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**Morocco Family Planning
and Maternal and Child Health
Phase V Project**

**EXTENSION WORK PLAN
1999 - 2000**

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Acronyms

AMPF	Moroccan Association of Family Planning
AR	Annual Report
ARCH	Applied Research in Child Health
A/V	Audio Visual
AWP	Annual Work Plan
BAJ	<i>BARNAMAJ ATTANMIA JTIMAIA</i> (Programme du Progres Social)
BASICS	Basic Support for Institutionalizing Child Survival (Project 936-6006)
BEOC	Basic Emergency Obstetrical Care
CAs	Cooperating Agencies
CCICM	Causes and Circumstances of Infant/Child mortality Survey
CDA	Community Development Agents
CE	Continuing Education
CEOC	Comprehensive Emergency Obstetrical Care
CERED	Centre des Etudes et de Recherches Demographiques
CHU	Centre Hospitalier Universitaire
CLM	Commodities and Logistics Management
CNFRH	Centre National de Formation en Reproduction Humaine
COP	Chief Of Party
CPN	Consultation Pre-Natale
CPT	Contraceptive Procurement Tables
CTM	Compagnie de Transport Marocaine
CYP	Couple-Years of Protection
DA	Division de l'Approvisionnement
DELM	Direction de l'Epidemiologie et la Lutte Contre les Maladies
DEM	Direction des Equipements et de la Maintenance
DF	Division de la Formation
DHS	Demographic and Health Survey
DHSA	Direction des Hôpitaux et des Soins Ambulatoires
DIEC	Division de l'Information, d'Education et de Communication
DIM	Division de l'Informatique et des Methodes
DMP	Direction du Medicament et de la Pharmacie
DNS	Diplôme National de Specialite
DP	Direction de la Population
DPF	Division de la Planification Familiale
DPRF	Direction de la Planification et de Ressources Financieres
DRC	Direction de la Reglementation et du Contentieux
DRH	Division des Ressources Humaines
DSA	Division des Soins Ambulatoires
DSMI	Division de la Sante Maternelle et Infantile
ECP	Evaluation and Community Planning
EOC	Emergency Obstetrical Care
EPPS	Etude de Panel sur la Population et la Sante
EVALUATION	Evaluating Family Planning Program Impact (Project 936-3060)

Acronyms

FP	Family Planning
FPLM	Family Planning Logistics Management
FPMD	Family Planning Management Development
Futures	Futures Group
GIQua	Gestion Integrale de Qualite
GP	General Practitioner
HIID	Harvard Institute for International Development
HIV	Human Immuno-Deficiency Virus
IEC	Information, Education and Communication
IFCS	Institut de Formation en Carrieres de Sante
IMCI	Integrated Management of Child Illnesses
INAS	Institut National d'Administration Sanitaire
INTRAH	International Training in Health (University of North Carolina)
ISQUA	International Society for Quality Assurance
IUD	Intra-Uterine Device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health Gynecology and Obstetrics
JHU	Johns Hopkins University
JSI	John Snow Inc
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry Of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
OMNI	Opportunities for Micronutrient Interventions (Project 936-5122)
PAPCHILD	Panarab Program for Child Development
PATH	Program for Appropriate Technology in Health
PCIE	Prise en Charge Integree de l'Enfant
PCIME	Prise en Charge Integree des Maladies de l'Enfant
PCV	Peace Corps Volunteers
PLMC	Programme de Lutte Contre les Maladies de Carence
PLMD	Programme de Lutte Contre les Maladies Diarrhoiques
PHR	Partnerships for Health Reform (Project 936-5974)
PHN	Population Health Nutrition
PMMS	Programme Marocain de Marketing Social
PNPF	Programme National de Planification Familiale
PNI	National Immunization Program (NIP)
PPD	Partenariat en Population et Developpement
PRIME	Primary Provider's Education and Training in Reproductive Health (Project 936-3072)
SCOPE	Strategic Communication Planning and Evaluation
SEIS	Service des Etudes et d'Information Sanitaire
SIAAP	Service d'Infrastructure des Actions Ambulatoires Provinciales
SM	Safe Motherhood

Acronyms

SMSM	Societe Marocaine des Sciences Medicales
SNIS	Systeme National d'Information Sanitaire
SOMARC	Social Marketing of Contraceptives
SOU	Soins Obstetricaux d'Urgence
SOUB	Soins Obstetricaux d'Urgence de Base
SOUC	Soins Obstetricaux d'Urgence complets
TAG	Training in Group Health Education Techniques
TDY	Temporary Duty
TOT	Training of Trainers
UGP	Unite de Gestion du Project
UNFM	Union Nationale des Femmes Marocaines
URC	University Research Corporation
USAID	United States Agency for International Development
VSC	Voluntary and Surgical Contraception
WHO	World Health Organization
WP	Work Plan

THE MOROCCO FP/MCH PHASE V PROJECT

JULY 1999 – JUNE 2000 WORK PLAN (WP 99-00)

Introduction

The FP/MCH Project Phase V has ambitious programming objectives which are considered by the Ministry of Health and the USAID as essential to the long-term success of the national family planning and maternal and child health program. To achieve these objectives, and to keep within the important evolution of the national policy regarding FP/MCH programs, certain activities will not be finished between now and June 30, 1999, the actual date of the end of the 1998-1999 work plan. These activities will require continued technical assistance, the active involvement of all partners, and the reach of a wide consensus. A one year extension of the Project, until September 30, 2000, will be therefore precious for the completion of these activities.

At the same time, USAID and the Ministry of Health (MOH) agreed that many elements of the present work plan will be achieved between now and September 30, 1999 and should not be continued during the Project extension. The extension will be uniquely devoted to activities in progress which are considered essential to the success of the transition towards a post-bilateral period of limited support from USAID to the Ministry of Health. This support will include the support *recently initiated to the political and administrative regionalization, and to the development of the private sector*.

Thus, this document proposes a new work plan that covers the period of July 1, 1999 to June 30, 2000, a date that permits the closure of the Project in September 2000. Since it is the last work plan of the FP/MCH Phase V, particular attention will be given during its implementation *to link the chosen activities and the expected results, as expressed by the performance indicators*.

The 1999-2000 Work Plan (WP 99-00) has been elaborated through a collaboration between the MOH, USAID, JSI, and the main cooperating agencies (PHR, POLICY, MEASURE, JHPIEGO, and PRIME). It serves as a framework of reference for all activities to be undertaken during the period from July 1999 to June 2000. For the activities that are not under the direct responsibility of JSI, only a summary is given, with reference to detailed work plans developed by the agencies concerned (Annex 1). Each activity which is not included in this work plan can only be considered on an exceptional basis and should any way be submitted to the Phase V Project Management Unit for approval.

To facilitate the achievement and the monitoring of the implementation of this work plan, information by management category has been inserted in Annexes at the end of the document. Thus, Annex 2 gives an outline budget of the WP 98-99, Annex 3 gives a list of consultations planned for the Work Plan, Annex 4 contains the scheduled local training plan, and Annex 5 overseas training.

