regular meeting mechanism for information sharing.
- Share information about Basic Benefit package standards, referral system guidelines, quality assurance, and accreditation and certification process.
- Implement a monitoring system to track utilization and impact and provide feedback.
- Coordinate activities in Sohag, Assiut and Minya.

Activity No. 12.6: Environmental Health Project (EHP)

- JSI will continue to cooperate and share experience of working in slum areas in Cairo and Giza with EHP USAID funded project implemented in Ezbet El Nawar.

Activity No. 12.7: FETP/ CDC

- Utilize a core of FETP team to support Maternal Surveillance System and infection control activities.

Activity No. 12.8: NAMRU-3

- Coordinate the development, testing and implementation of an experimental Program of Infection Control in NICUs of Egyptian Universities and MOHP.
- Exchange information and determine areas of program implementation where the NAMURU3 could implement the research study to prevent blood born diseases in Upper Egypt.
- Cooperate in using tools for the infection control program and assist in field testing of these tools.

Activity No. 12.9: Swiss Project (National Blood Transfusion Center)

- Coordination to exchange information in the district and governorates regarding blood availability.
- Define areas of collaboration based on the development of a protocol.
- Design and implement joint training courses and workshops.
- Coordinate and integrate joint IEC activities in terms of campaigns, production of materials, etc.

Activity No. 12.10: World Education (ED), General Authority for Literacy and Adult Education (GALAE) and Ford Foundation

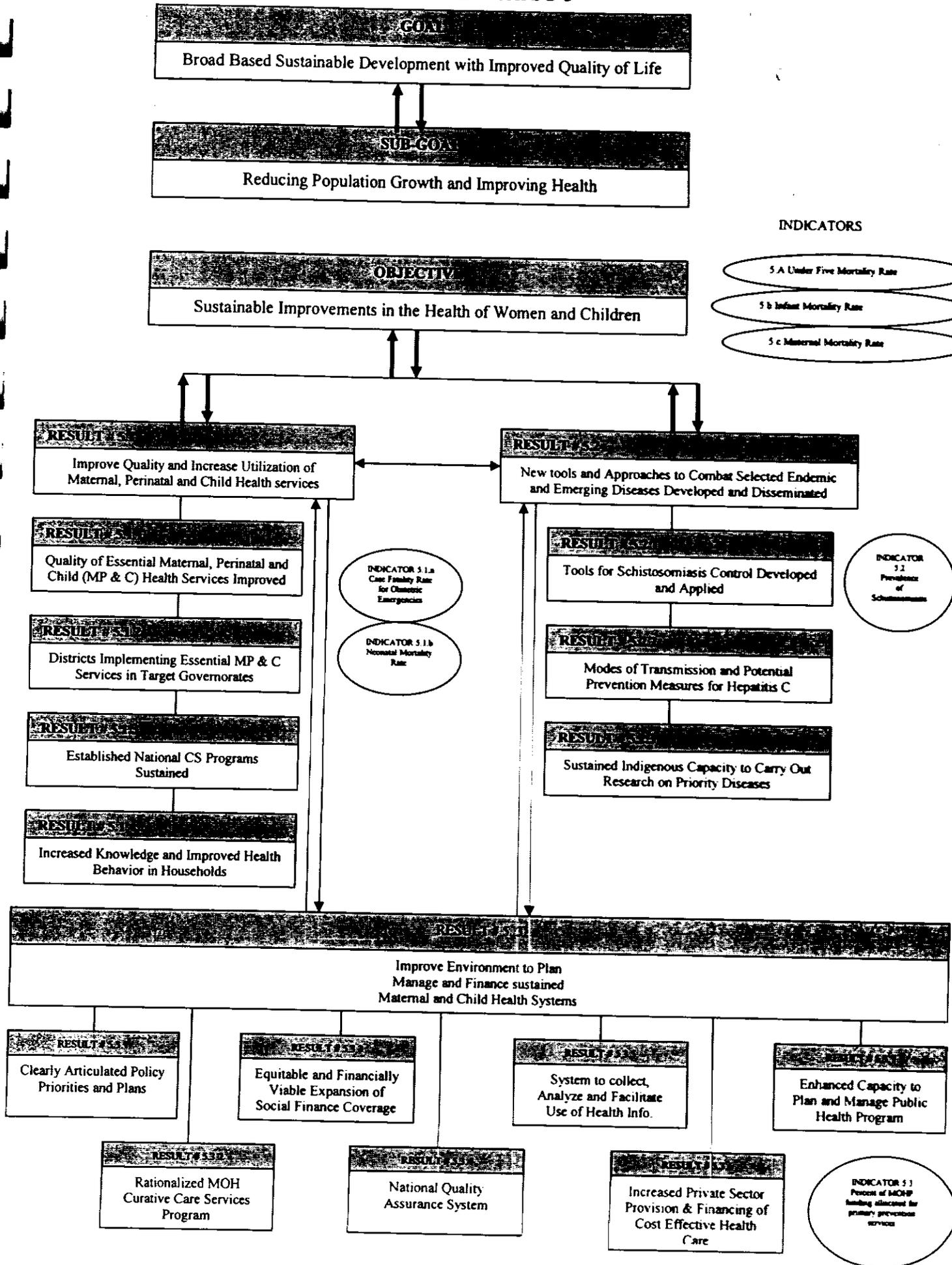
- Integrate additional ten HM/HC key messages in the literacy curriculum of GALAE and train GALAE teachers on how to introduce these lessons to adult women classes in cooperation with CHL and TAHSEEN Project.

Activity No. 12.11: WHO/ UNICEF

- Support the routine and campaign efforts to eliminate neonatal tetanus and the national MNT Surveillance System in Upper Egypt target governorates.
- Provide support to the efforts of eradication of POLIO, particularly in target districts/ governorates of Upper Egypt.

ANNEX A1
USAID's Results Framework
SO 5

USAID's Results Framework SO 5



ANNEX A2
USAID's Results Framework
SO 20

USAID's Results Framework SO 20

SO 20: HEALTHIER, PLANNED FAMILIES

- Total of Fertility Rate
- Infant Mortality Rate

IR 20.1 Increased Use of Family Planning, Reproductive Health and Maternal and Child Health Services by Target Populations

- Contraceptive prevalence rate for modern methods
- % of births whose mothers received 4 or more antenatal visits.

IR 20.1.1 Enhanced Supply of Quality Services

- Percent of births attended by trained providers
- % of children 12-23 months fully immunized with seven

IR 20.1.2 Increased demand for quality services

- Extended use failure rate
- Percent of pregnant women with tetanus

IR 20.2 Healthy Behaviors Adopted

- % of children 0-23 months with diarrhea in past two weeks who received ORT.
- Percent births within last 2 years spaced > 23 months

IR 20.2.1 Increased knowledge of Health Risks and Healthy Practices

- % of men/women who know how blood borne diseases are transmitted
- % of women who recognize the symptoms of high risk pregnancy

IR 20.3 Sustainability of basic health services promoted

- MOHP expenditures for primary, preventive health care per capita.
- % of population covered by insurance

IR 20.3.1 Private sector participation enhanced

- Commercial sale of contraceptives
- No. of entities contracted for public health services

IR 20.3.2 Health sector capacity strengthened

- Systems assessment Matrix
- MOHP allocation for recurrent costs for FP/RH/MCH services and commodities

IR 20.3.3 Improved policy and regulatory environment

- PH Policy Environment Score
- Sector Reform Benchmarks Matrix

ANNEX B
Governorates, Districts and Facilities
covered by HM/HC Project

Governorates, Districts and Facilities covered by HMHC Project

GOVERNORATE		Base Period				Option Period			
		Phase I	Phase II	Phase III	Phase IV	Phase I	Phase II	Phase III	Phase IV
Aswan Governorate									
1	Aswan District								
	CEOC Aswan Teaching Hospital								
	BEOC Abu El-Reesh Bahary Integrated Hospital								
	BEOC Abu El-Reesh Quebly Rural Health Unit								
	BEOC Gharb Aswan Integrated Hospital								
	BEOC Gharb Soheil Rural Health Unit								
2	Daraw District								
	CEOC Daraw District Hospital								
	BEOC Daraw Maternity Center								
	BEOC Gaafra Rural Health Unit								
	BEOC Benban Integrated Hospital								
3	Kom Ombo District								
	CEOC Kom Ombo District Hospital								
	BEOC El-Manshiya Integrated Hospital								
	BEOC Salwa Bahary Integrated Health Center								
4	Edfu District								
	CEOC Edfu District Hospital								
	BEOC Busaileya Bahary Integrated Hospital								
	BEOC Rudayseya Integrated Hospital								
	BEOC El-Ramady Quebly Integrated Hospital								
	BEOC El-Hegz Bahary Rural Health Unit								
5	Nasr District								
	CEOC Nasr District Hospital								
	BEOC Balana Integrated Hospital								
Luxor Governorate									
1	Luxor District								
	CEOC Luxor General Hospital								
	BEOC New Kamak Rural Health Unit								
	BEOC Sheikh Mousa Urban Health Center								
2	Bayadeya District								
	CEOC Bayadeya District Hospital								
	BEOC Dabeya Integrated Hospital								
	BEOC Odaysat Bahary Integrated Hospital								
	BEOC Zaneya Rural Health Group								
Qena Governorate									
1	Qous District								
	CEOC Qous District Hospital								
	BEOC El-Aiaisha Rural Health Center								
	BEOC Garagos Integrated Hospital								
	BEOC Nage El-Sebae Rural Health Unit								
2	Esna District								
	CEOC Esna District Hospital								
	BEOC Kiman El-Matana Integrated Hospital								
3	Armant District								
	CEOC Armant District Hospital								
	BEOC Armant El-Heit Urban Health Center								
	BEOC Democrat Health Center								
4	Qena District								
	CEOC Qena General Hospital								

