



USAID
FROM THE AMERICAN PEOPLE

Takamol Project FY10 - 11 Workplan

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States government.

Table of Contents

ACRONYMS AND ABBREVIATIONS	1
EXECUTIVE SUMMARY	3
INTRODUCTION	7
BACKGROUND	7
THE TAKAMOL INTEGRATED MODEL.....	7
GEOGRAPHIC SCOPE AND TIME LINE.....	8
CHALLENGES	11
WORKPLAN NARRATIVE.....	13
PROCUREMENT ACTIVITIES	13
RESULT 1: INCREASED USE OF QUALITY INTEGRATED MCH/FP/RH SERVICES AT THE PHC LEVEL.....	13
SUB-RESULT 1.1: INCREASED DELIVERY OF INTEGRATED MCH/FP/RH SERVICES AT THE PHC LEVEL	13
SUB-RESULT 1.2: IMPROVED QUALITY OF INTEGRATED MCH/FP/RH SERVICES AT THE PHC LEVEL	14
RESULT 2: INCREASED USE OF QUALITY INTEGRATED MCH/FP/RH SERVICES IN HOSPITALS	15
SUB-RESULT 2.1: INCREASED DELIVERY OF INTEGRATED MCH/FP/RH SERVICES IN HOSPITALS	16
SUB-RESULT 2.2: IMPROVED QUALITY OF INTEGRATED MCH/FP/RH SERVICES IN HOSPITALS	17
RESULT 3: POSITIVE BEHAVIOR CHANGE IN INTERVENTION COMMUNITIES	18
SUB-RESULT 3.1: EFFECTIVE AND SUSTAINABLE COMMUNITY-LEVEL BEHAVIOR CHANGE ACTIVITIES.....	19
SUB-RESULT 3.2: STRENGTHENED INTERPERSONAL COMMUNICATION SKILLS OF PHC, HOSPITAL, NGO AND OUTREACH WORKERS.....	22
RESULT 4: IMPROVED MOH CAPACITY TO SUSTAIN PERFORMANCE OF INTEGRATED MCH/FP/RH SERVICES.....	22
SUB RESULT 4.1: INCREASED CAPACITY OF MOH CENTRAL LEVEL MANAGEMENT TEAMS	23
SUB RESULT 4.2: INCREASED CAPACITY OF MOH GOVERNORATE AND DISTRICT LEVEL MANAGEMENT TEAMS	25
SUB RESULT 4.3: INCREASED CAPACITY OF HEALTH FACILITY TEAMS	28
MONITORING AND EVALUATION.....	29
ESTIMATED BUDGET FOR THE PERIOD (OCT'09-FEB'11) .	ERROR! BOOKMARK NOT DEFINED.
ANNEXES.....	33
TAKAMOL PROJECT FISCAL YEAR TEN AND ELEVEN ACTIVITY TIMELINE.....	33
TAKAMOL PROJECT INTERNATIONAL TRAVEL PLAN: OCTOBER 2009 – FEBRUARY 2011	59
MEDICAL COMMODITIES PROCUREMENT PLAN FOR YEARS 5-6	61
MID TERM EVALUATION RECOMMENDATIONS	63

Acronyms and Abbreviations

AEA	Adult Education Agency
AEW	agricultural extension workers
BCC	behavior change communication
CDA	community development association
CEOC	Comprehensive & Essential Obstetric Care
CHL	Communication for Healthy Living
CYP	couple years protection
CQIS	Continuous Quality Improvement System
CSR	corporate social responsibility
DHS	Demographic Health Survey
EOAC	Essential Obstetric and Anesthetic Care
EWSO	Egyptian Women Speak Out
FLE	Family Life Education
FP	family planning
FPS	Family Planning Sector
FHU	Family Health Unit
FY	fiscal year
HM/HC	Healthy Mother/Healthy Child
IDP	Integrated District Plans
IFB	Invitation For Bid
IPCC	Interpersonal Communication and Counseling
IQPA	Integrated Quality Performance Award
ISOP	Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services
IUD	intrauterine device
LE	Lower Egypt
MCH	maternal and child health
MMSS	Maternal Mortality Surveillance System
MOF	Ministry of Finance
MOH	Ministry of Health
MOSS	Ministry Of Social Solidarity
MTE	Mid-term Evaluation
NCCM	National Council of Childhood and Motherhood
NCU	neonatal care units
NGO	non-governmental organization
NPC	National Population Council
OB/GYN	obstetrics and gynecology

OJT	on-the-job training
PAC	post-abortion care
PCS	Primary Care Sector
P&G	Proctor & Gamble
PHC	primary health care
PMP	Project Monitoring Plan
PP	post-partum
PPC	post-partum care
PUA	poor urban areas
RCT	Regional Center for Training at Ain Shams University
RH	reproductive health
RL	Religious Leader
RR	<i>Raedat Rifiat</i>
SAIFPS	Specialized Association for Improving Family Planning Services
SC	Sustainability Committees
SR	social responsibility
STS&P	Sector of Technical Support and Projects
STW	Shabab Takamol Week
SIF	Service Improvement Fund
SMC	Safe Motherhood Committee
TA	technical assistance
TOT	Training Of Trainers
UE	Upper Egypt
USAID	United States Agency for International Development
WG	working groups

Executive Summary

This workplan is the result of a collaborative effort between Takamol staff, project partners, and the Ministry of Health (MOH). It provides a comprehensive description of how the Takamol project will implement its final phase of activities during Fiscal Year Ten (FY10) plus the first five months of Fiscal Year Eleven (FY11), which covers the period from October 2009 through February 2011.

During FY10 the Takamol project will complete the renovation and equipping of Batches 11 and 12 primary health care (PHC) clinics that began in the later stages of FY09, and will also initiate and complete construction on the Batch 13 clinic, thus concluding the project's renovation and equipping activities. The Project coordinates with the Sector of Technical Support and Projects (STS&P) on renovation designs, material specifications, sequence of activities, and areas of possible collaboration.

The conjoint model of activities implemented in Takamol intervention communities has helped prepare 47 intervention clinics to become accredited as Family Health Units (FHU). This is because many core Family Health model activities are being covered through Takamol interventions. In regard to the Project's collaboration with the MOH's Primary Care Sector (now heading Family Health activities), Takamol implements its integrated model and Primary Care Sector builds upon Takamol interventions in order to avoid duplication of work. In this way, Takamol is facilitating the Primary Care Sector to implement their principal health sector reform policy—the establishment of Family Health Units. During the upcoming collaboration process in FY10-11, the Family Planning and Primary Care Sectors will continue to use district teams to implement on-the-job training (OJT) in non-project PHC clinics present in the same district.

Training of clinical staff will continue during FY10 with completion of training activities targeted for FY10/Q4. Training is scheduled to coincide with renovation work to minimize service provision downtime. To improve the quality of integrated services at the PHC level, Takamol provides management training for clinic teams, while the clinics' board of directors that have been reactivated by the Project will be trained to assume their functions. Clinical and management OJT for PHC staff is conducted for a period of six months following the completion of renovation. All training materials incorporate maternal and child health (MCH), family planning (FP), reproductive health (RH), interpersonal communication and counseling (IPCC), and gender components.

Takamol activities at the PHC clinic level are complemented by improvements in the quality of MCH/FP/RH services at the hospital level in intervention governorates. The hospital level didactic training program was completed during FY09 in the 21 identified intervention hospitals, and the OJT program will be completed by the end of FY10/Q3 with the conclusion of activities in Batch 5 and 7 hospitals. Following the completion of the OJT program, Takamol will work on a revision of the OJT manual to be completed by the end of FY11/Q1. In addition, management and quality refresher training will be conducted for SMC members in Lower Egypt.

The existing referral system will be strengthened during FY10 in new communities through combined training of staff from PHC, hospital, and district levels to ensure referral of patients between and within the various levels of care.

The review and update of all previously developed relevant guidelines, protocols, training curricula, and standards for integrated comprehensive essential obstetric (CEOC), FP, RH, post abortion care (PAC), and postpartum care (PPC) will continue into the new fiscal period. In total, seven protocols are being updated for hospital-level specialists including:

obstetric/gynecology (OB/GYN) specialists, OB/GYN nurses, neonatologists, neonatal care nurses, lab technicians, and hospital physicians on laboratory procedures and anesthesia care. Takamol, in collaboration with university professors and representatives from the MOH, will implement the following steps to complete the protocol update:

- Edit protocols
- Format protocols
- Obtain preliminary MOH approval on the first draft of the updated protocols
- Conduct consensus-building workshops
- Develop a final draft of the updated protocols
- Print and distribute protocols
- Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for specialists
- Conduct refresher training of specialists in Lower Egypt (LE) intervention hospitals to introduce the updated protocols
- Develop pocket guide for hospital specialists
- Conduct a dissemination workshop to launch the updated protocols

Refresher trainings in intervention LE hospitals will help introduce and orient hospital staff to the updated protocols, which answer any questions hospital specialists may have regarding the updated procedures. All the above steps will be completed during FY10, except for the refresher trainings which will extend into FY11/Q1.

Improvements to physical structures and health staff capacities in intervention governorates will be augmented through the promotion of healthier behaviors. Community training packages will be reviewed and updated as needed during FY10. The Project has adopted behavior change communication (BCC) materials designed by the Communication for Healthy Living (CHL) project, and will continue to collaborate with CHL as needed.

As the final batches of renovation are carried out in the intervention governorates during FY10, Takamol will conduct refresher trainings for religious leaders (RL) previously trained on message dissemination. Youth empowerment programs “Shabab Takamol Weeks” will be implemented soon after the Project enters new communities to raise the MCH/FP/RH awareness of youth and their families. Youth friendly and gender sensitive plays and skits will be held regularly and will target all community members with the assistance of religious leaders to mobilize around key MCH/FP/RH issues. The Egyptian Women Speak Out (EWSO) women’s empowerment program will be conducted in intervention communities upon completion of renovation work. This program is combined with a leadership program for some outstanding EWSO graduates so as to develop their skills as community advocates/leaders. Agricultural extension workers (AEW) will receive training to conduct health awareness seminars for farmers to increase male involvement in MCH/FP/RH throughout a wide rural audience. Literacy facilitators will also play an active role in disseminating MCH/FP/RH messages. Moreover, AEW and outreach workers will continue to be trained on avian influenza messages, thus increasing the community’s knowledge and awareness of this disease.

Community development associations (CDAs) will continue to play a major role in raising community awareness throughout FY10. Prospective CDAs from Batches 11 – 13 will be screened and assessed prior to being awarded grants to implement and replicate many of the community mobilization activities mentioned above. Training of CDA staff will be conducted

during renovation, including both CDA and MOH female outreach workers or *raedat rifiats* (RRs) to create a strong bond of cooperation between them. Refresher training will be implemented for all MOH and CDA outreach workers in Batches 8-13 to enhance their communication skills and knowledge of health messages. Refresher training is targeted for completion by the end of FY11/Q1.

Takamol is in the final development stages of a new population and demography literacy curriculum for adult education classes. A task force comprised of representatives from Egypt's Adult Education Agency (AEA), MOH, National Population Council (NPC), CHL, and Takamol developed the curriculum during FY09 and finalized the curriculum's messages during a consensus meeting held in FY09/Q3. Once the pictures that will accompany the curriculum have been decided upon, Takamol will pilot test the document with a sample of students and class facilitators from Upper and Lower Egypt literacy classes. Modifications to either the text or pictures will be made based on the results of the pilot test. The document will then be prepared for printing with a final copy of the curriculum expected at the printing houses during FY10.

Community activities will be strengthened through collaboration with other agencies and initiatives such as the AEA, Ministry of Family & Population Affairs, National Council for Childhood and Motherhood (NCCM), and Ask/Consult. New linkages are being established with corporate social responsibility (CSR) partners including RWE Dea and Proctor & Gamble (P&G), whose support during FY09 has helped forge links between the education and health sectors.

To ensure sustainability of improved integrated MCH/FP/RH service provision, Takamol will maintain its current working relationship with MOH staff and their partners at the central, governorate, district, and facility levels to manage priority programs once USAID technical assistance (TA) and financial support is finished. In working with central level MOH officials, the Project will continue to provide TA to the MOH's contraceptive security working group and the Family Planning and Primary Care sectors.

During FY09 it became apparent that Regional Population Council Committees—committees appointed by the Governor and comprised of Undersecretaries from the Ministries of Health, Finance, Education, Youth, and Social Solidarity within each intervention governorate—were not sustainable entities due to their dependence on project funds. For this reason, Takamol worked to establish a new decree that authorizes the formation of Sustainability Committees (SC) which maintain the basic structure and function of the RPCC, but receive their financial support from the governorate. During FY09, nine governors have passed decrees that establish SC under the Regional Population Council office. Takamol will conduct meetings and workshops throughout FY10 in intervention governorates to assist SC as they develop steps to sustain and replicate components of the Takamol model.

Takamol will continue to work with the MOH and Ministry of Finance (MOF) during the upcoming period to modify the draft of the national booklet on the Service Improvement Fund (SIF) in order to be aligned with the rules and regulations of the expected new decree from the MOH. Collaboration will also take place with the MOF to facilitate the smooth financial system operation in each district where the Project intervenes.

Due to the MOH's lack of progress in establishing the Social Responsibility Working Group during FY09, Takamol's CSR team will now focus on the development of private sector partnerships and the identification of other potential partners to sustain Takamol's different social responsibility activities.

Introduction

Background

During the past two years, the Takamol project confronted a growing financial problem. Since the beginning of the project in March 2006, the Egyptian market has witnessed a progressive and steep increase in the price of almost all goods and services. As per the CIA World Fact Book, consumer prices in the Egyptian market have increased by 21.5% in 2008 when compared with 2005. These inflationary increases affected many of the Project's budget line items and were compounded by the devaluation of the US dollar resulting in a negative impact on Takamol's budget. Analysis of cost estimates showed that without an increase of 11% above the remaining budget, the Project would not have sufficient funds to ensure the renovation of 32 PHC facilities and 4 hospitals, nor be able to implement the comprehensive set of training courses provided to service providers in the associated facilities.

In light of this anticipated budget shortfall, the Project sent a request for additional funding to USAID in July 2008. USAID in turn requested the results of the mid-term evaluation (MTE) prior to making a decision on additional funding support. The MTE team conducted their evaluation in February 2009 and noted in their final report, "USAID/Egypt, if feasible, should add sufficient funds to the Takamol contract to ensure that the scope of work can be completed in all 11 Governorates. If funds are insufficient to complete the total number of facilities originally targeted, the mandate should still be to maintain work in 11 Governorates with fewer facilities in the final two governorates because of the strong potential for replication of project activities within Governorates."

Following the MTE visit, Takamol periodically resubmitted its request for additional funding, with USAID ultimately deciding to put this request on hold until after they have received feedback from various Washington-based planning teams. In spring 2009, the Family Planning Assessment team conducted an assessment to determine Egypt's readiness to graduate from USAID's Family Planning program support. And in November 2009, the Situational Analysis team reviewed health trends and made program recommendations. While these assessments were in progress, USAID informed the Project to not intervene in the last two planned intervention governorates of Fayoum and Gharbia.