Scheduling Activities

This 1999 - 2000 Work Plan (WP 99-00) has been developed from three documents

- 1 The 1998 - 1999 Work Plan (WP 98-99)
- 2 The WP 99 (or revised WP 98-99)
- 3 The terms of reference for the extension of JSI services contract

Based on their order of importance related to the extension of the established project priorities, and the status of the progress of implementation of WP 98-99, activities of this plan have been categorized in three groups (see table on the following page)

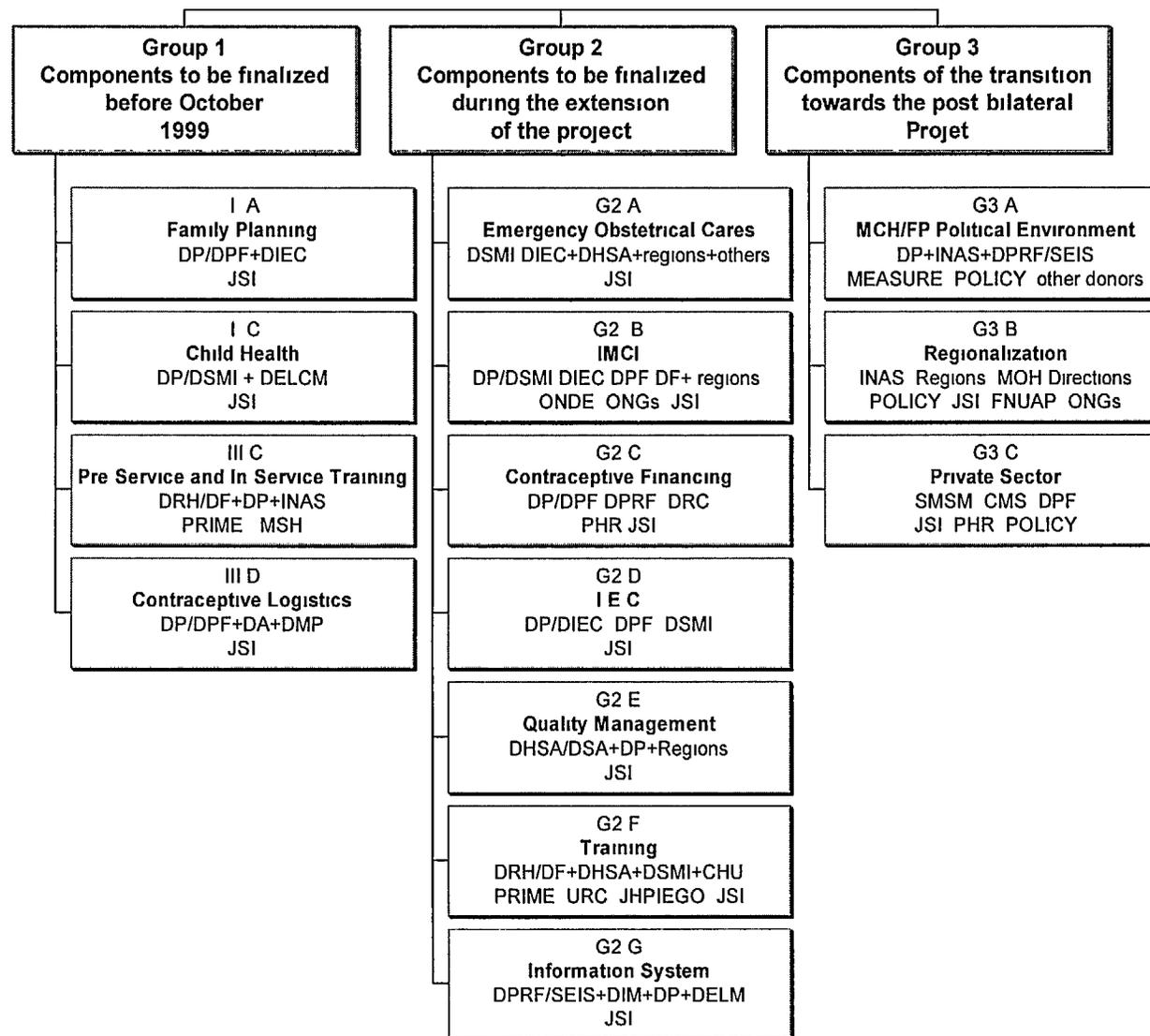
Group 1 Components to be finalized before October 1999 (not in the extension)

Group 2 Components to be finalized during the project extension

Group 3 Components to prepare for the post-bilateral project

For the follow-up and the evaluation of planned activities, we refer the reader to the "Project Management" section

Activity Groups and Executive Organs



GROUP 1 COMPONENTS TO BE FINALISED BEFORE OCTOBER 1999 (not part of the extension)

For the activities of the components to be finalized before October 1999, the code and title of the activity from the WP 98-99 have been maintained. The description of the activity gives a brief explanation of work that remains to be done during the summer, as well as the budget scheduled for the implementation. The necessary funds for the implementation of these activities have already been committed and have not been included in the extension program budget.

The component performance indicators are identical to those given in the WP 98-99.

Family Planning

As the activities of the Family Planning component will not be continued during the extension, it will be necessary during the summer to document the progress achieved by evaluating the performance indicators described in the WP 98-99. For certain indicators, a small field survey will be necessary. The performance of this survey will be discussed in the 1999 yearly report.

Otherwise, some activities of the WP 98-99 need to be finalized during the summer.

I A 1 Monitoring and Improvement in the Quality of Family Planning Service Delivery

The FP standards document is at the printer and will be ready in July. A national meeting is planned in September to present these standards, as well as the integrated supervision form, to the national, regional, and provincial decision-makers. Thereafter, the regions will themselves organize meetings to disseminate these tools for health service providers.

Committed budget (\$ 12,000)

I A 2 Strengthening of the IUD

650 sets of equipment for the FP/MCH departments are expected in Morocco during the summer.

Committed budget (\$ 534,000)

I A 6 Implementation of the IEC Strategy

Pre-nuptial project The discussion by the couple about the family planning and the choice of a contraceptive method is a major strategic focus of the FP program. The compulsory pre-nuptial medical visit is an excellent opportunity to sensitize future couples about reproductive health. The DIEC / DP had therefore started a pilot project on the pre-nuptial medical visit. During the first quarter of 1999, the project took a few

first steps, such as the preparation of informational content, and the training of several regional trainers. As of June, information days for public and private physicians are going to be organized in several regions according to a specific program that will last until September 1999.

Committed budget (\$ 20,000)

I A 8 Mobile Teams' Equipment and Manual

The mobile teams' equipment is expected during the summer.

The final text of the mobile teams manual will be printed during the month of July 1999.

Committed budget (\$ 350,000)

Child Health

I C 1 Child Health Booklets

The final format of the health booklets integrating the mother's card is ready. Once the agreement between the MOH and the ONDE is signed, funds will be released for the printing of a set of booklets that will be sold to establish a working capital.

Committed budget (\$ 50,000)

I C 5 Study on the reasons and the circumstances of the infant-juvenile mortality

This study is in its final phase of data analysis. A team from the MOH, with the assistance of an international consultant, will produce the final report in September 1999. A national meeting is planned in September to present the entire results of the PAPCHILD survey. Thereafter, regions will themselves organize meetings to disseminate the ECCD findings to the provincial health services managers.

Scheduled International Consultation (three weeks)

Committed budget (\$ 10,000)

I C 8 Promotion of the Hepatitis B Vaccine

This activity envisions the education of community agents, as well as the development of materials, to inform the population about this new vaccine, recently introduced into the vaccine calendar.

Committed budget (\$ 40,000)

Pre-service training and In-service Training

MSH

The development of 3 training modules (pregnancy follow-up, sterility and menopause) are in progress. Printing will be carried out before the end of September.

Committed budget (\$ 21,000)

JHPIEGO

- Rehabilitation of the training room and purchasing of furniture for gynaecology-obstetrics department - CHU / Casablanca

Committed budget (\$ 15,000)

Contraceptive Logistics

III D 2 Training in logistics management

The model of in-service training is at the last step of finalization. Several last changes of the case studies and the printing of the module remain.

Committed budget (\$ 5,000)

III D 4 Computerization and stock management of the warehouses

This application is in progress and should be finalized before September 1999. At the same time, the appropriate people will be trained in the utilization of this application.

Committed budget (\$ 2,000)

III D 7 Distribution and printing of the SIGL support materials

Some FP support materials will be finalized and printed before the end of September 1999.

Committed budget (\$ 4,000)

III D 8 Quality control of condoms (with PATH)

This activity is implemented through a subcontract with PATH. The arrival of the equipment ordered is expected during July. From the end of August, the training of the MOH personnel for the utilization of the equipment will be organized with the support of PATH consultants.