Governorates, Districts and Facilities covered by HM/HC Project

	BEOC	Qena Maternity Center			III				
	BEOC	Sidi Abdel Reheem Maternity Center			III				
	BEOC	Karm Omran Unit			III				
	BEOC	El-Mahrousa Integrated Hospital			III				
	BEOC	Dandara Integrated Hospital			III				
	BEOC	Awlad Amro Integrated Health Center			III				
5		Deshna District			III				
	CEOC	Deshna District Hospital			III				
	BEOC	Deshna Maternity Center			III				
	BEOC	Fao Bahary Integrated Hospital			III				
	BEOC	Abu Manaa Bahary Integrated Hospital			III				
6		Nekada District			III				
	CEOC	Nekada District Hospital			III				
	BEOC	Bahary Qamula Integrated Hospital			III				
7		Naga Hamadi District					IV		
	CEOC	Naga Hamadi District Hospital					IV		
	BEOC	El-Rahmaneya Quebly Integrated Hospital					IV		
	BEOC	Gharby Bahgora Health Group					IV		
	BEOC	Hew Integrated Hospital					IV		
	BEOC	El-Helfaya Bahry Integrated Hospital					IV		
8		Abu Tesht District					IV		
	CEOC	Abu Tesht District Hospital					IV		
	BEOC	Abu Shousha Integrated Hospital					IV		
	BEOC	Ezbat El-Bousa Rural Health Unit					IV		
	BEOC	Bakhanes Integrated Hospital					IV		
9		Farshout District					IV		
	CEOC	Farshout District Hospital					IV		
	BEOC	El-Araky Integrated Hospital					IV		
10		Qift District						I	
	CEOC	Qift District Hospital						I	
11		El-Wakf District						I	
	CEOC	El-Wakf District Hospital						I	
Beni Suef Governorate									
1		Beni Suef District			III				
	CEOC	Beni Suef General Hospital			III				
	BEOC	Belfia Integrated Hospital			III				
	BEOC	Barout Integrated Hospital			III				
	BEOC	East Nile Urban Health Center			III				
	BEOC	El-Ghamrawee Urban Health Center			III				
2		Ehnasia District			III				
	CEOC	Ehnasia District Hospital			III				
	BEOC	Shater Zada Integrated Health Center			III				
3		El Wasta District			III				
	CEOC	El-Wasta District Hospital			III				
	BEOC	El-Maymoun Integrated Hospital			III				
	BEOC	Abu Sair El-Malak Integrated Health Unit			III				
4		El Fashn District					IV		
	CEOC	El-Fashn District Hospital					IV		
	BEOC	El-Fant Integrated Hospital					IV		
	BEOC	El Gamhoud R Health Unit					IV		
	BEOC	Tait Compound Health Unit					IV		
5		Beba District					IV		
	CEOC	Beba District Hospital					IV		

Governorates, Districts and Facilities covered by HM/HC Project

	CEOC	Gerga DH						II		
	BEOC	EI-Magabra IH						II		
4		Tema District						II		
	CEOC	Tema DH						II		
	BEOC	Tema UHC						II		
	BEOC	Om Dooma IH						II		
	BEOC	EI Rayayna IH						II		
5		EI Balyana District						II		
	CEOC	EI Balyana DH						II		
	BEOC	AI Sheikh Baraka WHU						II		
	BEOC	AI Sheikh Marzouk IHU						II		
6		Dar EI-Salam District						II		
	CEOC	Dar EI-Salam DH						II		
	BEOC	EI Naghameesh RHU						II		
7		Saqolta District						II		
	CEOC	Saqolta DH						II		
	BEOC	Saqolta M						II		
	BEOC	EI Galaweya IH						II		
8		Geheina District						II		
	CEOC	Geheina DH						II		
	BEOC	Eneibis IH						II		
9		Maragha District						II		
	CEOC	Maragha DH						II		
	BEOC	Shandaweel IH						II		
	BEOC	EI Gherazat IHU						II		
10		Akhmeim District						II		
	CEOC	Akhmeim DH						II		
	BEOC	Neida IH						II		
	BEOC	EI Koola IH						II		
11		EI-Mounshaa District						II		
	CEOC	EI-Mounshaa DH						II		
	BEOC	EI-Mounshaa MC						II		
	BEOC	EI Zok EI Sharkia IH						II		
	BEOC	Awlad EI Sheikh WHU						II		
	BEOC	Awlad Hamza IH						II		
Assiut Governorate										
1		Gharb Assiut District						I		
	CEOC	EI-Eman EI-Gadida GH						I		
	BEOC	EI Arabacen Urban Health Center						I		
2		Shark Assiut District						I		
	CEOC	Assiut General Hospital						I		
	BEOC	EI Walideia Maternity Center						I		
3		Markaz Assiut District						I		
	CEOC	Ob/Gyn. Hospital						I		
	BEOC	Naga Sabaa Integrated Hospital						I		
		EI Moteaa Integrated Hospital						I		
4		EI Ghanayem District						II		
	CEOC	EI Ghanayem DH						II		

Governorates, Districts and Facilities covered by HM/HC Project

	BEOC	Beni Ali IH						II	
	BEOC	Abu Garg WHC						II	
	BEOC	El Sheikh Fadl IH						II	
6		El Edwa District							III
	CEOC	El Edwa DH							III
7		Maghagha District							III
	CEOC	Maghagha DH							III
8		Mattay District							III
	CEOC	Mattay DH							III
9		Mallawi District							III
	CEOC	Mallawi DH							III
Giza Governorate									
1		El Wahat El Baharya District							III
	CEOC	El Wahat El Baharya DH							III
2		El Saff District							III
	CEOC	El Saff DH							III
3		Etfeih District							III
	CEOC	Etfeih District Hospital							III
4		North Giza District							III
	CEOC	El-Tahrir GH							III
5		El Badarshein District							III
	CEOC	El Badarshein DH							III
6		El Ayat District							III
	CEOC	El Ayat DH							III
7		Giza District							IV
	CEOC	Abu El-Nomros DH							IV
8		El Hawamdeya District							IV
	CEOC	El Hawamdeya DH							IV
9		Osseim District							IV
	CEOC	Osseim DH							IV
10		El Warrak District							IV
11		Menshaat El Qanater District							IV
Slum Areas									
1	BEOC	El Basateen Slum Area							III
2	BEOC	Gharb El Mattar Slum Area							III

ANNEX C
Completion/Phase-Out Report
Key Indicators and Activities



Completion/ Phasing-Out Key Indicators and Activities

L -	Key Indicators	Key activities	Required Support	MOHP
A - Facility	A.1. Monthly QA assessment conducted with improvement plan developed	QA reports submitted to FSMC defining problems with improvement plan and suggesting solutions	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	Facility SMC/ section heads
		FSMC and BOD take necessary actions concerning reported issues	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	Facility SMC/ BOD
	A.2. Quarterly QA assessment conducted and improvement plan developed and submitted to governorate SMC	QA report with improvement plans submitted to GSMC defining problems and suggesting solutions	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	Governorate SMC & MCH& Curative Directors
		GSMC takes necessary actions concerning reported issues	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	Governorate SMC
	A.3. SMC regularity of meetings and level of participation	Invitation and meeting agenda prepared	No support required	Facility SMC
	A.4. Follow on SMC decisions and recommendations	Minutes and action plan based on the meeting agenda developed and implemented	Observing and coaching at a distance during the rest of this project year (Task III)	Facility SMC
A.5. Service Improvement Fund is established and balance is less than 25% of revenues	Facility improvement requirements funded by Service Improvement Fund	Observing and coaching at a distance during the rest of this project year (Task III)	Facility SMC	
A.6. Lead trainers trained and take over clinical supervision and training	A List of lead trainers by facility and governorate plus protocols of training curricula/ manuals are provided	JSI to provide data feeding the list, protocols and training curricula and a one year training plan (Task II)	Facility/Governorate SMC	

SMC= Safe Motherhood Committee, BOD= Board Of Directors

	Key Indicators	Key activities	Required Support	MOHP
B - Community	B.1. A phase-out CNA is conducted and compared to base CNA	Data collectors to conduct post implementation CNA, tabulate, compare and report findings.	Coaching during implementation (Task VII)	Health Educators & Social Workers
	B.2. A cadre of trained Community Outreach Workers by community/Governorate	A list to be provided	JSI to provide a list with tool, training curricula, (Tasks VII & X) and IEC materials	MOHP Social workers
	B.3. 75% of school students receive iron supplementation timely	HIO procure program supplies, coordinate with MOHP, MOE and Al Azhar, training personnel and supervise implementation	JSI to provide the program database, protocols and training curricula (Task VII)	PHCD/ SHIP Coordinators
	B.4. A cadre of SHIP Health educators/ Master Trainers trained and continue to communicate messages	A list of Health Educators and Master Trainers by district/ governorate	Provide names of trained personnel and one year plan (Task VII)	HIO Regional and central office

Level	Key Indicators	Key activities	Required Support	MOHP
C - District	C.1. An annual plan is developed and implemented.	Situation analysis performed, targets identified, resources recognized, workplan developed and implemented.	Provide planning and management guidelines. Use previous year plan as a template (Task III)	District SMC
	C.2. SMC regularity of meetings and level of participation	Regular periodic meeting invitations issued and minutes developed	A template invitation and minutes to be provided with completion instructions (Task III)	District SMC
	C.3. Follow on SMC decisions and recommendations	Workplans monitored and corrective actions taken.	Observing and coaching at a distance during the rest of this project year (Task III)	District SMC
	C.4. Monthly QA assessment of MHIS conducted and improvement plan developed	Monthly QA report completed, gaps identified and corrective actions planned	Observing and coaching at a distance during the rest of this project year (Task III)	DIC
	C.5. Quarterly QA assessment of MHIS conducted and improved plan implemented	Quarterly QA report completed, gaps identified and corrective actions planned	Observing and coaching at a distance during the rest of this project year (Task III)	GIC
	C.6. Cadre of skilled Health planning, management and QA Trainers by district and governorate.	A list of Health planning, management and QA trainers by district and governorate	JSI to provide data feeding the list, protocols and training curricula (Task III)	District/ Governorate SMC

	Key Indicators	Key activities	Required Support	MOHP
D - Governorate	D.1. SMC regularity of meetings and level of participation	Review district plans and integrate them in a governorate plan. Monitor implementation and provide technical support and guidance.	A template invitation and minutes to be provided with completion instructions (Task III)	Governorate SMC
	D.2. Supervisory visit schedules to district/ facilities prepared and conducted	Field supervision schedule developed and implemented.	No support required	Governorate SMC
E - Central	E.1. A core of clinical supervisors/ trainers made available to conduct Supervision/ OJT	Skilled Clinical Supervisors/ trainers assigned and coached	High involvement with JSI counterparts to Hand over the skills (Task II)	Central SMC
	E.2. Management, Quality, Community and MHIS counterpart central level staff took over responsibilities	Close collaboration JSI and MOHP counterparts	Provide all the documents, protocols, training manuals, tools, guides and reports (Tasks III, IV, VII and X)	Central SMC
	E.3. Annual review of MCH governorate/ district plans and QA reports.	Plans and QA reports collected at the central level, review schedule and responsibilities defined and feedback provided	Observing and coaching at a distance during the rest of this project year (Tasks II, IV, VII and X)	MCH Dept. Curative Care Dept.
	E.4. Supervisory visit schedules to governorates, districts/facilities prepared and conducted	Field supervision schedule developed, implemented and action taken.	No support required	MCH Dept. Curative Care Dept.

