



Healthy Mother/Healthy Child Project

Quarterly Performance

Monitoring Report

Option Period

Quarter Twelve

July 1 – September 30, 2004



John Snow, Inc.

Arabic Software Engineering (ArabSoft)

Clark Atlanta University

The Manoff Group, Inc.

TransCentury Associates

In collaboration with

The Ministry of Health and Population

Cairo, Egypt

and

USAID/Egypt

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TABLE OF CONTENTS

TABLE OF CONTENTS-----	I
LIST OF ANNEXES-----	III
LIST OF TABLES-----	IV
ACRONYMS-----	VII
INTRODUCTION -----	1
MAJOR EVENTS DURING THIS QUARTER-----	3
C.10.1 TASK ONE: BASIC PACKAGE OF ESSENTIAL SERVICES ESTABLISHED AND STANDARDS DEFINED-----	9
C.10.2 TASK TWO: PRE/ IN-SERVICE TRAINING SYSTEM DESIGNED TO DISSEMINATE STANDARDS TO PUBLIC AND PRIVATE PROVIDERS-----	13
C.10.3 TASK THREE: PUBLIC AND PRIVATE PROVIDER PARTNERSHIP WITH COMMUNITIES TO DEVELOP AND MANAGE DISTRICTS PLANS-----	25
C.10.4 TASK FOUR: MONITORING SYSTEM IN PLACE TO TRACK UTILIZATION AND IMPACT AND PROVIDE FEEDBACK-----	29
C.10.5 TASK FIVE: RESEARCH ACTIVITIES-----	33
C.10.7 TASK SEVEN: BETTER SOCIAL COMMUNITY SERVICES-----	35
C.10.10 TASK TEN: SMALL GRANTS PROGRAM -----	41
C.10.11 TASK ELEVEN: COMMODITY PROCUREMENT PROGRAM -----	45
C.10.12 TASK TWELVE: CO-ORDINATION ACTIVITIES-----	47
CONTRACT ADMINISTRATION-----	51

LIST OF ANNEXES

Annex A: Status of the Option Period Performance Milestone -----	53
Annex B: Maps of Target Governorates -----	57
Annex C: Contract Staff List -----	65
Annex D: Summary of Implementation Status in Minya -----	71
Annex E: Summary of Implementation Status in Assiut -----	121
Annex F: Summary of Implementation Status in Giza -----	175

LIST OF ATTACHMENTS

Attachment A: Training Committee Meeting -----	208
Attachment B: MHIS Coordination Meeting -----	216

LIST OF TABLES

Table 1: HM/HC Coverage Profile (September 2004) -----	05
Table 2: Integrated Visits -----	11
Table 3: TOT for Nurses -----	13
Table 4: TOT for Supervisor/Lead Trainers -----	13
Table 5: EOC Training -----	13
Table 6: Orientation Workshop on Pediatrics and Neonatology -----	14
Table 7: CPAP Training -----	14
Table 8: Training for NC Nurses -----	15
Table 9: Infection Control Training -----	19
Table 10: TOT Training for SMC Members -----	26
Table 11: Assessment for MHIS Centers -----	29
Table 12: CHCs Training on CAPs -----	35
Table 13: Outreach Workers Training on CNA -----	36
Table 14: Health Education Workshops -----	36
Table 15: Non-medical FGM Workshops -----	36
Table 16: FGM Module Training -----	37
Table 17: Interpersonal Communication Skills Training -----	37

Table 18: Training on Communication Skills -----	41
Table 19: Distribution for Grants -----	42
Table 20: List of Closed NGOs -----	42

ACRONYMS

AWP	Annual Workplan
BEOC	Basic Essential Obstetric Care
CAP	Community Action Plan
CBT	Competency Based Training
CBTM	Competency Based Training Methodology
CDA	Community Development Association
CDS	Community Development Specialist
CEOC	Comprehensive Essential Obstetric Care
CHC	Community Health Committee
CHL	Communication for Healthy Living
CHW	Community Health Worker
CNI – DMT	Community Needs Identification and Decision Making Tool Process
CNI - RHS	Community Needs Identification and Rapid Household Survey
CAN	Community Needs Assessment
CDC	Center for Disease Control and Prevention
CEOSS	Coptic Evangelical Organization for Social Services
COP	Chief of Party
CPAP	Continuous Positive Airway Pressure
CQI	Continuous Quality Improvement
CTO	Cognizant Technical Officer
DCOP	Deputy Chief of Party
DH	District Hospital
DSMC	District Safe Motherhood Committee
DT2	Development Training Two

EHP	Environmental Health Project
EMS	Emergency Medical Services
EOAC	Essential Obstetric Anesthesia Care
EOC	Essential Obstetric Care
EONC	Essential Obstetric Nursing Care
ER	Emergency Room
FGC	Female Genital Cutting
GALAE	General Authority for Literacy and Adult Education
GH	General Hospital
GOE	Government of Egypt
GSMC	Governorate Safe Motherhood Committee
GWU	George Washington University
HIL	Health Integrated Literacy
HIO	Health Insurance Organization
HIS	Health Information System
HM/HC	Healthy Mother/ Healthy Child
HSMC	Hospital Safe Motherhood Committee
HU	Health Unit
HWDP	Health Workforce Development Project
IC	Infection Control
I.V.	Intra Venus
IEC	Information, Education and Communication
IFA	Invitation for Application
IIE/ DT2	Institute of International Training/ Development Training Two
IIT	Integrated Implementation Team
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication

JSI	John Snow, Inc.
MCH	Maternal and Child Health
MCH/ FP	Maternal and Child Health/ Family Planning
MHIS	Management Health Information System
MIS	Management Information System
MMSS	Maternal Mortality Surveillance System
MMSSQ	Maternal Mortality Surveillance System Questionnaire
MOC	Memorandum of Cooperation
MOE	Ministry of Education
MOHP	Ministry of Health and Population
MOISA	Ministry of Insurance and Social Affairs
NAMRU3	Naval American Medical Research Unit 3
NC	Neonatal Care
NCU	Neonatal Care Unit
NEDSS	National Egyptian Disease Surveillance System
NGO	Non Governmental Organization
NICHP	National Information Center for Health and Population
NID	National Immunization Day
NICU	Neonatal Intensive Care Unit
NMMS	National Maternal Mortality Study
NMMR	National Maternal Mortality Ratio
Ob/Gyn	Obstetric and Gynecology
OJT	On Job Training
OR	Operation Research
PAC	Post-Abortion Care
PHC	Primary Health Care
PHR+	Partners for Health Reform Plus

QA	Quality Assurance
QPMR	Quarterly Performance Monitoring Report
RCT	Regional Center for Training
RFP	Request for Proposal
RFQ	Request for Quotation
RH/FP	Reproductive Health/Family Planning
RHS	Rapid Household Survey
SHIP	Student Health Insurance Program
SMC	Safe Motherhood Committee
SWOT	Strengths, Weaknesses, Opportunities and Threats
TCA	TransCentury Associates
TOT	Training of Trainers
UHC	Urban Health Center
US	United States
USAID	United States Agency for International Development
WE	World Education
WHO	World Health Organization

INTRODUCTION

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

This current Quarterly Performance Monitoring Report (QPMR XII) represents the twelfth quarter of the Option Period contract and covers the period from July 1 through September 30, 2004.

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

- Accomplishments
- Constraints
- Proposed Actions to Overcome Constraints

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

Annex A: Status of the Option Period Performance Milestones

Annex B: Maps of Target Governorates

Annex C: Contract Staff List

Annex D: Summary of Implementation Status in Minya

Annex E: Summary of Implementation Status in Assiut

Annex F: Summary of Implementation Status in Giza

Major Events During This Quarter

Expanding Healthy Mother Healthy Child Activities in Giza

- The Healthy Mother Healthy Child Project (HM/HC) has expanded its implementation of the maternal and child health interventions in Giza Governorate, being one of the most populated governorates of Egypt with a total population of seven million. The Project is currently focusing on eleven districts in Giza, through the upgrade of thirty- five primary health care units and nine general/district hospitals. The HM/HC activities directed at the primary health care units has focused on the renovation and upgrading of the delivery rooms, as well as pre and post labor rooms. All renovation activities will be completed and the provision of commodities will follow immediately. The Project will also implement renovation activities for seven general and district hospitals in Giza, while two other hospitals will be taken over by the Ministry of Health and Population (MOHP). The blueprints for these hospitals were developed according to standards set by the HM/HC and will be used for a bidding process, which will be supervised by the Project during the next two months.
- The upgrading process also comprises clinical didactic training to further improve the health providers' practical and clinical skills and ensure mastery of the clinical skills to complement their academic knowledge. The health providers have received training on almost all disciplines including Essential Obstetric Care, Neonatal Care, Anesthesia, Emergency Room Care, Blood Banks, Labs and Infection control. On-the-Job Training (OJT) is currently in progress to upgrade the health providers' practical and clinical skills, as well as monitor and evaluate their performance after training. This training is being conducted by a group of clinical supervisors who are expert clinicians and most of them are university professors. The clinical supervisors ensure participants' progress towards competency of safe motherhood practical skills in diagnosis and case management. Clinical supervisors continuously monitor the performance of health providers using the clinical performance monitoring indicators "Concurrent Assessment" resulting in needs-specific clinical self-improvement plans.
- Safe motherhood committees have been established to oversee HM/HC activities at the facility level, and seventeen Management Health Information System (MHIS) Centers were established to support the continuous monitoring of previously set action plans.
- Furthermore, an assessment of community needs was conducted in Giza, to assist in the establishment of community health committees. Also, workshops were organized to train outreach workers, health educators, and social workers on MCH activities. On the community level.
- Non-Governmental Organizations working in the MCH field have been awarded grants to support their activities specially those targeting the training of outreach workers.

EI Wahat Primary Health Care Intervention

- In the context of integrating HM/HC activities to upgrade the utilization of perinatal health services in remote areas, especially after the DHS 2000 has showed that these areas suffer from an extremely poor referral system, Al-

Wahat District was selected for implementing the basic or comprehensive package of maternal and neonatal health care service. The Primary Health Care intervention in El Wahat focuses mainly on upgrading six primary health care units, and updating the knowledge and skills of the health care providers to be able to minimize the need for referral. This quarter, several workshops were conducted simultaneously by JSI, HM/HC contractor using the profound competency - based training methodology in providing interactive didactic training using the MCH training package of family medicine. Each workshop concentrated on giving an intensive training on the use of the package of family medicine introduced by the MOHP for a particular category of health providers.

Slum Areas Intervention

- Among the problems resulting from the rural to urban migration flux is the rapid growth of slum areas inside cities and around their borders. These underserved communities constitute a major hindrance to development and exacerbate unemployment, illiteracy, poverty, and insufficient health services coverage. In an attempt to improve the lives of mothers and children in the slum areas, the HM/HC Project selected two urban slums for a pilot study on implementing the Safe Motherhood Package of Services in a way that coincides with the characteristics of these areas. The two selected areas were Basateen Sharq and Gharb El Mattar.