Ultimately, USAID decided to not put additional funds in the Project, thus Takamol is contractually required to implement its intervention package in 179 PHC clinics and 21 hospitals. Takamol will hereby continue to implement its planned activities in existing governorates with the inclusion of the activity recommendations made by the MTE team.

The activities covered in the workplan are presented by result and address the requirements as put forth in the contract.

The Takamol Integrated Model

Takamol's integrated model emphasizes the importance of both high quality integrated health service provision and community mobilization as driving forces for change. Takamol is working to scale up existing practices that build capacity to carry out continuous quality improvement at each level of health care provision, with the objective of building the capacity of the MOH at the governorate and central levels to implement, support, sustain, and replicate the integrated model nationwide.

The model strengthens the capacities of general and district hospitals and PHC units to better serve the needs of their communities through renovation and equipping, training, outreach,

community participation, and social responsibility. At the same time, it encourage players from both health and non-health sectors to take responsibility for community health. Two cross-cutting themes - gender and social responsibility - have been woven into all workplan activities. This allows communities and corporations to contribute to health outcomes and facilitates women's empowerment.

Takamol uses a multi-sectored approach to address institutional, medical, and socio-cultural barriers to the integration of MCH/FP/RH service delivery, quality, and use. Targeted populations include underserved or vulnerable urban poor groups, youth, men, and women through innovative service delivery and communication strategies, and community mobilization activities.

Building the capacity of Egypt's health system managers, training health staff, and providing essential services at all levels are key to ensuring that improvements in the quality, delivery, and use of integrated services are achieved, sustained, replicated, and continually improved in response to communities' needs. Global and Egyptian best practices are being applied to assure that high quality integrated MCH/FP/RH services are available to all at the community level; and that community ownership of health is supported by the committed involvement of male and female religious leaders, corporations, local businesses, civil society, coordinated and well-managed health institutions, and a progressive national health policy.

Geographic Scope and Time Line

For budgeting and reporting purposes, the project cycle follows USAID fiscal years; so Years Five and Six of the project are referred to as Fiscal Year Ten and Fiscal Year Eleven (FY10 and FY11) throughout the workplan, and are divided as outlined in the table below. Further, each year is divided into quarters and referred to accordingly (e.g. FY10/Q1, FY10/Q2 etc.).

Fiscal Year	Year	Start	End
Fiscal Year Ten	Project Year Five	October 1, 2009	September 30, 2010
Fiscal Year Eleven	Project Year Six	October 1, 2010	February 28, 2011

As detailed in the three previous workplans, Takamol renovates PHC units and relevant hospital departments in batches. Renovation is the focal point of the Takamol integrated model, since the timing of all activities is tied to the renovation process. For example, the majority of community mobilization activities begin after the unit is physically renovated and ready to receive the increased caseload expected to result from these activities.

During FY09, USAID adjusted the Project's intervention plan resulting in the elimination of intervention activities from Fayoum and Gharbia Governorates. Takamol will continue with the renovation of Batches 9, 10, 11, and 12 PHC units that were started in FY09, and initiate renovation work in Batch 13. The revised projections and plans are as outlined in the table below. The number of facilities/batches stated in the table below are estimates only and are subject to the findings of assessment visits conducted to intervention governorates and requests made by the MOH.

Takamol 5 Year Intervention plan

Governorate	Total		FY-06		FY07								FY08								FY09								FY10							
			Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4			
			Mar		Oct		Jan		Apr		Jul		Oct		Jan		Apr		Jul		Oct		Jan		Apr		Jul		Oct		Jan		Apr		Jul	
			B1				B2		B3		B4		B5		B6		B7		B8		B9		B10		B11		B12		B13							
H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P			
Giza	3	16	2	13			1	3							0																					
Beni Suef	4	21	2	12			2	9																												
Luxor city	3	28							3						15						4															
Qena	5	30											5	7																						
Aswan	4	36													4	6																				
Fayoum	0	0																																		
Total UE	19	131	4	25	0	0	3	12	3	0	0	15	5	7	4	6	0	15	0	6	0	8	0	8	0	21	0	7	0	1	0	0	0	0	0	
Ismailia	2	4	2	4			0	0																												
Sharkia	8	16	1	2			3	6	4	8																										
Kafr Al Sheikh	6	14											6	12																						
Dakahlia	5	10																5	10																	
Gharbia	0	0																																		
Total LE	21	44	3	6	0	0	3	6	4	8	0	0	6	12	0	0	5	10	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	
Total PUAs	0	4		1				1												1	0	1	0													
Quarterly Total	40	179	7	32	0	0	6	19	7	8	0	15	11	19	4	6	5	25	0	7	0	8	0	9	0	21	0	9	0	1	0	0	0	0	0	
Q. cum.			7	32	7	32	13	51	20	59	20	74	31	93	35	99	40	124	40	131	40	139	40	148	40	169	40	178								
Yearly total			7	32							13	42							20	57							0	47					0	1		
Y cum. total											20	74							40	131							40	178					40	179		

* All renovation activities as currently scheduled will be completed before FY11.

Challenges

This section outlines some of the challenges that the Takamol project expects to encounter in FY10-11 during the implementation of its integrated model.

- The rapid turnover of physicians in our intervention PHC clinics is a significant ongoing challenge. The newly-appointed physicians are typically new graduates so the turnover puts an added burden on Takamol staff to orient the newcomers to both the Takamol model and the work and objectives of PHC activities generally. The Takamol staff must carry out intensive OJT for clinics to achieve a quality-level of service provision.
- Achieving the desired increase in the couple years protection (CYP) indicator is expected to be another challenge. This indicator measures the span of estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed to clients during that period. The challenge is that many of the users have shifted their preferences from the long-span intrauterine devices (IUD) to the significantly shorter span contraceptives -- injections and pills -- especially in PHC units where a male doctor provides the service. To overcome the unavailability of female doctors to insert IUD loops for clients, the MOH sends mobile clinics to the PHC units. The FP methods used/inserted in the mobile clinics are not recorded as part of the PHC units' data but as part of the mobile clinics' achievements. This negatively affects the PHC unit's CYP indicator. These findings are consistent with figures from Egypt's Demographic Health Survey DHS (2008); and with the household survey findings (pg.13 and 14) that show an increase in Contraceptive Prevalence Rate and Oral Contraceptive Pill use.

DHS	% of current IUD use	% of current Pill use	% of current Injectables use
2005	36.5	9.9	7.0
2008	36.1	11.9	7.4

- Client satisfaction surveys show that many patients are dissatisfied with the services they receive in many intervention PHC clinics, in spite of the observed increase in case load. Analysis of clients' responses shows that the long waiting times and the minimal time spent by the doctor answering questions are the main reasons for client dissatisfaction. This can be explained by a large increase in caseload without a corresponding increase in the number of service providers, thus reducing the physician's contact time with individual clients. As well, beneficiaries are becoming more aware of their right to receive proper services through Takamol's community mobilization activities. Service providers are under pressure to keep up the standards of performance that beneficiaries now expect and spend time in one-on-one counseling. This results in low customer satisfaction scores and is an ongoing challenge.
- Another challenge that is expected to continue this fiscal year will be the proper activation of postpartum (PP) home visits. This challenge is the result of a variety of factors: a shortage of female nurses in many Upper Egypt (UE) PHC facilities; the burden of conducting home visits on nurses who already carry heavy workloads and cannot complete responsibilities at PHC clinics; and transportation issues. Transportation between the site of PP home visits and the PHC clinic is not paid for by

the clinic, and therefore comes out of the already low pay that nurses receive. Takamol experts met with FP and MCH directors at both the directorate and district levels who agreed to encourage nurses to follow through on PP visits by stressing their importance. To date, however, there has been little improvement in the activation of PP visits. The cause is due to organizational and financial limitations of PHC clinics and their staff. The challenge of conducting PP visits represents an obstacle in the fulfillment of optimal quality health care services in intervention communities.

- Artificial baseline measures by some hospitals hinder progress toward the goal of increasing NCU case survival by at least 1.2%. Staff in some hospitals manipulate data by classifying neonatal deaths as referrals or discharges upon parents' request. As a result those hospitals boast a baseline measure of 100 percent which is impossible to improve. In the past this challenge has been resolved by the removal of offending hospitals from data calculations.
- The only UE governorate left for Takamol to start its intervention is Aswan Governorate which is the furthest governorate from Cairo; and one which is of limited geographical interest to many private sector companies. Private sector entities are mainly concentrating their CSR activities within Greater Cairo. Unfortunately there are no available PHC units within the Greater Cairo area that will allow Takamol's renovations, as almost all units are included in the MOH's plans for renovation under their Health Sector Reform program. As well, some of the buildings are only rented out by the MOH and are unavailable for renovation activities.
- The implementation of the MTE recommendation to build intervention hospitals' capacity to self-manage will be challenged by the lack of time remaining on the project. Building hospital capacity to self-manage will require time to conduct a needs assessment, develop course materials, identify training experts, conduct the training, and evaluate the effectiveness of the training. With the project moving into its final phase, it will be difficult to effectively complete these steps in the short time frame left on the project.

Workplan Narrative

Procurement Activities

During FY10, the Project will continue to assess the actual commodity needs of each facility. Based on these assessments, and taking into consideration existing stocks, planned renovations, warehousing capacity, and shelf life for some of the supplies, future procurement will be tailored accordingly.

Result 1: Increased Use of Quality Integrated MCH/FP/RH Services at the PHC Level

Interventions proposed under Result 1 are designed to increase the availability, quality, and access to integrated MCH/FP/RH services at the PHC level, thereby expanding consumer choice and access to a broader range of information and services. Implementation of the integrated model is customized according to the needs of Upper and Lower Egypt generally, as well as tailored to rural and urban poor populations.

Sub-Result 1.1: Increased Delivery of Integrated MCH/FP/RH Services at the PHC Level

No further assessment of PHC facilities is needed as all renovation sites have been chosen. This activity is completed.

1.1.1 Renovation

Renovation and equipping of Batches 11 and 12 PHC units that started in FY09 will be completed in FY10/Q2. PHC unit renovation and equipping is expected to take five to six months per batch.

Construction and equipping of the Batch 13 PHC unit will start in FY10/Q1 and will continue for nine months.

1.1.2 Training

Training activities are scheduled to be conducted throughout the duration of the renovation of a PHC unit and are to be completed by the time the unit is re-opened. This minimizes service provision downtime while renovation work is taking place. A thorough review of all available training materials involving the MOH, Regional Center for Training at Ain Shams University (RCT), USAID, and other stakeholders was completed during FY07 to ensure the full integration of MCH/FP/RH topics in all training curricula and guidelines. All the modifications that were made were included in the update of the Standards of Practice for Integration of MCH/FP/RH Services (ISOP) which took place in FY08.

During FY10, clinical training for physicians, nurses, and lab technicians and ultrasound training for physicians will be conducted for Batches 11, 12, and 13.

Safety & Maintenance training is provided for the directorate and district maintenance teams to activate their respective roles. The training for Batches 11, 12, and 13 will include selected staff in intervention PHC units including a nurse, health officer, and janitor, and focuses on general PHC unit maintenance, developing a maintenance schedule, and timing of repairs. In FY10, the Safety & Maintenance training will continue to be implemented in intervention facilities. Trained MOH trainers at the governorate level will perform step down trainings to the selected staff from Takamol intervention PHC units. The MOH directorates will be

encouraged to use the expertise of the developed trainers to scale up the Safety & Maintenance training to non-Takamol intervention sites.

Outreach workers are trained on integrated messages and IPCC. For outreach worker's training, Batches 11, 12, and 13 will receive training during FY10; and Batches 8, 9, 10, 11, 12, and 13 will receive refresher training extending into FY11/Q1. Outreach workers from both the MOH and local CDAs are trained together to reinforce the cooperation between them at the village level, and to avoid duplication of efforts and use of resources.

OJT follows didactic training and continues for approximately six to nine months after the PHC units resume provision of client services. OJT builds the capacity of the PHC staff regarding clinical performance and managerial aspects. Takamol ensures that district supervisors master the supervisory skills needed to conduct OJT for the PHC level staff. The project also improves the technical capacity of the district team by including them in the integrated clinical training of the PHC staff as both attendees and co-trainers. This builds the capacity of the district team to continue supporting the PHC unit after the project has phased out. OJT will continue from the previous year in Batches 5, 6, 7, 8, and 9. OJT will start for Batch 10 during FY10/Q1, to be followed by subsequent batches. Phase out from all existing batches will occur during FY11/Q1.

1.1.3 Provide technical assistance to the Specialized Association for Improvement of Family Planning Services (SAIFPS) as needed

During FY10, Takamol will continue to provide TA to SAIFPS if needed for strengthening their sustainability.

1.1.4 Community mobilization activities (see result 3)

1.1.5 Collaboration with STS&P (cross reference 4.1.8)

During FY06 and FY07, Takamol coordinated with the STS&P, which at that time provided technical assistance to the MOH's Health Sector Reform program. Information and activity timelines were exchanged so that STS&P and Takamol efforts are complementary and avoid duplication. For example renovation, equipping, client flow, and training are all activities that are compatible with Family Health model standards. Takamol is not, however, implementing the Family Health model, but merely facilitating its execution in the project areas of intervention.

During FY10-11, Takamol will continue collaborating with the Primary Care Sector to ensure their compliance with the Family Health model according to MOH strategy as well as to enhance the progression of the health sector reform in Project's intervention areas.

1.1.6 Collaboration with Regional Center for Training (RCT)

During FY09, no meetings were held with RCT to review curricula. As no further collaboration with RCT is anticipated, this activity was discontinued at the end of FY09.

Sub-Result 1.2: Improved Quality of Integrated MCH/FP/RH Services at the PHC Level

1.2.1 Training in clinic management for PHC unit staff in three phases

Clinic management training is unique in that it involves the entire PHC unit team and injects a sense of team spirit into the PHC unit.

Clinic management training is conducted in three phases, taking around six to nine months per PHC unit to complete. Training for Batches 6, 7, 8, 9, 10, and 11 will continue in FY10, and

Batches 12 and 13 will start in FY10 with anticipated completion by FY11/Q1. PHC clinic staff are trained in using the concept of self-assessment to monitor the quality of care and to develop improvement plans.

1.2.2 Strengthen the management boards of PHC units (cross reference result 4)

Takamol forms/reactivates management boards in the PHC clinics during the renovation with the goal of achieving 50% community representation. The project's final board formation activities are scheduled for FY10/Q2 for the Batch 13 clinic.

Once management boards are activated, Takamol trains the boards in three phases. Training of clinic management boards in Batches 7, 8, 9, and 10 will continue into FY10. Training of Batches 11, 12, and 13 will start with the final training activities planned to begin FY10/Q4.

Board members receive three phases of training over a six-month period on the roles of board members, SIF orientation, community mobilization, and planning so as to maximize resource usage.

1.2.3 Activate the current referral system

Takamol is providing TA to the MOH to strengthen the existing referral system in all intervention governorates. This TA will continue in the form of orientation workshops for relevant staff members and follow-up meetings, in addition to monitoring through OJT (cross reference activity 2.1.5).

Upon activation of the referral cycle, PHC unit, hospital, district, and governorate level staff discuss its importance, the correct procedure of patient referral to district hospitals, ensure the availability of referral forms, the proper flow of data and timely feedback from medical institutions, and other reporting mechanisms. Referral system orientation workshops will be completed for Batches 10, 11, 12, and 13 during FY10.