ANNEX D

An Outline of Completion/Phase-Out Report

An Outline of Completion/Phase-Out Report

Governorate Profile

Population

Health Facilities

Project Background and Strategy

Brief Summary

Accomplishments

MCH Indicators over years of intervention

QA Monitoring Checklists Results (last quarter)

1. Facilities upgraded
2. Health provider skills improved
3. District wide management and monitoring systems implemented
4. Knowledge increased and health behavior improved
5. School nutrition health program strengthened
6. Small grants awarded

Annexes

1. List of facilities renovated
2. List of commodities and supplies provided
3. List of health providers trained and clinical lead trainers
4. List of health teams and trainers trained on planning, management and QA
5. List of trained health teams on MIS and data use
6. List of trained community outreach workers
7. List of awarded NGOs
8. List of SHIP and health educators Master Trainers, Supervisors and trained staff

ANNEX E

Total Population Covered (2002)

Total Population and Estimated Pregnant Females, in Selected Governorates-Districts of Egypt

	District	Total Population	Estimated Pregnant Females	Total Population	Estimated Pregnant Females
Ashwan					
1-	Aswan	281116	139166	64657	18492
2-	Daraw	83028	41103	19096	5462
3-	Kom Ombo	239696	118661	55130	15767
4-	Nasr Nouba	67068	33202	15426	4412
5-	Edfu	303160	150079	69727	19942
	Total	974068	482212	224036	64073
Luxor					
6-	Luxor Bandar	153758	76118	35364	10114
7-	Bayadaya	207380	102663	47697	13641
	Total	361138	178781	83062	23755
Qena					
8-	Qous	290764	143943	66876	19126
9-	Esna	279835	138532	64362	18408
10-	Armant	134578	66623	30953	8853
11-	Qena	433934	214819	99805	28544
12-	Deshna	253374	125433	58276	16667
13-	El-Wakf	55765	27606	12826	3668
14-	Neqada	116895	57869	26886	7689
15-	Qift	99873	49442	22971	6570
16-	Naga Hamadi	373504	184903	85906	24569
17-	Abu Tesht	284926	141052	65533	18742
18-	Farsbout	118568	58697	27271	7799
	Total	2442016	1208919	561664	160630
Sohag					
19-	Sohag	491362	243249	113013	32322
20-	Tahta	97526	48280	22431	6415
21-	Gerga	95368	47212	21935	6273
22-	Terna	271455	134384	62435	17856
23-	El Balyana	314696	155790	72380	20701
24-	Dar El Salam	255235	126354	58704	16789
25-	Saqolta	134839	66752	31013	8870
26-	Geheina	167839	83089	38603	11040
27-	Maragha	256801	127129	59064	16892
28-	Akhmeim	248191	122867	57084	16326
29-	El Mounshaa	334757	165721	76994	22020
	Total	2668069	1320820	613656	175500
Assiut					
30-	Gharb Assiut	195048	96558	44861	12830
31-	Shark Assiut	148614	73571	34181	9776
32-	Markaz Assiut	321602	159209	73968	21155
33-	El Ghanayem	83206	41191	19137	5473
34-	El Kouseyah	289810	143470	66656	19064
35-	El Fath	191574	94839	44062	12602
36-	Sahel Selim	110114	54512	25326	7243
37-	El Badary	172151	85223	39595	11324
38-	Sedfa	128454	63591	29544	8450
39-	Dayrout	364139	180267	83752	23953
40-	Abnoub	247541	122545	56934	16283
41-	Manfalout	327159	161960	75247	21521
42-	Abu Teiq	222922	110357	51272	14664
	Total	2802334	1387291	644537	184330
Menya					
43-	Menya	604974	299492	139144	39795
44-	Sarnalout	457960	226713	105331	30125
45-	Abu Qurkas (Fekreya)	378522	187387	87060	24899
46-	Deir Mowas	244173	120878	56160	16062
47-	Beni Mazar	368458	182405	84745	24237
48-	El Edwa	156462	77456	35986	10292
49-	Mattay	194236	96156	44674	12777
50-	Maghagha	342477	169543	78770	22528
51-	Malawi	562867	278647	129459	37025
	Total	3310129	1638678	761330	212740
Beni-Suef					
52-	Beni suef	414912	205402	95430	27293
53-	Ehnasia	1226434	112096	52080	14895
54-	El Wasta	292805	144953	67345	19261
55-	El Fashn	270931	134124	62314	17822
56-	Beba	268724	133032	61807	17677

ANNEX F

Milestones Chart

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

ANNEX G

Contract Task Gantt Charts

Task Name	Responsible	Group	Start	Finish	2004				2005		
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
Activity No. 1.4: Implementation Integrated Field Visits to			Tue 09/16/03	Tue 02/15/05							
Activity No. 1.5: Upgrade the Managerial Capacity of H		A & B	Tue 09/16/03	Wed 12/15/04							
Activity No. 1.5.1: Upgrade the Managerial Capacity of H		A	Tue 09/16/03	Wed 09/15/04							
Activity No. 1.5.2: Upgrade the Managerial Capacity of H		B	Mon 02/16/04	Wed 12/15/04							
Activity No. 1.6: Coordinate the Phasing-out and Devel			Thu 01/15/04	Wed 12/15/04							
1.6.1: Phasing-out and Develop A Sustainability Plan			Thu 01/15/04	Mon 03/15/04							
1.6.2: Phasing-out and Develop A Sustainability Plan			Thu 07/15/04	Wed 09/15/04							
1.6.3: Phasing-out and Develop A Sustainability Plan			Thu 07/15/04	Wed 09/15/04							
1.6.4: Phasing-out and Develop A Sustainability Plan			Thu 10/14/04	Wed 12/15/04							
Milestone # (20) - Implementation of basic package in 17			Wed 09/15/04	Wed 09/15/04							
Milestone # (28) - Implementation of basic package in 5 ar			Tue 03/15/05	Tue 03/15/05							
Task Two: Pre/ In-Service Training System Designed to Dis	Tom Coles		Tue 09/16/03	Tue 03/15/05							
Activity No. 2.1: Disseminate Standards and Build Trai	Mohamed Mustafa		Tue 09/16/03	Sun 08/15/04							
2.1.1 Disseminate MOHP training decrees, policies, p	Mohamed Mustafa	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.2: Training and other reference materials develop	Task 2 Coordinators	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.3: Clinical Performance Monitoring Indicators (cor	Task 2 Coordinators	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.4: Department heads and specialists will continue	Mohamed Mustafa	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.5: Lead Trainers/Supervisors will participate in qu	Mohamed Mustafa &	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.6: Strengthen local capacity of Lead Trainers/Sup	Mohamed Mustafa	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.7: The TOT training during the Option Period v		A & B	Tue 09/16/03	Sun 08/15/04							
2.1.7.1: Updating the task analysis and job desc	M. Mustafa & M. Gun	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.7.2: Updating the content of TOT workshops	M. Mustafa & M. Gun	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.7.3 Continuing to improve upon the selector	Mohamed Mustafa	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.7.4: Monitoring Lead Trainers and assess th	Mohamed Mustafa &	A & B	Tue 09/16/03	Sun 08/15/04							
2.1.7.5: Continuing to encourage active support	Mohamed Mustafa &	A & B	Tue 09/16/03	Sun 08/15/04							
Activity No. 2.2: Sustain, Organize and implement EOC	Sabry Hamza		Tue 09/16/03	Tue 03/15/05							
2.2.1: JSI will continue to provide technical assistanc			Tue 09/16/03	Tue 03/15/05							

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ID	Task Name	Responsible	Group	Start	Finish	2004				2005	
						Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
55	2.2.2: CBT will be provided to EOC physicians and	Sabry Hamza		Tue 09/16/03	Wed 12/15/04						
56	2.2.2.1: CEOC Workshops	Sabry Hamza	A & B	Tue 09/16/03	Wed 04/14/04						
57	Nine days CEOC Workshop in Menya		A	Tue 09/16/03	Tue 10/14/03						
58	Nine days CEOC Workshop in Asslut		A	Thu 10/16/03	Fri 11/14/03						
59	Nine days CEOC Workshop in Giza		A	Sun 11/16/03	Sun 12/14/03						
60	Nine days CEOC Workshop in Giza		B	Tue 03/16/04	Wed 04/14/04						
61	2.2.2.2: OJT/ Clinical Supervisory Visits to (C	Sabry Hamza	A & B	Tue 09/30/03	Wed 12/15/04						
62	OJT to Group A CEOCs		A	Tue 09/30/03	Wed 09/15/04						
63	OJT to Group B CEOCs		B	Mon 03/01/04	Wed 12/15/04						
64	2.2.2.3: Six Days BEOC Workshops	Sabry Hamza	A & B	Tue 09/16/03	Wed 04/14/04						
65	Menya		A	Tue 09/16/03	Tue 10/14/03						
66	Asslut		A	Sun 11/16/03	Sun 12/14/03						
67	Giza		A	Mon 02/16/04	Sun 03/14/04						
68	Giza		B	Tue 03/16/04	Wed 04/14/04						
69	2.2.2.4: OJT/ Clinical Supervisory Visits to (B	Sabry Hamza	A & B	Tue 09/16/03	Wed 12/15/04						
70	OJT to Menya BEOCs		A	Tue 09/16/03	Wed 09/15/04						
71	OJT to Sohag BEOCs		A	Tue 09/16/03	Wed 09/15/04						
72	OJT to Asslut BEOCs		A	Tue 09/16/03	Wed 09/15/04						
73	OJT to Giza BEOCs		B	Mon 02/16/04	Wed 12/15/04						
74	2.2.3: Directed assistance through one-day strategic			Tue 09/16/03	Wed 12/15/04						
75	Activity No. 2.3: Sustain, Organize and Implement NC	Lamiaa Mohsen		Tue 09/16/03	Tue 02/15/05						
76	2.3.1: JSI will continue to provide technical assistance			Tue 09/16/03	Tue 09/16/03						
77	2.3.2: CBT for all physicians and nurses	Lamiaa Mohsen		Tue 09/16/03	Tue 02/15/05						
78	2.3.2.1: Basic Neonatal Care Courses	Lamiaa Mohsen	A & B	Tue 09/16/03	Tue 09/14/04						
79	BNC for Asslut Group A		A	Tue 09/16/03	Thu 02/12/04						
80	BNC for Menya Group A		A	Tue 09/16/03	Thu 02/12/04						
81	BNC for Giza Group A		A	Tue 09/16/03	Thu 02/12/04						