Sustainability of the Student Health Insurance Program

- Al Ahram, and Al Ahram Al Masaey, has reported that 4 million preparatory and secondary students in over 7000 schools will receive weekly iron tablets during the current school year in the context of the Adolescent Anemia Prevention Program. In both articles, the Governor of Dakahlya announced the launching of the program in Dakahleya, Kafr El Sheikh, Matrouh Governorates as well as two districts in Alexandria; Amereyah and Borg El Arab.
- The history of the Anemia Prevention Program goes back to 1998 when the Health Insurance Organization and the Ministry of Health and Population collaborated together to reduce the anemia prevalence among schools' adolescents in Egypt. The Healthy Mother Healthy Child initiated this intervention in Aswan Governorate then expanded to all Upper Egypt and Suez Governorates.
- Throughout the development of the program, the contribution of the Ministry of Education and Al Azhar was one of the pillars for sustaining the Students Health Insurance Program activities which became well recognized in the health and education sectors. The sustainability of this program is an outstanding example an established institutionalized activity.

Medical Training Genital Mutilation Workshops Planned

- The problem of Female Genital Mutilation (FGM) in Egypt is deeply rooted in the Egyptian culture and may date back to the Pharaonic era. Despite being a major violation of health and human rights, FGM is widely practiced as a common tradition with a prevalence rate of 97% among ever married women in reproductive age according to 1995 Demographic Health Survey. The survey results also showed that FGM practice became highly medicalized with 60% of the circumcisions being performed by trained medical professionals.

Accordingly, the Minister of Health and Population has issued a Ministerial Decree 261/96 banning all medical and non-medical practitioners from performing FGM in either public or private facilities.

- In the context of the anti-female genital mutilation intervention conducted by the Healthy Mother Healthy Child Project, two complementary publications were introduced. The first is an FGM protocol for physicians highlighting the origin, prevalence, classification and anatomy of FGM. The protocol sets an excellent reference for the service providers pertaining to management of FGM complications in general as well as during pregnancy, delivery and the postpartum period.
- The second publication is a competency based training module used as an educational unit covering the different classification, types and percentages of FGM, management of FGM complications, and counseling of circumcised women.
- The protocol and module were used together in a series of successful one day training workshops for Ob/Gyns, in Menya, Assiut, Sohag, and Giza Governorates where physicians were trained and acquainted with FGM both in theory and in practice.

Summary of HM/HC Coverage Profile

- Table 1 represents a coverage profile for each district which includes the total population, estimated female population, female population, females in reproductive age, pregnant females and live births.

Table 1: HM/HC Coverage Profile (September 30, 2004)

	District	Population	Estimated Female Population	Estimated females in Reproductive Age	Estimated Pregnant Females	Live Births
Aswan						
1-	Aswan	306,567	151,766	34,906	9,983	6,314
2-	Daraw	92,740	45,911	10,560	3,020	2,707
3-	Kom Ombo	264,663	131,021	30,135	8,619	5,555
4-	Nasr Nouba	74,826	37,043	8,520	2,437	1,650
5-	Edfu	330,530	163,629	37,635	10,763	6,781
	Total	1,069,326	529,369	121,755	34,822	23,007
Luxor						
6-	Luxor Bandar	172,732	85,511	19,668	5,625	4,480
7-	Bayadaya	230,181	113,951	26,209	7,496	5,319
	Total	402,913	199,462	45,876	13,121	9,799
Qena						
8-	Qous	332,822	164,763	37,896	10,838	9,158
9-	Esna	317,121	156,991	36,108	10,327	8,282
10-	Armant	153,168	75,826	17,440	4,988	4,315
11-	Qena	494,017	244,563	56,249	16,087	13,864
12-	Deshna	294,766	145,924	33,562	9,599	9,737
13-	El-Wakf	63,746	31,557	7,258	2,076	1,812
14-	Neqada	131,719	65,207	14,998	4,289	4,259
15-	Qift	113,281	56,080	12,898	3,689	3,467
16-	Naga Hamadi	422,793	209,303	48,140	13,768	11,048
17-	AbuTesht	329,734	163,235	37,544	10,738	10,683
18-	Farshout	135,434	67,047	15,421	4,410	4,063
	Total	2,788,601	1,380,496	317,514	90,809	80,688

	District	Population	Estimated Female Population	Estimated females in Reproductive Age	Estimated Pregnant Females	Live Births
Sohag						
19-	Sohag	569,520	281,941	64,846	18,546	14,698
20-	Tahta	352,039	174,277	40,084	11,464	10,246
21-	Gerga	327,817	162,286	37,326	10,675	11,128
22-	Tema	311,877	154,395	35,511	10,156	8,319
23-	El Balyana	359,266	177,854	40,907	11,699	10,494
24-	Dar El Salam	282,269	139,737	32,140	9,192	10,309
25-	Saqolta	158,314	78,373	18,026	5,155	4,722
26-	Geheina	192,607	95,350	21,931	6,272	5,365
27-	Maragha	294,489	145,787	33,531	9,590	8,294
28-	Akhmeim	281,777	139,494	32,084	9,176	8,539
29-	El Mounshaa	456,698	226,088	52,000	14,872	11,644
Total		3,586,673	1,775,581	408,384	116,798	103,758
Assiut						
30-	Gharb Assiut	215,528	106,697	24,540	7,019	8,960
31-	Shark Assiut	161,039	79,722	18,336	5,244	3,121
32-	Markaz Assiut	372,790	184,550	42,446	12,140	9,702
33-	El Ghanayem	96,897	47,969	11,033	3,155	3,819
34-	El Kouseyah	337,123	166,893	38,385	10,978	10,860
35-	El Fath	225,442	111,605	25,669	7,341	7,000
36-	Sahel Selim	126,175	62,463	14,366	4,109	3,903
37-	El Badary	199,905	98,963	22,761	6,510	6,687
38-	Sedfa	148,080	73,307	16,861	4,822	5,315
39-	Dayrout	426,666	211,221	48,581	13,894	14,456
40-	Abnoub	288,868	143,004	32,891	9,407	8,560
41-	Manfalout	385,354	190,769	43,877	12,549	13,564
42-	Abu Teig	257,313	127,383	29,298	8,379	8,233
Total		3,241,180	1,604,545	369,045	105,547	104,180
Minya						
43-	Minya	683,412	338,323	77,814	22,255	17,720
44-	Samalout	530,211	262,481	60,371	17,266	15,411
45-	Fekreya	434,789	215,242	49,506	14,159	12,466
46-	Deir Mowas	286,237	141,701	32,591	9,321	10,394
47-	Beni Mazar	429,112	212,432	48,859	13,974	14,875
48-	El Edwa	185,251	91,708	21,093	6,033	6,505
49-	Mattay	226,400	112,079	25,778	7,373	7,153
50-	Maghagha	397,947	197,003	45,311	12,959	12,407
51-	Malawi	656,770	325,134	74,781	21,387	20,899
Total		3,830,129	1,896,103	436,104	124,726	117,830
Beni-Suef						
52-	Beni suef	467,726	231,548	53,256	15,231	12,820
53-	Ehnasia	265,972	131,669	30,284	8,661	8,407
54-	El Wasta	333,430	165,064	37,965	10,858	5,592
55-	El Fashn	313,801	155,347	35,730	10,219	8,428
56-	Beba	309,839	153,386	35,279	10,090	9,763
57-	Nasser	258,824	128,131	29,470	8,428	7,639
58-	Somosta	184,083	91,130	20,960	5,995	5,073
Total		2,133,675	1,056,275	242,943	69,482	57,722

	District	Population	Estimated Female Population	Estimated females in Reproductive Age	Estimated Pregnant Females	Live Births
Fayoum						
59-	Sennoures	384,469	190,331	43,776	12,520	11,442
60-	Etsa	452,271	223,897	51,496	14,728	13,664
61-	Bandar Fayoum	289,974	143,551	33,017	9,443	7,668
62-	Tamia	288,726	142,934	32,875	9,402	8,981
63-	Markaz El Fayoum	351,433	173,977	40,015	11,444	10,315
64-	Ibshway	525,198	259,999	59,800	17,103	17,400
Total		2,292,071	1,134,689	260,978	74,640	69,470
Giza						
65-	El Wahat El Bahareya	29,691	14,699	3,381	967	828
66-	North Giza (Imbaba Kism)	716,085	354,498	81,534	23,319	21,629
67-	Etfeih	233,964	115,824	26,639	7,619	8,108
68-	El Saff	263,816	130,602	30,038	8,591	9,778
69-	El Badrashein	327,433	162,096	37,282	10,663	10,902
70-	El Ayat	313,345	155,121	35,678	10,204	8,015
71-	Agouza	187,858	92,999	21,390	6,117	5,235
72-	El Hawamdeya	129,691	64,203	14,767	4,223	3,822
73-	Osseim	218,610	108,223	24,891	7,119	7,167
74-	El Warrak	434,908	215,301	49,519	14,162	6,670
75-	Menshaat El Qanater	391,502	193,813	44,577	12,749	10,894
Total		3,246,903	1,607,378	369,697	105,733	93,048
Slum Areas						
76-	Gharb El Mattar	45,437	22,494	5,174	1,480	1,108
77-	Basateen Shark	298,000	147,525	33,931	9,704	983
Total		343,437	170,018	39,104	11,184	2,091
Grand Total		22,934,908	11,353,915	2,611,400	746,861	661,593

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

Accomplishments:

Activity No. 1.1: Phasing in New Districts / Governorates

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

- The Safe Motherhood Committees in the Phase I, II, III and IV hospitals continued to have their monthly meetings in order to identify problems and discuss solutions. The Committees work is guided by the QA scores which are used to monitor the performance of the hospitals and the Facility Self Improvement Plans which identify responsible persons and the time frame to solve identified problems.

Activity No. 1.1.2: Assist General / District Hospitals to Conduct Self-Assessment and Development of Improvement Plans

- The profiles of Phase III and IV General and District Hospital in Assiut, Minya and Giza were updated on a monthly basis. Profiles include:
 - Facility baseline assessment.
 - Facility plan for renovation with schedule of implementation.
 - List of commodities needed for each hospital and schedule of procurement, delivery and installation.
 - Human resources development plan for the hospital, including training plan and status of implementation.
 - Reports on the results of management and clinical performance indicators (retrospective and summary of concurrent indicators).
- Facility self-improvement plans for these hospitals were developed by Facility Safe Motherhood Committees.
- Facility profiles and self-improvement plans for Phase I and II Option Period hospitals in Minya and Assiut Governorates are being updated on a monthly basis through the SMC meetings.

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

- The bidding process for renovation was planned and supported by the HM/HC Project and funded by USAID for the nine hospitals of Phases III and IV in Minya, Assiut and Giza started. These hospitals including Mattay DH in Minya, Dayrout, Manfalout, Abnoub, Abu Teig and Sahel Selim DHs in Assiut and Tahrir GH, Badrashein DH and Etfaih DH at Giza .The renovation will start in November 2004 and expected to be completed by February 2005.
- The renovation at El-Edwa DH/Minya Governorate was completed.
- The renovation conducted by JSI and funded by USAID at El Saff DH/Giza Governorate was completed.