Follow up meetings on the use of the referral system will be conducted for all relevant PHC unit and hospital medical staff. Follow up meetings on referral will both start and be completed for Batches 9, 10, 11,12, and 13 during FY10.

1.2.4 Assist MOH in implementing In-service training (cross reference 4.1.12)

1.2.5 Assist MOH in implementing postpartum home visits program

Takamol will reinforce the MOH's PP home visits program in intervention governorates as follows:

During the integrated clinical training of nurses, special attention is given to PP services provided to mothers and their newborns, as well as to the referral of detected PP risk cases. The visits will be conducted by both a nurse and an outreach worker; the nurse will provide the service while the outreach worker will be responsible for raising the health awareness of the mother.

In its efforts to provide TA to the clinics on the PP homecare program, the Project will continue to enhance the coaching skills of district chief nurses through OJT and by increased use of the developed Integrated Supervisory Checklist, which includes assessment items for measuring their performance for this activity.

Result 2: Increased Use of Quality Integrated MCH/FP/RH Services in Hospitals

In general, Result 2 is achieved by improvements in the provision of comprehensive essential obstetric and neonatal care, the provision of integrated MCH/FP/RH services, quality PAC

and PPC, including FP and breastfeeding support in selected LE hospitals. Obstetric department and neonatal care units in selected LE hospitals are renovated as needed according to service standards, essential equipment supplied if lacking, and the clinical performance of staff is improved.

Interventions in UE differ from those in LE, where the project will focus mainly on quality PAC and PPC, including FP and breastfeeding support. The project will also address other issues as identified by SMCs in every governorate.

Sub-Result 2.1: Increased Delivery of Integrated MCH/FP/RH Services in Hospitals

2.1.1 Conduct hospital assessment for clinical and managerial performance, equipment, and training needs.

This activity has been completed for the 21 intervention hospitals.

2.1.2 Renovation and equipping of hospitals in Lower Egypt

This activity has been completed for the 21 intervention hospitals.

2.1.3 Training relevant staff in intervention hospitals in Lower Egypt

2.1.3.1 Classroom Clinical Training

During FY09, the project completed hospital-related training in the 21 intervention hospitals. Training included:

- Orientation of hospital senior staff from relevant departments
- Integrated CEOC/FP/RH package of training for OB/GYN specialists (includes FP, PAC, PPC, CEOC, antenatal care, active management of labor, etc.)
- Training of OB/GYN specialists on ultrasonography
- Integrated CEOC/FP/RH package of training for nurses including PAC/PPC/FP counseling and breastfeeding support
- Neonatal care training for neonatologists (physicians), basic and advanced course
- Neonatal care training for NCU nurses
- Essential obstetric anesthesia training (EOAC) for anesthesiologists
- Essential laboratory services training for lab physicians and technicians
- Training of operating room nurses

2.1.3.2 On the job training for LE hospital staff

As Takamol adopts a competency-based training approach, didactic classroom training is followed by a period of OJT, a form of individualized training. This allows the participants to attain the required skills and behavior on the job. It is conducted through an organized process known as structured or planned OJT.

The project anticipates the provision of OJT for approximately 9 months (based on needs) in each intervention hospital. During FY09, hospitals in Batches 1, 2, and 3 completed OJT trainings. OJT for Batch 5 and 7 hospitals is in progress and is expected to be completed by FY10/Q3. OJT will be implemented in previous intervention hospitals upon request. This activity is expected to continue until the end of FY11/Q1. Following the completion of the

regular OJT program in hospitals, Takamol will work on a revision of the OJT manual to be completed by FY11/Q1.

2.1.3.3 Develop and use local training capacity

Batch 7 hospitals, the last scheduled batch, completed this activity early in FY08/Q4 since potential lead trainers were identified during the didactic training and received training of trainers (TOT) to maximize the use of their skills during the OJT period.

This activity has been completed for the 21 intervention hospitals.

2.1.3.4 Management Training

This activity has been completed for the 21 intervention hospitals.

2.1.4 Clinical training for relevant staff in intervention hospitals in Upper Egypt

No clinical training in PPC and PAC programs, FP counseling services, and breastfeeding were conducted for hospital staff during FY09. This activity is completed in the 19 identified intervention hospitals in UE.

Additional classroom clinical training to UE hospital staff as requested by SMCs will be provided where necessary.

2.1.5 Strengthen referral and tracking systems

Strengthening referral and tracking systems is achieved through the following:

- Establishing a link between the FP clinic and OB/GYN department in each intervention hospital to improve referrals between the department and FP clinic. For this, a workshop is conducted in intervention districts once the hospital and FP clinic completed renovation. This is followed by monitoring of the referrals between the FP clinic and OB/GYN department during OJT. During FY09, Batch 7 received referral strengthening activities. This activity is completed in the 21 intervention hospitals.
- Linking PHC units to district hospitals: cross reference 1.2.3.

During FY09/Q1, Takamol completed its work with the MOH on the central level to strengthen the neonatal care referral system between hospital NCUs in order to maximize utilization of NCUs within and among intervention governorates.

Sub-Result 2.2: Improved Quality of Integrated MCH/FP/RH Services in Hospitals

2.2.1 Review/updating of guidelines, protocols and standards, and systems development

For the duration of the project, Takamol will continue to build on its comprehensive updates to assist the MOH with the review of guidelines, protocols and standards, and systems development as follows:

In total, seven hospital-level protocols are currently being updated for OB/GYN specialists, OB/GYN nurses, neonatologists, neonatal care nurses, lab technicians, and hospital physicians on laboratory procedures and anesthesia care. Takamol will update the protocols using the following steps:

- Edit protocols
- Format protocols

- Obtain preliminary MOH approval on the first draft of the updated protocols
- Conduct consensus-building workshops
- Develop final draft of the updated protocols
- Print and distribute protocols
- Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for specialists
- Conduct refresher training of specialists in LE intervention hospitals to introduce the updated protocols
- Conduct dissemination workshop to launch the updated protocols
- Develop pocket guide for hospital specialists

Once the protocols are finalized, Takamol will print and distribute two copies of each to all MOH hospitals (both intervention and non-intervention facilities). The Project will also develop a pocket guide to give specialists ready access to the information in the modified protocols. Refresher training will be conducted in intervention LE hospitals to introduce and orient hospital staff to the updated protocols. The above steps will be completed during FY10, except for the refresher training which will extend into FY11/Q1.

Takamol will continue to work with the MOH to review and update the Continuous Quality Improvement System (CQIS) and associated training curriculum to reflect the updated protocols. Once the CQIS is completed, refresher training will be conducted for hospital staff in Egypt intervention hospitals to introduce the updated CQIS.

2.2.2 Training of relevant hospital staff on CQIS and self assessment (clinical and managerial performance)

SMC members of Batch 7 Lower Egypt hospitals were trained on the draft CQIS in FY09. This activity has been completed in the 21 intervention hospitals.

2.2.3 Support MOH Curative Care Sector to monitor and ensure continued quality of care (cross reference 2.1.3.3)

Result 3: Positive Behavior Change in Intervention Communities

Result 3 directly involves a set of behavior change interventions designed to improve communication and encourage behavior supporting MCH/FP/RH messages implemented under Results 1 and 2. Interventions that help to shift the social and community norms that influence health-seeking behavior and particularly relate to gender issues are at the forefront.

The Project interventions described in the workplan have been scheduled to ensure informed and enthusiastic support and foster substantial contributions from local communities as early in the process as possible.

During the renovation phase in each batch of PHC units, Takamol trains cadres of personnel such as religious leaders, AEW, and literacy facilitators. This resource pool is then used for the next 12 months in each batch of communities to spread project messages within communities and assist with the implementation of project activities.

Not all types of activities are necessary or relevant in all intervention areas, thus Takamol will assess the situation together with with local stakeholders and make decisions on training needs as warranted by local needs.

Sub-Result 3.1: Effective and Sustainable Community-level Behavior Change Activities

3.1.1 Review training materials and update as needed

During FY08, all community mobilization training curricula were updated to include the concept of FP compliance and the voluntary family planning principles. The updates were included in both the trainer and trainees' guides. This review/update process will continue as required.

3.1.2 Working with governorate level Working Groups (WG)

Takamol has completed the training of media and religious leaders WGs in current intervention governorates. Refresher trainings for established WGs in Qena and Aswan Governorates will continue until the end of FY10.

3.1.3 Family Life Education (FLE)

Family Life Education (FLE) activities, based on the earlier Center for Development & Population Affairs' New Vision Program funded by USAID, are implemented in Takamol intervention governorates.

Takamol will select potential candidates from each community based on pre-determined criteria. These candidates will be oriented on the Takamol project, and on their expected role in the FLE program. The selection and orientation process will be conducted in Batches 11, 12, and 13 during FY10.

Selected facilitators from these batches will receive TOT to equip them with the needed skills and knowledge to conduct FLE classes. Trained facilitators will then be knowledgeable enough to open FLE classes in their communities. Implementation of FLE activities in Batches 9 & 10 will commence in FY10/Q1 and will follow for subsequent batches according to plan, with Batch 13 completing this activity in FY10/Q4. Takamol will follow-up regularly on FLE implementation.

3.1.4 Peer-to-peer program

The peer-to-peer program was completed in Beni Suef and Sharkia and initiated in Dakahlia Governorate. This activity was discontinued in FY09/Q2 as per the recommendation of the MTE.

3.1.5 Religious Leaders (RL)

Takamol will continue to train local RL from intervention communities to convey MCH/FP/RH messages within their communities through a range of Takamol activities. In rural areas especially, RL are unique in their potential to change misconceptions related to MCH/FP/RH and support an open dialogue among women and men of all ages.

In FY10/Q2, RL from Batches 11 and 12 will be selected to receive MCH/FP/RH training. Collaboration with the trained RL will continue by involving them in community mobilization activities. For cost-effectiveness reasons, Takamol will arrange for a previously trained professional to implement MCH/FP/RH training for RL in Batch 13 communities.

For 12 months after the renovation of each batch of PHC units, regular meetings with trained RL will take place in order to receive feedback on their activities during the previous month. The project also makes use of these meetings to discuss new topics for them to incorporate into their program. In FY10, this activity will continue into Batch 7 & 8 and begin in Batches

9, 10, 11, and 12. For cost-effectiveness reasons, Takamol will arrange for a previously trained professional to implement regular meetings with RL in Batch 13 communities.

3.1.6 Shabab Takamol Week (Youth Mobilization Week)

Takamol will continue raising the MCH/FP/RH awareness of youth, as well as that of their community, through STW – a youth health awareness program, which takes place at the local village or hamlet school, youth center, PHC unit, or sometimes at the home of a natural community leader. Activities in STW include community service projects, MCH/FP/RH awareness sessions, question and answer seminars with RL and medical professionals, sporting events, and parents' seminars.

STW implementation will continue for Batch 8 and will begin in Batches 9 & 10 during FY10/Q1. STW will continue throughout FY10 as subsequent batches undergo renovation. A 12-month timeframe per batch is allocated to conduct STW in communities as appropriate.

3.1.7 Ask/Consult

In FY10 CHL will continue to conduct training for private physicians and pharmacists in Takamol intervention communities as needed. Takamol will coordinate with CHL by providing them with a list of the selected Takamol intervention communities. Training takes place after renovation is completed for intervention facilities.

3.1.8 Gender Based Violence (GBV) Manual

The gender based violence manual, which was reviewed at the end of FY06 and translated into Arabic during FY07, will continue to be made available for interested parties to use in future trainings.

3.1.9 Different BCC activities/tools

Consistency with national messages promoted through the CHL project is reinforced by Takamol through its adoption of CHL-designed BCC materials.

Takamol coordinates with CHL to use the BCC materials they have developed for MOH and NGO outreach workers. This helps the project quickly achieve stated goals for improved MCH/FP/RH knowledge, attitudes, and behavior. This coordination will continue throughout FY10.

Youth friendly and gender sensitive plays and skits will be performed in selected intervention communities throughout the duration of Takamol interventions. Performances will continue in Batch 8 communities with subsequent batches to follow during FY10, with Batch 13 completing this activity during FY10/Q4. The plays are performed by actors from state-sponsored governorate Cultural Palaces before large community audiences, while the skits are smaller productions addressing one health message per performance.

3.1.10 Women's Empowerment (Egyptian Women Speak Out (EWSO) and leadership program)

The Project, in collaboration with MOH, implements the EWSO program in intervention communities after the completion of renovation. Implementation of EWSO for Batch 8 communities will continue into FY10 with subsequent batches to follow according to the renovation schedule. It is envisaged that implementation in each batch of communities will take place during the 12 months following renovation.

For some outstanding EWSO graduates and potential female community leaders, a leadership program is offered and implemented in some communities to develop their skills as

advocates/leaders. The leadership program will continue for Batches 7 and 8 and start in Batches 9, 10, 11, 12 and 13. It is expected that the leadership program will be completed within a six-month period for each batch.

3.1.11 Men's Involvement (Agricultural and Irrigation Extension Workers)

AEW are trained in delivering MCH/FP/RH messages in their communities. Both male and female AEW are engaged to ensure the dissemination of messages to a wide rural audience.

Training will start in FY10/Q2 for Batch 11 & 12 communities in order to coincide with the renovation process. Training will be conducted over a three-month period for each batch. For cost-effectiveness reasons, Takamol will arrange for a previously trained professional to implement AEW trainings in Batch 13 communities.

Follow-up will be done during the AEW's regular and ongoing seminars with farmers. Regular meetings will be held with trained AEW from Batches 7, 8, 9, 10; 11, and 12 to discuss and address new topics for a period of 12 months. Follow-up seminars will continue in Batches 7 & 8 and start in Batches 9, 10, 11, and 12 during FY10. For cost effectiveness reasons, AEWs from Batch 13 will receive regular meetings and follow-up seminars from a previously trained professional, which will be arranged by Takamol.

This activity will only be conducted in rural intervention communities.

3.1.12 Literacy Facilitators

Takamol will continue to train literacy facilitators at the community level and partner CDAs on the Health-Based Curriculum. Training takes place during renovation with Batch 9 & 10 communities starting in FY10/Q1 and will continue for subsequent batches as planned.

Follow up on all Batch 8, 9, 10, 11, and 12 operating classes will continue to be conducted in collaboration with the Adult Education Agency (AEA) and local CDAs. For cost-effectiveness reasons, Takamol will arrange for a previously trained professional to implement Literacy Facilitator trainings in Batch 13 communities.

Takamol is in the final development stages of a new population and demography adult education literacy curriculum that highlights the problems associated with over-population. A task force comprised of representatives from Egypt's AEA, MOH, NPC, CHL, and Takamol developed and finalized the health messages. Once pictures are chosen to accompany the text, Takamol will pilot test the document with a sample of students and class facilitators from Upper and Lower Egypt literacy classes. Modifications to either the text or pictures will be based on the results of the pilot test. The finalized curriculum is expected to be ready for printing by FY10/Q2.

3.1.13 Couple Communication

During FY07, Takamol, in collaboration with MOH, conducted TOT courses on couple communication for RR supervisors and *mothakef sokany* (male outreach workers) in all intervention governorates, as mentioned below under 3.2.3.