Task Name	Responsible	Group	Start	Finish	2004						2005
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
OJT for Phase II & III facilities/ Group A		A	Tue 09/23/03	Tue 02/15/05							
OJT for Phase II & III facilities/ Group B		B	Mon 02/23/04	Tue 02/15/05							
OJT for Phase II & III facilities/ Group B		B	Mon 02/23/04	Tue 02/15/05							
2.3.4: A Perinatal approach will be adopted through		A & B	Tue 09/23/03	Tue 02/15/05							
Group A		A	Tue 09/23/03	Tue 02/15/05							
Group A		A	Tue 09/23/03	Tue 02/15/05							
Group A		A	Tue 09/23/03	Tue 02/15/05							
Group B		A	Tue 09/23/03	Tue 02/15/05							
Group B		B	Mon 02/23/04	Tue 02/15/05							
Group B		B	Mon 02/23/04	Tue 02/15/05							
Activity No. 2.4: Sustain, Organize and Implement Nursing	M. Gumael & M. Mus		Tue 09/16/03	Sun 08/15/04							
Activity No. 2.5: Sustain, Organize and Implement Nursing	Sabry Hamza		Mon 02/16/04	Sun 08/15/04							
Giza Group A & B facilities		A & B	Mon 02/16/04	Sun 08/15/04							
Activity No. 2.6: Strengthen Other Clinical Support Services			Tue 09/16/03	Mon 02/28/05							
Activity No. 2.6.1: Anesthesia Services	Ashraf Shawat		Tue 09/16/03	Wed 12/15/04							
2.6.1.1: Refinement and finalization of service at	Ashraf Shawat		Tue 09/16/03	Thu 09/16/04							
2.6.1.2: JSI will continue to provide anesthesia	Ashraf Shawat	A & B	Tue 09/16/03	Wed 12/15/04							
2.6.1.2.1: Three days EOAC Workshop		A & B	Sun 10/19/03	Wed 06/23/04							
Assiut		A	Sun 10/19/03	Thu 10/23/03							
Menya		A	Sun 11/16/03	Sun 11/23/03							
Giza		A	Sun 12/14/03	Fri 12/19/03							
Giza		B	Thu 04/15/04	Fri 04/23/04							
Giza		B	Tue 06/15/04	Wed 06/23/04							
2.6.1.2.2: OJT/ supervisory visits using nursing		A & B	Tue 09/16/03	Wed 12/15/04							
Assiut		A	Tue 09/16/03	Tue 09/14/04							
Menya		A	Tue 09/16/03	Tue 09/14/04							
Giza		A	Tue 09/16/03	Tue 09/14/04							
Giza		B	Tue 02/17/04	Wed 12/15/04							

Task Name	Responsible	Group	Start	Finish	2004						2005
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
2.6.1.3: A monthly seminar will be held in eac	Ashraf Shawat	A & B	Tue 09/16/03	Wed 12/15/04							
Assiut		A	Tue 09/16/03	Tue 09/14/04							
Menya		A	Tue 09/16/03	Tue 09/14/04							
Giza		A	Tue 09/16/03	Tue 09/14/04							
Giza		B	Tue 02/17/04	Wed 12/15/04							
2.6.1.4: JSI will conduct one day workshop fo	Ashraf Shawat		Sun 10/19/03	Wed 06/23/04							
Assiut		A	Sun 10/19/03	Fri 10/24/03							
Menya		A	Sun 11/16/03	Sun 11/23/03							
Giza		A	Thu 12/11/03	Fri 12/19/03							
Giza		B	Thu 04/15/04	Fri 04/23/04							
Giza		B	Tue 06/15/04	Wed 06/23/04							
2.6.1.5: JSI will provide assistance to facillite	Ashraf Shawat	A & B	Tue 09/16/03	Wed 12/15/04							
Assiut		A	Tue 09/16/03	Wed 09/15/04							
Menya		A	Tue 09/16/03	Wed 09/15/04							
Giza		A	Tue 09/16/03	Wed 09/15/04							
Giza		B	Mon 02/16/04	Wed 12/15/04							
2.6.1.6: The above mentioned activities will b	Ashraf Shawat	A & B	Tue 09/16/03	Wed 12/15/04							
Assiut		A	Tue 09/16/03	Wed 09/15/04							
Menya		A	Tue 09/16/03	Wed 09/15/04							
Giza		A	Tue 09/16/03	Wed 09/15/04							
Giza		B	Mon 02/16/04	Wed 12/15/04							
Activity No. 2.6.2: Emergency Medical Services (E	Hussein Khamis		Tue 09/16/03	Mon 02/28/05							
2.6.2.1: Refinement and finalization of service s	Hussein Khamis		Tue 09/16/03	Wed 06/30/04							
2.6.2.2: Continue Quarterly clinical supervis	Hussein Khamis		Tue 09/16/03	Thu 12/30/04							
Assiut (Assiut General, Eman and Kosseyal			Tue 09/16/03	Thu 12/30/04							
Menya (Menya General, Samalout and Deir			Tue 09/16/03	Thu 12/30/04							
Sohag (Sohag General, Tahta, Tema and B			Tue 09/16/03	Wed 09/15/04							

ID	Task Name	Responsible	Group	Start	Finish	2004				2005		
						Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
163	2.6.2.3 Facilitate the formulation of an organ...	Hussein Khamis		Tue 09/16/03	Thu 10/30/03							
164	Menya (Maghagha District Hospital)		A	Tue 09/16/03	Thu 10/30/03							
165	Assiut (Dayrout District Hospital)		B	Tue 09/16/03	Thu 10/30/03							
166	Giza (North Giza General Hospital)		B	Tue 09/16/03	Thu 10/30/03							
167	2.6.2.4 Facilitate the formation of Resuscitati...	Hussein Khamis		Tue 09/16/03	Thu 09/30/04							
168	Menya (Maghagha District Hospital)		A	Tue 09/16/03	Wed 06/30/04							
169	Assiut (Dayrout District Hospital)		B	Tue 09/16/03	Thu 09/30/04							
170	Giza (North Giza General Hospital)		B	Tue 09/16/03	Tue 09/16/03							
171	2.6.2.5 Early Identification of potential local L...	Hussein Khamis		Tue 09/16/03	Wed 06/30/04							
172	Menya (Maghagha District Hospital)		A	Tue 09/16/03	Wed 03/31/04							
173	Assiut (Dayrout District Hospital)		B	Tue 09/16/03	Wed 06/30/04							
174	Giza (North Giza General Hospital)		B	Tue 09/16/03	Wed 06/30/04							
175	2.6.2.6 Conduct Emergency Workshops for Pl...	Hussein Khamis		Wed 10/01/03	Mon 01/31/05							
176	Menya (Maghagha District Hospital)		A	Mon 12/01/03	Thu 09/30/04							
177	Assiut (Dayrout District Hospital)		B	Wed 10/01/03	Thu 09/30/04							
178	Giza (North Giza General Hospital)		B	Thu 01/01/04	Mon 01/31/05							
179	2.6.2.7 Conduct Emergency Workshops for N...	Hussein Khamis		Thu 01/01/04	Mon 02/28/05							
180	Menya (Maghagha District Hospital)		A	Mon 03/01/04	Tue 11/30/04							
181	Assiut (Dayrout District Hospital)		B	Sun 02/01/04	Mon 02/28/05							
182	Giza (North Giza General Hospital)		B	Thu 01/01/04	Wed 06/30/04							
183	2.6.2.8 Hands-on-training with life saving equ...	Hussein Khamis		Tue 09/16/03	Mon 01/31/05							
184	Menya (Maghagha District Hospital)		A	Tue 09/16/03	Thu 12/30/04							
185	Assiut (Dayrout District Hospital)		B	Tue 09/16/03	Thu 12/30/04							
186	Giza (North Giza General Hospital)		B	Tue 09/16/03	Mon 01/31/05							
187	2.6.2.9 Implementation of CBT in target facili...	Hussein Khamis		Tue 09/16/03	Tue 02/15/05							
188	Menya (Maghagha District Hospital)		A	Tue 09/16/03	Tue 02/15/05							
189	Assiut (Dayrout District Hospital)		B	Tue 09/16/03	Tue 02/15/05							

Task Name	Responsible	Group	Start	Finish	2004				2005
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
Giza (North Giza General Hospital)	Hussein Khamis	B	Tue 09/16/03	Tue 02/15/05	[Redacted]				
2.6.2.10 All activities will be conducted in cor			Tue 09/16/03	Tue 02/15/05	[Redacted]				
Menya (Maghagha District Hospital)		A	Tue 09/16/03	Tue 02/15/05	[Redacted]				
Assiut (Dayrout District Hospital)		B	Tue 09/16/03	Tue 02/15/05	[Redacted]				
Giza (North Giza General Hospital)		B	Tue 09/16/03	Tue 02/15/05	[Redacted]				
Activity No. 2.6.3: Blood Bank Services	Ashraf Shawat		Tue 09/16/03	Wed 12/15/04	[Redacted]				
2.6.3.1: Refinement and finalization of service st	Ashraf Shawat		Wed 09/17/03	Wed 09/15/04	[Redacted]				
2.6.3.2: Transfusion committees will be estab	Ashraf Shawat	A & B	Tue 09/16/03	Sun 05/16/04	[Redacted]				
Assiut		A	Tue 09/16/03	Tue 12/16/03	[Redacted]				
Menya		A	Tue 09/16/03	Tue 12/16/03	[Redacted]				
Giza		A	Tue 09/16/03	Tue 12/16/03	[Redacted]				
Giza		B	Mon 02/16/04	Sun 05/16/04	[Redacted]				
2.6.3.3: Provide CBT on indications of blood t	Ashraf Shawat	A & B	Tue 09/16/03	Wed 12/15/04	[Redacted]				
Assiut		A	Tue 09/16/03	Mon 03/15/04	[Redacted]				
Menya		A	Tue 09/16/03	Mon 03/15/04	[Redacted]				
Giza		A	Tue 09/16/03	Mon 03/15/04	[Redacted]				
Giza		B	Mon 02/16/04	Wed 12/15/04	[Redacted]				
2.6.3.4: One day Workshop on the manageme	Ashraf Shawat	A & B	Sun 10/19/03	Wed 06/23/04	[Redacted]				
Assiut		A	Sun 10/19/03	Thu 10/23/03	[Redacted]				
Menya		A	Sun 11/16/03	Sun 11/23/03	[Redacted]				
Giza		A	Sun 12/14/03	Thu 12/18/03	[Redacted]				
Giza		B	Thu 04/15/04	Thu 04/22/04	[Redacted]				
Giza		B	Wed 06/16/04	Wed 06/23/04	[Redacted]				
2.6.3.5: One day Workshop tp Implement QA			Sun 10/19/03	Wed 06/23/04	[Redacted]				
Assiut		A	Sun 10/19/03	Thu 10/23/03	[Redacted]				
Menya		A	Sun 11/16/03	Sun 11/23/03	[Redacted]				
Giza		A	Sun 12/14/03	Thu 12/18/03	[Redacted]				