- Coordination between JSI, HM/HC Project, MOHP and Giza MOHP Health Directorate is going on to ensure that the construction of Oseim and Wahat District Hospitals complies with the approved standards and specifications.
- The renovation process conducted by JSI and funded by USAID for the selected Phase III and IV BEOCs in Minya, Assiut and Giza were completed according to the standards.

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

In coordination with Task 11, the following has been completed:

- Commodities were delivered to all Option Period Phase II hospitals.
- Commodities were also delivered to all Phase III hospitals in Minya, Assiut and Giza Governorates whether renovations are completed or not. The commodities are in use by health facilities.
- Commodities were delivered to all selected and renovated Phase III Option Period BEOCs in Minya, Assiut and Giza Governorates.
- The biomedical engineers conducted 128 person/day visits to the Ob/Gyn, NC, CSSD, and OR Departments in the facilities of the Option Period to maintain and repair out-of-order equipment. During these visits, they provided technical assistance and conducted on-the-job-training sessions for hospital maintenance staff.
- All needed contact information of the commodities suppliers were given to targeted facilities so as to be able to communicate with the maintenance centers of those suppliers whenever needed. In addition, the facilities management was encouraged to have maintenance contracts after the equipment warranty finished.

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

- Integrated visits by the JSI Implementation Team including Clinical Supervisors, Biomedical Engineers and Field Office staff took place to accomplish the following tasks:
 - Discuss the status of implementation of activities at the facility level.
 - Ensure information flow among different members/departments within the facility.
 - Identify problems at facility level and develop a facility improvement plan.
 - Identify problems that require higher level involvement and decision.
 - Integrate and coordinate activities at the facility level.
- The three day integrated visit is organized as follows:
 - On the first and second days of the integrated visits, members of the team conduct their own regular OJT/supervisory activities in the target facilities.
 - A regular meeting/group discussion is held on the evening of the second day to prepare for the agenda and issues to be discussed in the next day's Hospital SMC meeting (HSMC). During this meeting, problems are identified and openly discussed to suggest appropriate corrective actions. Problems and issues are identified through records

- review (patients' sheets, hospital statistics, etc.), meetings with the staff and hospital management, comments from Clinical Supervisors and direct observation of the staff performance.
- On the third day, the HSMC holds its monthly regular meeting during which the previously identifies problems are raised and possible solutions are suggested. By the end of the meeting, the committee develops and/or revises a self-improvement plan.
 - JSI Integrated Teams paid an integrated visit (three days) per month for the following hospitals during this quarter:

Table 2: Integrated Visits

Governorate		Facility
Assiut	1	Assiut GH
	2	New Eman GH
	3	Specialized Hospital
	4	El Ghanayem DH
	5	El Kouseyah DH
	6	Abnoub DH
	7	Abu Teig DH
	8	Badary DH
	9	Dayrout DH
	10	Sedfa DH
	11	Sahel Selim DH
	12	Manfalout DH
Minya	1	Minya GH
	2	Samalout DH
	3	El Fekreya DH
	4	Beni Mazar DH
	5	Deir Mowas DH
	6	Mallawi DH
	7	Mattay DH
	8	Edwa DH
	9	Maghagha DH
Giza	1	Imbaba GH
	2	Tahrir GH
	3	Hawamdeya GH
	4	Saff DH
	5	Etfaih DH
	6	Ayat DH
	7	Badrashein DH
	8	Oseim DH

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

- No activities were conducted during this quarter.

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

- Two Phase-out workshops were conducted in Assiut on September 1 -2, 2004 and in Minya on September 28 – 29, 2004.
- Eighty nine participants from SMCs at governorate, district, and hospital levels participated in Assiut workshop and 76 participants from the same level participated in Minya workshop. The Minya workshop was inaugurated by the MOHP Under-secretary; HM/HC Executive Director and CTO HM/HC. The Assiut workshop was inaugurated by the MOHP Undersecretary and representatives from HM/HC.
- The workshops reviewed the achievements of HM/HC and discussed strategies and plans of MCH and Curative Care Central Departments, Assiut and Minya MOHP Directorates in order to sustain HM/HC Project achievements. In addition, service standards, protocols, competency-based training (CBT) curricula, the quality assurance system (QA) and management tools were reviewed, and plans to sustain them were developed.

Constraints:

- For Phase III facilities, the majority of the renovations are being funded under HM/HC (PIL or GOE Funds). The renovations have been delayed due to reasons outside of JSI's manageable interest.

Proposed Actions to Overcome Constraints:

- JSI is in frequent communication with HM/HC on the status of renovations. In addition, interim places are being upgraded to ensure that services will continue in an acceptable place during the renovation process.

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

Accomplishments:

Activity No. 2.1: Disseminate Standards and Build Training Capacity

- Two Training of Trainers workshops for nurses were conducted as follows:

Table 3: TOT for Nurses

Governorate	Date From-To	Number of Participants
Giza	July 11-15	17
Assiut	July 18-22	24
Total		41

- One Training of Trainers workshop for 17 Supervisor/Lead Trainers was conducted. The workshop was conducted in Giza Governorate from June 13-17, 2004. The Supervisor/Lead Trainers trained belong to the following departments:

Table 4: TOT for Supervisor/Lead Trainers

Neonatal	Anesthesia	ER	Number of Participants
9	7	1	17
Total			17

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

- One Integrated Postpartum Care/Post Abortion Care BEOC workshop (with TAHSEEN/Catalyst) was conducted in Minya Governorate from September 12-13 as follows:

Table 5: EOC Training

BEOC/Facility	Number of Participants
Manchiet Menbal – Mattay	1
Kalandol - Mallawi	1
Medical Center - Mallawi	6
Beni Khaled - Mallawi	1
Total	9

- Continuous OJT/clinical supervisory visits were paid to 37 General and District Hospitals in Assiut, Minya and Giza Governorates (Phase I, II and III hospitals) to ensure the compliance with the EOC Protocols. Obstetricians in each hospital were visited between three to nine days per month by Clinical Supervisors for a total of 96 days for Assiut Hospitals, 65 days for Minya Hospitals, and 148 days for Giza Hospitals

- The Concurrent Assessment Clinical Performance Monitoring Indicators are being used in Assiut, Minya and Giza facilities to monitor progress of the obstetricians towards competency and mastery of the essential obstetric care skills. The Concurrent Assessment Tool proved to be very helpful to the obstetricians to identify their areas of weakness and to include corrective actions in their clinical self-improvement plans.
- CEOC training materials (4th edition of the Protocol and its Concurrent Assessment) were developed according to the latest evidence-based medicine and are currently in the final stages of editing.
- A complete set of the newly developed training materials for the primary health care physicians including the BEOC Protocol, BEOC Flow-Charts, BEOC Concurrent Assessments and BEOC Modules were field tested, edited and published. They are continuously being used in the BEOC training interventions.
- Continuous EONC OJT/Clinical Supervisory visits were paid to 37 General and District Hospitals in Assiut, Minya and Giza Governorates (Phase I, II and III hospitals) to ensure compliance with the EONC Protocols. Each of these hospitals was visited between three to nine days per month by Clinical Supervisors with a total of 90 days for Assiut Hospitals, 80 days for Minya Hospitals, and 138 days for Giza Hospitals.

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

- An orientation workshop on Pediatrics and Neonatology for physicians was conducted in Giza Governorate from July 18-21 as follows:

Table 6: Orientation Workshop on Pediatrics and Neonatology

Facility/ Hospital	Number of Participants
El Kasr	1
El Hara	2
Kebala	1
Wahat	2
MCH Unit	1
Total	7

- CPAP refreshing training was conducted at Fayoum General Hospital, Beni Suef General Hospital, Qena General Hospital and Quos District Hospital during September 2004.

Table 7: CPAP Training

Governorate	Date From-To	Facility/ Hospital	Number of Participants		Total
			Physicians	Nurses	
Fayoum	September 4-5	Fayoum GH	5	12	17
Beni Suef	September 8-9	Beni Suef GH	9	8	17
Qena	September 11-12	Qena GH.	7	3	10
	September 13-14	Quos DH	2	2	4
Total			23	25	48

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

- One NC nurses training workshop was conducted in Assiut Governorate from August 14-19, 2004 as follows:

Table 8: Training for NC Nurses

Governorate	Facility/ Hospital	Number of Participants
Assiut / Minya	Eman	2
	Badary	1
	Dayrout	2
	Minya GH	2
Total		7

- By this course, 100% coverage of all nurses in Minya and Assiut Governorates was achieved.
- The clinical supervisory practice concentrated on emphasizing the use and sustainability of the QA checklists for assessment of the training (Concurrent Checklist) and Departmental Clinical Performance (Retrospective Checklist).
- A total of 289 supervisory days were carried out during this quarter.

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

- No activities were conducted during this quarter.

Activity No. 2.6: Strengthen Other Clinical Support Services

Activity No. 2.6.1: Anesthesia Services

- Supervisory visits were regularly conducted to 28 General and District Hospitals of Assiut, Minya and Giza Governorates (Phase I, II and III hospitals). The OJT covers the areas of safe obstetric anesthesia (preoperative visits, monitoring during operation and recovery times, general and regional anesthesia, and infection control).
- One to two supervisory visits were conducted for each hospital monthly.
- Installation of all vital signs monitors and the training of service providers upon these monitors were completed.
- Clinical Performance Monitoring Indicators (Concurrent Assessment) for anesthesia is being used in all governorate facilities to monitor progress of the anesthesiologists towards competency and mastery of the essential obstetric anesthetic care skills. The Concurrent Assessment Tool proved to be very helpful to the anesthesiologists to identify their areas of weakness and to include corrective actions in their clinical self-improvement plans.
- The second edition of the Anesthesia Protocol was developed, edited and printed after the related pictures had been inserted.

Activity No. 2.6.2: Emergency Medical Services (EMS)

- Service Standards for EMS were completed.
- A Protocol for Maternal and Neonatal Emergency Medical Service for Physicians was developed and is now being edited.