Following the TOT, RR supervisors and *mothakef sokany* conduct communication seminars in selected intervention areas. Takamol then monitors the implementation of these seminars. Batch 9 will begin in FY10/Q2 with subsequent batches to follow.

3.1.14 CDAs/Community Activities

Local CDAs are considered Takamol's implementing arm in intervention communities. The CDAs' main focus is raising the awareness of women, men, and youth regarding the project's

main MCH/FP/RH messages, and linking community members to the services provided in renovated PHC units.

During FY10, the project will continue to provide CDA/community activities in Batches 7, 8, 9, 10, 11, 12, and 13 as per the workplan. Refresher trainings for CDA and MOH RRs and the implementation, monitoring and reporting on CDA activities will extend into FY11.

3.1.15 Collaborate with other agencies/projects/donors

The Project continuously collaborates with other agencies and projects in a variety of activities.

In FY10, community activities will be strengthened through collaboration with other agencies and initiatives such as the AEA, Ministry of Family & Population Affairs, NCCM, UNFPA and Ask/Consult. New linkages are being established with CSR partners including RWE Dea and P & G, whose support during FY09 has helped forge links between the education and health sectors.

Sub-Result 3.2: Strengthened Interpersonal Communication Skills of PHC, Hospital, NGO and Outreach Workers

3.2.1 Train PHC unit staff, and related hospital staff in communication skills and counseling (cross reference result 1)

The IPCC component has been updated in all Takamol training curricula in coordination with CHL project. The Takamol project uses the updated curricula in training PHC units and related hospital staff on interpersonal communication skills and counseling to improve the quality of services provided at PHC units and hospitals. During FY10, any new training curricula used will be reviewed to ensure the inclusion of relevant IPCC material.

3.2.2 Train PHC physicians and nurses, and MOH RR supervisors on simplified gender and RH rights manual

Starting in Batch 5, the gender and rights training was integrated in the physicians and nurses' curricula. In FY10, the gender and rights training will continue to be conducted as part of the integrated clinical training for physicians and nurses.

3.2.3 Train MOH RR supervisors and *mothakef sokany* in intervention governorates on couple communication (TOT)

This activity was completed in FY07 for all communities in the Project's identified intervention governorates (see 3.1.13).

3.2.4 Conduct leadership TOT in intervention governorates for MOH RRs

TOT for the RR supervisors who deliver the leadership training (see 3.1.10) in all communities in the Project's identified intervention governorates was completed in FY07.

Result 4: Improved MOH Capacity to Sustain Performance of Integrated MCH/FP/RH Services

Activities under result 4 are designed to strengthen the abilities of MOH staff and their partners at the central, governorate, district, and facility levels to durably manage high-performing priority programs well beyond the end of direct USAID technical and financial support.

Sub Result 4.1: Increased Capacity of MOH Central Level Management Teams

4.1.1 Coordinate and synchronize with MOH/PS, MCH, NPC and RCT workplans

This activity was completed in FY07.

4.1.2 Provide TA to MOH Population and MCH sectors, NPC and RCT in developing results oriented workplans for FY09 and FY10

This activity was completed in FY08/Q4 since USAID decided to stop funding MOH implementation letters starting FY10. As for NPC and RCT, this activity was completed in FY07/Q4 since USAID stopped funding their implementation letters.

4.1.3 Support MOH Population and MCH sectors, NPC and RCT to review and update their strategic plans

In collaboration with the above organizations, the USAID decided to discontinue this activity at the end of FY09.

4.1.4 Assist MOH in activating the Steering Committee and forming working groups as needed

Regular meetings will continue to be held with the steering committee throughout FY10-FY11.

4.1.5 Negotiate win-win agreements with partners from other government ministries, agencies, NGOs and private sector

During FY06, Takamol assisted in the establishment of an MOH Social Responsibility (SR) Working Group to strengthen links between the public and private sectors. Late in FY07, with the change of MOH officials, SRWG was put on hold. During FY08 the Project provided TA to the MOH to reactivate SRWG, but no progress was made. After a year of inactivity, the decision was made to discontinue this activity and explore other partners to sustain Takamol's different SR activities after project phase-out.

During FY09, the CSR team established eight major initiatives with seven different organizations in FY09 valued at a total of US\$ 461,139 in cash and US\$ 231,200 in-kind donations. Takamol will continue to develop private sector partnerships throughout FY10.

4.1.6 Assist MOH achieve contraceptive security

As a follow-up to the MOH's 2009 request for TA in the area of contraceptive security, Takamol will provide TA during FY10 to strengthen the MOH's internal system and policy formulation. This assistance will also focus on the development of a sub-contracting system that allows private sector companies to bid on the manufacturing of oral contraceptive pills and other FP contraceptives for the MOH. Pending the Family Planning Sector's (FPS) request, Takamol might also provide TA to modernize the central warehouse, as per the policy papers that were developed for the FPS.

4.1.7 Increase the capacity of the MOH to strengthen the supervision system

For sustainability of efforts, it is important to increase the capacity of the MOH at the central level to strengthen the supervision and planning systems at the governorate and district levels.

As a continuation of the work conducted during FY09 whereby the Primary Care Sector joined OJT efforts with the Family Planning Sector, Takamol will implement a leadership

program with the two team's central supervisors. This TA will instruct central supervisors on how to effectively use their supervisory skills for governorate and district teams, and will be conducted in phases beginning in Ismailia, Sharkia, and Beni Suef Governorates as these are early governorates where the project has phased out. This is the first step in the technology transfer of all elements of the Takamol model.

As a second step, Takamol will work with the Primary Care Sector and Family Planning Sector to revise the supervision tools and institutionalize some of Takamol's performance check lists. This will assist central, governorate, and district supervisors to ensure continuous quality improvement and implement the basic benefits package as stipulated under the Family Health system. The basic benefits package is a group of services, both preventative and curative, that includes MCH, FP, Integrated Management of Childhood Illness activities, etc. Strengthening the implementation of this package will guarantee that MCH/FP services are effectively integrated into the system.

This work will be part of the implementation of the expected new decree – developed by Takamol for the MOH – to unify financial, administrative, supervision, and incentive components currently practiced in the Primary Care Sector under different decrees. (See 4.1.8 and 4.1.11)

4.1.8 Replication of the integrated MCH/FP/RH services

Takamol provided TA to the MOH during FY09 to develop a new unifying decree (see 4.1.10). As this decree incorporates several major components of the Takamol model, its expected issuance means that the MOH has agreed to replicate components of the Takamol project in PHC clinics throughout Egypt. As a continuation of the FY09 work, Takamol will assist the MOH to implement the expected new decree starting in Luxor City and Beni Suef Governorate, and is expected to gradually expand efforts to include all intervention governorates. Activity completion is targeted for the end of FY10. For this, central supervisors from the Family Health Department and Primary Care Sector will be assisted to replicate SIF, clinic management boards, integrated supervision, integrated district plans etc., as a means to replicate major components of the model within the main scope of activities of the Family Health program.

TA at the central level will be coupled with TA to governorate and district teams to build their capacity to replicate and adapt activities within the foreseen context of the expected new decree.

All work with the ministry will be based on their request and designed on an as needed basis.

4.1.9 Support the maternal mortality surveillance system (MMSS)

This activity was completed in FY07.

4.1.10 Assist MOH in implementing the Integrated Quality Performance Award system

The Integrated Quality Performance Award system that was developed with technical assistance from TAHSEEN was reviewed in FY07 and further developed in FY08 to include recommendations that had been made regarding its alignment with the proposed Health Reform Incentive System, Family Health Fund, and ministerial directions. During FY09, the Primary Care Sector requested TA in the drafting of a new decree to unite the financial, administrative, supervision, and incentive components of the current primary care activities under one decree. The drafting and submission of the decree to the MOH was completed during FY09.

4.1.11 Increase the capacity to develop and automate the financial and inventory system

In FY07, a training curriculum for inventory control was developed, thus completing this activity.

For FY10-11, it is expected that the MOH will require assistance in the development of a manual to help the MOH disseminate new performance and award systems expected to be institutionalized by the new decree. Once the new decree is issued, other anticipated TA will be the development of a national booklet on the SIF as stipulated in the expected new decree.

4.1.12 Build the capacity of MOH to implement the in-service training developed by TAHSEEN as a way to sustain and replicate the model in intervention areas (cross reference 1.2)

The in -service training program was affected by the adoption of the board formation methodology and the new incentive systems drafted into the new decree, thus management components had to be revised accordingly. This activity was completed during FY09.

4.1.13 Provide additional technical assistance to NPC

No further TA is required from Takamol by the NPC.

4.1.14 Provide additional technical assistance to RCT

No new TA is required as the RCT project has come to an end. This completes this activity.

Sub Result 4.2: Increased Capacity of MOH Governorate and District Level Management Teams

4.2.1 Increase the capacity to develop results-oriented integrated action plans at all levels

Involving the governorate and the district teams is crucial to the success and the scaling up of Takamol's model. Accordingly, governorate and district level staff participate in the technical training conducted for facility staff, which increases the technical capacity and collaboration of governorate and district teams.

Training is also provided to FP and MCH governorate and district level staff on integrated supervision and leadership skills. This will occur after the PHC clinic management training and before the PHC clinic OJT starts. Training will start for Batches, 11, 12, and 13 in FY10.

District level staff will be coached during OJT in intervention clinics to master the integrated supervision and coaching skills. OJT will continue for Batches 7, 8, 9 and 10 and will start for Batches 11, 12, and 13 in FY10. Typically, OJT starts one month after the integrated supervision and leadership skills training. OJT will last for 6-9 months depending on the skill levels of the district team being coached and affiliated intervention clinics.

Technical assistance will be given to governorate and district level staff to develop Integrated District Plans (IDPs) in intervention districts throughout FY10 and FY11/Q1. This will enable the district teams to produce district level plans and replicate the model. These plans will be shared with the central office so that areas requiring support can be included in the central office's next workplan. IDP training for Batches 7 and 8 will continue during FY10. IDP training will start for Batches 10, 11, 12, and 13 and continue for approximately three months following the integrated supervision training. Batch 9 intervention districts are part of Luxor City and received their training during Batch 4 project activities.

4.2.2 Increase the capacity to mobilize partners from other government agencies, NGOs and private sector focusing on supporting the health facilities at governorate level

Takamol has worked extensively with both the directorates of Health and governorates in every intervention area. Collaboration with the latter is essential to forming sustainability committees composed of undersecretaries of the MOH, Ministry of Finance (MOF), Ministry of Social Solidarity (MOSS), Ministry of Education (MOE), and Ministry of Youth (MOY). These committees are headed by the governorate secretary generals who monitor the Takamol model and see how the Project's integrated approach can be replicated and sustained within the Egyptian system. These committees are now permanent structures in the governorates with mandates to improve the health of residents.

The experiences of the committees in different intervention areas have been as varied as the governorates they represent. These committees operate under the direct supervision of the undersecretaries and some are more active than others. All of them, however, need to take a deeper and much more sustained approach toward creating mechanisms for working together to serve national policies including sustainability, replication and scale-up of project interventions.

During FY10, Takamol will conduct a program aimed at fomenting the exchange of experiences and increasing the capacity of selected governorate sustainability committees.

Training of sustainability committees in their respective governorates will include:

- Strategic directions in health and population.
- Moving up the leadership ladder (Roles of governorate leaders)
- Integrated leading and managing process
- Mental Models (Balancing Inquiry and Advocacy)
- Operating principles for building community participation
- Advanced operating principles for building community participation.
- Reinventing Relationships (Sustained mechanisms for cooperation)
- Practical examples of alliance building (Benchmarking methods).
- Exchange of experiences among sustainability committees within Lower Egypt and within Upper Egypt.

An additional training activity will tackle private-public partnerships and social responsibility. This session is aimed at helping sustainability committees forge links with the private sector and leverage funds to support their role. Topics to be covered are:

- What is CSR? How did it begin and where does Egypt stand?
- The difference between CSR and Philanthropy, Zakat, and Sadaka.
- The difference between CSR and Public Relations.
- Showcase international, regional and national success stories.
- Linking with national policies in areas of Corporate Governance, ethics, responsible policies, supply chain policies, etc.
- Tutorial on devising and implementing CSR strategies.
- CSR Reporting.

The CSR Program will be launched by indoctrinating the governorate officials in intervention areas. Takamol will then approach the business communities in each governorate as well as NGOs. Finally, the project will get these groups together to address their needs and to enable

them to speak the same language. This will help create a decentralized mechanism to ensure sustainability of PPP/CSR activities.

Since sustainability committee work is conducted at the governorate level, it will not be necessary to report separately on Batches 8, 9, 10, 11, 12, and 13 as these areas fall under one of the previously-listed governorates.

TA workshops will continue to be held in all intervention governorates during FY10-11 to assist the sustainability committee develop steps to sustain and replicate the model in intervention governorates. TA workshops will be conducted after a newly formed SC successfully develops and implements one quarterly plan.

4.2.3 Strengthen governorate-level SMCs in Upper Egypt and activate SMCs in Lower Egypt in intervention governorates and districts

The Project trains governorate and district SMCs in Lower Egypt on MCH/FP/RH issues to ensure that the Maternal Mortality Surveillance System (MMSS) is functional and that the output of the system is well utilized by governorate and district-level SMCs as an ongoing activity. Batch 12 SMCs will receive this training during FY10/Q4.

Refresher training will be conducted for all SMCs in LE to advance the understanding and practice of the MMSS and SMC work to equal the level attained by SMCs in UE. Full partnership with the MCH directorate will be emphasized to allow for follow-up after Takamol project completion. This will be done one month after the IDP training.

Two regional workshops in LE will be held during FY10 to strengthen the capacity of governorate and district-level SMCs to work together and reduce maternal mortality. The first workshop will involve Ismailia, Sharkia, and Gharbia Governorates, and the second workshop will include Kafr El Sheikh, Dakahlia, and Damietta Governorates.

UE governorate SMCs were oriented in FY07. Regional workshops are a continuation of the preliminary workshop held with Luxor City and Aswan and Qena Governorates in FY09. It is expected during FY10 to complete the process started during the regional workshop, and to implement a similar process in Beni Suef, 6th of October, and Helwan Governorates to strengthen their capacity to work together to reduce maternal mortality.

The meetings that were planned to link SMCs with city councils were seen as unnecessary by the SMCs as the district and governorate teams engaged in regular meetings with city and governorate popular councils. As the SMCs are able to address issues of common interest at these regularly scheduled meetings, this activity has been cancelled.

4.2.4 Increase the capacity of MOH to work with Ministry of Finance to effectively respond to the needs of the service providers

District level meetings are held between the MOH and MOF to facilitate smooth operation of the financial system in each intervention district, assisting in the formation of and access to local bank accounts. Meetings will begin for district teams after the clinic management training phase II is completed, and only after clinics have their own bank accounts with signatories from the clinics. A collective meeting is usually held after the integrated supervision training is completed.

During FY10, SIF training will be adjusted to take into consideration the new rules involved with the expected new decree. Districts of Batches 5, 6, 7, 8, 9, 10, 11 and 12 will complete training during FY10; and the Batch 13 district is expected to be completed by FY11/Q1.