ID	Task Name	Responsible	Group	Start	Finish	2004				2005		
						Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
217	Giza		B	Thu 04/15/04	Thu 04/22/04							
218	Giza		B	Wed 06/16/04	Wed 06/23/04							
219	2.6.3.6: Blood transfusion request forms will	Ashraf Shawat	A & B	Tue 09/16/03	Sun 05/16/04							
220	Group A		A	Tue 09/16/03	Sat 01/17/04							
221	Group B		B	Mon 02/16/04	Sun 05/16/04							
222	2.6.3.7 Special sessions on hemorrhage and	Ashraf Shawat	A & B	Tue 09/16/03	Sun 05/16/04							
223	Group A		A	Tue 09/16/03	Thu 01/15/04							
224	Group B		B	Mon 02/16/04	Sun 05/16/04							
225	2.6.3.8 Facilitate the cooperation between the	Ashraf Shawat	A & B	Tue 09/16/03	Sat 05/15/04							
226	Group A		A	Tue 09/16/03	Mon 12/15/03							
227	Group B		B	Mon 02/16/04	Sat 05/15/04							
228	Activity No. 2.6.4: Laboratory Services	Husseln Khamis		Tue 09/16/03	Tue 02/15/05							
229	2.6.4.1 Refinement and finalization of service str	Husseln Khamis		Tue 09/16/03	Thu 12/30/04							
230	2.6.4.2 Laboratory Committees at each target	Husseln Khamis		Tue 09/16/03	Thu 09/30/04							
231	Pilot Hospitals (for Laboratory Activity)			Tue 09/16/03	Thu 09/30/04							
232	Assiut: Assiut General Hospital			Tue 09/16/03	Wed 06/30/04							
233	Menya: Menya General, Samalout Dist			Tue 09/16/03	Wed 06/30/04							
234	Giza: North Giza General Hospital			Tue 09/16/03	Thu 09/30/04							
235	2.6.4.3 A CBT workshop will be held in the tar	Husseln Khamis		Tue 09/16/03	Thu 12/30/04							
236	Group A+B			Tue 09/16/03	Thu 12/30/04							
237	Assiut Governorate			Thu 01/15/04	Thu 01/15/04							
238	Menya Governorate			Sun 02/15/04	Sun 02/15/04							
239	Giza Governorate			Mon 03/15/04	Tue 06/15/04							
240	2.6.4.4 A CBT workshop summarizing of labo	Husseln Khamis		Tue 09/16/03	Thu 12/30/04							
241	Group A+B			Tue 09/16/03	Thu 12/30/04							
242	Assiut Governorate			Mon 11/15/04	Mon 11/15/04							
243	Menya Governorate			Thu 10/14/04	Thu 10/14/04							

ID	Task Name	Responsible	Group	Start	Finish	2004				2005		
						Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
271	Assiut		B	Mon 02/16/04	Wed 09/15/04							
272	Giza		B	Mon 02/16/04	Tue 02/15/05							
273	Giza		C	Thu 09/16/04	Tue 02/15/05							
274	2.7.4: Establish linkages between infection control sp	Hassan El Sheikh	A & B	Tue 09/16/03	Thu 04/15/04							
275	2.7.5: Conduct quarterly integrated infection cont	Hassan El Sheikh	A & B	Tue 09/16/03	Wed 12/15/04							
276	Assiut		A	Tue 09/16/03	Wed 09/15/04							
277	Menya		A	Tue 09/16/03	Wed 09/15/04							
278	Giza		A	Tue 09/16/03	Wed 09/15/04							
279	Giza		A	Tue 09/16/03	Wed 12/15/04							
280	2.7.6: Clinical Performance Monitoring Indicators	Hassan El Sheikh	B	Mon 02/16/04	Wed 12/15/04							
281	Assiut		A & B	Tue 09/16/03	Wed 12/15/04							
282	Menya		A	Tue 09/16/03	Wed 09/15/04							
283	Giza		A	Tue 09/16/03	Wed 09/15/04							
284	Giza		A	Tue 09/16/03	Wed 12/15/04							
285	2.7.7: Implementation of Behavior Change Infectic	Hassan/ Marwa	B	Mon 02/16/04	Wed 12/15/04							
286	Assiut		A & B	Tue 09/16/03	Wed 12/15/04							
287	Menya		A	Tue 09/16/03	Wed 09/15/04							
288	Giza		A	Tue 09/16/03	Wed 09/15/04							
289	Giza		A	Tue 09/16/03	Wed 12/15/04							
290	2.7.8: The program of infection control in Neonata	Hassan/ Lamias	B	Mon 02/16/04	Wed 12/15/04							
291	Assiut		A & B	Tue 09/16/03	Tue 02/15/05							
292	Menya		A	Tue 09/16/03	Wed 09/15/04							
293	Giza		A	Tue 09/16/03	Wed 09/15/04							
294	Giza		A	Tue 09/16/03	Wed 12/15/04							
295	2.7.9: Refinement and finalization of service standard	Hassan El Sheikh	B	Mon 02/16/04	Tue 02/15/05							
296	Activity No. 2.8: Involve Private Sector Services Provk	Hassan El Sheikh	A & B	Tue 09/16/03	Wed 12/15/04							
297	2.8.1: Update info. on private sector providers wth	Hassan El Sheikh		Tue 09/16/03	Tue 02/15/05							
				Tue 09/16/03	Wed 12/15/04							

Task Name	Responsible	Group	Start	Finish	2004				2005	
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Assiut		A	Tue 09/16/03	Wed 09/15/04						
Menya		A	Tue 09/16/03	Wed 09/15/04						
Giza		A & B	Tue 09/16/03	Wed 12/15/04						
2.8.2: Establish and sustain links between private	Hassan El Sheikh		Tue 09/16/03	Wed 12/15/04						
Assiut		A	Tue 09/16/03	Wed 09/15/04						
Menya		A	Tue 09/16/03	Wed 09/15/04						
Giza		A & B	Thu 09/16/04	Wed 12/15/04						
2.8.3: Work with private sector department/MOHP an	Hassan El Sheikh		Tue 09/16/03	Wed 12/15/04						
2.8.4: Conduct EOC training for private physician	Hassan/ Sabry		Tue 09/16/03	Fri 10/15/04						
Assiut		A	Tue 09/16/03	Thu 07/15/04						
Menya		A	Tue 09/16/03	Thu 07/15/04						
Giza		A	Tue 09/16/03	Fri 10/15/04						
Giza		B	Mon 02/16/04	Fri 10/15/04						
2.8.5: Conduct a one-day Orientation workshop fo	Hassan/ Sabry		Tue 09/16/03	Tue 02/15/05						
Assiut		A	Tue 09/16/03	Thu 07/15/04						
Menya		A	Tue 09/16/03	Thu 07/15/04						
Giza		A	Tue 09/16/03	Tue 02/15/05						
Giza		B	Mon 02/16/04	Fri 10/15/04						
Activity No. 2.9: Implement IMCI Program in New Govern			Tue 09/16/03	Wed 09/15/04						
Activity No. 2.10: Conduct Refresher Courses for Dayas			Tue 09/16/03	Wed 09/15/04						
Activity No. 2.11: Teleconferencing and Off-Shore Trai	Mohamed Mustafa		Tue 09/16/03	Sun 08/15/04						
2.11.1: Dissemination/ utilization of Teleconference s			Tue 09/16/03	Sun 08/15/04						
2.11.2: During Option Period Phase III & IV , JSI will			Tue 09/16/03	Sun 08/15/04						
Activity No. 2.12: Complete Integration of MCH-FP Pac	George Sanad		Tue 09/16/03	Wed 09/15/04						
3.2.3.1 Support Two Districts In Menya governorate t	George Sanad		Tue 09/16/03	Wed 09/15/04						
Activity No. 2.13: Assist the MOHP/Urban Health Depar	Nevein/ Tarek		Tue 09/16/03	Tue 03/15/05						
Activity No. 2.13.1: Carry Out the Situation Analysis f			Tue 09/16/03	Mon 03/14/05						

ID	Task Name	Responsible	Group	Start	Finish	2004					2005
						Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
325	Activity No. 2.13.2: Adapt HM/HC Interventions in			Tue 09/16/03	Tue 03/15/05	[Solid bar]					
326	2.13.2.1: Clinical Activities:			Tue 09/16/03	Wed 09/15/04	[Solid bar]					
327	2.13.2.1.1: Complete PES, CBT at El Tahre			Tue 09/16/03	Wed 09/15/04	[Solid bar]					
328	2.13.2.1.2: Phase I training only at El Khalif.			Tue 09/16/03	Wed 09/15/04	[Stippled bar]					
329	2.13.2.1.3: Include 6-8 additional nurses in			Tue 09/16/03	Wed 09/15/04	[Stippled bar]					
330	2.13.2.1.4: Include required staff from 2 sur			Tue 09/16/03	Wed 09/15/04	[Stippled bar]					
331	2.13.2.1.5: Include required staff from 2 sur			Tue 09/16/03	Wed 09/15/04	[Stippled bar]					
332	2.13.2.1.6: Include 15 Dayas in training for I			Tue 09/16/03	Wed 09/15/04	[Stippled bar]					
333	2.13.2.2: Management Activites/ Cairo			Tue 09/16/03	Tue 09/14/04	[Stippled bar]					
334	2.13.2.2.1: Orientation of SMC's			Tue 09/16/03	Tue 09/14/04	[Solid bar]					
335	2.13.2.2.2: Training of Board of Directors			Tue 09/16/03	Tue 09/23/03	[Stippled bar]					
336	2.13.2.2.3: Provide Management and CQI F			Wed 09/24/03	Wed 12/24/03	[Stippled bar]					
337	2.13.2.2.4: Train staff on management and			Wed 12/24/03	Tue 03/23/04	[Stippled bar]					
338	2.13.2.2.5: Train staff on Optional resource			Tue 03/23/04	Wed 06/23/04	[Stippled bar]					
339	2.13.2.3: Management Activites/ Giza			Wed 06/23/04	Tue 09/14/04	[Stippled bar]					
340	2.13.2.3.1: Orientation of SMC's			Tue 09/16/03	Tue 09/14/04	[Solid bar]					
341	2.13.2.3.2: Training of Board of Directors			Tue 09/16/03	Tue 09/23/03	[Stippled bar]					
342	2.13.2.3.3: Provide Management and CQI F			Wed 09/24/03	Wed 12/24/03	[Stippled bar]					
343	2.13.2.3.4: Train staff on management and			Wed 12/24/03	Tue 03/23/04	[Stippled bar]					
344	2.13.2.3.5: Train staff on Optional resource			Tue 03/23/04	Wed 06/23/04	[Stippled bar]					
345	2.13.2.4: Community Activites/ Giza			Wed 06/23/04	Tue 09/14/04	[Stippled bar]					
346	2.13.2.4.1: Establish community health corr			Tue 09/23/03	Sun 12/21/03	[Solid bar]					
347	2.13.2.4.2: Geographical Mapping			Tue 09/23/03	Mon 09/29/03	[Stippled bar]					
348	2.13.2.4.3: Community Needs Assessment			Tue 09/30/03	Mon 10/06/03	[Stippled bar]					
349	2.13.2.4.4: Community Improvement Plan			Tue 10/07/03	Mon 10/13/03	[Stippled bar]					
350	2.13.2.4.5: Report Submission			Tue 10/14/03	Mon 10/20/03	[Stippled bar]					
351	2.13.2.5: NGO Activites/ Cairo			Tue 10/21/03	Sun 12/21/03	[Stippled bar]					
				Tue 09/16/03	Wed 08/04/04	[Solid bar]					