Scheduled international consultation

Committed budget (\$ 92,000)

III D 9 Administrative and logistic support to the MOH

The project is going to buy software to facilitate the solicitation of bids and the updating of the FP database

Committed budget (\$ 6,000)

Group 1 1999 - 2000 TIME TABLE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
Family Planning													
I A 1 Monitoring and Improvement in the Quality of Family Planning Service Delivery													<i>committed (\$12,000)</i>
- FP Standards dissemination meeting													
I A 2 Strengthening of the IUD													<i>committed (\$534,000)</i>
- Equipement arrival and distribution													
I A 6 Implementation of the IEC Strategy													<i>committed (\$20,000)</i>
- Prenuptial project													
I A 8 Mobile Teams' Equipment and Manual													<i>committed (\$350,000)</i>
- Equipement arrival and distribution													
- Manuel printing and dissemination													
Child Health													
I C 1 Child Health Booklets													<i>committed (\$50,000)</i>
I C 5 Study on the reasons and the circumstances of the infant-juvenile mortality													<i>committed (\$10,000)</i>
- Analysis finalized and report produced													
I C 8 Promotion of the Hepatitis B Vaccine													<i>committed (\$40,000)</i>
Pre-service training and In-service Training													<i>committed (\$36,000)</i>
- Training on other reproductive health fields (MSH)													<i>committed (\$ 21,000)</i>
- Rehabilitation of the Obstetrical Departement training room (JHPIEGO)													<i>committed (\$15,000)</i>
Contraceptive Logistics													

Group 1 1999 - 2000 TIME TABLE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
III D 2 Training in logistics management													<i>committed (\$5,000)</i>
- Production and printing of the pre-service training manual													
III D 4 Computerization and stock management of the warehouses													<i>committed (\$2,000)</i>
III D 7 Distribution and printing of the SIGL support materials													<i>committed (\$4,000)</i>
III D 8 Quality control of condoms (with PATH)													<i>committed (\$92,000)</i>
III D 9 Administrative and logistic support to the MOH													<i>committed (\$6,000)</i>

GROUP 2 COMPONENTS TO BE FINALISED DURING THE FP/MCH PHASE V PROJECT EXTENSION

As explained in the introduction, some components require more time and resources to finalize a minimum activity package that permit a critical level of the institutionalization to be reached necessary for the sustainability of the intervention. Thus, the pilot interventions in *Emergency Obstetrical and Neonatal Care (SONU)* and in *Integrated Management of Child Illnesses (IMCI)* require more technical support and consensus to prepare a well documented model that will be able to be replicated in other regions of Morocco. Also, a certain number of activities within the framework of contraceptives financing will continue during the extension. Finally, the investment in the strengthening of a certain number of management support systems require more time to ensure their sustainability. *Information, Education, Communications (IEC)*, *Quality Management*, *Training*, and *FP / MCH Management and Information System*.

The terms of reference for the extension of the JSI contract (Annex 6) categorized the strengthening of the management support systems under the group of activities to be finalized before the end of the extension. Some of them could have been categorized under the third group of the post-bilateral project. Indeed, in order to achieve an efficient decentralization, more long-term support will be necessary to improve the functioning at the regional and provincial levels of these management support systems of the health services in general, and to the FP/MCH programs in particular. In the spirit of the post-bilateral project, this support will be ensured jointly by the MOH, by USAID in one of two pilot regions, and by other donors.

A Emergency Obstetrical Care

Introduction

The objective of the "EOC" pilot project is to improve the capacity of health services in the regions of Fez - Boulemane and Taza - Al Hoceima - Taounate (TAT) to manage obstetrical emergencies. The project was based on the model of three potential delays levels that contribute to maternal deaths. In effect, when an obstetrical emergency occurs, there can be a delay caused by the mother and those near her to take the decision to resort to medical care, another delay can occur in reaching a health facility able to manage the emergency, and, there can be a third delay in the care management at the level of the health facility.

In 1997 and 1998, with the goal of reducing 2nd and 3rd level delays, project activities were concentrated on improving of the management of obstetrical complications in the health facilities offering the emergency obstetrical care (EOC), through rearranging and equipping health facilities and training the medical personnel. In 1999, the activities are concentrated on obstacles responsible for delays at the first level, and on the documentation of the pilot project with the view of generalizing the model nationwide.

Objectives

The objectives of the FP / MCH Phase V project in 1999 in the area of maternal health are

- 1 To facilitate the setting up of a decentralized management of the mother's health program in the pilot regions
- 2 To continue the sensitization of the decision-makers, health managers, and populations with the maternal mortality problem
- 3 To document the achievements and the lessons learned of the EOC pilot project in the two regions with the view of extending the approach to other regions by the MOH and other financial backers
- 4 To produce complete documentation of the project, including training modules, the lists of equipment, and the monitoring and evaluation tools with the view of extending the approach to the other regions by the MOH and other financial backers

Performance Indicators

- ▶ 70 % of the expected number of obstetrical emergencies in the provinces of the two pilot regions are managed in EOC facilities
- ▶ An operational model is entirely documented on the management of the obstetrical emergencies and is available for general implementation nationwide
- ▶ The level of the awareness with regard to the problem of maternal mortality measured among a representative sample of decision-makers in the Fez region is significantly higher than in a comparable region

Strategy The remaining activities of this component will be prepared and implemented more and more by the provincial teams, rather than by the central level teams. The role of the latter will be more a role of support than a role of management. Also, the central level personnel will be responsible for the writing of the document on the pilot experience with the view of replicating it nationwide.

Partners

MOH / Central level

- Population Directorate MCH Division / IEC Division
- Hospitals and Ambulatory Cares Directorate
- DIM
- DPRF / SEIS
- Human Resources Directorate/Training Division

MOH / Regional levels

- The teams of the Fez-Boulemane regions and TAT and other pilot regions

- The delegations of the relevant provinces
- The IFCS
- CHU of Rabat
- NGOs
- JSI team

Proposed activities

G2 A 1 Follow-up and strengthening the EOC pilot project

Within the framework of the follow-up and the strengthening of the pilot project, a certain number of activities will be finalized during the last six months of 1999

- Finalizing and dissemination of the standards of emergency obstetrical and neonatal care (SONU) It is planned that the standards document will be printed before the end of September 1999. Consequently, its distribution through meetings at the national and regional levels is planned for the last quarter of 1999
- Development of a maternal mortality audit protocol and production of a study report. It is scheduled to institute, train and operationalize an audit committee of maternal mortality in 6 maternity hospitals of the two pilot regions before the end of September 1999. During the last quarter of 1999, the project team will examine the relevance of the maternal mortality audit protocol and will produce a report on this experience for possible replicability in other regions. Involvement from an international consultant from the WHO is scheduled
- Production and dissemination of the IEC messages adapted at the local level. This activity will be implemented with the support of the Population Directorate's IEC Division. This includes meetings with the elected and officials from local collectivities to raise their collaboration in the research of solutions to the problem of maternal mortality
- Following the inter-personal communication training for midwives, organized during the past months, (Act 1 B 1 WP 98-99), it is scheduled to complete this activity by organizing a training session for chief gynaecologists from maternity hospitals
- Improvement of reliability and the local utilization of the revised information system, in order to ensure a reliable monitoring of the obstetrical emergency management indicators
- Following recommendations from the evaluation of the pilot project, complete the recognized equipment needs and ensure the training of personnel on the utilization of the equipment received within the framework of the project

Achievement indicators

- * The SONU standards are printed in 5 000 copies and are distributed to all officials
- * Maternal mortality audits, based on a standardized protocol, are made systematically in all CEOC facilities of the two regions
- * Messages adapted to the local context on pregnancy and delivery have been developed and disseminated through various channels including regional radio
- * Gynaecologists in maternity hospitals are trained in I P C
- * A meeting per province with the local officials on the problem of maternal mortality
- * The revised monthly report permits the monitoring and evaluation of the evolution of the obstetrical emergency management indicators
- * The equipment provided by the project is fully used by the personnel

International consultant (maternal mortality audit – 3 weeks)

Local consultant (Obstetrical and Neonatal Care Emergency Standards)

Budget \$ 47,000

G2 A 2 Documentation of the “ EOC ” pilot project

A certain number of activities have been planned in the setting up of the project extension in order to document and disseminate the results of the “ EOC ” pilot project. These documents will be very important in the extension of the “ EOC ” pilot project to other regions of the country.