Sub Result 4.3: Increased Capacity of Health Facility Teams

4.3.1 Increase the capacity of health facilities to work with community

In order to improve day-to-day management of the facility, sustain improvements in the quality of care, and connect the PHC units with the communities they serve, the Project implements facility management training for facility staff as mentioned in Results 1 and 2. This training provides facility staff with the tools to engage in continuous quality improvement, results-focused management techniques, work planning, and monitoring the quality of care while creating a sense of staff ownership over the quality of care provided. Specifically, activities include:

- Training in PHC clinic management for PHC clinic staff (cross reference result 1)
- Training in hospital management for the relevant hospital staff and SMC teams (cross reference result 2)
- Formation/reactivation of facility boards (cross reference results 1 and 2)
- Training facility boards (cross reference results 1 and 2)
- Providing OJT to make sure that skills and behaviors are well practiced by facility teams (cross reference results 1 and 2)

4.3.2 Support management boards of intervention facilities to maximize the utilization of available resources from the SIF and MOH budget

Boards are formed or re-activated and trained as needed. A key part of this training covers the financial aspects of PHC unit management, and the need to ensure that funds are adequate for the efficient and effective operation of the facility.

Takamol orients facility staff/board members on how to best utilize the SIF and MOH available resources (cross reference 4.2.4). These are the same orientation courses that are attended by both district and PHC clinic staff.

The project also orients facility staff/board members/RR on the concept of SR and its direct impact on sustainability.

Monitoring and Evaluation

Monitoring and evaluation of all Takamol activities will be ongoing during FY10 as detailed in the Performance Monitoring Plan (PMP) previously submitted to USAID.

Post-intervention household surveys were implemented in five out of nine communities during FY09. The remaining four communities will complete their post-intervention data collection in FY10/Q1.

New pre-intervention household surveys to collect baseline information were implemented in 17 communities during FY09 as follows: seven in Luxor City, and 10 in Aswan Governorate. Post-intervention data for these communities will be collected during FY10. A final report capturing all household survey results will be produced by FY11/Q2.

Data regarding training, community events, partner CDAs, service statistics for intervention PHC clinics and hospitals, quality checklists, client satisfaction, social responsibility and maternal mortality will be collected and analyzed during FY10-11 to produce baseline and post-intervention values of the different progress indicators included in the PMP.

In terms of reporting, Takamol will submit an Annual Report for FY10 by October 30, 2010, and five quarterly reports ending with FY11/Q1. Success stories will be captured throughout the duration of project field activities and submitted along with the quarterly reports. As part of the project's close out activities, a final conference will be held to disseminate and share project information with interested national and international partners. This conference is targeted for FY11/Q1. And finally, the final report will be produced and sent to USAID during FY11/Q2.

Given the importance of conforming to the FP compliance requirements for voluntary family planning, Takamol dedicates special effort to ensure that appropriate, tangible, and timely interventions are deployed. The Project has drafted and implemented a FP compliance monitoring plan which will continue to ensure and promote compliance with the US policy and statutory regulations. During FY10-11, Takamol will continue to implement this plan. The plan includes activities such as reviewing all training materials and NGOs' grant agreements to make sure they adhere to FP compliance regulations as well as conducting follow-up visits to intervention facilities. These visits promote the completion of the FP compliance checklist and ensure that rectifying actions are taken accordingly as needed.

Budget for the period (Oct'09-Feb'11)

The FY10-11 budget will be submitted to USAID at a later date.

Annexes

Takamol Project Fiscal Year Ten and Eleven Activity Timeline

(The start dates included in the timeline are estimates and may change due to unforeseen circumstances).

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
1	Result 1: Increased Use of Quality Integrated MCH/FP/RH Services at the PHC Level																				
1.1	Sub-result 1.1: Increased Delivery of Integrated MCH/FP/RH Services at the PHC Level																				
1.1.1	Renovation																				
	Renovation and equipping of PHC facilities	Initial receiving and inspection report																			
	Renovation and equipping of Batch 11 PHC units		FY09/Q3	10 months	X	X	X	X													
	Renovation and equipping of Batch 12 PHC units		FY09/Q4	6 months	X	X	X	X	X												
	Renovation and equipping of Batch 13 PHC units		FY10/Q1	9 months	X	X	X	X	X	X	X	X	X								
1.1.2	Training																				
	Review and update of all training materials with MOH and other stakeholders as needed	Updated curricula	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Implement integrated clinical training for service providers from Batch 11 PHC units	Training report	FY10/Q1	4 months	X	X	X	X													
	Implement integrated clinical training for physicians from Batch 11 PHC units																				
	Implement integrated clinical training for nurses from Batch 11 PHC units																				
	Implement lab technicians training from Batch 11 PHC units																				
	Implement integrated clinical training for service providers from Batch 12 PHC units	Training report	FY10/Q1	5 months	X	X	X	X	X												
	Implement integrated clinical training for physicians from Batch 12 PHC units																				
	Implement integrated clinical training for nurses from Batch 12 PHC units																				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Implement lab technicians training from Batch 12 PHC units																				
	Implement integrated clinical training for service providers from Batch 13 PHC units	Training report	FY10/Q3	3 months								X	X	X							
	Implement integrated clinical training for physicians from Batch 13 PHC units																				
	Implement integrated clinical training for nurses from Batch 13 PHC units																				
	Implement lab technicians training from Batch 13 PHC units																				
	Implement ultrasonography training	Training report																			
	For Batch 11 PHC units		FY10/Q2	3 months				X	X	X											
	For Batch 12 PHC units		FY10/Q2	3 months					X	X	X										
	For Batch 13 PHC units		FY10/Q4	3 months										X	X	X					
	Implement safety and maintenance training	Training report																			
	For Batch 10 PHC units		FY10/Q1	3 months	X	X	X														
	For Batch 11 PHC units		FY10/Q2	3 months				X	X	X											
	For Batch 12 PHC units		FY10/Q2	3 months					X	X	X										
	For Batch 13 PHC units		FY10/Q4	3 months										X	X	X					
	Implement outreach workers training (cross reference 3.1.14)	Training report																			
	<u>Provide on-the-job training</u>	Training report																			
	For Batch 5 PHC units		FY08/Q3	20 months	X	X	X														
	For Batch 7 PHC units		FY09/Q1	14 months	X	X	X														
	For Batch 8 PHC units		FY09/Q2	11 months	X	X	X														
	For Batch 9 PHC units		FY09/Q3	12 months	X	X	X	X	X	X											
	For Batch 10 PHC units		FY10/Q1	9 months	X	X	X	X	X	X	X	X	X								
	For Batch 11 PHC units		FY10/Q2	9 months				X	X	X	X	X	X	X	X						

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	For Batch 12 PHC units		FY10/Q2	12 months				X	X	X	X	X	X	X	X	X	X	X			
	For Batch 13 PHC units		FY10/Q4	6 months										X	X	X	X	X			
1.1.3	Provide technical assistance to SAIFPS																				
	Provide TA to the independent NGO SAIFPS as needed		FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
1.1.4	Community mobilization activities (See Result 3)																				
1.1.5	Collaboration with Primary Care Sector (now heading Family Health activities)																				
	Collaboration with the Primary Care Sector to ensure compliance with the Family Health model according to MOH strategy and to enhance the progression of health sector reform in Takamol intervention governorates	Minutes of meeting	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
1.1.6	Collaboration with RCT		Completed in FY09																		
1.2	Sub-result 1.2: Improved Quality of Integrated MCH/FP/RH Services at the PHC Level																				
1.2.1	Training in Clinic Management for PHC unit staff in 3 phases	Training report																			
	For Batch 6 PHC units		FY08/Q2	22 months	X	X	X														
	For Batch 7 PHC units		FY08/Q3	24 months	X	X	X	X	X	X											
	For Batch 8 PHC units		FY09/Q1	18 months	X	X	X	X	X	X											
	For Batch 9 PHC units		FY09/Q1	13 months	X	X	X														
	For Batch 10 PHC units		FY09/Q2	13 months	X	X	X	X	X	X											
	For Batch 11 PHC units		FY09/Q3	10 months	X	X	X	X	X	X											
	For Batch 12 PHC units		FY10/Q2	9 months				X	X	X	X	X	X	X	X						
	For Batch 13 PHC units		FY10/Q4	6 months										X	X	X	X	X			
1.2.2	Strengthen the management boards of the PHC facilities (cross reference result 4)																				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
1.2.5	Assist MOH in implementing PP home visits																				
	Implement PP home visits program		FY07/Q2	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
2	Result 2: Increased Use of Quality Integrated MCH/FP/RH Services in Hospitals																				
2.1	Sub-result 2.1: Increased Delivery of Integrated MCH/FP/RH Services in Hospitals																				
2.1.1	Conduct hospital assessment for clinical and managerial performance, equipment and training needs		Completed in FY09																		
2.1.2	Renovation and equipping of hospitals in Lower Egypt		Completed in FY09																		
2.1.3	Training relevant staff in intervention hospitals in Lower Egypt																				
2.1.3.1	<u>Classroom Clinical Training</u>		Completed in FY09																		
2.1.3.2	<u>On the job training for hospital staff</u>	OJT report																			
	For Batch 5 LE hospitals		FY08/Q4	17 months	X	X	X														
	For Batch 7 LE hospitals		FY09/Q2	17 months	X	X	X	X	X	X	X	X									
	OJT visits as requested		FY10/Q1	15 months	X	X	X	X	X	X	X	X	X	X	X	X	X				
	Revise/Update the OJT manual	OJT manual	FY10/Q4	6 months									X	X	X	X	X				
2.1.3.3	<u>Develop and use local training capacity</u>		Completed in FY08																		
2.1.3.4	<u>Management training</u>		Completed in FY09																		
2.1.4	Clinical training for relevant staff in intervention hospitals in Upper Egypt		Completed in FY09																		
2.1.5	Strengthen referral and tracking systems																				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Printing and distribution		FY10/Q3	6 months							X	X	X	X	X	X					
	Review/updated integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN specialists	Updated training materials	FY10/Q1	6 months			X	X	X	X	X										
	Refresher training of hospital OB/GYN specialists in Lower Egypt intervention hospitals to introduce the updated protocol	training report	FY10/Q3	9 months							X	X	X	X	X	X	X	X	X		
	Review/update integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN nurses	Updated integrated protocol for nurses	FY07/Q4	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X					
	Edit protocol		FY09/Q3	6 months	X																
	Format protocol		FY09/Q4	3 months	X																
	Obtain preliminary approval from MOH on first draft of the updated protocol		FY09/Q4	2 months	X																
	Consensus-Building Workshop		FY10/Q1	3 months	X	X	X														
	Develop final draft of updated protocol		FY10/Q1	3 months			X	X	X												
	Printing and distribution		FY10/Q3	6 months							X	X	X	X	X	X					
	Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN nurses	Updated training materials	FY10/Q1	6 months			X	X	X	X	X										
	Refresher training of hospital OB/GYN nurses in Lower Egypt intervention hospitals to introduce the updated protocol	training report	FY10/Q3	9 months							X	X	X	X	X	X	X	X	X		
	Review/update neonatal care protocol for neonatologists	Updated protocol for neonatologists	FY07/Q3	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
	Edit protocol		FY09/Q3	6 months	X																
	Format protocol		FY09/Q4	3 months	X																
	Obtain preliminary approval from MOH on first draft of the updated protocol		FY09/Q4	2 months	X																

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven					
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2		
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	
	Obtain preliminary approval from MOH on first draft of the updated protocol		FY09/Q4	2 months	X																	
	Consensus-Building Workshop		FY10/Q1	3 months	X	X	X															
	Develop final draft of updated protocol		FY10/Q1	3 months			X	X	X													
	Printing and distribution		FY10/Q3	6 months							X	X	X	X	X	X						
	Review/update obstetric/neonatal-related laboratory training curriculum for technicians	Updated training materials	FY10/Q1	6 months			X	X	X	X	X	X										
	Refresher training of hospital lab technicians in Lower Egypt intervention hospitals to introduce the updated protocol	training report	FY10/Q3	9 months							X	X	X	X	X	X	X	X	X			
	Develop pocket guide for hospital specialists	pocket guide	FY10/Q1	6 months			X	X	X	X	X	X										
	Conduct dissemination workshop for protocols	Workshop report	FY10/Q2	2 months					X	X												
2.2.2	Training of relevant hospital staff on CQIS and self assessment (clinical and managerial performance)		Completed in FY09																			
2.2.3	Support MOH Curative Care Sector to monitor and ensure continued quality of care		Completed in FY08																			
3	Result 3: Positive Behavior Change in Intervention Communities																					
3.1	Sub-result 3.1: Effective and Sustainable Community Level Behavior Change Activities																					
3.1.1	Review training materials and update as needed																					
	Review and update training materials	Updated materials	FY06/Q3	ongoing	X	X	X	X	X	X	X	X	X	X	X							
3.1.2	Working with governorate level Working Groups (WG)																					

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Establish and train media and religious leaders WG in new governorates as applicable		Completed in FY09																		
	Hold refresher training for newly formed WG	Activity report																			
	In Governorate 6 (Qena)		FY08/Q3	30 months	X	X	X	X	X	X	X	X	X	X	X						
	In Governorate 8 (Aswan)		FY08/Q3	30 months	X	X	X	X	X	X	X	X	X	X	X						
3.1.3	Family Life Education (FLE)																				
	Select and orient FLE facilitators	List of facilitators and workshop report																			
	For Batch 11 communities		FY10/Q2	2 months				X	X												
	For Batch 12 communities		FY10/Q2	2 months				X	X												
	For Batch 13 communities		FY10/Q3	2 months								X	X								
	Conduct FLE TOT for FLE facilitators	Training report																			
	For Batch 11 communities		FY10/Q2	2 months				X	X												
	For Batch 12 communities		FY10/Q2	2 months					X	X											
	For Batch 13 communities		FY10/Q3	2 months								X	X								
	Implement program in intervention communities	Activity report																			
	For Batch 9 communities		FY10/Q1	3 months	X	X	X														
	For Batch 10 communities		FY10/Q1	3 months	X	X	X														
	For Batch 11 communities		FY10/Q2	3 months					X	X	X										
	For Batch 12 communities		FY10/Q3	3 months							X	X	X								
	For Batch 13 communities		FY10/Q4	3 months										X	X	X					
3.1.4	Peer to Peer program		Discontinued in FY09																		
3.1.5	Religious Leaders (RL)																				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven					
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2		
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	
	Selection and training of RL group at the community level	List of names																				
	For Batch 11 communities		FY10/Q2	3 months				X	X	X												
	For Batch 12 communities		FY10/Q2	3 months					X	X	X											
	Hold regular meetings with trained religious leaders to discuss new topics	Monthly meeting report																				
	For Batch 7 communities		FY09/Q1	11months	X																	
	For Batch 8 communities		FY09/Q3	12 months	X	X	X	X	X	X												
	For Batch 9 communities		FY10/Q1	12 months	X	X	X	X	X	X	X	X	X	X								
	For Batch 10 communities		FY10/Q1	12 months	X	X	X	X	X	X	X	X	X	X								
	For Batch 11 communities		FY10/Q1	12 months			X	X	X	X	X	X	X	X	X	X	X					
	For Batch 12 communities		FY10/Q3	9 months							X	X	X	X	X	X	X	X				
3.1.6	Shabab Takamol Week (Youth Mobilization Week)																					
	Implement STW in some intervention communities	Activity monthly report																				
	For Batch 8 communities		FY09/Q3	12 months	X	X	X	X	X	X												
	For Batch 9 communities		FY09/Q4	15 months	X	X	X	X	X	X	X	X	X	X								
	For Batch 10 communities		FY10/Q1	11 months		X	X	X	X	X	X	X	X	X								
	For Batch 11 communities		FY10/Q2	12 months				X	X	X	X	X	X	X	X	X	X					
	For Batch 12 communities		FY10/Q3	9 months							X	X	X	X	X	X	X	X				
	For Batch 13 communities		FY10/Q4	1 month										X								
3.1.7	Ask/Consult																					
	CHL will train private pharmacists and physicians in new intervention areas on CHL-developed curriculum as needed	Training report	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
3.1.8	Gender Based Violence (GBV) Manual																					
	Make translated GBV Manual available to interested parties as appropriate		FY07/Q4	ongoing	X	X	X	X	X	X	X	X	X	X								
3.1.9	Different BCC activities/tools																					