Task Name	Responsible	Group	Start	Finish	2004				2005		
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
2.13.2.5.1: Visit Social Services to identify t			Tue 09/16/03	Tue 09/30/03							
2.13.2.5.2: Meet with NGOs to orient them			Tue 09/30/03	Tue 10/21/03							
2.13.2.5.3: Capacity Assessment of NGOs			Tue 10/21/03	Tue 11/11/03							
2.13.2.5.4: Training for proposal writing			Tue 11/11/03	Tue 11/25/03							
2.13.2.5.5: Writing and submission of propc			Tue 11/25/03	Tue 12/16/03							
2.13.2.5.6: Selection of Proposals			Tue 12/16/03	Tue 01/13/04							
2.13.2.5.7: Technical Training			Tue 01/13/04	Tue 02/03/04							
2.13.2.5.8: Monitoring and Evaluation			Tue 02/03/04	Wed 08/04/04							
2.13.2.6: NGO Activities/ Giza			Tue 09/16/03	Wed 08/04/04							
2.13.2.6.1: Visit Social Services to identify t			Tue 09/16/03	Tue 09/30/03							
2.13.2.6.2: Meet with NGOs to orient them			Tue 09/30/03	Tue 10/21/03							
2.13.2.6.3: Capacity Assessment of NGOs			Tue 10/21/03	Tue 11/11/03							
2.13.2.6.4: Training for proposal writing			Tue 11/11/03	Tue 11/25/03							
2.13.2.6.5: Writing and submission of propc			Tue 11/25/03	Tue 12/16/03							
2.13.2.6.6: Selection of Proposals			Tue 12/16/03	Tue 01/13/04							
2.13.2.6.7: Technical Training			Tue 01/13/04	Tue 02/03/04							
2.13.2.6.8: Monitoring and Evaluation			Tue 02/03/04	Wed 08/04/04							
2.13.2.7: IEC Activities/ Cairo			Wed 10/01/03	Tue 09/07/04							
2.13.2.7.1: CEOC - IEC Package			Wed 10/01/03	Tue 06/15/04							
2.13.2.7.2: UHC - customized			Wed 10/01/03	Tue 06/15/04							
2.13.2.7.3: Evaluation of outcomes			Wed 06/16/04	Tue 09/07/04							
2.13.2.8: IEC Activities/ Giza			Wed 10/01/03	Tue 09/07/04							
2.13.2.8.1: CEOC - IEC Package			Wed 10/01/03	Tue 06/15/04							
2.13.2.8.2: UHC - customized			Wed 10/01/03	Tue 06/15/04							
2.13.2.8.3: Evaluation of outcomes			Wed 06/16/04	Tue 09/07/04							
2.13.2.9: HIS Activities/ Cairo			Tue 09/16/03	Tue 07/13/04							
2.13.2.9.1: HIS needs assessment			Tue 09/16/03	Tue 10/14/03							

Task Name	Responsible	Group	Start	Finish	2004				2005	
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Activity No. 3.5: Continuous Quality Improvement	Welsakary & Selkan		Thu 09/18/03	Mon 03/14/05						
Activity No. 3.5.1: Quality Improvement			Sun 11/30/03	Thu 12/30/04						
3.5.1.1: Training of districts SMCs on CQI (I)	Welsakary		Sun 11/30/03	Thu 12/30/04						
3.5.1.1.1: Training of DSMC members In C	Welsakary		Sun 11/30/03	Fri 03/26/04						
3.5.1.1.2: Training of DSMC in Group B DI	Welsakary		Mon 04/05/04	Wed 06/23/04						
3.5.1.1.3: Training of DSMC in Group C dist	Welsakary		Thu 09/16/04	Thu 12/30/04						
Activity No. 3.5.2: Support Monitoring Activities			Thu 11/20/03	Thu 01/20/05						
3.5.2.1: Support production and analysis of quar	Welsakary		Thu 11/20/03	Thu 01/20/05						
Activity No. 3.5.3: Coordination Activities			Thu 09/18/03	Mon 03/14/05						
3.5.3.1: Coordination with other tasks to expand	Welsakary		Thu 09/18/03	Mon 03/14/05						
Milestone # (22) - 17 Additional District Health Plans and I	George Sanad		Tue 09/16/03	Tue 09/16/03						
Milestone # (30) - 5 Additional District Health Plans and M	George Sanad		Tue 09/16/03	Tue 09/16/03						
Task Four: Monitoring System in Place to Track Utilization	Said El Dib		Tue 09/16/03	Sat 01/01/05						
Activity No. 4.1: Assist the MOHP to Set Up MHIS Cent			Mon 03/01/04	Sat 01/01/05						
4.1.1: Technical Assistance in the implementation of			Mon 03/01/04	Sat 01/01/05						
Activity No. 4.2: Design and Upgrade User Friendly So			Tue 09/16/03	Sun 02/01/04						
4.2.1: Develop final version of the upgraded MHIS			Tue 09/16/03	Sun 02/01/04						
Activity No. 4.3: Develop and Implement a Quality Ass			Mon 03/01/04	Wed 09/01/04						
4.3.1: Implementation in Upper Egypt			Mon 03/01/04	Wed 09/01/04						
Activity No. 4.4: Data Use Workshops			Sun 02/01/04	Fri 04/30/04						
4.4.1: Phase 3			Sun 02/01/04	Sat 02/28/04						
4.4.2: Phase 4			Thu 04/01/04	Fri 04/30/04						
Milestone # (23) - Assist MOHP to establish 80 district MH	Khaled Abdel Fattah		Tue 09/16/03	Tue 09/16/03						
Milestone # (31) - Assist MOHP to establish 85 district MH	Khaled Abdel Fattah		Tue 09/16/03	Tue 09/16/03						
Task Five: Research Activities	Adel & K. Nada		Tue 09/16/03	Tue 03/15/05						
Activity No. 5.1: Identify and Conduct Operation Resea	Khaled Nada		Tue 09/16/03	Mon 01/31/05						
5.1.1: Conduct first 2 OR Studies	Khaled Nada		Tue 09/16/03	Mon 03/15/04						

ID	Task Name	Responsible	Group	Start	Finish	2004						2005	
						Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	
541	7.8.1: Implement Behavior Change infection Control	Task & IEC Team		Wed 10/01/03	Wed 12/01/04								
542	7.8.2: Implement Behavior Change Harmful practices	Task & IEC Team		Wed 10/01/03	Wed 12/01/04								
543	Activity No. 7.9: Gold Star	Task & IEC Team		Wed 10/01/03	Sat 01/01/05								
544	Activity No. 7.10: Iron Supplementation Program	Maha Anis		Tue 09/16/03	Wed 12/15/04								
545	7.10.1: Menya	Maha Anis		Tue 09/16/03	Wed 09/15/04								
546	7.10.2: Assiut	Maha Anis		Tue 09/16/03	Wed 09/15/04								
547	7.10.3: Sohag	Maha Anis		Tue 09/16/03	Mon 03/15/04								
548	7.10.4: Giza	Maha Anis		Tue 12/16/03	Wed 12/15/04								
549	Activity No. 7.11: Health Education Activities to Support	Maha Anis		Tue 09/16/03	Wed 12/15/04								
550	7.11.1: Menya	Maha Anis		Tue 09/16/03	Wed 09/15/04								
551	7.11.2: Assiut	Maha Anis		Tue 09/16/03	Wed 09/15/04								
552	7.11.3: Sohag	Maha Anis		Tue 09/16/03	Mon 03/15/04								
553	7.10.4: Giza	Maha Anis		Thu 09/16/04	Wed 12/15/04								
554	Milestone # (25) - Community Action Plans developed and implemented	Khaled El Sayed		Wed 09/15/04	Wed 09/15/04								09/15
555	Milestone # (34) - Community Action Plans developed and implemented	Khaled El Sayed		Tue 03/15/05	Tue 03/15/05								
556	Task Ten: Small Grants Program	Said El Dib		Tue 09/16/03	Tue 03/15/05								
557	Activity No. 10.1: Management and Monitoring of the IFA			Sun 09/21/03	Wed 03/24/04								
558	10.1.1: Advertise IFA			Sun 09/21/03	Tue 09/23/03								
559	10.1.1.1: Menya (4 districts)	CDS & NGO Specialist		Sun 09/21/03	Sun 09/21/03								
560	10.1.1.2: Assiut (7 districts),	CDS & NGO Specialist		Mon 09/22/03	Mon 09/22/03								
561	10.1.1.3: Slum areas (Cairo/El Basateen) & (Giza)	CDS & NGO Specialist		Tue 09/23/03	Tue 09/23/03								
562	10.1.2: Review NGO Letter of Intent	CDS		Tue 10/07/03	Thu 10/09/03								
563	10.1.3: Conduct one day orientation for NGOs	CDS		Wed 10/15/03	Wed 10/22/03								
564	10.1.4: Capacity assessment for interested NGOs	CDS		Sun 11/09/03	Thu 12/04/03								
565	10.1.5: Training on proposal writing for qualified NGOs	CDS & NGO Specialist		Sun 12/21/03	Mon 01/19/04								
566	10.1.6: NGOs submit proposals	CDS		Mon 02/02/04	Thu 02/05/04								
567	10.1.7: Review and evaluate submitted proposals	Panel committee		Tue 02/24/04	Tue 02/24/04								