- A collective summary on Emergency Service for Obstetric and Neonatal Care in Upper Egypt Pilot Hospitals was developed to summarize the processes and progress of this activity. The binder is used to coordinate actions between the relevant sectors of the MOHP. It was distributed to and discussed with Central EMS Department and Curative Care Department
- An Emergency Room Protocol for Nurses (Arabic) was developed and is ready for editing.
- An organizational structure for the Emergency Departments (ED), compatible with the local context, was developed and established in the following facilities:
 - El-Minya General Hospital, Samalout, Maghagha, Deir Mowas and Mallawi District Hospitals in Minya Governorate;
 - Sohag General Hospital, Tahta, Tema and El-Balyana District Hospitals in Sohag Governorate;
 - Assiut General Hospital, El-Eman General Hospital, El-Kouseyah and Dayrout District Hospitals in Assiut Governorate;
 - Tahrir General Hospital, Oseim and Ayat District Hospital in Giza Governorate.
- OJT supervisory visits were conducted in two general hospitals: Assiut and New Eman; and in ten district hospitals: Samalout, Maghagha, Deir Mowas, Mallawi, Kouseyah, Dayrout, Tahrir, Oseim, Wahat Baharia and Ayat. A total of 33 visits were conducted for the 12 facilities during the period from July to September 2004 with total of 37 days.
- One EMS workshop for physicians was conducted in Giza Governorate (Wahat Baharia) in July 14, 2004 with total of 12 participants: 9 from PHCs and 3 from Wahat Hospital.
- One EMS workshop for nurses was conducted in Giza Governorate (Wahat Baharia) in July 15, 2004 with total of 26 participants: 20 from Wahat Hospital and 6 from PHCs.
- 17 concurrent assessment forms for EMS were developed and are being used. This tool is used to assess the service providers' performance and assist in developing self-improvement plans. A data base for the results of the concurrent assessment was developed in cooperation with Task Four. Data entry has started, and data analysis will follow.
- The Emergency Medical Service Package for Training of Pre-Service Physicians was developed. This package is used to provide newly graduated doctors with training materials required for proper management of essential emergency cases with an emphasis on major causes of maternal and neonatal mortalities.
- A chapter on Emergency Medicine was added to the revised (Fourth Edition) of the CEOC Protocols.
- A simple Emergency Room Clinical Notes Sheet was developed and is applied in pilot hospitals: Assiut and Tahrir General Hospitals and Samalout District Hospital.
- Twelve Emergency Medical Services Modules were completed and are now being edited.
- Posters for standing orders, flow charts and procedures in the Emergency Department were developed and sent for editing.
- A program for upgrading the EMS in 100 hospitals in Egypt (50 in Upper Egypt and 50 in Lower Egypt) was approved by H.E. the Minister of Health

and Population. Three MOHP sectors share the implementation of this program, namely, Curative Care Department, Central EMS Department and HIS (HM/HC Project). HM/HC-JSI is contributing to this activity by providing technical assistance and training materials for physicians and nurses. The pilot model strategy in strengthening EMS in Upper Egypt hospitals will be followed.

- Three workshops EMS/TOT were conducted in Luxor, Assiut and Minya with a total of 60 participants. The objective of these workshops was to train the local Lead Trainers in Upper Egypt to implement the pilot model of HM/HC-JSI of EMS strengthening activities in the 50 selected hospitals in Upper Egypt. The workshops were attended by representatives of Curative Care and Central EMS Departments of MOHP.
- A strategic approach to Wahat District was developed to strengthen the EMS. The approach focused on strengthening First Aid Management Skills of hospital and PHC staff (Physicians & Nurses) and improved safe patient transportation process in conjunction with Central EMS, Curative Care Departments at MOHP and Directorate of Health at Giza Governorate.

Activity No. 2.6.3: Blood Bank Services

- OJT on the Blood Transfusion Protocol started. Orientation on the blood components and its practical use, as well as, orientation on the central blood bank services and how to cooperate with these services was conducted in nine hospitals in Minya Governorate and eleven hospitals in Assiut Governorate and eight hospitals in Giza Governorate. The supervisory visits were conducted at a rate of one visit for each hospital monthly.
- Analytic data with the proper recommendations are developed from the collected assessment form of the blood availability that was developed and applied in the field to evaluate the blood bank function in all covered hospitals.

Activity No. 2.6.4: Laboratory Services

- The Laboratory Service Protocol for Physicians was drafted and is currently being revised in cooperation with the Central Department of Laboratories.
- A Laboratory Service Protocols for Technicians(Arabic) was developed and is currently being revised in cooperation with the Central Department of Laboratories
- A list of essential laboratory investigations for General and District Hospitals was developed in conjunction with the Central Department of Laboratories.
- A list of available laboratory investigations during and after regular working hours was developed in each of the pilot hospitals.
- A policy on the use of the Integrated Laboratory was developed to provide bacteriological laboratory services for hospitals lacking this service. Implementation of this procedure was performed in Assiut and El-Minya General Hospitals. Strengthening of this integrated microbiology service needs combined effort from HM/HC Project, Central Department of Laboratories, and the Governorates.
- Laboratory Committees were established in pilot hospitals in three governorates of the Option Period: Minya, Assiut and Giza. The duties of these committees are as follows:
 - Establish and monitor laboratory services at the hospital,

- Issue local guidelines,
- Solve local problems and
- Follow-up on the use of the laboratory manual
- A national revised Laboratory Request Form was developed in cooperation with the Central Department of Laboratories. Pilot testing of the new Laboratory Request Form was performed in Assiut General Hospital.
- Laboratory Service Standards were developed and included in the CQIS manual.
- A Laboratory Checklist was developed to be used by Clinical Supervisors during their field visits to collect information, monitor performance, and record incidences related to laboratory services in the visited facilities. All incidence reports are discussed with the Central Department of Laboratories on monthly basis. Corrective actions are taken by the Central Department of Laboratories.
- One-day laboratory workshop was conducted on August 28 for 30 participants from Giza Governorate. The workshop addressed laboratory activities to pilot and non-pilot hospitals of Giza.
- A guide to answer the commonly asked questions related to laboratory equipment, kits and supplies shortage, equipment maintenance and training of technicians was issued and distributed to participating hospitals (non-pilot hospitals).
- A Concurrent Assessment for Laboratory Services was developed and completed. This tool is used to assess the service provider's performance and help facilities to develop their Self-Improvement Plans. An electronic database for the concurrent assessments was developed with the assistance of Task Four. Data entry started and data analysis will follow.
- A questionnaire on available laboratory resources and root causes for deficiency was collected from participating hospitals. The results are discussed with the Central Department of Laboratories in Cairo.

Activity No. 2.7: Infection Control Activities

- All HM/HC clinical protocols and assessment tools were reviewed and revised along with the National Guidelines for Infection Control issued by MOHP to insure consistency.
- Infection Control OJT/supervisory follow-up visits were conducted by Infection Control Specialists in the Option Period Hospitals of Minya, Assiut and Giza with a total of 74 days during this quarter.
- Infection Control Specialists, during their OJT/Supervisory visits, oriented and discussed with the hospital staff (physicians and nurses) the universal precautions of infection control.
- The concurrent assessment checklists for infection control were used by all clinical supervisors during their Supervisory/OJT visits to monitor compliance with infection control standards.
- OR/CSSD Nursing Clinical Supervisors conducted OJT visits to all Phase I, II, III and IV hospitals of Assiut, Minya and Giza Governorates with total of 264 person-days during this quarter. During these visits the supervisors coach the OR/CSSD nurses and monitor their performance using the concurrent assessments checklists:

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

- Local syndicates, MOHP Private Sector Department and the Pharmacy Inspection Department continue to provide JSI with updated information on Private Sector Providers in Assiut, Minya and Giza Governorates. The information includes the number of private clinics, polyclinics, private hospitals, and pharmacies in the targeted governorates. Three one- day training sessions were conducted for 108 private pharmacists in Giza Governorate.

Activity No. 2.9: Disseminate and Use the Teleconference Materials

- Dissemination / Utilization workshops for the Perinatal Medical Teleconference Training Package started. following are the numbers and duration of courses attended by local Clinical Supervisors / Lead Trainers from Assiut, Minya and Giza Governorates attended a three-day workshop on how to use the Teleconference Training Package followed by the development of an action plan for those who attended to train residents and junior specialists at their facilities:

Table 9: Infection Control Training

Governorate	Date From -To	Number of Participants
Assiut (2nd Group)	July 20-22	18
Minya (2nd Group)	July 26-28	10
Giza (1st Group)	August 29-31	12
Giza (2nd Group)	September 26-28	12
Total		52

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

- An agreement was reached with MOHP-HM/HC Project staff to develop a plan to cover the 53 selected BEOCs of Phase III and IV facilities with MCH training courses to supplement the training conducted to the staff of BEOC on Basic Essential Obstetric Care. In this respect six training courses were conducted during July and August 2004 for Giza Governorate. Three of these courses were for physicians and three for nurses, the total number of physicians trained was 55, and the number of nurses trained was 75.

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

- One Integrated Postpartum Care/Post Abortion Care BEOC workshop was conducted in Minya Governorate in coordination with TAHSEEN/Catalyst. The workshop took place during September 12-13, 2004 and was attended by 9 obstetricians from the integrated BEOC facilities in Mallawi and Mattay.
- The overall purpose of this workshop was to review the status of implementation of different components of the Integrated MCH/FP Package of

Service Standards with the BEOC level MOHP physicians and to put a plan to follow up on this integrated activity.

Activity No. 2.12: Assist the MOHP/Urban Health Department to Pilot Test Adapted HM/HC Project Interventions in Urban Slum Areas

Activity No. 2.12.1: Develop a Situation Analysis

- A meeting with the Deputy Director of the Local Council of El-Basateen and Dar- El-Salam Mr. Mohy El Eskandarany took place on September 1, 2004 with the attendance of Dr. Sobhy Afifi, Health Zone Director of El-Basateen and Dar-El-Salam. The purpose of the meeting was to explain the activities of HM/HC in order to receive the support of the Local Councils for the coming period to reach the Project's goals in El-Basateen Sharq slum area. A briefing about HM/HC Project's interventions in the slum area and the obstacles met were topics of discussion during the meeting to enhance the role of the Local Councils in problem solving.

Activity No. 2.12.2: Adapt HM/HC Project Interventions in 1-2 Slum Areas

- Family physicians and nurses training workshop in El-Wahat El Baharia was conducted from July 3-7, 2004 to update the participants' technical knowledge and upgrade the health services provided through their Primary Health Care Units as well as strengthen their technical skills during OJT. The JSI team co-facilitated this workshop with Dr. Gamila Fathy, MCH Director/Giza Health Directorate; Dr. Mohamed Berzi, PHC Director/Giza Health Directorate; Dr. Soheir Zahran, Laboratory Department Director/Giza Health Directorate and Dr. Mahmoud M. District Director El-Wahat Health Center. A very concentrated and condensed workshop was implemented in two shifts consisting of morning and afternoon sessions. During these sessions, the concept of Family Medicine and the role of the family physicians and nurses were addressed. Forty active participants attended and training for ANC, Natal, PNC and emergency in MCH was implemented.
- A training workshop for Dayas in El Wahat-El Baharia was conducted with 23 local dayas attending. The workshop was held from July 3-8, 2004 to update the participants' knowledge and delivery skills on safe home birth delivery. Considering trained dayas as members of the health team, their role in promoting ANC and PNC by the PHC was emphasized by the Slum Area Development Team (JSI). Staff from Giza Health Directorate participated very actively in this workshop.
- A two-day workshop was held from July 3-8, 2004 in Fom El-Khalig training center to strengthen the skills related to survey methodology, communication skills and data collection of the outreach workers, where 27 participants attended representing the two NGOs covering Gharb El-Mattar catchment area. The workshop covered the communication and data collection skills for outreach workers. The expected field problems from previous filed experience in the form of group discussion and the problem solving issues which were presented by the trainers to alleviate participants' concerns.
- A health education training workshop was held from July 5-6, 2004. The purpose of the workshop was to introduce the technical components of the health messages to be disseminated in El-Basateen catchment area to all women within the reproductive age group living in this community. Twenty-

two (22) participants attended the workshop from the active NGO in the area. The workshop took place in Fom El-Khalig training center. The technical components of all the designed health messages that should be disseminated in this community were achieved during the workshop, as well as a discussion of the inquiries and problems faced by the Health Educators and ways to overcome obstacles were stressed upon.