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Support and collaborate with CHL in the development of national MCH/FP/RH BCC activities	Minutes of meeting with CHL	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Implement youth friendly and gender sensitive plays in selected communities	Activity report																			
	For Batch 8 communities		FY09/Q2	12 months	X	X	X	X	X												
	For Batch 9 communities		FY10/Q1	12 months			X	X	X	X	X	X	X	X	X	X	X				
	For Batch 10 communities		FY10/Q2	12 months				X	X	X	X	X	X	X	X	X	X	X			
	For Batch 11 communities		FY10/Q2	10 months						X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q3	8 months								X	X	X	X	X	X	X			
	For Batch 13 communities		FY10/Q4	1 month										X							
	Implement youth friendly and gender sensitive skits	Activity report																			
	For Batch 8 communities		FY09/Q2	12 months	X	X	X	X	X												
	For Batch 9 communities		FY10/Q1	12 months			X	X	X	X	X	X	X	X	X	X	X				
	For Batch 10 communities		FY10/Q2	12 months				X	X	X	X	X	X	X	X	X	X	X			
	For Batch 11 communities		FY10/Q2	10 months						X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q3	8 months								X	X	X	X	X	X	X			
	For Batch 13 communities		FY10/Q4	1 month											X						
3.1.10	Women's Empowerment																				
	EWSO Program																				
	Implement EWSO program in intervention communities	Monthly activity report																			
	For Batch 8 communities		FY09/Q2	12 months	X	X	X	X													
	For Batch 9 communities		FY09/Q3	19 months	X	X	X	X	X	X	X	X	X	X	X	X	X				
	For Batch 10 communities		FY10/Q1	12 months		X	X	X	X	X	X	X	X	X	X	X					
	For Batch 11 communities		FY10/Q2	10 months						X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q3	9 months							X	X	X	X	X	X	X	X			
	For Batch 13 communities		FY10/Q4	1 month											X						
	Leadership Program																				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Implement leadership programs in intervention communities	Monthly activity report																			
	For Batch 7 communities		FY09/Q3	9 months	X	X	X														
	For Batch 8 communities		FY09/Q4	6 months	X	X	X														
	For Batch 9 communities		FY10/Q2	6 months				X	X	X	X	X	X								
	For Batch 10 communities		FY10/Q2	6 months				X	X	X	X	X	X								
	For Batch 11 communities		FY10/Q3	6 months							X	X	X	X	X	X					
	For Batch 12 communities		FY10/Q4	6 months									X	X	X	X	X	X			
	For Batch 13 communities		FY10/Q4	1 month											X						
3.1.11	Men's Involvement (Agricultural and Irrigation Extension Workers)																				
	Train AEW in intervention areas	Training report																			
	For Batch 11 communities		FY10/Q2	3 months				X	X	X											
	For Batch 12 communities		FY10/Q2	3 months					X	X	X										
	Conduct monthly meetings with AEW	Meeting minutes																			
	For Batch 7 communities		FY08/Q4	18 months	X	X	X														
	For Batch 8 communities		FY09/Q3	12 months	X	X	X	X	X	X											
	For Batch 9 communities		FY09/Q4	12 months	X	X	X	X	X	X	X	X	X								
	For Batch 10 communities		FY09/Q4	12 months	X	X	X	X	X	X	X	X	X	X							
	For Batch 11 communities		FY10/Q2	11 months					X	X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q2	10 months						X	X	X	X	X	X	X	X	X			
	Follow up on AEW seminars in intervention areas	Seminars report																			
	For Batch 7 communities		FY08/Q4	18 months	X	X	X														
	For Batch 8 communities		FY09/Q3	12 months	X	X	X	X	X	X											
	For Batch 9 communities		FY09/Q3	16 months	X	X	X	X	X	X	X	X	X	X	X						
	For Batch 10 communities		FY09/Q4	14 months	X	X	X	X	X	X	X	X	X	X	X						
	For Batch 11 communities		FY10/Q2	11 months					X	X	X	X	X	X	X	X	X	X			

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	For Batch 12 communities		FY10/Q2	10 months						X	X	X	X	X	X	X	X	X			
	For Batch 13 communities		FY10/Q4	6 months										X	X	X	X	X	X		
3.1.12	Literacy facilitators																				
	Update AEA and NGOs' literacy facilitators training package to include MCH messages		Completed FY09																		
	Development of Demography and Population literacy curricula	Curriculum	FY10/Q1	3 months	X	X	X														
	Train literacy facilitators																				
	For Batch 9 communities		FY09/Q2	10 months	X	X	X														
	For Batch 10 communities		FY10/Q1	3 months	X	X	X														
	For Batch 11 communities		FY10/Q2	3 months				X	X	X											
	For Batch 12 communities		FY10/Q2	3 months				X	X	X											
	Follow up on literacy classes in intervention areas	Follow up report																			
	For Batch 8 communities		FY09/Q2	12 months	X	X	X	X													
	For Batch 9 communities		FY10/Q1	12 months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	For Batch 10 communities		FY10/Q1	12 months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	For Batch 11 communities		FY10/Q2	11 months				X	X	X	X	X	X	X	X	X	X	X	X	X	X
	For Batch 12 communities		FY10/Q2	11 months				X	X	X	X	X	X	X	X	X	X	X	X	X	X
	For Batch 13 communities		FY10/Q4	6 months										X	X	X	X	X	X	X	X
3.1.13	Couple communication																				
	Follow up on RRs in the implementation of couple communication seminars in intervention areas	Seminars report																			
	For Batch 9 communities		FY10/Q2	6 months				X	X	X	X	X	X								
	For Batch 10 communities		FY10/Q2	6 months				X	X	X	X	X	X								
	For Batch 11 communities		FY10/Q3	6 months							X	X	X	X	X	X					
	For Batch 12 communities		FY10/Q4	6 months										X	X	X	X	X	X	X	X
	For Batch 13 communities		FY10/Q4	6 months										X	X	X	X	X	X	X	X
3.1.14	CDAs/Community Activities																				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Orientation of Ministry of Social Solidarity district level officials about Takamol	Activity report																			
	For Batch 13 communities		FY10/Q1	3 months	X	X	X														
	Orientation of active CDAs in Takamol intervention communities	Activity report																			
	For Batch 13 communities		FY10/Q2	3 months				X	X	X											
	Screening and assessing local CDAs	CDA assessment forms																			
	For Batch 13 communities		FY10/Q2	3 months				X	X	X											
	Selection of CDAs	List of selected CDAs																			
	For Batch 13 communities		FY10/Q2	3 months				X	X	X											
	Receive proposals from CDAs	Activity report																			
	For Batch 12 communities		FY10/Q1	2 months	X	X															
	For Batch 13 communities		FY10/Q2	2 months					X	X											
	Review proposals and submit to USAID	Activity report																			
	For Batch 12 communities		FY10/Q1	3 months	X	X	X														
	For Batch 13 communities		FY10/Q2	3 months					X	X	X										
	Obtain MOSS approval	MOSS official approval																			
	For Batch 12 communities		FY10/Q1	3 months	X	X	X														
	For Batch 13 communities		FY10/Q2	3 months				X	X	X											
	CDAs sign agreements	Signed agreements																			
	For Batch 11 communities		FY09/Q3	7 months	X	X	X														
	For Batch 12 communities		FY10/Q1	3 months		X	X	X													
	For Batch 13 communities		FY10/Q3	3 months							X	X	X								

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Selection of CDA RRs	List of communities where RRs are selected																			
	For Batch 11 communities		FY09/Q3	9 months		X	X	X	X												
	For Batch 12 communities		FY10/Q2	4 months				X	X	X	X										
	For Batch 13 communities		FY10/Q3	4 months							X	X	X	X							
	Training of CDA and MOH RRs	Training report																			
	For Batch 11 communities		FY10/Q1	3 months			X	X	X												
	For Batch 12 communities		FY10/Q2	4 months				X	X	X	X										
	For Batch 13 communities		FY10/Q3	4 months							X	X	X	X							
	Refresher training of CDA and MOH RRs	Training report																			
	For Batch 8 communities		FY10/Q1	3 months	X	X	X														
	For Batch 9 communities		FY10/Q1	9 months	X	X	X	X	X	X	X	X	X								
	For Batch 10 communities		FY10/Q1	9 months	X	X	X	X	X	X	X	X	X								
	For Batch 11 communities		FY10/Q2	10 months						X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q3	9 months							X	X	X	X	X	X	X	X			
	For Batch 13 communities		FY10/Q4	5 months										X	X	X	X	X			
	Capacity building for CDA board members	Training report																			
	For Batch 11 communities		FY10/Q1	4 months		X	X	X	X												
	For Batch 12 communities		FY10/Q2	4 months				X	X	X	X										
	For Batch 13 communities		FY10/Q3	4 months							X	X	X	X							
	Implementing, monitoring, and reporting on CDA activities: home visits, seminars, etc.	CDA monthly progress																			
	For Batch 7 communities		FY08/Q4	14 months	X																
	For Batch 8 communities		FY09/Q2	18 months	X	X	X	X	X	X	X	X	X								
	For Batch 9 communities		FY09/Q2	22 months	X	X	X	X	X	X	X	X	X	X	X	X	X	X			

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	For Batch 10 communities		FY09/Q4	18 months	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	For Batch 11 communities		FY10/Q2	11 months					X	X	X	X	X	X	X	X	X	X	X		
	For Batch 12 communities		FY10/Q2	10 months						X	X	X	X	X	X	X	X	X	X		
	For Batch 13 communities		FY10/Q3	7 months									X	X	X	X	X	X	X		
3.1.15	Collaborate with other agencies/projects/donors																				
	Collaborate with NCW, NCCM on women and youth empowerment activities as applicable	Activity report	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X					
	Collaborate with other projects and donors as applicable in intervention areas	Activity report	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X					
3.2	Sub-result 3.2: Strengthened Interpersonal Communication Skills of PHC, Hospital, NGO and Outreach Workers																				
3.2.1	Train PHC staff, and related hospital staff in communication skills and counseling (cross reference result 1 and 2)																				
3.2.2	Train PHC physicians and nurses, and MOH RR supervisors on simplified gender and RH rights manual (cross reference with 1.1.2)	Training report																			
3.2.3	Train MOH RR supervisors and mothakef sokany in intervention governorates on couple communication (TOT)		Completed in FY07																		
3.2.4	Conduct leadership TOT in intervention governorates for MOH RRs		Completed in FY07																		
4	Result 4: Improved MOH Capacity to Sustain Performance of Integrated MCH/FP/RH Services																				
4.1	Sub-result 4.1: Increased Capacity of MOH Central Level Management Teams																				
4.1.1	Coordinate and synchronize with MOH/PS, MCH, NPC and RCT workplans		Completed in FY07																		

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
4.1.2	Provide TA to MOH Population and MCH sectors in developing results oriented workplans		Completed in FY08																		
4.1.3	Support MOH Population and MCH sectors, NPC and RCT to review and update their strategic plans		Completed in FY09																		
4.1.4	Assist MOH in activating the Steering Committee and forming working groups as needed and requested																				
	Regular meetings with the Steering Committee	Minutes of meeting	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Meet regularly with the different WGs and train if requested by Steering Committee	Minutes of meetings and training reports if any	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
4.1.5	Negotiate win-win agreements with Social Responsibility partners from other government ministries, agencies, NGOs and private sector																				
	Meet with the private sector to initiate social responsibility initiatives and increase their awareness	MOUs and meeting reports	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
4.1.6	Assist MOH/PS achieve contraceptive security																				
	Provide TA for the contraceptive security working group as needed and requested by MOH	Minutes of meeting	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
4.1.7	Increase the capacity of the MOH to strengthen the supervision system																				
	Follow up and provide technical assistance to strengthen the new integrated supervision system as needed and requested by the MOH.	Activity reports	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
4.1.8	Replication of the integrated MCH/FP/RH services (cross reference 1.1.5)																				
	Provide technical assistance as needed and requested to the Replication Working Group to replicate the integrated model in collaboration with HSR and in accordance with MOH strategy	Activity reports	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Provide technical assistance as needed and requested by local governorate and district teams to replicate components of the model	Activity reports	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
4.1.9	Support the maternal mortality surveillance system (MMSS)		Completed in FY07																		
4.1.10	Assist MOH in implementing the Integrated Quality Performance Award system		Completed in FY09																		
4.1.11	Increase the capacity to develop and automate the MOH's financial and inventory system.																				
	Assist MOH relevant sectors in developing a training curriculum for inventory control		Completed in FY07																		
	Provide TA to MOH to link with MOF in making a national booklet on SIF roles and regulations as needed and requested by MOH		FY06/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Help MOH disseminate the new performance award system based on requests from the steering committee	Activity reports	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
4.1.12	Build the capacity of MOH to implement the in-service training developed by TAHSEEN as a way to sustain and replicate the model in intervention areas (cross reference 1.2.4)		Completed in FY09																		
4.1.13	Provide technical assistance to NPC		Completed in FY09																		
4.1.14	Provide technical assistance to RCT		Completed in FY09																		

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
4.2	Sub-result 4.2: Increased Capacity of MOH Governorate and District Level Management Teams																				
4.2.1	Increase the capacity to develop result oriented integrated action plans at all levels																				
	Provide training to FP and MCH governorate and district level staff on integration supervision and leadership skills	Training reports																			
	District teams of Batch 11 PHC units		FY10/Q2	3 months					X	X	X										
	District teams of Batch 12 PHC units		FY10/Q3	3 months							X	X	X								
	District teams of Batch 13 PHC units		FY10/Q4	3 months									X	X	X						
	Coaching district level staff in intervention areas to master the integrated supervision and coaching skills	OJT reports																			
	District teams of Batch 7 PHC units		FY09/Q1	13 months	X	X	X														
	District teams of Batch 8 PHC units		FY09/Q2	16 months	X	X	X	X	X	X	X	X									
	District teams of Batch 9 PHC units		FY09/Q3	10 months	X	X	X	X	X	X											
	District teams of Batch 10 PHC units		FY09/Q4	10 months	X	X	X	X	X	X	X	X									
	District teams of Batch 11 PHC units		FY10/Q2	9 months				X	X	X	X	X	X	X	X						
	District teams of Batch 12 PHC units		FY10/Q3	9 months							X	X	X	X	X	X	X				
	District teams of Batch 13 PHC units		FY10/Q4	6 months									X	X	X	X	X				
	Assist governorate and district level staff develop Integrated District Plans (IDPs) in intervention districts	IDPs																			
	District teams of Batch 7 PHC units		FY09/Q2	12 months	X	X	X														
	District teams of Batch 8 PHC units		FY09/Q3	8 months	X	X	X														
	District teams of Batch 10 PHC units		FY10/Q1	3 months			X	X	X												
	District teams of Batch 11 PHC units		FY10/Q4	3 months									X	X	X						
	District teams of Batch 12 PHC units		FY11/Q1	3 months												X	X	X			
	District teams of Batch 13 PHC units		FY11/Q1	3 months												X	X	X			