Task Name	Responsible	Group	Start	Finish	2004					2005
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
10.1.8: Field visits for further discussion on successful	CDS & NGO Specialist		Wed 02/25/04	Sun 02/29/04						
10.1.9: Submit recommendation to USAID for approval	NGO specialist		Sun 03/07/04	Sun 03/07/04						
10.1.10: Sign awarded contracts with awarded NGOs	NGO specialist		Wed 03/17/04	Mon 03/22/04						
10.1.11: Milestones report submission.	NGO specialist		Wed 03/24/04	Wed 03/24/04						
Activity No. 10.2: Training Awarded NGOs (Technically)	CDS & NGO Specialist		Mon 02/16/04	Mon 02/07/05						
10.2.1: 30 New NGOs (Phase III and IV)	NGO Specialist		Sun 01/09/05	Mon 02/07/05						
10.2.2: 20 new NGOs in Phase II (Menya, Assiut & S	NGO Specialist		Thu 09/16/04	Wed 12/15/04						
10.2.3: 18 old NGOs in Phase I (Qena, Beni Suef & F	NGO Specialist		Mon 02/16/04	Sat 02/28/04						
Activity No. 10.3: Management and Monitoring of Activ			Tue 09/16/03	Thu 12/30/04						
10.3.1: 30 New NGOs (Phase III and IV)	CDS & NGO Specialist		Thu 04/01/04	Thu 12/30/04						
10.3.2: 20 new NGOs in Phase II (Menya, Assiut & S	CDS & NGO Specialist		Tue 09/16/03	Wed 09/15/04						
10.3.3: 18 old NGOs in Phase I (Qena, Beni Suef & F	NGO Specialist		Tue 09/16/03	Fri 02/13/04						
Activity No. 10.4: Evaluation, Closing and Setting Plan for			Tue 09/16/03	Tue 09/16/03						
Milestone # (26) - A cumulative total of 160 small grants a	Sayed Keshta		Wed 09/15/04	Wed 09/15/04						
Milestone # (35) - A cumulative total of 170 small grants a	Sayed Keshta		Tue 03/15/05	Tue 03/15/05						
Task Eleven: Commodity Procurement Program	Katrina Kruhm		Tue 09/16/03	Tue 03/15/05						
Activity No. 11.1: Commodities			Tue 09/16/03	Sun 08/15/04						
Activity No. 11.2: Renovations			Tue 09/16/03	Sun 08/15/04						
Activity No. 11.3: Publications			Tue 09/16/03	Sun 08/15/04						
Milestone # (27) - Procurement of \$ 7.5 Million of Project c	Katrina Kruhm		Wed 09/15/04	Wed 09/15/04						
Milestone # (36) - Procurement of \$ 9 Million of Project co	Katrina Kruhm		Tue 03/15/05	Tue 03/15/05						
Task Twelve: Coordination Activities	Sobhi Moharram		Tue 09/16/03	Tue 03/15/05						
Activity No. 12.1: MOHP/ USAID/ JSI Monthly Coordinatio			Tue 09/16/03	Tue 03/15/05						
Activity No. 12.2: MOHP-Intra-Ministerial Coordination			Tue 09/16/03	Tue 03/15/05						
Culative Care Department			Tue 09/16/03	Tue 03/15/05						
Infection Control Department			Tue 09/16/03	Tue 03/15/05						
Private Sector Department			Tue 09/16/03	Tue 03/15/05						

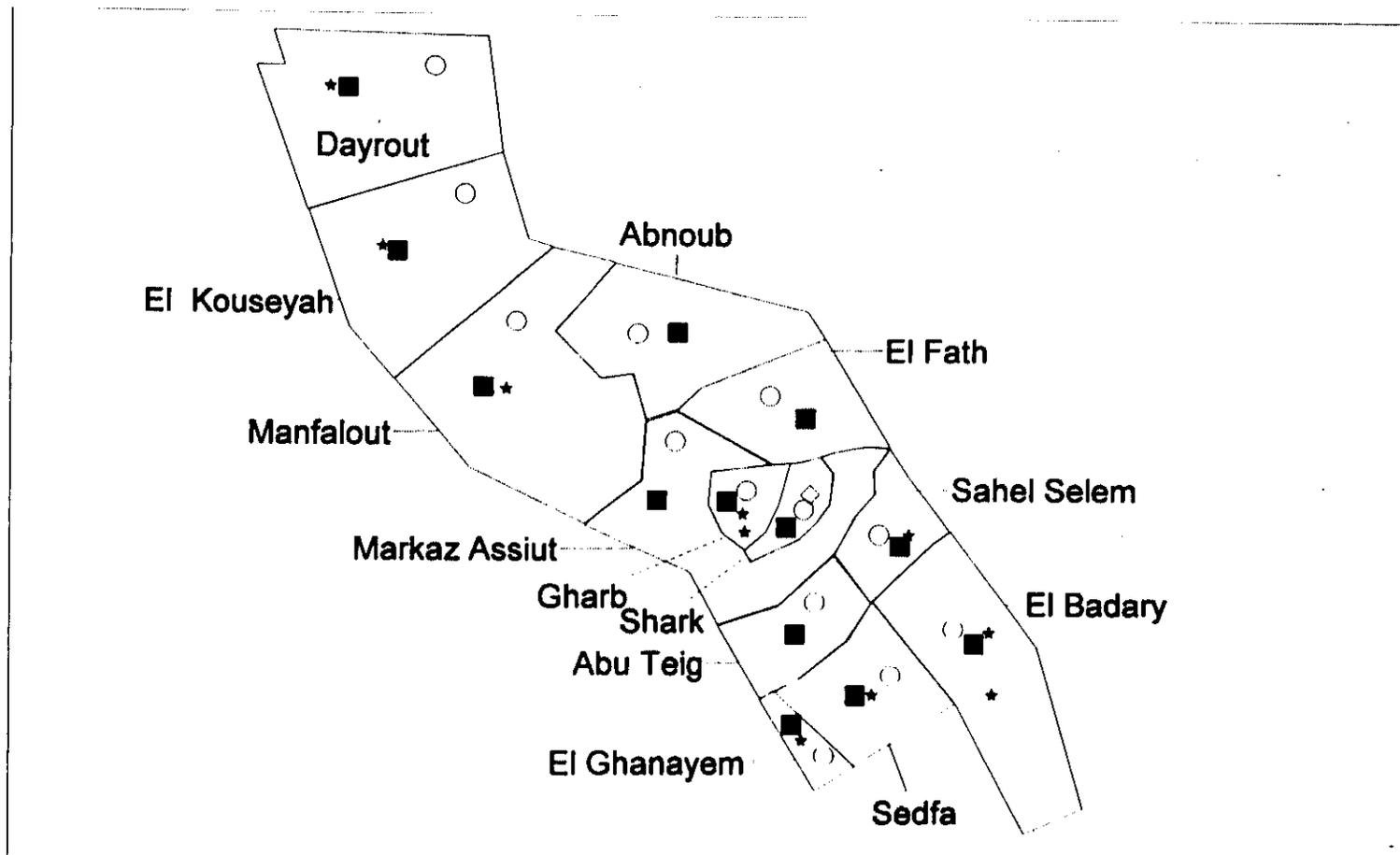


ID	Task Name	Responsible	Group	Start	Finish	2004				2005		
						Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
595	Urban Health, Nursing Department			Tue 09/16/03	Tue 03/15/05							
596	Human Resources Development			Tue 09/16/03	Tue 03/15/05							
597	Central Laboratory			Tue 09/16/03	Tue 03/15/05							
598	IMCI			Tue 09/16/03	Tue 03/15/05							
599	NICHP			Tue 09/16/03	Tue 03/15/05							
600	Blood Bank Affairs			Tue 09/16/03	Tue 03/15/05							
601	Activity No. 12.3: TAHSEEN Project			Tue 09/16/03	Tue 03/15/05							
602	Activity No. 12.4: NGO Service Center			Tue 09/16/03	Tue 03/15/05							
603	Activity No. 12.5: Partnership in Health Reform (PHR)			Tue 09/16/03	Tue 03/15/05							
604	Activity No. 12.6: Environmental Health Project (EHP)			Tue 09/16/03	Tue 03/15/05							
605	Activity No. 12.7: FETP/ CDC			Tue 09/16/03	Tue 03/15/05							
606	Activity No. 12.8: NAMRU-3			Tue 09/16/03	Tue 03/15/05							
607	Activity No. 12.9: Swiss Project (National Blood Transfus			Tue 09/16/03	Tue 03/15/05							
608	Activity No. 12.10: World Education (ED) and General Aut			Tue 09/16/03	Tue 03/15/05							
609	Activity No. 12.11: Ford Foundation			Tue 09/16/03	Tue 03/15/05							
610	Activity No. 12.12: WHO/ UNICEF			Tue 09/16/03	Tue 03/15/05							