- Another health education training workshop for the technical components of the health messages to be disseminated was held from July 10-11, 2004 in Gharb El-Mattar catchment area for all women within the reproductive age group living in this community. Twenty-three (23) participants attended from the two active NGOs. The workshop took place in Fom El-Khalig training center.
- An integrated meeting took place in El Basateen Sharq UHC on July 7, 2004 with the participation of: El Basateen and Dar El Salam Local Council; the area NGO (Ezbat El Ward for Slum Area Development) and El Basateen Sharq Health UHC. A dialogue was created between these different sectors to serve the health requirements of the community through a complementary joint activity to achieve their goals of safe motherhood in El-Basateen Sharq. It was the first integrated activity meeting between district, facility and NGO participating in Health Education activities as well as a representative from the Local Councils. The meeting was attended by forty-nine (49) participants including: Dr. Azza El Tohamy, MCH Director at Cairo Health Directorate; Dr. Elham Shawky, PHC Director at Cairo Health Directorate and Dr. Sobhy Afifi, Basateen Sharq and Dar El-Salam Health Zone Director.
- Another integrated meeting took place in Gharb El Mattar UHC on July 12, 2004 with the participation of: North Giza Local Council; the area NGOs (Future Hawaa for Slum Area Development and The Egyptian Organization for Slum Area Development) and Gharb El-Mattar UHC. A dialogue was created between these different sectors to serve the health requirements of the community through a complementary joint activity to achieve their goals of safe motherhood in Gharb El-Mattar area. Forty-nine (49) participants attended this meeting including: Dr. Gamila Fathy, MCH Director/Giza Health Directorate and Mrs. Fatma Ahmed, North Giza Local Council Deputy.
- A four-day workshop was held on July 10-13, 2004 in Fom El-Khalig training center to strengthen the skills related to survey methodology, communication skills and data collection of the outreach workers where 20 participants attended from Ezbet El Ward NGO covering El-Basateen catchment area. The workshop covered the communication and data collection skills of outreach workers, the expected field problems from previous field experience in the form of group discussion and the problem-solving issues which were presented by the trainer to alleviate the participants' concerns.
- Advanced Neonatal Care workshop including the basic agenda for this course was conducted in El-Khalifa General Hospital from July 11-15, 2004. Thirteen (13) participants representing the neonatal department of El-Khalifa General Hospital attended the workshop. The main purpose of the workshop was to update and upgrade the neonatologists' knowledge and skills. Dr. Violet Hana, Head of Neonatal Department/El-Khalifa General Hospital and Dr. Mosleh M., El-Khalifa General Hospital Director, participated in the

workshop. Available protocols were discussed and agreement on using these protocols was reached.

- A series of seminars were conducted during this quarter in Gharb El-Mattar Area where 40 participants were introduced to the following messages:
 - reproductive Health
 - role of PHC in providing quality health services for mothers,
 - the importance of family health awareness in maternal health care,
 - community role in health promotion of the family,
 - health behavior modification of the community in response to health education,
 - how to prepare for clean home delivery, the dangerous signs and symptoms during labor and the dangerous signs and symptoms in the new born,
 - comprehensive examination during pregnancy and the dangerous symptoms and signs during this period,
 - maternal health card and preparation for maternity,
 - importance of postpartum period and dangerous symptoms and signs, and in the post-partum period and in the neonate.
- All seminars were attended by a religious figure and a physician of the UHC along with the NGO that gathered the ladies to attend. Dr. Gamila Fathy, MCH Director/Giza Health Governorate; Dr. Ahmed Helmy, Gharb El-Mattar Health Center Director and Mrs. Helmeya Ahmed, Chief Nurse/North Giza District attended the seminars.
- Another group of seminars were conducted during this quarter in El-Basateen Area where 50 participants were introduced to the following messages:
 - introducing the Family Folders and breastfeeding practices
 - health behavior modification of the community in response to health education,
 - how to prepare for clean home delivery, the dangerous symptoms and signs during labor and the dangerous symptoms and signs in the new born,
 - importance of postpartum period and dangerous symptoms and signs in the post-partum period and in the neonate,
 - reproductive health,
 - role of PHC in providing quality health services for mothers,
 - the importance of family health awareness in maternal health care, and
 - community role in health promotion of the family.
- All seminars were attended by a religious figure and a physician of the UHC along with the NGO that gathered the ladies to attend. Dr. Azza El-Tohamy, MCH Director/Cairo Health Governorate; Dr. Elham Shawky PHC Director/Cairo Health Governorate and Dr. Sabah Abd El-Rahman, El Basateen Health Center Director.
- A meeting with the deputy manager of the local council of El-Basateen and Dar El-Salam took place on September 6, 2004 to discuss the required community needs that can be achieved through the local council authorities. The meeting ended with approval received concerning the following: the dissemination of pamphlets including MCH services provided by the Health Center in El-Basateen Sharq emphasizing that

these services are free and for 24 hours, outlets of dissemination may be school students / parents' councils and mosques and finally mobilization of the two groceries and garbage boxes away from the health center. The key person in this event was Mr. Mohy El-Eskandarany Deputy Director of Local Council of El-Basateen and Dar- El-Salam.

- Two integrated community meetings were held during this quarter :
 - The first one took place in Gharb El-Mattar UHC on September 12, 2004 with 17 participants representing: North Giza Local Council, the two NGO's Future Hawa and the Egyptian Organization for Slum Area Development; Giza Health Directorate representative; North Giza Health District representative; Giza Awqaf representatives; Giza Youth Ministry representative; Gharb El-Mattar UHC.
 - The second one took place in El-Basateen UHC on September 20, 2004 with 30 participants representing: El-Basateen Sharq and Dar El-Salam Local Council; the NGO Ezbet El-Ward; Cairo Health Directorate representatives; Basateen and Dar-El-Salam Health Zone representatives; Cairo Awqaf representatives; Cairo Youth Ministry representative; Basateen UHC representative.
- The two meetings were concluded to discuss problems, obstacles, constraints for the delivery of quality health services for the community living in Gharb El-Mattar and Basateen Sharq catchment areas. The meetings resulted in the following:
 - Tasks to be achieved by the different sectors were discussed in details to highlight the role of each sector targeting the community development in relation to health awareness and healthy practices.
 - The tasks were presented in a 'table form' describing the detailed activities, the responsible person and the time frame for the achievement of each activity.
 - A renewed dayas' licenses issued by Giza and Cairo Health Directorates with qualification certificates issued by HM/HC – John Snow Inc. were distributed in a joyful environment and in the presence of all local dayas who participated in the training courses.
- One-day refresher training workshop took place in El-Basateen Health Center on September 23, 2004 with 13 trained dayas attending. Dayas were pleased with the training methods using the humanistic models, as it was more realistic. All dayas' technical questions were answered and their role in promoting ANC and PNC visits were stressed upon.
- Two refreshment training workshops were conducted on September 19 and 29, 2004 in Gharb El-Mattar Health Center. Twenty-eight (28) trained dayas attended.
- Dr. Ahmed El-Henawy Slum Area Development Program Director MOHP and Dr. Salwa Farag MCH Specialist HM/HC together with JSI Slum Area team participated in a workshop for implementing the referral system in slum areas. The workshop took place in El Maadi Hotel and was conducted from September 20-21, 2004. Twenty- three (23) participants from the Health Directorate, the District, the hospital and the facility levels of both Cairo and Giza Governorates attended the workshop. By the end of the workshop the following was accomplished:
 - Referral forms to be used between the facility, hospital, district and directorate were selected.

- The flow of the patients and of the forms was established.
- Clarifying the role of each individual/facility concerned with the referral was achieved.
- Agreement was reached so as to start to implement the referral system by the beginning of October 2004.

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

- This phase will start by October 2004 after finishing the implementation phase.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

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

Accomplishments:

Activity No. 3.1: Community Level Involvement

- No activities were conducted during this quarter.

Activity No. 3.2: District Level Involvement

Activity No. 3.2.1: Safe Motherhood Committees

- A two-day workshop was conducted from August 24-25, 2004, on the Implementation of the Integrated MCH/FP Package of Services in Mallawi and Mattay, Minya Governorate. The purpose of the workshop was to review the Integrated Package of Services and determine actions needed for appropriate implementation. The workshop was attended by 27 participants representing members of integrated District Safe Motherhood Committees in addition to Managers of BEOCs in both districts. As a workshop pre-requirement, JSI requested participants to conduct a self BEOC assessment to collect quality data using HM/HC and FP separate quality checklist and to bring the results to the classroom for discussion and further usage. During the workshop, the data collection outcome was jointly employed to define performance gaps, problems and recommend solutions through development of self-improvement plans for every BEOC. Participants informed the trainers that they are eager to proceed with the mechanisms of monitoring the implementation of the self-improvement plans. The workshop, also, highlighted the fact that TAHSEEN's management skills and behavior change approach, complements with JSI's management tools approach.

Activity No. 3.2.2: District Plans

- District Safe Motherhood Committees (DSMCs) completed the development of 70 district plans for the period July 2004 - June 2005. Each plan included a brief description of the current status of HM/HC services at the district level, objectives to be achieved during the course of the year and the expected activities. Community Needs Assessments, Integrated Management of Childhood Illnesses (IMCI) plans and reproductive health plans provided the necessary input for the development of district plans. These plans provide the standard against which all implementation and monitoring activities will be evaluated.

Activity No. 3.2.3: Monitoring Activities

- Monthly meetings were continued for District SMC members.
- Quarterly progress reports were developed by District SMCs detailing achievements during the quarter: April – June 2004. These achievements were compared to the planned activities of the annual work plans (AWPs) and HM/HC indicators.

Activity No. 3.3: Governorate Level Participation

- All nine governorate district health plans were approved by the Governorate Safe Motherhood Committees and are now in the process of implementation.
- One four-day Training of Trainers (TOT) workshop was conducted from July 12-15, 2004, and attended by 18 SMC representatives of various levels from Giza Governorate. The purpose of this activity was to maintain the impact of the training in Management/Planning and Quality Improvement. It is thought that this measure will also help alleviate the negative outcomes of the high staff turnover in MOHP facilities. Members of DSMCs, district and general hospital SMCs and GSMCs were chosen according to pre-set criteria to receive the TOT course. The topics of the course included adult teaching techniques, training methodology, training aids, training needs assessment, planning of training, implementation and evaluation. Trained staff will be responsible for conducting Management/ Planning and Quality Improvement courses on a periodic basis in their governorate. The table below shows the number of participants of the TOT course that took place during the reporting period.