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
4.2.2	Increase the capacity to mobilize partners from other government agencies, NGOs and private sector focusing on supporting the health facilities at governorate level																				
	Conduct meetings with sustainability committees in intervention governorates as needed	Meetings report																			
	Governorate of Batch 1 (Ismailia)		FY07/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorates of Batch 2 (Beni Suef and Giza - redistricted as 6 th of October)		FY07/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 3 (Sharkia)		FY07/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 4 (Luxor City)		FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorates of Batch 5 (Qena and Kafr El Sheikh)		FY08/Q2	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 6 (Aswan)		FY08/Q2	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 7 (Dakahlia)		FY08/Q3	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Provide TA workshops to assist sustainability committees develop steps to sustain and replicate the model	Workshops report																			
	Governorate of Batch 1 (Ismailia)		FY08/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorates of Batch 2 (Beni Suef and 6 th of October)		FY08/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 3 (Sharkia)		FY09/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 4 (Luxor City)		FY08/Q3	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorates of Batch 5 (Qena and Kafr El Sheikh)		FY09/Q3	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 6 (Aswan)		FY09/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X						
	Governorate of Batch 7 (Dakahlia)		FY10/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X						
4.2.3	Strengthen governorate-level SMCs in Upper Egypt and activate SMCs in Lower Egypt in intervention governorates and districts																				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven				
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
	Train governorate and districts SMCs in Lower Egypt on MCH/FP/RH issues and on how to use the MMSS	Training report																			
	Governorate and District SMCs of Batch 12 PHC units		FY10/Q4	3 months										X	X	X					
	Conduct refresher training for SMC governorate and district teams in LE	Training report	FY10/Q2	8 months				X	X	X	X	X	X	X	X	X					
	Conduct regional SMC workshops in LE	Workshop report	FY10/Q2	8 months				X	X	X	X	X	X	X	X	X					
	Orient governorate and districts SMCs in Upper Egypt on their new expanded role for FP/RH	Orientation report																			
	Governorate and District SMCs of Batch 8 PHC units		FY09/Q2	12 months	X	X	X	X	X	X											
	Governorate and District SMCs of Batch 10 PHC units		FY09/Q4	7 months	X	X	X	X	X	X											
	Governorate and District SMCs of Batch 11 PHC units		FY10/Q4	2 months											X	X					
	Governorate and District SMCs of Batch 12 PHC units		FY11/Q1	2 months													X	X			
	Governorate and District SMCs of Batch 13 PHC units		FY11/Q1	2 months													X	X			
	Conduct regional SMC workshops in UE	Workshop report	FY10/Q2					X	X	X	X	X	X	X	X	X					
	Link the SMC's at the governorate and district levels with city councils and governorate popular councils and orient them on how to address issues of common interest		Discontinued in FY08																		
4.2.4	Increase the capacity of MOH to work with Ministry of Finance to effectively respond to the needs of the service providers																				
	Hold coordination and clarification meetings between MOH and MOF to facilitate the smooth financial system operation in each district where the project intervenes, and subsequent follow up meetings as needed.	Minutes of meeting	FY07/Q2																		

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven					
					FY10/Q1			FY10/Q2			FY10/Q3			FY10/Q4			FY11/Q1			FY11/Q2		
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	
	Districts of Batch 5 PHC units		FY08/Q3	ongoing	X	X	X	X	X	X												
	Districts of Batch 6 PHC units		FY08/Q4	ongoing	X	X	X	X	X	X												
	Districts of Batch 7 PHC units		FY09/Q1	ongoing	X	X	X	X	X	X												
	Districts of Batch 8 PHC units		FY09/Q2	ongoing	X	X	X	X	X	X	X	X	X	X	X	X						
	Districts of Batch 9 PHC units		FY09/Q3	ongoing	X	X	X	X	X	X	X	X	X	X	X	X						
	Districts of Batch 10 PHC units		FY09/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X	X						
	Districts of Batch 11 PHC units		FY10/Q2	ongoing				X	X	X	X	X	X	X	X	X						
	Districts of Batch 12 PHC units		FY10/Q2	ongoing						X	X	X	X	X	X	X						
	Districts of Batch 13 PHC units		FY10/Q4	ongoing										X	X	X	X	X	X			
	Sub-Result 4.3: Increased Capacity of Health Facility Teams																					
4.3.1	Increase the capacity of health facilities to work with community																					
	Training in clinic management for PHC unit staff (cross reference result 1)	Training report																				
	Training in hospital management for the hospital staff & SMC teams (cross reference result 2)	Training report																				
	Form / reactivate facility boards (cross reference result 1& 2)	Decree																				
	Train facility boards (cross reference result 1 and 2)	Training report																				
	Provide OJT to make sure that skills and behaviors are well practiced to facility teams (cross reference result 1& 2)	Workshop report																				
4.3.2	Support management boards of intervention facilities to maximize the utilization of available resources from the SIF and MOH budget																					
	Orient facility staff/board on how to best utilize the SIF and MOH available resources through exchange programs.	Workshop report	FY10/Q2	8 months					X	X	X	X	X	X	X	X						

Takamol Project International Travel Plan: October 2009 – February 2011

As Takamol project approaches its final stage, the dissemination of project achievements and results through participation in international conferences is essential for the expansion of the project's work beyond the confines of its intervention borders. Participation in international conferences is an important channel for reaching broader audiences and provides an opportunity to share Takamol's perspective on how health care development can be approached, implemented, and assessed in other parts of the world.

Consequently, the project's international travel plan will be expanded during FY10-11 as follows:

International short-term technical assistance will be based on operational needs that will be identified and discussed with USAID.

Before the end of FY11, it is expected to have a representative from Pathfinder's management in addition to the subcontractors (JSI, AMEG, Meridian and JHU) to travel to Egypt to attend the planned end-of-project conference.

Travel Concurrences will be submitted to USAID CTO for approval on international travel fifteen days before the date of travel.

Per Diem for international travel is based on the rates established by the US Department of State and incidents. In case a need arises for any additional travel by the Egypt staff, required approvals will be submitted to USAID CTO.

During FY10-FY11, a minimum of six trips are planned from Egypt.

- One trip is planned for CSR Team Leader to travel to Dubai to attend the 6th CSR Summit.
- Another trip to Vietnam for both COP and DCOP to attend Pathfinder's Asian Near East (ANE) Regional Meeting
- One trip is planned for Hospital Team Leader to travel to Boston to attend the JSI 30th Anniversary Meeting
- One trip is expected for technical project staff to attend Global Health Council Conference
- One trip is planned for management to travel to HQ in Boston for planning, management, and technical meetings.
- Other trips might be required for technical staff to participate in international conferences (based on accepted papers and abstracts) to present the work done by the project to an international audience. We are aware that we have to receive approval from USAID for these trips on a case by case basis.

Schedule of anticipated travel for Takamol project staff:

Trip	Person	Date	Country
6 th CSR Summit	CSR Team Leader	October 2009	UAE (Dubai)
Pathfinder's Asian Near East (ANE) Regional Meeting	Management	November 2009	Vietnam
JSI 30 th Anniversary Meeting	R2 Team Leader	November 2009	USA
Global Health Council's Conference	2 Technical Staff	June 2010	USA
Other international conferences	Technical Staff	TBD	TBD
Pathfinder Management meeting	Management	TBD	USA

Medical Commodities Procurement Plan for Years 5-6**Medical Commodities Procurement Plan for FY10-11 (Oct'09-Feb'11)**

Code	Name	Estimated Quantity
E090	Bunsen Burner	35
E100	Casco's Speculum (L)	135
E110	Casco's Speculum (M)	125
E120	Casco's Speculum (S)	30
E200	Forceps, Crocodile, Long (30 cm)	20
E210	Forceps, Handling, 10.5 inch	70
E270	Hot Air Oven, 20 L	9
E442	Oxygen Cylinder, Trolley	65
E530	Scale, Adult w height measure	20
E570	Scalpel handle no. 4	75
E580	Scissors, Blunt, for IUD thread cutting, curved (7")	65
E690	Thermometer, Adult	160
E710	Thermometer, Neonatal	35
E738	Ultrasound Machine, Chison 600M (with Printer & Trolley)	10
F030	Bed for PHC clinic Living Quarters	90
F040	Bed Mattress for PHC clinic Living Quarters	10
F060	Bed Pillow Case	195
F070	Bed Sheet	155
F075	Blackboard, for Women Clubs	50
F080	Cabinet/ locker (physician / Nurse)	4
F160	Chair Desk, Swivel	50
F170	Chair, Metal, Stationary	330
F180	Chair, Side (Visitor)	180
F190	Chairs, Waiting, set of 3 plastic shell seats	155
F210	Container for Hazardous Waste, Blue	35
F220	Container for Hazardous Waste, Red	35
F260	Desk, Large (Double Pedestal)	50
F270	Desk, Small (Single Pedestal)	130
F290	I.V. Stand	45
F300	Lamp, Examination, OB/GYN (Not Halogen)	30
F310	Light, Emergency	15
F320	Paravan	30
F330	Refrigerator, No Frost, 10.5"	40
F350	Stool, Step	10
F360	Stool, Swivel	40
F375	Table, for Women Clubs	75

F440	Table, Instruments	60
F470	Trash Bin, Pedal Operated Lid, 15 L Capacity S/S	120
F500	Wardrobe, PHC Staff Accn., Wood	70
F505	Wardrobe, PHC Staff Accn., Steel	60
F520	X Ray Viewer	40
S070	Alcohol swabs	5
S200	Cannula IV, Size 18	290
S210	Cannula IV, Size 20	265
S370	Gauze Dressing	7900
S380	Gauze Roll, 05 cm	305
S390	Gauze Roll, 11 cm	275
S550	Plaster Surgical, 5cm	60
S630	Strips, Glucose, Protein (Al Bumin) & PH in Urine	55
S640	Strips, Pregnancy Test	105
S750	Test Tube 16x 100 ml	415
S760	Test Tube Holder	50
S770	Test Tube Rack	20
S780	Tongue Depressor	295

Above are estimated quantities based on a total number of 179 PHC clinics and 21 Hospitals (excluding Fayoum and Gharbiya Governorates)

				Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven (Oct 10- Feb 11)			
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1		FY11 /Q2	
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1
Result 1																			
1	The ISOP manual needs to be updated with technical information and new MOH policies. The recently completed new child immunization schedule might offer an opportunity to review all sections and revise as appropriate. If the MOH prefers to keep all topics in the current version of ISOP to serve as a reference book to doctors, sections that cover basic interventions should be simplified and incorporate best practices. The document should address management of the majority of cases presenting at the PHC level.	The Project discussed with the MOH, during the steering committee on April 15, 2009, the establishment of a technical committee that will be the process owner of the continuous update of the ISOP. This committee would include University Professors, MOH representatives from different relevant departments, UNFPA and Takamol technical staff.	Completed in FY09																
		Agreed with MOH to replace the MCH/FP components of the FHM guidelines with the updated ISOP.	Completed in FY09																
		The technical committee will develop process and document control and will review and update the ISOP considering the evaluators' recommendations.	FY10/Q1	8 Months		X	X	X	X	X	X	X	X						
		The project will print 1000 copies of the updated ISOP	FY10/Q3	2 Months							X	X							
		Takamol will facilitate linking MOH with CSR to ensure sustainability of printing.	FY10/Q2	Ongoing				X	X	X	X	X	X	X	X	X	X	X	
Also, all references to EOC (essential obstetric care) should be changed to read EONC (essential obstetric and neonatal care), which is internationally accepted terminology.	The Project will make the requested modification.	Completed in FY09																	

				Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven (Oct 10- Feb 11)					
	MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
2	Before the ISOP is revised, the nine-day integrated training for doctors should be streamlined and center on subjects relevant to the PHC physician; minor changes to the course content might be required.	Changes were made to the content of the doctors training to make it more centered on subjects relevant to the PHC physician, e.g. emphasizing the AMTSL.	Completed in FY09																		
	Also, since the training of doctors is didactic, practical training and lab skills should be emphasized as much as possible.	Practical training and lab skills are being emphasized as much as possible during the On the Job Training (OJT).	FY06	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
3	Training on normal delivery should emphasize the use of the partograph and active management of the third stage of labor (AMTSL) to prevent postpartum hemorrhage, not as an option but as the best practice (ISOP, p. 286). Oxytocin is the drug of choice (WHO, 2007).	The use of partograph and the AMTSL will be emphasized in the training on normal delivery. Training contents will be changed according to the new modifications issued by the WHO (see Recommendation # 5 under Result one). Eighty physicians from PHC units where the Project will intervene in the coming period will be trained in Al Galaa hospital for a duration of 2 weeks on delivery and routine newborn resuscitation.	FY10/Q1	15 Months	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Routine newborn care (drying/wrapping, cord care, early breast-feeding) should be included in all courses, especially those for RRs.	Since routine newborn care is already included in all courses including those for RRs, no additional modifications will be done to the training materials.	N/A																		

				Fiscal Year Ten (Oct 09- Sep 10)									Fiscal Year Eleven (Oct 10- Feb 11)							
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2	
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
4	Clarity is needed about the policy on normal deliveries at the PHC unit. Some clinic staff have experience in deliveries and need to be encouraged; others need to be trained. A renovated, well-equipped facility is certainly better than home deliveries. This observation was discussed with MOHP officials; Takamol should provide technical leadership to address the issue and ensure that oxytocin is on the essential drug list for PHC units. It is very important that PHC doctors and nurse/midwives be highly skilled, especially those in charge of renovated facilities where client rates and expectations are higher.	Takamol started discussing with MOH during the Steering Committee held on April 15, 2009 the Ministry's policy on normal deliveries at the PHC unit. Further discussions will take place where Takamol will provide technical support to the Ministry on policy aspects and also to ensure that oxytocin is on the essential drug list for PHC units. (also see Al-Gala hospital training under recommendation # 3).	FY09	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Because midwives are a vital part of integrated MCH/FP services, Takamol should make a special effort to include them in PHC activities.	Takamol will ensure including midwives from intervention facilities in the integrated training for nurses. (training for 400 midwives in the 200 intervention PHC— Through Takamol Project, midwives (nurses who have licensed to attend normal deliveries) are already included in PHC various activities.	N/A																	