- Production of a document analyzing the project, including the cost data (with a local consultant)
- Production of a documentary film addressing the approach and different components of the “ EOC ” pilot project. This activity will be implemented with the IEC Division of the Population Directorate
- Production and distribution of a television program relating the efforts deployed in the pilot project on the intensive care management of the newborn child (release in September)
- Updating and finalization of all training support materials, the IEC support materials and the standardized equipment lists, and its distribution to decision-makers and managers at all levels of health care systems

- Presentation and dissemination of the pilot project at the national level and to the international community (for example, at the GHC conference in Washington in June 2000 , and at the open medical day of public health physicians of the two pilot regions in December 1999)

Achievement indicators

- * Production and dissemination of a document on the " EOC " project
- * Production and showing of a film on the " EOC " pilot project
- * Production of a set comprised of all IEC support materials, training modules, and the standards material lists
- * Presentation of the project findings to at least a national and international congress

An international consultation is scheduled

Budget \$ 37,000

TIME TABE 1999 - 2000 Emergency Obstetrical Care													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
G2 A 1 Follow-up and strengthening the EOC pilot project													\$47,000
- Development, printing and dissemination of the SONU Standards													\$20,000
- Establishment of a maternal mortality audit protocol in maternities													\$5,000
- Production and dissemination of IEC messages - meeting with local officials													\$7,000
- IPC training session for gynaecologists													\$3,000
- Monitoring of the obstetrical emergency management indicators													\$0
- Training of the personnel on the utilization of equipment													\$0
- remaining equipment (EOC)													\$12,000
G2 A 2 Documentation of the "EOC" pilot project													\$37,000
- Production of a project document													\$10,000
- Production of a documentary film													\$6,000
- Production and distribution of a television program													\$2,000
- Updating and finalization of all training support materials, IEC materials and equipment list													\$4,000
- Presentation of the pilot project at an international/national congress						x						x	\$5,000
- Organization of open medical days of public health physicians													\$10,000
TOTAL													\$84,000

B Integrated Management of Child Illnesses (IMCI)

Introduction

IMCI was introduced in Morocco in February 1996. The MOH officially made the IMCI its major strategy to reduce infant mortality and morbidity. With the collaboration of BASICS, WHO and JSI, IMS started the process of adapting the algorithms and the WHO modules to permit the training of personnel in two provinces. After one year, the instructions and clinic-adapted modules were approved by the WHO, and the first training of trainers at the national level in clinic techniques and animation was held in October 1998. 24 "Circonscription Sanitaires" (CS) of Meknes and Agadir provinces had been chosen as pilot sites. When the extended work plan starts, it is expected that the personnel of 45 health centers will have been trained.

Community participation is an integral and essential component of IMCI. The MOH started the scheduling of this component shortly after the work on the algorithm had begun. However, in the absence of a good model for community involvement in the public health sector, it was necessary for about one year to have discussions and institutional strengthening to define an acceptable strategy and work plan. A pilot experience of community involvement was implemented in each pilot province. The MOH, by means of NGOs put into practice the EPC, a tool that permits the community to evaluate its major health problems and to tackle some of them by specific actions such as health education. The existing WHO model of the advice card for the mother has been adapted to the Moroccan context. The basic messages of the card have been integrated in the new health booklet that is now finalized. The card is also printed to serve in training to relate information at the community level.

The scheduled activities for the period of the project extension will carry on with the finalization of the pilot experience and to show a program of it to the MOH to permit replication in other provinces. All activities are scheduled for the period October to December 1999.

Objectives

- 1 To apply the IMCI approach to at least 24 pilot sites
- 2 To institute a system of supervision / monitoring of these pilot sites
- 3 To actively involve the community and local NGOs in IMCI and other health activities in at least two provinces
- 4 To provide a complete documentation of IMCI activities, including the training modules, the IMCI material, the methodology of community involvement, as well as the tools of monitoring and evaluation permitting their replication nationwide by the MOH and / or other donors

Indicators

- Increase the number of children correctly filed from 51 % (baseline) to 80 %
- Community action undertaken at all CS pilot levels

Strategy

The remainder of this component's activities will be prepared and will be more and more implemented by the provincial teams, rather than by the central level teams. The role of the latter will be more a role of support than of management. Therefore, personnel at the central level will be responsible for the writing of the document on the pilot experience with the view of replicating it nationwide.

Partners

MOH DSMI, DIEC, DP, DFP, provinces of Agadir and Meknes
NGOs of Agadir and Meknes
ONDE

Proposed activities

G2 B 1 Health personnel training at the two pilot provinces levels

A last training of personnel will be made in Meknes. The project will fund 16 people of Meknes and UNICEF will fund 8 people of their provinces.

Committed budget (\$ 8,000 - old I C – IMCI)

G2 B 2 Monitoring / supervision in 24 pilot “circonscriptions sanitaires”

A rigorous follow-up system after the pre-service training is an important element to ensure the success of IMCI. Monitoring visits are currently ensured by provincial trainers that have just received training in supervisory techniques. The MOH is going to elaborate a strategy permitting routine integration of IMCI monitoring in the existing supervision system.

Achievement indicators

- * Integration of the items related to the IMCI in the supervision reports

Budget \$ 10,000

G2 B 3 Community involvement activities

- *Development of a module on the “ Advice Card for the mother ” and the main IMCI messages*

This module will be finalized by the SMI Division and the IEC animators from the pilot provinces. It will be integrated into IEC activities for its dissemination. The training of lay people will be done in cooperation with the IEC Division.

- *Extension of the community approach to the provincial level*

Holding of meetings with NGOs in order to monitor progress, and to support the community projects in the implementation of IMCI until it's achieved. The EPC will be developed in concertation with health centers personnel.

- *Information, sensitization and training on the “ community approach ”*

The production of an abstract on the community approach and on the EPC methodology will be disseminated in September and will permit the generalization of this tool at the national level.

- *Organization of inter-sites visits*

Visits will be organized for health personnel, women of Associations and presidents of communes with the aim of exchanging and enriching the experiences undertaken inter-sectorially and in the health field.

- *Internal evaluation of the community experience to date*

An evaluation of activities achieved in the community approach field will take place in November. The concrete realizations concerning the child's psycho-social development, improvement of family practice concerning the ill child and the performances of the mobile teams will be evaluated.

- *Development of audiotapes and booklets*

Writing and printing of

- 1 booklets designed for the partly-alphabetized lay people (in Arabic)
- 2 brochures designed for the health personnel (in French)
- 3 Leaflets advocating the realizations of the community approach (in Arabic)
- 4 recording audiotapes designed for lay people

Achievement indicators

- * AC / EPC Guide produced
- * 25 people of the 5 pilot sites have made the inter-sites visits
- * Results of the internal evaluation are integrated in the final report
- * IEC support materials printed and disseminated

Local consultant (Escoffier) 10 weeks
International consultant (Naji) 3 weeks

Budget \$ 65,000

G2 B 4 IMCI research

- ▶ Anthropological research on child illnesses (July - August 1999)
- ▶ Study on nutritional state will be led before the end of December

The MOH will conduct a study in IMCI health centers of the 2 pilot provinces in order to determine the accuracy of parameters used to evaluate the nutritional state of children

Committed budget (\$ 11,500 – old I C - IMCI)

G2 B 5 Documentation and dissemination of the IMCI pilot experience

The extension period of the project offers an excellent opportunity to analyze the Moroccan IMCI experience to date, the feasibility of its replicability and the adjustment necessary to do it. All the didactic materials were finalized, and the last step will consist on of the evaluation and the dissemination of lessons learned. A complete set/envelope of materials containing/including the algorithm, the training modules, the community evaluation materials and the educational support material, will be produced and distributed to decision-makers and officials at different levels of the health system, as well as to potential financial backers.