Table 10: TOT Training for SMC Members

Governorate	Districts	Number of Participants
Giza	Etfieh	6
	Oseim	2
	El Saff	2
	Ayat	1
	El Badrashein	1
	Hawamdeya	2
	Agouza	1
	Menshaat El Qanater	1
Total		16

Activity No. 3.4: National Level Oversight

- The different components of the CQIS were illustrated in a meeting held on September 7, 2004. It was agreed on organizing a one-day workshop secluded to take place next quarter to develop the national indicators that can measure the performance of the District/General Hospitals (for more details of the meeting see Task Twelve).

Activity No. 3.5: Continuous Quality Improvement**Activity No. 3.5.1: Quality Improvement**

- During this quarter, a series of meetings were held in El Tahrir General Hospital and Gharb El Mattar Urban Health Center for follow-up of implementation of accreditation standards. The meetings were attended by concerned facility staff members. The Head of Quality Department of Giza Governorate attended the meetings and actively participated in the implementation process. Additionally, he will follow up all activities and provide required governorate support.

Activity No. 3.5.2: Support Monitoring Activities

- Quality reports covering both managerial and clinical aspects of performance for obstetric and neonatal departments for the Second Quarter (Q2) of 2004 were produced and submitted to the SMCs. The reports illustrated the areas of improvement as well as the deficiencies and main causes. The reports were effectively used during SMC meetings to identify problems and opportunities for improvement. They were also used as critical inputs for developing self-improvement plans.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

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

Accomplishments:

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

- During the last quarter, the Task Four team assessed the operation of the District MHIS centers in Giza. The assessment was conducted in coordination with the governorate MHIS centers in the nine governorates of Upper Egypt. This process took place as part of the preparation of the milestone reports.

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

- During this quarter, the Task Four team continued providing NICHP and Upper Egypt MHIS Centers with technical support in implementing the upgraded MHIS application.

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

- The Task Four team conducted a quality assurance assessment for all District MHIS centers in Upper Egypt. The goal of the assessment was to ensure that all District MHIS centers in Upper Egypt had received equipment, training, furniture and renovations per HM/HC standards. Moreover, the assessment ensured that all these centers are functioning and providing service as requested by NICHP. The QA assessment was conducted in coordination with governorate MHIS centers in the nine governorates of Upper Egypt and NICHP. The result of the QA assessment is presented in the following table:

Table 11: Assessment for MHIS Centers

Governorate		Physical Infrastructure	Furniture	Equipment	Supplies	DIC Personnel	DIC Procedures	Operation /Security	Total
District									
Giza	North Giza	100	100	88	100	100	88	80	93
	El Agouza	67	100	88	100	100	88	60	85
	El Omrania	100	100	100	100	100	88	60	93
	South Giza	100	100	88	100	100	88	80	93
	El Haram	83	100	88	100	100	88	60	88
	Markaz Giza	100	100	100	100	100	88	80	95
	El Warak	100	100	88	100	100	88	75	92
	Oseim	100	100	88	100	100	88	60	90
	El Hawamdeya	83	100	100	75	100	75	60	85
	El Badrashein	100	100	88	100	100	88	80	93
	Ayat	83	100	88	75	75	88	80	85
	Saff	83	100	100	75	100	88	80	90
	Etfeih	50	100	88	100	75	88	40	78
	El Wahat El Baharia	100	100	88	100	75	88	80	90
Menshaat El Qanater	100	100	100	75	100	75	60	88	

Governorate		Physical Infrastructure	Furniture	Equipment	Supplies	DIC Personnel	DIC Procedures	Operation /Security	Total
District									
	El Dokki	100	100	100	75	100	100	80	94
	Boulaq El Dakrou	83	100	100	100	100	88	80	93
Beni Suef	El Wasta	100	100	100	100	100	100	80	98
	Nasser	83	100	100	75	100	100	60	90
	Beni Suef	83	100	88	100	100	100	60	90
	Ehnasia	100	100	88	100	100	100	80	95
	Beba	50	100	88	75	100	100	60	83
	El Fashn	50	100	88	100	100	100	60	85
	Somosta	83	100	100	75	100	100	60	90
Fayoum	Fayoum Bandar	100	100	88	N/A	100	75	80	79
	Fayoum Markaz	100	100	88	75	100	75	60	85
	Sennoures	100	100	100	75	100	88	80	93
	Ebshway	83	100	75	25	100	88	60	78
	Etsa	67	100	88	N/A	100	75	40	70
	Tamia	100	100	100	75	100	88	80	93
Minya	Minya	83	60	100	100	100	100	60	88
	Maghagha	100	100	100	100	100	100	60	95
	El Edwa	50	100	100	100	100	100	60	88
	Beni Mazar	100	100	100	100	100	100	60	95
	Mattay	100	100	100	100	100	100	60	95
	Samalout	100	100	100	100	100	100	60	95
	El Fakreya	100	100	100	100	100	100	60	95
	Mallawi	100	100	100	100	100	100	60	95
	Deir Mowas	100	100	100	100	100	100	60	95
Assiut	Gharb Assiut	100	100	75	100	100	88	80	90
	Shark Assiut	100	100	88	100	100	75	60	88
	Markaz Assiut	100	100	88	100	100	63	80	88
	Manfalout	100	100	100	100	100	75	60	90
	El Kouseyah	100	100	88	100	100	88	60	90
	Dayrout	100	100	88	100	100	75	60	88
	Abu Teig	100	100	100	100	100	88	60	93
	Sedfa	100	100	100	100	100	75	60	90
	El Ghanayem	100	100	100	100	100	75	60	90
	Abnoub	100	100	100	100	100	75	60	90
	El Fath	100	100	100	100	100	75	60	90
	Sahel Selim	100	100	88	75	100	75	60	85
Sohag	Badary	100	100	88	100	100	75	60	88
	Sohag	67	100	88	100	100	88	80	88
	Tema	83	100	88	100	100	100	80	93
	Tahta	100	100	100	100	100	100	80	98
	Geheina	100	100	100	100	100	100	80	98
	El Maragha	100	100	100	100	100	100	80	98
	Akhmeim	83	100	88	100	100	100	80	93
	El Mounshaa	83	100	88	100	100	88	80	90
	Gerga	100	100	100	100	100	100	80	98
	El Balyana	83	100	88	75	100	100	80	90
Qena	Dar El Salam	100	100	100	100	100	100	100	100
	Saqolta	83	100	88	100	100	100	80	93
	Abu Tesht	100	100	75	100	100	100	100	95
	Farshout	100	100	75	100	100	100	100	95

Governorate	District	Physical Infrastructure	Furniture	Equipment	Supplies	DIC Personnel	DIC Procedures	Operation /Security	Total
	Naga Hamadi	100	100	100	100	100	100	100	100
	Deshna	100	100	100	100	100	100	100	100
	El Wakf	100	100	100	N/A	100	100	60	85
	Qena	83	100	75	100	100	100	100	93
	Qift	83	100	75	100	100	100	100	93
	Qous	100	100	88	100	100	100	100	98
	Naqada	100	100	100	100	100	100	100	100
	Armant	100	100	100	100	100	100	100	100
	Esna	100	100	88	100	100	100	100	98
Aswan	Aswan	83	100	100	100	100	88	80	93
	Daraw	100	100	100	100	100	88	100	98
	Kom Ombo	83	100	100	100	100	100	80	95
	Nasr	100	100	88	100	100	100	60	93
	Edfu	83	100	88	100	100	88	80	90
Luxor	Luxor	100	80	88	100	100	100	100	95
	El Bayadeya	83	100	88	100	100	100	80	93

Activity No. 4.4: Data Use Workshops

- No activities were conducted during this quarter.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.5 TASK FIVE: Research Activities

Accomplishments:

Activity No. 5.1: Identify and Conduct Operation Research Studies

- Approval was received on seven topics; work is in progress in all seven of them with various degrees of progress.
- Progress in the seven studies is as follows:
 - *Impact of the use of CPAP on neonates with respiratory distress*: all preparatory phases completed, piloting completed and the process of data collection and entry is ongoing.
 - *Collaborative patterns between specialists during and immediately following deliveries*: proposal completed, data collection tools developed and data collection in progress.
 - *Hospital practices for normal delivery in Upper Egypt Governorates*: proposal and data collection tools development completed, preparations for field work are underway.
 - *The role of the non-pneumatic anti-shock garment in the first-aid management of obstetric hemorrhage*: proposal and data collection tools development completed; training of data collectors completed, collection of data for pre-intervention phase completed, post-intervention phase data collection is ongoing.
 - *The use of uterotonics for the management of the third stage of labor*: proposal and data collection tools development completed; training of data collectors completed; collection of data for pre-intervention phase completed, post-intervention phase data collection is ongoing.
 - *Nutritional survey in El Basra Village*: proposal and data collection tools development completed, data collection completed, data entry and analysis in progress.
- *Assessment of case fatality rate in NICUs*: Preparatory phases of the study completed, data collection in the first study site is ongoing.

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

- No activities were conducted during this quarter.

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

- Safe Motherhood Committee (SMC) sub-committee for MMSS meeting was held in Minya Governorate on July 21, 2004: ten maternal death cases were reviewed with the Head of Ob/Gyn Departments of the General/ District Hospitals in Minya. The meeting was headed by the Undersecretary of the Health Directorate and his Deputy and was attended by subcommittee members from GSMC and DSMC. Improvement plans were planned to prevent the occurrence of future maternal deaths.
- Another Safe Motherhood Committee (SMC) sub committee for MMSS was held in Minya Governorate on August 30, 2004: 15 maternal death cases were reviewed and agreed upon future improvement plans for the prevention of

future maternal deaths. The SMC subcommittee for MMSS meeting was attended by the Head of Ob/Gyn Department at General/ District Hospitals and members of GSMC and DSMC.

- Milestone # 24 “Assist MOHP in the development and pilot test of the national maternal mortality surveillance system at target 9 Upper Egypt Governorates” was finalized and submitted to USAID on September 15, 2004.