				Fiscal Year Ten (Oct 09- Sep 10)									Fiscal Year Eleven (Oct 10- Feb 11)							
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2	
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
5	Fortunately, the MOHP recognizes the importance of training PHC staff on practical skills and has initiated a continuous medical education program that assigns PHC doctors to emergency and ob/gyn departments once a week for a few months to observe and practice. Takamol can help the MOHP to systematize this training.	The MOH is currently piloting this activity in some districts and Takamol will provide technical support to the Ministry at all levels to strengthen this initiative and to ensure effectiveness of the training provided to the PHC physicians at the hospital level. Takamol already developed a competency checklist to help both trainers and trainees emphasizing predetermined skills. The Project will also assist the MOH set up training plans without affecting the service delivery process.	FY10/Q1	15 Months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
6	Takamol OJT should be tailored to address the special needs of newly graduated physicians and use the post test data of the integrated course to address training needs of those doctors as they move to their PHC units.	Already covered during the OJT at the intervention PHC facilities.	N/A																	
7	Because neonatal mortality now constitutes 57% of under-5 mortality, addressing it is the main challenge. Takamol should share this information with its training partners to reinforce all activities covering newborn care, particularly postpartum home visits, training nurses and RRs to identify danger signs during those visits and referring patients to the clinic.	Takamol will share this information with its training partners and will ensure activities covering newborn care are reinforced. Nurses and RR do receive training on identifying danger signs during PP home visits. Nurses also conduct PP home visits during the practical days of the training.	FY06	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

				Fiscal Year Ten (Oct 09- Sep 10)									Fiscal Year Eleven (Oct 10- Feb 11)								
MTE Recommendation	Planned Activities	Start Date	Duration	FY10			FY10			FY10			FY10			FY11			FY11		
				/Q1			/Q2			/Q3			/Q4			/Q1			/Q2		
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	
Community health messages should emphasize basic newborn care (drying and wrapping, cord care, immediate and early breastfeeding, and kangaroo mother care).	Takamol has already formulated collaboration with CHL. Takamol formulated messages emphasizing basic newborn care.	FY10/Q1	15 Months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Practical basic suction (only bag and mask) should be incorporated into ISOP training for both doctors and nurses.	Physicians will be trained on practical basic suction as part of the routine newborn resuscitation that will take place in Al Galaa Hospital (see recommendation # 3) (see Recommendation # 5)	FY10/Q1	15 Months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
8 The 2008 DHS highlighted issues related to FP coverage and preference in seeking FP services. With discontinuation rates in Egypt very high, improving FP counseling should be a priority for both nurses and doctors. Upgrading the ability of PHC doctors to counsel patients, deal with rumors, and deliver quality services, such as IUD insertion, is crucial. Takamol should place special attention on counseling skills in training programs, using the data it collects to identify areas of weakness (see the Result 3 section below).	Takamol curricula have strong IPC C component, the OJT focuses on the counseling skills and ensures that doctors master skills for IUD insertion.	N/A																			
	Takamol already collaborated with CHL on the conduction of TOT for FP supervisors, nationwide on the proper use of the "Integrated Flipchart" which strengthens the counseling skills. The FP supervisors started the stepping down of this training in their respective governorates.	Completed in FY09																			
	Takamol will assess the feasibility of conducting a comparative study between Takamol intervention communities and non intervention communities to assess the impact of Takamol intervention on the discontinuation rate and will proceed accordingly. This study will guide Takamol future activities in this area. Based on discussions with Dr. Fatwa El Zanaty and USAID, the proposed study will not yield the desired results given the short remaining period of the project.	N/A																			

				Fiscal Year Ten (Oct 09- Sep 10)									Fiscal Year Eleven (Oct 10- Feb 11)								
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2		
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	
9	If time and resources permit, consider preparing an easy-reference booklet or pocket guide for doctors on key integrated MCH/FP services, such as ANC, child health, FP, normal delivery, and care of newborns.	FY10/Q4	7 months											X	X	X	X	X	X		
10	Considering all the quality assessment tools currently in use at the clinic level, there is a need to work with MOHP to streamline supervision and monitoring.	The project is working with the Sector of Technical Support and Projects at the central level to link the project supervision tools with the Ministerial decree 75 supervision tool.	FY10/Q2	Ongoing				X	X	X	X	X	X	X	X	X	X	X	X		
Result 2																					
1	Strengthen the quality and emphasize OJT, given its value in ensuring clinical competence.	1. Review OJT Process and amend it as needed to ensure clinical competence. Standardize training materials titles to reduce confusion.	Completed in FY09																		
		2. Conduct workshop with OJT coaches to agree on changes done to OJT process.	Completed in FY09																		
		3. Close follow-up by Takamol technical staff on OJT coaches.	Completed in FY09																		
	Standardize the titles for training materials to reduce confusion.	The Project will standardize the titles for training materials as recommended by the MTE.	Completed in FY09																		
2	Work with central MOHP officials as appropriate to encourage institutionalization of the CQIS, linking it explicitly to successful accreditation.	Review CQIS & MOH Inspection checklists of the hospital accreditation system, to ensure its compatibility with the accreditation system.	FY10/Q1	6 Months	X	X	X	X	X	X											
		Communicate with MOH Quality Department and work with them to train quality teams of L.E intervention hospitals on implementing CQIS and expanding the system to other departments.	FY10/Q2	12 Months				X	X	X	X	X	X	X	X	X	X	X	X		

				Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven (Oct 10- Feb 11)					
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2		
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	
	Consider adding the client satisfaction tool to the SMC's monitoring role.	The client satisfaction tool is already a component of the CQIS which is used by the SMC for monitoring purposes. During OJT more emphasis will be put on coaching SMC members to better interpret and utilize the data.	Completed in FY09																		
3	Work collaboratively on a strategy with the MOHP, CHL, UNFPA, the Population Council, and other partners to strengthen postpartum FP, particularly immediate IUD insertion or implants. Takamol can help by obtaining expert views, examining WHO recommendations and feasibility issues in Egypt, and helping the MOHP reach an informed decision. CHL is already working on this.	Arrange workshops with all stakeholders to review and discuss all the available related information including the "Clinical Guidelines for Integrating Family Planning into Postpartum and Postabortion Care" developed by the Population Council in May 2008, and hence agree on future steps accordingly.	FY10/Q2 9 Months				X	X	X	X	X	X	X	X							
		During protocol and ISOP update, more details and emphasis will be given to PP FP. Takamol will ensure training materials are updated accordingly.	Completed in FY09																		
4	Share information with the central curative care staff about Takamol's effort to establish in-house training capacity at hospitals and work with the Technical TSO office to support MOHP efforts in this area.	1) Establish / Revitalize the "hospital training committee" at all intervention hospitals.	FY10/Q1 4 Months	X	X	X	X														
		2) Develop TOT training materials to the hospital training committee.	FY10/Q1 3 Months	X	X	X															
		3) Conduct TOT to the hospital training committee.	FY10/Q2 6 Months				X	X	X	X	X	X									
		4) Provide the hospital training committee with the necessary training aids.	FY10/Q2 6 Months				X	X	X	X	X	X									
		5) Provide technical assistance to the hospital training committee to implement at least 2 refresher programs at the hospital.	FY10/Q3 9 Months								X	X	X	X	X	X	X	X	X		

				Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven (Oct 10- Feb 11)						
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2			
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2		
5	Consider additional strategies to engage districts in improving the referral system, such as improving pickup of referral forms from hospitals and following up with PHC units.	During OJT to the district teams, more emphasis will be given to the significance of referral forms pickup, documentation, follow up with PHC units & providing/receiving feedback.	FY10/Q1	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	More emphasis will be also given to the role of SMC in monitoring the referral system.	Completed in FY09																				
6	Support the MOH to address the issue of high discontinuation rates for FP. This should be a priority as Takamol: MOHP staff recognize the importance of developing a clear strategy.	See recommendation number 8 under Result 1.																				
Result 3																						
1	The project should analyze the IPC/C skills that showed the least improvement between pre- and post-intervention surveys and identify solutions, such as more intensive training and on-the-job mentoring of health staff.	The project indeed analyzed the IPC/C skills that showed the least improvement and appropriate actions were immediately taken including reinforcing the needed specific skills during the basic training and the OJT program. At the same time, the Project is working on reinforcing clients' communication skills in all community mobilization activities to enhance the provider-client interaction.	FY08/Q2	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
2	Because the MOH is interested in learning more about the long-term sustainability of CDA community mobilization activities and programs, Takamol should help the ministry learn from its experience about any factors that might raise the potential for replicating or sustaining community mobilization programs, specifically barriers and facilitators of sustainability.	The Project will ensure MOH staff are well oriented on methods of sustaining CDAs activities through the women's clubs in PHC units.	FY10/Q1	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

				Fiscal Year Ten (Oct 09- Sep 10)									Fiscal Year Eleven (Oct 10- Feb 11)							
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2	
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
3	Takamol should draft very brief step-by-step guides in Arabic for various community mobilization activities to help governors and RPC members replicate them. Success stories should appear in the final section of each brief to illustrate the extent to which each activity has succeeded in improving knowledge and changing health behavior. Takamol staff members have produced an activity description manual to assist communities themselves, and the manuals are often shared between CDAs. Because most of the material already exists, the cost of the project should be low. Activity briefs should be provided to governors, RPCs, and the CSR Committee of the American Chamber of Commerce. The activity descriptions should highlight ways in which cultural differences have been addressed in activities selected by villages in Upper and Lower Egypt.	Takamol is drafting a step-by-step community mobilization procedure manual in Arabic for various activities. This manual will be shared with governors, RPCs and other stakeholders as appropriate to help them replicate these activities. Success stories will be included to show the success of each activity in improving knowledge and changing health behavior. The manual will highlight how cultural differences in villages in Upper and Lower Egypt should be addressed.	FY09/Q4	6 Months	X	X	X	X	X	X										

				Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven (Oct 10- Feb 11)					
	MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
4	Besides the tabulations already produced on the percentage of MWRA participating in CDA-run activities who received MCH/FP/RH messages or are referred to services, Takamol M&E staff should also analyze data from the pre- and post-intervention household surveys to assess the impact of participation in any CDA activities on attitudes and behavior, including contraceptive use and wives' perceived support from husbands (see Annex 4 for specific suggestions). The data can be shared with the RPCs to document the impact of community mobilization not only on communication of messages but also on the promotion of positive health behaviors.	The current structure of the household survey does not allow for the recommended analysis, further discussions with USAID will take place.																			
5	One of the Takamol youth activities is a peer-to-peer activity for university students. Since these students do not necessarily reside in governorates where Takamol is working, this activity is an adjunct to the community mobilization activities and is not sustainable. The evaluation team agrees with Takamol's decision not to continue this program.	Takamol agree with the evaluators point of view as our experience proved that this activity is not a sustainable activity.																			

				Fiscal Year Ten (Oct 09- Sep 10)												Fiscal Year Eleven (Oct 10- Feb 11)					
	MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
6	Working through its CSR committee, the American Chamber of Commerce conducted a meeting in March 2009 with its members, Egyptian NGOs working in MCH/FP/RH, and well-managed active CDAs seeking funding for future activities. If the meeting was successful, Takamol should encourage other such meetings before the end of the project.	A follow up meeting was held in June and was fully organized by Takamol CSR department under the umbrella of the AmCham CSR Committee.	Completed in FY09																		
Result 4																					
1	Work with governorate and district health directors to target the district staff that have the most potential to become successful mentors and coaches. If they are not clinically competent, these staff can be used to supplement the team to ensure OJT at the clinic level. Because most OJT is managerial rather than clinical, these coaches do not necessarily have to have long years of clinical experience.	A leadership program to transfer the technology of integrated facilitative supervision and make sure that district and governorate teams are capable of delivering OJT properly is planned to start next quarter in full partnership with the primary care and FP sectors. Moreover, Takamol is providing TA to make sure that the MOH is capable of implementing a proper program to give clinical OJT for the primary care physicians in the hospital.	FY10/ Q1	15 months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
	The MOHP program of sending new physicians for additional clinic experience to nearby hospitals once a month is a good way to address this problem. Takamol can help improve its management.	(See R1 Recommendation # 5).	FY10/Q1	15 Months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

				Fiscal Year Ten (Oct 09- Sep 10)									Fiscal Year Eleven (Oct 10- Feb 11)								
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2		
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	
2	Work with the MOH at the central level to strengthen the Decree 75 checklists using the experience of the Takamol quality assessment tool to emphasize the actual performance of health workers. Ideally, at the end of the project there will no longer be a separate Takamol checklist because it will have been incorporated into the MOH's official supervision system tied to Decree 75.	Work with the central office to review the MOH current tools utilized and introduce the Takamol quality assessment tools to come up with a final set of tools.	FY9/Q4	18 Months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
3	The national MMSS is a major achievement for Egypt, and a well-institutionalized and sustainable system that is worth strengthening in Lower Egypt. This is a legacy from an earlier USAID project that is worth protecting. Takamol should help Dr. Khaled to revitalize the national MMSS and SMC. Common issues related to maternal mortality could be discussed so that all MOHP sectors can assist: curative, private, blood bank, etc. Takamol should continue supporting the MMSS and SMCs to address avoidable causes of maternal mortality. For example, it could organize, with the central MOHP, regional meetings to discuss MMSS progress and issues. Governorates can benefit from each other, and those that are not performing well will take the matter seriously. Short-term local TA is an option. USAID might consider supporting an expert team to access the national MMSS for an independent view on how well it is currently functioning.	Takamol started working with Dr. Khaled Nasr in organizing regional review and planning methodology for the SMCs that is based on the findings of the MMSS and the other indicators. The intervention governorates will serve as focus governorates for the methodology which was piloted in Qena, Luxor and Aswan. MCH centrally is expected to work with the rest of the governorates. During these regional meetings, involvement of other MOH sectors such as curative sector and Blood Banks will be discussed. The Project will assess the need to have a short term technical assistance and will proceed accordingly.	FY10/ Q1	15 Months	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
		In order to strengthen The Project will conduct a one day refresher courses for Lower Egypt SMC.	FY10 Q2	12 Months				X	X	X	X	X	X	X	X	X	X	X	X		

				Fiscal Year Ten (Oct 09- Sep 10)									Fiscal Year Eleven (Oct 10- Feb 11)							
MTE Recommendation	Planned Activities	Start Date	Duration	FY10 /Q1			FY10 /Q2			FY10 /Q3			FY10 /Q4			FY11 /Q1			FY11 /Q2	
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2
4	Explore the feasibility of the American Chamber of Commerce (or a similar body) hiring a CSR point person with a job description covering activities similar to those undertaken by Takamol. This individual could act as the matchmaker between worthy health programs and interested corporations. The task must be expanded to include not only that kind of matchmaking but also to identify NGOs, donor-supported projects, or other vehicles for utilizing CSR funds in ways that are acceptable to corporations (a replacement for the role Takamol plays). The Egyptian Finance Executive Foundation fiduciary role should continue, if possible.	Takamol started to approach organizations such as the AmCham, Aga Khan Foundation, "We Owe It To Egypt" Foundation of the AAIB in order to encourage them to play the same role of Takamol project in the future and give them the know how of any of the activities they are interested in. We are still looking for any opportunities with other organizations to achieve the same objective.	FY09	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	