It is also scheduled to present the Moroccan experience in international conferences (GHC / Washington 6 / 2000 - EMRO / Damascus 7/99)

Achievement indicators

- * 2 people make a presentation at the IMCI Conference of Damascus
- * Evaluation of the implementation of IMCI in the 2 provinces
- * IMCI conference lessons learned
- * Development of the replicability strategy (cost study)
- * Set of IMCI documentation
- * Presentation at GHC meeting in Washington

International consultant (cost study) 2 weeks
International consultant (evaluation) 2 weeks

Budget \$ 54,000 (*budget for Damascus already committed*)

1999 - 2000 IMCI TIME TABLE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
G2 B 1 Health personnel training at the two pilot provinces levels			■										<i>committed (\$8,000)</i>
G2 B 2 Monitoring / supervision in 24 pilot "circonscriptions sanitaires"					■								\$10,000
G2 B 3 Community involvement activities													\$65,000
- Development of a lay people training module	■												\$2,000
- Extension of the community approach to the provincial level	■	■	■	■	■	■							\$22,000
- Development of the CA/EPC guide	■	■	■	■	■	■							\$20,000
- inter-sites visits	■	■	■	■	■	■							\$5,000
- Internal evaluation					■								\$6,000
- Development of audiotapes and booklets				■	■								\$10,000
G2 B 4 IMCI research													
- Anthropological research	■	■	■										<i>committed</i>
- Study on nutritional state			■	■	■	■							<i>committed</i>
G2 B 5 Documentation and dissemination of the IMCI pilot experience													\$54,000
- Evaluation of the implementation of IMCI in the 2 provinces (nov)				■	■								\$15,000
- IMCI conference (Early in dec)						■							\$10,000
- Development of the replicability strategy	■	■	■	■	■								\$7,000
- Set of IMCI documentation				■	■	■							\$18,000
- Presentation at the GHC meeting												■	\$4 000
TOTAL													\$129,000

C Contraceptive financing

Introduction and historic

After the national workshop on the strategies of the consolidation of FP program, which was held in Marrakech in September 1998, a contraceptive financing committee has been constituted to follow-up recommendations made by the workshop participants. During 1999, several meetings took place, which most of the remaining problems to be solved. Also, with a consultant's assistance, a pipeline supply scenario of until 2004 was established, specifying sources and supplying modes.

Nevertheless, some remaining activities require a time of implementation beyond September 1999. Some of these activities depend on the approval of the five-year plan expected in September.

Objectives

- 1 To identify a realistic and reliable strategy for the acquisition of contraceptives by the public sector
- 2 A consensus is found on the sources and supply modes of the pipeline beyond the year 2000

Performance indicators

- ▶ Forecasts on the supply of the pipeline are known and a scenario has been prepared beyond the year 2000
- ▶ Decisive steps conducive to consensus on sources and modes of supplying have been taken in 1998
- ▶ The MOH will supply 100 % of the resources required for procurement contraceptive

Partners

MOH DP / DPF, DPRF, DRC
PHR

Proposed activities

Except for the travel of "phase-over", we refer the reader to the Work Plan of PHR (see Annex 1)

G2 C 1 Phase-Over Exchange visit (JSI)

The purpose of this activity is to share experiences with other countries which know or have known the phenomenon of financial transition after several years of USAID financial support.

for the purchasing of contraceptives. The matter will be (1) to share the experiences of financing health service programs under all forms, (2) to create or strengthen South-South relationships more with countries that might benefit from Morocco's expertise - for example in the logistics field - than with countries that might offer solutions to Morocco.

Based on the study of the synthesis of international experience, achieved by the FPLM project in 1998, it has been advised to visit Mexico and Chile. The visit has been planned for the fall of 1999.

Achievement indicator

* Report of visit applying lessons learned to the Moroccan situation

Budget \$ 15,000

Strengthening of Support Systems for Program Management

D Information, Education, Communications (IEC)

Introduction

Since 1994, the Phase V Project sustained the Division of IEC (DIEC) by strengthening the IEC competencies at the central and regional levels, with their own priorities

At the central level, this support permitted the strengthen of the DIEC team in the conception and production of quality printed and audio-visual support materials. The project also permitted the preparation of a technical platform and human competencies thus meeting the main conditions of technical autonomy. This statute of autonomy will permit the DIEC to fully play its role of agency advisor and to bid for the conception and the production of the IEC support materials financed by different public and private organisms

On the other hand, the provincial competencies that are in direct contact with the population have been strengthened by communication and animation facilitating the adoption of desired health behaviors. But because the task sensitizing the population on the topic of MCH/FP is so extensive, the MOH must count on partners such as lay people, NGOs and departments with social character to assist in the effort. These agents are able to inform women who benefit from their services, and guide them towards public and private health structures for delivery services

During the extension, the project will sustain the development of a more structured partnership between the MOH, NGOs and other lay people using the recently produced kit containing a guide and a flannel-board. Training sessions will be organized in different provinces while trying to set up a collaboration and a sustainable follow-up system

Objectives

- 1 To sustain the IEC activities in order to ensure that all the investments provided (equipment, training) during the Phase V Project are used efficiently
- 2 To ensure the utilization of adequate IEC supports within the framework of the partnership with NGOs and other lay people

Performance Indicators

- ▶ At the end of the project, 85 % of printed and audio-visual support materials are entirely conceived and produced by the DIEC
- ▶ Health education sessions of mobile teams and fixed facilities are undertaken with regular scheduling
- ▶ 80 % of the IEC agents and MCH/FP nurses regularly use the IEC support materials in their communication with the population
- ▶ At least 50 % of the volunteers trained by the NGOs involved organize sensitization sessions in their centers or during home visits

Proposed activities

All activities must be finished in December 1999 a part from those related to the collaboration between the NGOs and the MOH which will continue during the year 2000 These latter activities with the NGOs are going to be achieved in close collaboration with efforts of regionalization (see G3 B)

G2 D 1 Strengthening of the production

Asseha emission The last project support for the production of the " Asseha " emission was made in order to ensure the sustainability of this action Thus, and in the transition stage, a private agency has been selected for the production of this emission using the team and the technical platform of the DIEC in order to strengthen their competencies and optimize the utilization of the existing equipment At the end of this transition period, the DIEC studio team must be able to produce the emission autonomously The production process of 24 emissions expected in this transition stage constitutes a new experience that includes some difficulties in the implementation That is why assistance to the DIEC by the private agency will continue until September 1999, to guarantee the realization of fixed objectives

Committed budget (old III A 1)

G2 D 2 Distribution of the FP film

The distribution of the newly produced film on the discussion couples have when taking FP decisions will be made through Morocco between July and December 1999 The official launching in the presence of decision-makers and the press will be made on July 12, the World Population Day To ensure the best dissemination of this film, the project will support the conception, the production of the promotional material and its duplication in numerous copies The director of the film obtained the approval for the broadcasting of the film on the Moroccan television 1st channel (TVM) Also, in order to reach the far corners of Morocco especially those in rural areas, the film will be projected from a mobile caravan using the film as a support material to animate discussions around FP Finally, for the usage of this film overseas, particularly in the South-South activities, the project is going to support the subtitling of the film in French and if necessary in English

Achievement indicators

- * Production of promotional material for the FP film
- * Diffusion of the film to the press and the officials
- * Broadcasting of the film on Moroccan television (TVM)
- * Distribution of the film in all of the kingdom's provinces
- * Projection of the film by the mobile caravan in at least 6 provinces
- * Diffusion of the film on the CTM transport company for 3 months

* Subtitling of the film in French or in English

Budget \$ 30,000

G2 D 3 Support of IEC activities

The Phase V Project played an important role in the strengthening of the DIEC's IEC capacity. An efficient technical tray has been implemented, the staff competencies upgraded, and several quality support materials have been conceived and produced. This stage prepared the DIEC to increase its production volume of quality produced printed and audio-visual support materials. Thus the DIEC meets the necessary requirements to have technical autonomy in order to bid for the production of IEC support materials financed by various public and private organisms.