C.10.7 TASK SEVEN: Better Social Community Services

Accomplishments:

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

- Seven one-day workshops were held in Minya to review the implementation progress of the Community Action Plans (CAPs) in seven communities.
- The workshops were attended by a total of 154 participants representing CHCs members, Heads of Local Administration Units, Managers of the health facilities in these communities and Outreach Workers who conducted the Community Needs Assessment.
- The main results of the workshops were the review of the implementation progress of (CAPs) to:
 - Identify constraints hindering the implementation of CAPs,
 - Review the identified interventions and adjust CAPs accordingly,
 - Add/delete new interventions according the implementation status of the CAPs
 - Adjust responsibilities and time-frame.
- The following table illustrates the involved communities in the above-mentioned process:

Table 12: CHCs Training on The CAP:

Governorate	District	Community	Date
Minya	Mallawi	Beni Khaled	July 7
		Qalandool	July 14
		Dayrout Om Nakhla	August 18
	El-Edwa	Atf Hedar	July 5
	Maghagha	Dahmaro	July 11
		Dahrout	July 12
		Bertabat	August 25

Activity No. 7.2: Community Health Education

Activity No. 7.2.1: Community Outreach Workers

- Five three-day workshops were held in El-Wahat District, Giza Governorate for Outreach Workers. The trainees were the Outreach Workers who conducted the Community Needs Assessment in these communities – fifteen Outreach Workers from each community attended with a total of 90 participants.
- The purposes of the workshops were to:
 - Train Outreach Workers on communication for health education and how to conduct home visits for the households to increase women health knowledge and improve their health practices related to MCH issues.
 - Train outreach workers on how to use the HM/HC IEC materials – counseling cards, flyers during their home visits.

- As a result of the five workshops, each Outreach Worker was assigned 30 households to conduct home visits for health education. The goal of health education activities at the household level is to increase community health awareness and improve community health practices through the promotion of a core set of healthy behaviors.
- The CHC members and the Health Providers in these communities were involved in this process. An agreement was made with the Outreach Workers to document the findings of each home visit and report back to the CHCs and Health Providers.
- The following table illustrates the involved communities in the above-mentioned process:

Table 13: Outreach Workers Training on CNA

Governorate	District	Community	Date From-To
Giza	El-Wahat El-Baharia	El-Qasr	August 3-5
		Mandesah	August 7-9
		Qabala & El-Harra	August 10-12
		El-Baweety	August 14-16
		El-Zabw	August 17-19

Activity No. 7.3: Training of Health Educators

- During this quarter, a series of health education workshops were conducted by lead trainers trained through HM/HC, as follows:

Table 14: Health Education Workshops

Governorate	Date	Number of Participants
Giza	July 26	35
	August 2	31
Total		66

Activity No. 7.4: Female Genital Cutting**Activity No. 7.4.1: Activities Targeting the Community and the Non-Medical People**

- During this quarter, 54 participants including: Social Workers, Health Educators, and Community Outreach Workers from local NGOs were trained on advocating against FGC on the following dates:

Table 15: Non-medical FGC Workshops:

Governorate	Date From-To	Number of Participants
Giza	July 18-20	30
	July 27-29	24
Total		54

Activity No. 7.4.2: Activities Targeting the Health Providers

- The FGM Protocol and CBT Module were finalized, printed and will be distributed next quarter.
- Training of 48 Obstetricians using the FGM Module continued as follows:

Table 16: FGM Module Training:

Governorate	Date	Number of Participants
Giza	July 7	12
	July 8	12
	August 22	14
	August 23	10
Total		48

Activity No. 7.5: Engaging the Private Sector

- No activities were conducted during this quarter.

Activity No. 7.6: Continuing Community Activities

- During this quarter, the FGM booklet, flyer and matching cards were re-printed and delivered to JSI warehouse.
- On-going work to develop a summary of all HM/HC publications.
- An RFP for printing HM/HC publications and ER posters was developed, and sent out to three different printshops. Only one offer was received for the publications, and two offers for the posters. The offers were reviewed, and two printshops were contracted.
- During this quarter, the following publications were edited, finalized, and are being printed :
 - Neonatal Protocols for Physicians and CBT Modules
 - BEOC Protocols for Physicians, CBT modules and Flowcharts
 - Anesthesia Protocols for Physicians and CBT Modules
 - FGM Protocols for Physicians and CBT Module
 - Planning and Management Manual
- An inventory of the HM/HC Publications and IEC materials was conducted during this quarter.
- Distribution of IEC materials was implemented by TNT, and a random check was carried out to ensure the proper completion of the distribution plan.

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

- During this quarter, a total number of 173 participants were trained on the inter-personnel communication (IPC) skills targeting physicians and nurses from the Ministry of Health and Population in Minya, Assiut and Giza Governorates.

Table 17: Interpersonal Communication Skills Training:

Governorate	Date From-To	Participants	Number of Participants
Giza	July 4-5	Physicians	21
	July 6-7	Physicians	12

Governorate	Date From-To	Participants	Number of Participants
	July 19-20	Physicians	13
	July 26-27	Nurses	22
	July 27-28	Nurses	23
	August 11-12	Physicians	15
	August 17-18	Nurses	19
	August 23-24	Physicians	19
	August 29-30	Nurses	29
Total			173

Activity No. 7.8: Behavior Change

- No activities were conducted during this quarter.

Activity No. 7.9: Gold Star

- No activities were conducted during this quarter.

Activity No. 7.10: Iron Supplementation Program

- During the current school year the program will be sustained in all Upper Egypt and Suez Governorates. It will also launch in new governorates; Dakahlya, Kafr El Sheikh and Matrouh governorates as well as in Amereyah and Borg El Arab districts of Alexandria Governorate.
- In correspondence with the general policy of the country in promoting young women, SHIP will expand during the current school year to cover the "One Classroom Schools" for girls in the target governorates. These schools include the girls who did not complete their basic education in schools.
- The amount of needed iron tablets is increased this year because of launching in new governorates and the natural increase of the number of the students. In order to avoid shortage of tablets that occurred in the previous years, the SHIP officials started the purchasing process early and contracted a new company (Eva Pharmaceutical Company), besides the current company (Misr Pharmaceutical Company).
- Iron tablets are being distributed to HIO and MOHP districts of target governorates. Distribution of the tablets to students will start in most governorates in October, 2004.
- More than 4 million students in over 7000 preparatory and secondary schools in 14 governorates will receive weekly iron tablets during the current school year.
- Cups are under production and distribution to target governorates. It is planned to be distributed to all governorates by the end of Ramadan.

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

- Health education posters and booklets were delivered to the new governorates; Dakahleya, Kafr El Sheikh, Matrouh, and the two districts in Alexandria (Amereyah and Borg El Arab).

- Printing of posters and booklets is still taking place to cover the rest of the governorates. It is planned to have all governorates covered by the end of October 2004.
- Duplication of the CDs that contains the health education film is taking place through HIO. It is planned to distribute them to target schools in the new governorates.

Constraints:

- None.

Proposed Actions to Overcome Constraints:

- None.

C.10.10 TASK TEN: Small Grants Program

Accomplishments:

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

- No activities were conducted during this quarter. All Base Period Award were closed-out.

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

- Two refresher workshops on technical issues were conducted for 18 NGOs. [Each NGO was represented by the Project's Technical Manager and two Supervisors who were asked to give a short presentation on the Project's achievements during the first term of the Project \(May 1 – August 31, 2004\), problems encountered, strengths, weaknesses and stories of success.](#) NGOs had the opportunity to share and learn from each other experience and to relate their personal approaches to the implementation of the outreach activities. MoISA Undersecretary and Assistant Undersecretary for Giza Directorate attended the workshops.
- Two refresher workshops on financial issues were conducted and attended by the Project's Financial Managers and Treasurers. JSI commented on the NGOs' financial reports and participants were given a refresher tests on JSI financial rules and regulations.
- In coordination with Task VII (Health Education), 3 NGOs attended a series of workshops on FGM and 4 NGOs attended Health Education.
- In coordination with Task II (Slum Areas Development), [3 NGOs working in the Slum Areas of Gharb El Mattar and Basateen Sharq were given three different workshops during which they were trained on how to collect data using JSI data collection formats and how to communicate specific health messages to target beneficiaries. These workshops were then followed by a series of health education training](#)

Table 18: Training on Communication Skills

Workshop Type	Date From-To	Number of NGOs	Number of Participants
Technical refresher workshop	September 13	9	25
	September 14	9	18
Financial refresher workshop	September 15	9	12
	September 16	9	14
FGM (Task VII)	July 27-29	3	20
Health Education (Task VII)	July 26-29	2	10
	August 2-5	2	19

Workshop Type	Date From-To	Number of NGOs	Number of Participants
Data Collection (Task II)	July 3-8	3	50
How to communicate Health messages (Task II)	July 10-13	2	22
Health Education (Task II)	July 12-13		22
	July 21-22	1	23

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

- [A total amount of LE 251,574 was disbursed to 29 NGOs in accordance with the contracts'](#) terms of payments. The table below shows the distribution of grants by governorate.

Table 19: Distribution for Grants

Governorate	Installment in LE	Number of NGOs
Sohag	66,977	11
Giza	168,228	17
Cairo	16,369	1
Total	251,574	29

- A monitoring plan was set up to visit NGOs working in Cairo and Giza Governorates and to assess their performance in implementing the Project's activities particularly home visits and seminars. Special emphasis was given to the NGOs working the slum areas of Gharb El Mattar and Basateen.

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

- The remaining NGOs contracted in Phase II of the Option Period were closed out in July 2004. The table below lists these closed NGOs.

Table 20: List of Closed NGOs

Governorate	Award No.	Total Award	Total Amount spent by NGOs	Refund
Assiut	135	17990	17990	00.00
	136	19680	19650	30.00
	137	18860	18679	181.00
	138	19020	18965	55.00
	139	20160	20158	2.00
	140	18990	18958	32.00
Minya	141	18440	18440	00.00
	142	22230	22230	00.00
	143	17970	17971	-1
	144	23940	23865	75
	145	18425	18381	44
	146	20830	20830	00.00

Governorate	Award No.	Total Award	Total Amount spent by NGOs	Refund
	147	24110	24072	38.00
	148	18440	18431	9.00
	149	20160	20089	71.00
	150	26280	26280	00.00
	151	24370	24370	00.00
	152	25470	25410	60.00
	153	19350	19350	00.00
	154	21510	20883.26	626.74
	155	17990	17960	30.00
	156	19260	19260	00.00
TOTAL	22 NGOs	453,475	452,222.26	1,252.74

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.11 TASK ELEVEN: Commodity Procurement Program

Accomplishments:

Activity No. 11.1: Commodities

- JSI/TCA completed the procurement process and issued Purchase Orders and Contracts for a total of US\$ 8,273,312.38 . The total amount committed to date is 91% of the total procurement budget.
- TCA has procured the following items this quarter per the Life of Contract Procurement Plan:
 - US Portable Incubator
 - US Compact Mobile Medical Air Compressors
 - Local air conditioners
 - Local medical commodities
 - Local commodities for the nutritional survey study
 - Local gas supply piping
- The following commodities are currently being shipped from the United States: normal and portable incubators, compressors, vehicle spare parts, soap dispensers and related spare parts, wheel chairs, pulse oximeter sensors and stretchers.
- JSI and TCA have accepted delivery and installed the following items for recipient locations this quarter:
 - Medical Equipment in Minya, Assiut, Sohag, Qena, Luxor, Aswan, Giza, Beni Suef and Fayoum
 - Furniture in Minya, Assiut, Sohag and Giza
- Delivery Requests were issued for medical equipment, furniture, and supplies for facilities in Assiut, Minya and Giza as well as for air conditioners for facilities in Giza.
- A waiver request for humidifiers is being drafted for submission to USAID.
- Tests were conducted on 44 of the Preemicare incubators by an ECRI representative. Discussions have continued with ICS regarding the need for further repairs. Meetings were held with the USAID, the MOHP and the FDA regarding the Preemicare incubators. All details as well as correspondence have been shared with the MOHP and USAID.
- Inventory in the warehouse was maintained and a physical inventory was completed.
- The computerized Commodity Procurement Database was maintained and produced required reports.
- Distribution reports were provided to the GOE Customs Representative and Sales Tax Authority as required.
- The Procurement Milestone documenting \$7.5 Million in commodities was submitted to USAID.