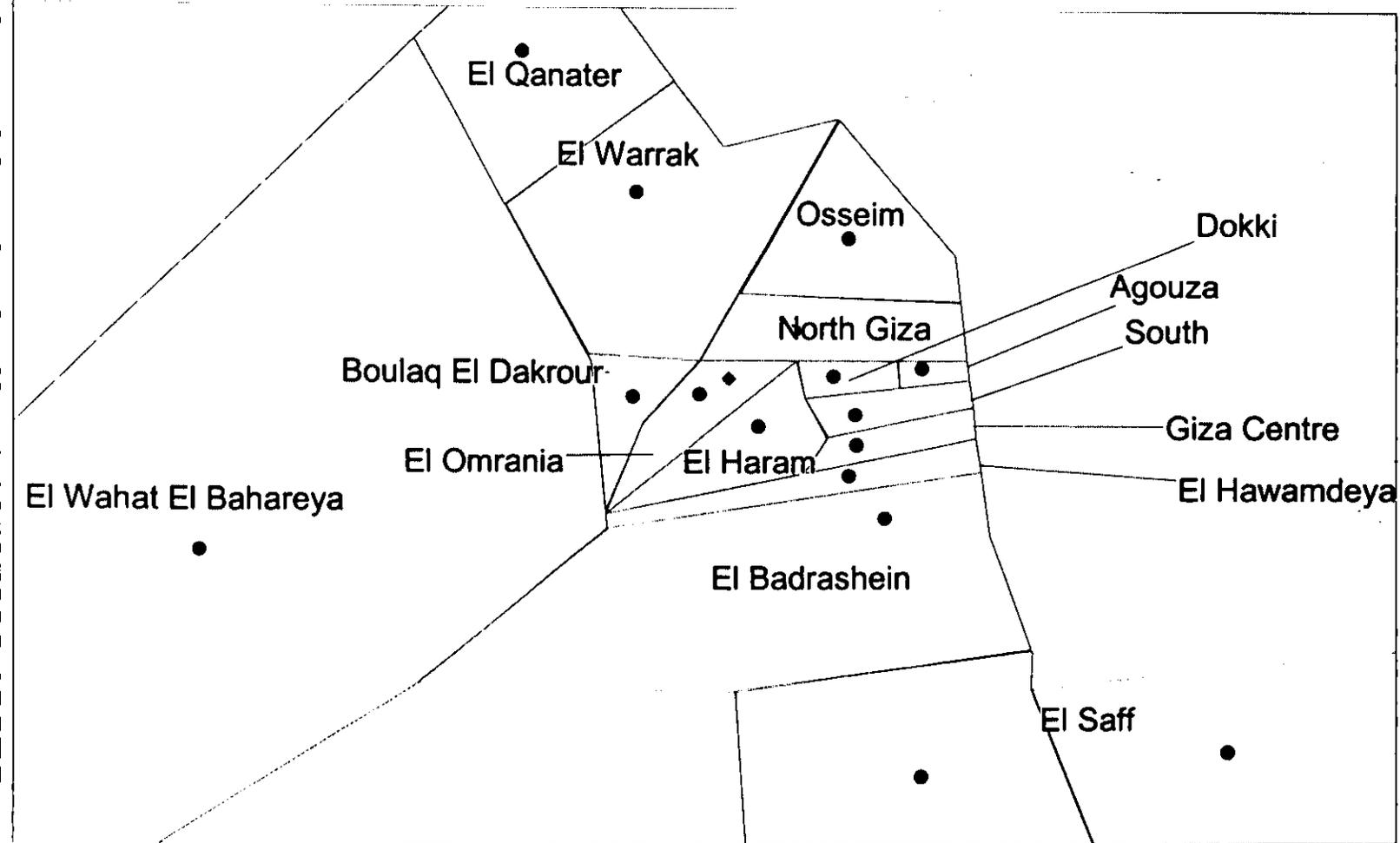
ANNEX H

Maps

Assiut

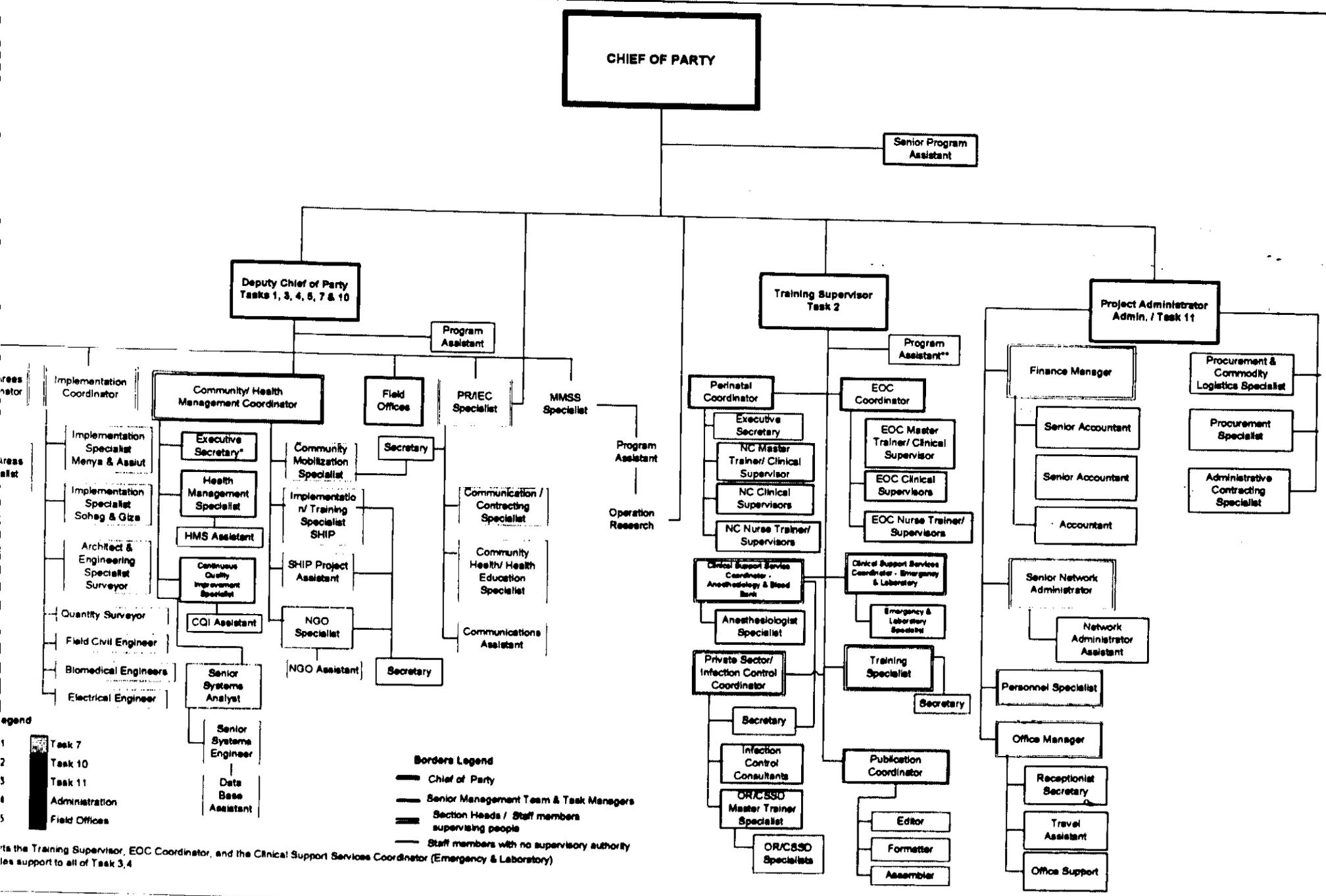


Giza



ANNEX I

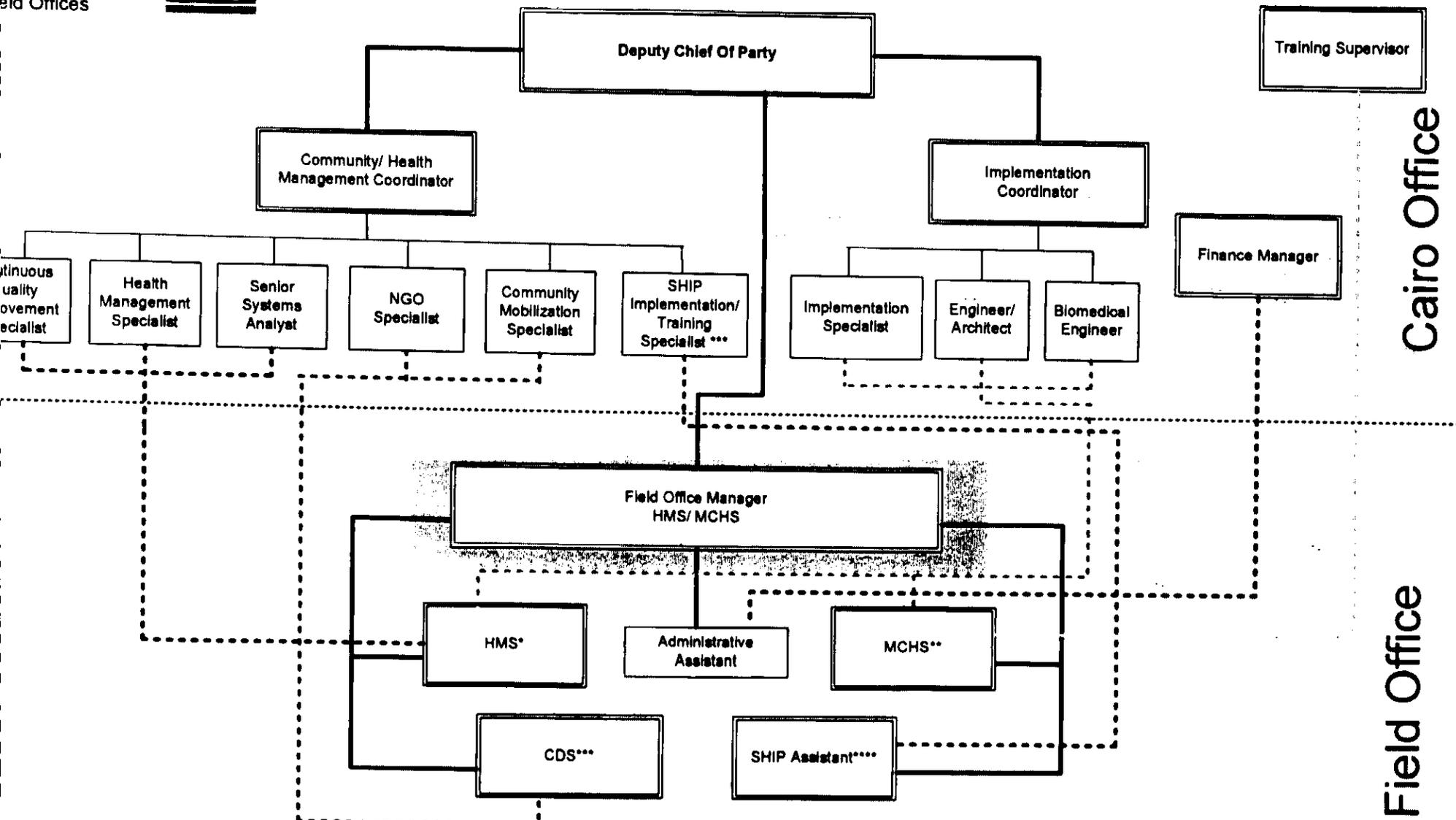
JSI Organizational Structure



Legend
 1 Task 7
 2 Task 10
 3 Task 11
 4 Administration
 5 Field Offices

Borders Legend
 - Chief of Party
 - Senior Management Team & Task Managers
 - Section Heads / Staff members supervising people
 - Staff members with no supervisory authority

...the Training Supervisor, EOC Coordinator, and the Clinical Support Services Coordinator (Emergency & Laboratory) ... support to all of Task 3,4



Cairo Office

Field Office

----- Technical Reporting

————— Administrative Reporting

*Field HMS works closely with the CQI, Health Management Specialist, and Senior Systems Analyst.

**Field MCHS works closely with the Implementation Team (Task 1), Clinical Training (Task 2) and CQI Specialist (Task 3).

***CDS work closely with the Community Mobilization Specialist, IEC Specialist and NGO Specialist.

****SHIP Assistant work closely with Implementation/ Training Specialist

ANNEX J
JSI Contract Staff List
Option Period – Year Six

**John Snow, Inc. HM/HC
Staff Names and Titles
Option Period - July 31, 2003**

Names	Titles
JSI / 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	Implementation Specialist (Assiut & Menya) Task Team Member: Task 1
Abdel Moneim Hamed	Implementation Specialist (Sohag) Task Team Member: Task 1
Dahia 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 Koth	Executive Secretary
Amira Diaa	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
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
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

Names	Titles
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 K

Budget Data