A storage system will be set up within the DIEC to permit better organization of realized productions, and to increase the opportunities to obtain autonomy. A local consultant will be hired to carry out this work.

The updating and the printing of some support materials for IEC activities will be further programmed following the recommendations of the Marrakech seminar. These support materials destined for service providers, will help to introduce the notion of "Reproductive Health".

Following the study on the man's implication in FP, orientations must be developed in order to improve men knowledge on FP, especially among young people. In this case, the same consultant who had assisted the MOH to develop the study, will be hired to carry out this work.

Achievement indicators

- * Storage system implemented in the DIEC production service
- * Updating and production of at least 2 IEC support materials for post-Marrakech
- * Development of main orientations to improve men's knowledge of FP

Local consultant storage (8 weeks)

Local consultant FP men (2 weeks)

Budget \$ 35,000

G2 D 4 Collaboration between the MOH and NGOs

During the last two years, efforts have been made to produce IEC support materials adaptable for usage by NGOs and ministerial departments with social character, indispensable lay people for the Ministry of Health. In order to ensure optimal utilization of these supports materials, training sessions will be organized in some provinces. These sessions will not only strengthen the capacities of these community development agents to transmit the messages, but will also help to develop a structured partnership with the

NGOs In the pilot provinces of Agadir and Meknes, particular attention will be given during the training to the introduction of the IMCI approach and to the mother's card, newly created with the purpose of sensitizing mothers to better child management at home

Achievement indicator

* Organization of at least 3 training sessions with the NGOs and other lay people

International Consultant 2 weeks (for the evaluation of the approach)

Budget \$ 60,000

1999 - 2000 IEC TIME TABE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
G2 D 1 Strengthening of the production													committed
- Asseha emission													<i>committed</i>
- Trip to INA Paris													<i>committed</i>
- Installation and training on equipment procured													<i>committed</i> (\$17,000)
G2 D 2 Distribution of the FP film													\$30,000
- Purchase of cassettes for duplication of film													<i>committed</i> (\$10,000)
- Production of promotional material													10,000
- Distribution of the film in all of the kingdom's provinces													2,500
- Broadcasting of the film on Moroccan television (TVM)													0
- Projection of the film by the mobile caravan in at least 6 provinces													2,000
- Diffusion of the film on the CTM transport company													500
- Subtitling of the film in French or in English													15,000
G2 D 3 Support of IEC activities													\$35,000
- Storage system implemented in the DIEC production service													12 000
- Development of main orientations to improve men's knowledge of FP													3,000
- Updating and production of at least 2 IEC support materials for post-Marrakech													20,000
G2 D 4 Collaboration between the MOH and NGOs													\$60,000
- Production of 1000 flannelographs													<i>committed</i>
- Printing of the CDAs guide and organization of workshops with NGOs													<i>committed</i> (\$35,000)
- Organization at least of 3 training sessions with lay people													45,000

1999 - 2000 IEC TIME TABE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
- Setting up of a regional follow-up system													5,000
- Evaluation of the follow-up approach													10,000
Total												\$125,000	

E Quality Management

Introduction and history

The activities of Quality Assurance (QA) led by the Project until now have been attached to build regional capacity for the training and facilitation of quality improvement teams in the GIQua sites. The project developed this capacity by training health center and hospital in the methodology of solving problems the teams, as well as the trainers and regional facilitators who sustain the QA efforts. At the same time, the Project supported the central level of the Ministry of Health to launch a basic National Assurance Quality Program (PNAQ) by organizing a national consensus workshop - seminar to establish priorities in this area.

The objective of the transition phase of this Project is to set up a sustainable QA activities strategy that is based on the experience of the GIQua component, and concentrate its efforts on family planning services and maternal and child health. The sustainability of QA activities is especially important to permit the maintenance of gains acquired in the quality of priority services previously mentioned beyond the extension period of USAID support. In addition, QA provides support to the regionalization process through the development of more rational service management based on decentralized decision making. In order to do it, QA functions must be integrated into all levels of the health system.

Objectives

The institutionalization strategy of QA, the sustainability of experience in family planning and maternal and child health, will permit the following objectives to be reached:

- 1 To reinforce local QA capacity
- 2 To integrate QA at the regional level
- 3 To institutionalize QA at the central MOH level
- 4 To develop a strategy to sustain QA activities

Performance indicators

- At the end of this project, the following results will be obtained
- The QA approach is used systematically by local teams to improve the quality of family planning delivery and of maternal and child health services
- The regions have the capacity to implement a quality management approach at the sites
- The central level of the Ministry of Health is able to manage the PNAQ functions (new indicator)
- The FP, SMI, and IMCI standards are developed and used in the pilot regions

Partners

MOH, DHSA, DP, DRH / Training Division, INH, IFCS, 8 regions
URC / JSI

Proposed activities

G2 E 1 Strengthening of Local Capacity in Quality Assurance

The project will complete training on QA and the setting up of support systems to the local teams in order to institutionalize the application of the QA methods in family planning and in maternal and child care in the 20 sites. The activities are the following:

Exchange visits between quality sites

The project will sustain visits between teams of quality improvement in order to teach each other and thus contribute to the dissemination of best practices of treatment and health service management.

Achievement indicator

* 3 representatives of each team have visited at least one other site.

Facilitation of the QA teams

The project will support the facilitation of quality improvement teams by facilitators (central, regional and provincial). This facilitation is necessary to permit teams to master the cycles of solving problems.

Achievement indicator

* At least 2 facilitation visits are made by the central level, and 2 by the regional level to each site.

Workshop on norms and quality monitoring

The project will train a core of regional facilitators in the development of standards of care and in the monitoring of performance indicators. These latter elements will help the local teams institute a system to assess their own performance.

Achievement indicator

* 1 workshop on the development of norms and the monitoring of the quality of care achieved.

International consultant

Budget \$ 38,500

G2 E 2 Integration of QA at the regional level

The strengthening of experience and of QA activities by the local teams depends on the capacity of regions to integrate QA in their activity plans and to ensure essential functions.

such as the monitoring of the quality of care. The activities are the following:

Regional seminary of QA activities planning

The project will train the regional teams in basic concepts of quality assurance, and will help them to insert QA activities into their work plans. A one week seminar is necessary to achieve this activity.

Achievement indicator

- * Integrated workshop of QA activities achieved

International consultant

Development of a regional plan for training and facilitation

The project will continue the training of regional facilitators that started in December 1998 by a workshop of 1) presentation of their performance on solving problems cycles and 2) development of a regional plan for the training and facilitation of the teams. These plans will be integrated in the activities sustained by the region.

Achievement indicator

- * 1 workshop on the development of regional training and facilitation planning

International consultant

Regional facilitators training

The project will support the realization of 5 training sessions of quality improvement teams in solving problems within the team. These trainings will be achieved by the future regional facilitators within the framework of their own training, and according to the training plan previously defined.

Achievement indicator

- * 1 pre-service training achieved at each region level

International consultant

Regional meetings on quality

The project will organize 1 conference in each region on the quality of care in order to document and disseminate improvements of health services. This reinforces the local commitment to QA.

Achievement indicator

- * A conference will take place in each of the 5 QA regions

International consultant

Development of quality monitoring

The project will train the regional and provincial teams to define a strategy to integrate monitoring of quality of cares into the regular system of supervision. The training will consist of capacity building in collection and analysis of indicators measuring compliance with the standards of cares. The training will also teach participants to provide regular feedback to health workers on their performance.