Activity No. 11.2: Renovations

- All the bidding, contracting and financial procedures related to the renovation process were implemented according to the renovation plan.
- Contracts were signed for the renovations of the Wahat Baharia BEOCs.
- Contracts for all Giza Phase III BEOCs and El-Saff DH were implemented.

Activity No. 11.3: Publications

- During this quarter, the re-printing of FGM materials which include the following list were printed and delivered to JSI warehouse.
 - FGM booklet (10,000 copies),
 - FGM flyer (15,000 copies)
 - Matching Cards (6,000 copies)
- An RFP for printing four categories of publications and 44 Emergency Medical Services posters was distributed. Metropole was contracted to print the four categories of HM/HC Publications and Nubar for the Emergency Medical Posters.
- This quarter, the following publications were edited, finalized, and are being printed:
 - Neonatal Protocols for Physicians (1000 copies)
 - CBT Neonatal Modules (250 copies)
 - BEOC Protocols for Physicians (1000 copies)
 - CBT BEOC modules (250 copies)
 - BEOC Flowcharts (1000 copies)
 - Anesthesia Protocols for Physicians (500 copies)
 - CBT Anesthesia Modules (250 copies)
 - FGM Protocols for Physicians (500 copies)
 - FGM Module (250 copies)
 - Planning and Management Manual (250 copies)
- An inventory assessment was conducted during this quarter.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.12 TASK TWELVE: Coordination Activities

Accomplishments:

HM/HC – JSI Coordination:

- A following series of meetings were held during this quarter with the attendance of Dr. Esmat Mansour, Head of Integrated Care and Nursing Sector and HM/HC Executive Director; Dr. Reginald Gipson, JSI Chief of Party and team from JSI:
 - **August 23, 2004:** Dr. Esmat Mansour was briefed about the updated versions of curriculum for the Nursing Schools, Emergency Services Protocols and Continuous Quality Improvement Manual. The integration activities with TAHSEEN/Catalyst were discussed during the meeting and it was agreed that TAHSEEN/Catalyst will be provided by the updated version of the BEOC Protocol for Physicians once it is finished and that TAHSEEN/Catalyst should use it for training without any changes whether in formatting or contents.
 - **August 29, 2004:** the meeting agenda included discussion of CQIS Manual and how to integrate it in the Quality Improvement Department/MOHP as a tool for its accreditation system. Also, the proposed action plan to coordinate HM/HC activities with the Curative Care Sector/MOHP was discussed. This plan is based on the decision/recommendations taken by the National Supreme Safe Motherhood Committee during its second meeting that took place on March 25, 2004 and was headed by H.E. Minister of Health and Population. In addition, the need for establishing a neonatal department organizational structure was discussed. Dr. Esmat Mansour decided to call for a meeting with the Curative Care Sector, Quality Improvement Department/MOHP and the Training Central Department /MOHP to discuss the action plan in order to implement the decision/recommendations taken by National Supreme Safe Motherhood Committee.
 - **September 7, 2004:** Dr. Hassan El Kalla, Head of the Curative Care Sector; Dr. Bassiuni Salama, Quality Assurance Department Director and Dr. Said Madkour, Director of the Central Department for Training attended this meeting. The meeting included a discussion of the proposed action plan to coordinate activities with the Curative Care Sector/MOHP, Quality Improvement Department /MOHP and the Training Department/MOHP. It also included the discussion of HM/HC-JSI Continuous Quality Improvement System Manual (CQIS) and the need to conduct a national workshop for the Clinical Indicators. The attendees discussed how to strengthen the Supervisory System at the Obstetric and Neonatal Units/Curative Care Sector and the responsibilities of Central Level/Curative Care for Neonatal Units regarding training and commodities. The MOHP officials who attended the meeting agreed upon nomination of liaison persons from each Sector/Department to implement the action plan and decision/recommendations taken by the National Supreme Safe Motherhood during its second meeting on March, 25, 2004. Also,

agreed on the importance of conducting a national workshop for the Clinical Indicators. The high importance of strengthening the Supervisory System at the Obstetric and Neonatal Units/Curative Care Sector was agreed upon.

- **September 20, 2004:** the first Training Committee meeting was held at the HM/HC Project meeting room with the participation of different MOHP sectors. The meeting discussed the best use of available MOHP training materials, protocols and guidelines; Integrated Standards of Practice Package and Workshop and the Postpartum Care Workshop (Attachment A).
- A meeting was held to discuss the possibilities of exchanging procurement data between JSI application and HM/HC Project's Application. The meeting took place on September 26, 2004 with the attendance of Mrs. Olivia, Procurement Officer, HM/HC; Mr. Mohamed Abbass, Programmer, HM/HC; Mr. Sameh Gamil, Senior Systems Engineer, JSI and Ms. Ola Zakaria, JSI Procurement Specialist. They discussed the following three options:
 - the first one was giving the Project the JSI Procurement Software System including data;
 - the second option was giving the Project the Table of Purchase Orders after doing conversion to suite with the Project Application;
 - the third one was giving the Project the Tables of Purchase Orders without data conversion. The three options will be discussed during coming meetings.

Integrated EMS/Lab Activities with MOHP

- During the quarter from July to September the JSI EMS team worked with the Central EMS and Curative Care Sector of MOHP to implement the program of upgrading the EMS at 100 hospitals in Egypt using the HM/HC- JSI Model in pilot hospitals of Upper Egypt. JSI conducted three workshops for EMS/TOT for 60 lead trainers of Upper Egypt. JSI provided MOHP counterparts with EMS Training Materials, namely EMS clinical protocols for physicians and nurses, modules and EMS Service Standards. Representative of MOHP joined the JSI EMS Team in their scheduled OJT field visits to get acquainted with the process.
- During the last quarter JSI Team conducted laboratory workshop in Giza Governorate. The workshops and field visits were joint by representatives from Central Laboratory.
- Monthly meeting with Central Laboratory in Cairo was performed to integrated activities between both sides; perform problem analysis for laboratory problem defected at field visits and plan corrective actions. Two Laboratory publications were drafted and are being revised:
 - Essential Laboratory Service Protocol for Physicians.
 - Essential Laboratory Service Protocol for Technicians

NICHP/MOHP/TAHSEEN/JSI Coordination

- To discuss NICHP role in the unification of the coding system of Family Planning with the HIS standards, a meeting was held on September 19, 2004 with the participation of Dr. Thanaa Ibrahim, NICHP Director, NICHP/MOHP;

Mr. Elsayed Mohamed, Information Coordinator, TAHSEEN/Catalyst and Mr. Khaled Abdel Fattah, Senior Systems Analyst, JSI. They agreed upon the following:

- NICHP and Family Planning will coordinate together the process of exchanging data using both code sets as a temporary solution till further efforts in changing the Family Planning codes.
- NICHP and FP agreed on the procedures of implementing the development of a cross match database for both code sets to be used in the data exchange process.
- To make the NICHP Help Desk more effective in supporting MOHP IT requirements, it was agreed that the Help Desk provides support to FP statisticians in the governorates and districts. FP/MIS is invited to provide training to Help Desk staff on the FP systems so that the NICHP Help Desk can support these systems. A technical meeting will take place to discuss the requirements of the HELP Desk to support Family Planning activities.

NICHP/MOHP/JSI Coordination

- A meeting was held on September 27, 2004 to produce the final version of the upgraded HIS application for MOHP. The meeting was attended by Dr. Gamal Hassan, MIS Officer, HM/HC; from NICHP: Ms. Heba Shaheen, Programmer, Mrs. Nadia, Senior HIS Officer; Mr. Ahmed El Gohary, Mr. Khaled Abdel Fattah and Mr. Sameh Gamil, JSI. They agreed upon the following:
 - JSI will include some enhancements to the core of the application.
 - NICHP confirmed all modifications requested by the governorates MHIS centers in Upper Egypt and developed by JSI in the application.
 - NICHP asked to add low-level security on the HIS database and data backups to prevent users from having illegal access to the data.
- The meeting resulted on the following decisions:
 - JSI will send the final version of the application after including the required enhancements to the core of the application.
 - NICHP will revise the application and inform JSI with results of the revision.
 - JSI will research on the low level data security and inform NICHP with its results and how to implement it.

TAHSEEN Project

A) Integration of MHIS and Family Planning MIS

- Two day workshop was held on September 10-12, 2004 in Minya Governorate, the objectives of the workshop were to discuss, revise and modify the Integrated Standards of Practice, Integrated Counseling and Integrated Training Package. The workshop was attended by Dr. Hassan Nabih, Population Sector Supervisor, Dr. Mohamed Abo Gabal, TAHSEEN Training Supervisor, Dr. Ahmed Metwalli, Former MCH Director and Dr. Wafaie El Sakkary, JSI Quality Assurance Specialist the Integrated Standards of Practice was revised, modified and recommendations were made in preparation for submission for the national consensus. Additionally, the

integrated training package and the IPC Package were revised by the technical group.

B) MOHP Accreditation of Healthcare Facilities

- A session was delivered about MOHP Accreditation of healthcare facilities and its relation to quality improvement. The workshop was held in Minya Governorate in September 13, 2004. Attendees were physicians from BEOC in Mattay and Mallawi to introduce the Integrated MCH/FP Package of Essential Services. Dr. Alaa Sultan, HM/HC Clinical Supervisor attended the workshop.

Family Planning/NEDSS/USAID/MOHP Coordination

- A coordination meeting for MHIS was held in JSI premises on July 28, 2004. USAID contractors: JSI, CATALYST, Policy II and PHR Plus discussed various MIS issues under the SO20 activities. The meeting was attended by Dr. Nahed Matta, HM/HC CTO, USAID (Attachment B).

Contract Administration

Accomplishments:

- Full and part time staff positions were filled for the Option Period. A Contract Staff List detailing employee names and positions can be found in Annex C.
- Assiut and Minya field offices were closed and commodities transferred to each governorate.
- The JSI budget-tracking tool was updated monthly and actual projected expenses were entered.
- JSI provided monthly expenditure estimates to USAID as required.
- JSI use of PIL funds is being tracked daily and reconciled with the Project on a monthly basis.
- Project inventory records were updated and reviewed for accuracy.
- Travel and registration paperwork for MOHP counterparts attending workshops was processed.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None