Achievement indicator

- * 1 workshop on quality monitoring

International consultant

Budget \$ 48,300

G2 E 3 Development of a national policy on the quality assurance

The project will help the Ministry of Health to develop a policy on the institutionalization of QA in Morocco and to strengthen the QA capacities.

National seminary on consensus building on norms and standards

The project will organize a consensus building seminar on the development process, adaptation, and revision of norms and standards of care in Morocco.

Achievement indicator

- * Guidelines available on the referential of norms and standards of care in Morocco

International consultant

Study travel to a country having an QA program

The project will organize a study travel of a Moroccan delegation to a third country that has a program or institutionalized QA activities.

Achievement indicator

- * Study travel in a third country

Participation in an international conference

The project will organize the participation of 2 Moroccan people to attend the International Society for the Quality Assurance (ISQua) conference

Achievement indicator

* Study travel in a third country

Budget \$ 27,200

1999 - 2000 Quality Management TIME TABLE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
G2 E 1 Strengthening of Local Capacity in Quality Assurance													\$38,500
- Exchange visits between quality sites													13,000
- Facilitation of the QA teams													12,000
- Workshop on norms and quality monitoring													13,500
G2 E 2 Integration of QA at the regional level													\$48,300
- Regional workshop of QA activities planning													8,000
- Development of a regional plan for training and facilitation													5,600
- Regional facilitators training													20,000
- Regional meetings on quality													6,700
- Development of quality monitoring													8,000
G2 E 3 Development of a national policy on the quality assurance													\$27,200
- National workshop on consensus building on norms and standards													9,000
- Study travel													11,500
- International conference													6,700
TOTAL													\$114,000

F Training

Introduction

All during the Phase V Project, the Training Division of the MOH focused on the development in-service training strategy, including support components for successful implementation (development norms and standards, strengthening paramedical schools' management competencies) During the extension period, the project will evaluate to what extent the strategy has been implemented in the context of regionalization During this same period, the elaboration of a longer development strategy and the implementation of the curriculum implementation is also planned

Pre-service training was also identified as an important supplementary activity in the effort aimed at ensuring the sustainability of MCH/FP delivery In the case of FP, the Training Division proceeded to revise the paramedical schools' training programs based on recently developed norms However, with regard to the IMCI and Quality Assurance programs, the experience was not sufficiently advanced to prepare these modules of pre-service training

Objectives

- 1 To finalize modules of pre-service training in SOU, IMCI and QA (paramedical only) with a strategy in place to permit their introduction into medical faculties (with the collaboration of JHPIEGO) and paramedical training schools (with the collaboration of PRIME)
- 2 To ensure that all the modules of in-service medical education developed at the central level (IMCI, AQ, SOU, Logistics) are planned and managed by means of a strategy to decentralize in-service training
- 3 To evaluate to what extent the strategy of in-service training has been implemented in the five pilot regions

Performance indicators

- Existence of pre-service training modules in SOU, IMCI and QA to test at the IFCS level
- Existence of yearly operational training plans of in-service training in at least 3 regions

Partners

MOH DRH / DF, DHSA, DSMI,
PRIME, URC, JHPIEGO,
CHU of Rabat and Casablanca, IFCS

Proposed activities

G2 F 1 Development of modules of pre-service training strategies of implementation

- IMCI (JHPIEGO and PRIME)

The project will contribute to the development of a strategy (paramedical and medical) and draft modules (paramedical only) ready to be tested until December 1999. It is planned that pediatricians of CHU (those who did not follow the pre-service training in IMCI) will be included in the training scheduled in September in Meknes and Agadir. In addition, pediatric teachers are going to visit pilot sites in Meknes and Agadir. Workshops for developing the strategy for the CHU and the modules for the IFCS will be undertaken. In order to finalize pre-service training programs in CHU and in the IFCS, and to ensure the continuity of these activities, a strategic meeting with other potential financial donors will happen in September.

- Quality Assurance (URC)

In collaboration with the DF, a program of training in QA for the paramedical personnel will be developed. Once the modules are finalized, 10 trainers from paramedical schools will be trained.

- Review of the SOU module for the IFCS (PRIME)

Last year, the midwives curriculum was reviewed outside of the Phase V Project. At this time, PRIME is going to review the SOU module to ensure that the new teaching approaches are respected.

- 2nd cycle program

Following two trips to "Universite de Montreal", the goals of which were to share experiences with an institution that offers an advanced training program in health management for paramedical staff, the project will work with the DF to develop a work plan for the development of a 2nd cycle program. This activity will be completed before the end of September.

Achievement indicators

- * Module(s) prepared to test at the level of two IFCS pilots (Meknes and Agadir)
- * Modules developed
- * Each IFCS has a trained teacher

Budget \$ 37,000 (+ \$ 11,000 already committed for the 2nd cycle)

G2 F 2 Implementation of the decentralized in-service training strategy (PRIME)

Before the beginning of the extension year (September, 1999), the DF is going to implement the strategy of decentralized in-service training through regional meetings. Once in place, the DF is going to evaluate the degree to which the new strategy is implemented at the regional level (5 pilot regions). In addition to this, it will be necessary to assess the efficiency of in-service training programs (such as Quality Assurance and contraceptive logistics) developed at the central level and implemented by regions (regional workshops).

Achievement indicators

- * 4 meetings at regional level covering all the regions with IFCS undertaken
- * Continued training work plans reviewed in at least 3 regions

Budget \$ 15,000 (*+ a committed budget for activities out of the extension \$40,000*)

1999 - 2000 Training TIME TABLE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
G2 F 1 Development of modules of pre-service training strategies of implementation													\$37,000
- CHU pediatric professors visit to the two IMCI pilot sites													3,000 JHPIEGO
- Pediatric professors included in the IMCI training at Meknes et Agadir													
- Strategic meeting with other potential financial donors (IMCI)													1,000 JHPIEGO
- IMCI Strategic planning Workshop with DSMI and CHUs representatives													5 000 JHPIEGO
- Capacity-building workshop for DF to develop IMCI modules													5,000 PRIME C 1
- Workshop (s) on IMCI module development													8,000 PRIME C 3
- Printing for the IFCS/IMCI module													2,000 PRIME/JSI
- Development of a training program en QA for IFCS													8,000 URC
- Training of teachers													3,000 URC
- Printing of modules													2 000 URC
- Review of the SOU for the IFCS													0 PRIME C 2
- Development of a work plan for the elaboration of a 2nd cycle program													<i>committed</i> (\$11,000) PRIME B 2
G2 F 2 Implementation of the decentralized in-service training strategy													15,000
- Regional workshops for disseminating the training strategy													<i>committed</i> (\$29,000) PRIME II-1 8
- Updating training of trainers techniques (participants to the workshops of 1996 and 1997)													<i>committed</i> (\$11,000) PRIME III 1

1999 - 2000 Training TIME TABLE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
<ul style="list-style-type: none"> - Follow-up and and clarification of advancement of the strategy • Visits of technical support and framing by applying the strategy • Follow up of a strategy user sample Follow up of a trainee sample 													15,000 PRIME I 9, I 10, III 2
- Final Follow-up and assessment of the Distance learning initiative													<i>committed</i> (\$4,000) PRIME IV 1/3
TOTAL												\$52,000	

G Health Information System for Management of MCH/FP Services

Introduction

With the goal of improving the relevance and the availability of information for the scheduling and the management at the central and peripheral levels an ambitious review of the MCH/FP information system started in 1998. This undertaking required the investment of joint effort from the program managers at the DP level, and the SEIS and the DIM managers who are in charge of managing the health information system (HIS). This work included at least three parts:

- (1) The adaptation of the information system to the new programming approaches of the management of obstetrical emergencies and the management of childhood illnesses ,
- (2) The development of a computerized program to allow data entry and the processing at the provincial and regional levels , and
- (3) The development of a computerized feed-back program which allows the analysis and the utilization of data by the provincial and regional teams without having to wait for feed-back from the central level

The three parts are in a recently implemented phase and require follow-up and continuous updating during the project extension

- Objectives*
- 1 To establish a computerized information system for MCH/FP management at the national and regional levels, and in the 23 provinces of the five pilot regions, that include a routine feed-back module at the regional and provincial levels
 - 2 To develop a model that permits the MOH to decentralize the functions of epidemiological monitoring at the regional level and to develop the necessary tools to permit the replication of the model in other regions of Morocco

Indicators At the end of the project

- The data of the MCH / FP programs from at least 90 % of the health facilities, will be available at the regional level with a maximum shift of 4 weeks and transmitted electronically at the central level after a maximum of 1 week
- In the pilot regions, at least 2 actions in each priority program are implemented on the basis of the regional data analysis

Partners

MOH DPRF / SEIS, DIM, DP, DELM

Proposed activities

G2 G 1 Development MCH/FP data entry + processing software for regional and provincial levels

The work already started on the development of a computerized system to enter and process the MCH/FP data at the provincial and regional levels, will continue during the entire extension period. Indeed, because the new system includes a significant shift in the responsibilities of HIS management between central and peripheral levels, a continuous support is considered necessary in order to strengthen the new system

- To finalize the MCH/FP data entry software and ensure its correct utilization in the twenty three provinces of the five pilot regions
- To develop the MCH/FP feed-back software MCH/FP data and permit its accessibility via the intranet of the Ministry of Health
- To develop the MCH/FP software for the central and regional levels by using a more efficient database management system and permitting its utilization via network (for example SQL Server)
- To explore at the regional level the development of a program to integrate MCH/FP epidemiological data with curative data

Achievement indicators

* The 23 provinces of the 5 pilot regions enter the MCH/FP data monitoring using the MCH/FP software,

* The MCH/FP feed back software is available in the provinces of all five pilot regions ,

* The MCH/FP database is accessible via the network at the central and regional levels ,

* A computer program integrating MCH/FP and epidemiological data has been tested in one region level

International consultation

Budget \$ 33,000

G2 G 2 Training of managers and providers in the utilization of the FP / MCH data

This activity is one of the most important ones in this component. During the extension period, managers of health services at all levels will be trained on the utilization of MCH/FP feed-back software with the participation of the MEASURE project. This same project will help in the training of health managers services on qualitative technical research

The expected result of these newly acquired competencies in information analysis is to make managers at the regional and provincial levels use information for making better decisions and concrete actions in the management MCH/FP programs. To this end, close collaboration between the DHSA and the regional QA teams will be sought to optimize the effect of actions undertaken. Also, the data to be collected will be transformed into performance indicators from the MCH/FP developed standards, thus permitting the follow-up of the quality of treatment achieved. Then, owing to the improvement technical quality, the local teams will be able to undertake more efficient actions from the problems that are identified. The IFCS will also be involved with all training activities, determined from the analyzed information, in order to ensure quality training. Other partners will be involved as needed such as the DELM, the DP / DIEC, DMP, the INAS, etc.

Thus, at least two types of activities will take place

- Workshops in the utilization of routine data analysis in the pilot regions, with the assistance of the SNISSTAT program, and later, with the feed-back module of the MCH/FP software
- Qualitative research projects, starting from problems identified during data utilization workshops

Achievement indicators

- * At least three regional data utilization workshops have been organized during the extension
- * At least three regional qualitative research projects have been implemented during the extension

Budget \$ 18,000

G2 G 3 Development and implementation of a regional epidemiological observatory in the region of Souss - Massa - Draa

This activity is framed in the context of the decentralization of epidemiological activities through the creation of Epidemiological Regional Observatories (ORE) in 16 regions of the country. The objective is to strengthen the provincial and regional capabilities in the field of epidemiology, to generalize computerized management by creating local and regional databases with systemic data analysis, and to initiate the utilization of local data in the decision making and action at the local and regional levels.

The realization of this activity will be achieved at the Souss – Massa - Draa pilot region level. The training of provincial managers in epidemiological monitoring has already taken place during the second quarter of 1999. Several activities are planned during the extension.

- Collection, analysis and systemic data interpretation
- Development of an early warning system to ensure timely responses to epidemics

- Training in Epi Info software
- Standardization in the collection and transcription of support materials for monitoring epidemiological data
- Creation of local and regional databases
- Production of a quarterly Regional Epidemiological Bulletin
- Implementation of the sentry monitoring system in the private sector

Achievement of indicators

- * Training of managers of epidemiological offices of the seven provinces in region
- * Existence of local and regional databases
- * Publishing and distribution of the Regional Epidemiological Bulletin

Budget \$ 26,000

G2 G 4 Documentation of the MCH/FP HIS Software

This activity consists of writing different technical reports about the MCH/FP software. Among the technical documents to be prepared, there is the data dictionary, the management rules, the conceptual models of data processing, the logical and physical data models, the organizational and operational models of processing, and the structure of the database. Also, it will be necessary to prepare the application utilization manual.

Achievement indicator

- * Complete technical documentation of the MCH/FP software is available

International consultant

Budget \$ 5,000

G2 G 5 Continuous support for the Ministry of Health computer systems

- Extend the Ministry of Health's Internet network to permit the management of an increasing number of subscribers
- Install back-up systems and anti-virus protection at regional and provincial levels
- Train 23 province delegates on the utilization of computers and e-mail
- Strengthen the DIM's software development capacity

Achievement indicators

- * The Internet and the e-mail are accessible to MOH users without major interruptions

* Back-up systems and anti-virus protection have been installed in the computers of provinces and pilot regions

* The delegates of all pilot region provinces know how to use a computer for tasks such as e-mail, word processing, and the MCH/FP software

International consultant

Local consultant (private agency)

Budget \$ 45,000

1999 - 2000 MIS TIME TABE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
G2 G 1 Development MCH/FP data entry + processing software for regional and provincial levels													\$33,000
- Finalization of the MCH/FP data entry software and ensure its correct utilization in the five pilot regions													\$15 000
- Development of the MCH/FP feedback software on MCH/FP data													\$0
- Implementation of central and regional MCH/FP data base management system													\$18,000
- Exploration at the regional level the development of a program to integrate MCH/FP epidemiological data with curative data													\$0
G2 G 2 Training of managers and providers in the utilization of the FP / MCH data													\$18,000
- Workshops in the utilization of routine data analysis													\$ 10,000
- Qualitative research projects													\$ 8,000
G2 G 3 Development and implementation of a regional epidemiological observatory in the region of Souss - Massa - Draa													\$ 26,000
- Development of an early warning system													TBD
- Creation of local and regional databases													TBD
- Printing and dissemination of the "Bulletin Epidemiologique"													TBD
G2 G 4 Documentation of the MCH/FP HIS Software													\$ 5,000
G2 G 5 Continuous support for the Ministry of Health computer systems													\$45,000

1999 - 2000 MIS TIME TABE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
- Extend the Ministry of Health's Internet network to permit the management of an increasing number of subscribers													\$ 25,000
TOTAL													\$127,000

GROUP 3 COMPONENTS FACILITATING TRANSITION TOWARDS THE POST- BILATERAL PROJECT

All activities field under this group, in addition of the technical support being brought to specific components of the Project, will contribute directly or indirectly to facilitate the transition towards the post-bilateral project, that the USAID in collaboration with the Ministry of Health intends to develop in 2000

The new post-bilateral project will continue to promote the institutionalization and the sustainability of the FP / MCH programs in Morocco with focused and diminished technical and financial support through intervention by a certain number of collaborating agencies financed by USAID / Washington. The following describes how the team of JSI, during the extension period, will implement the activities of this group in close collaboration with these collaborating agencies (CAs). The main CAs are POLICY, PHRS, CMS, MEASURE, JHPIEGO, and PRIME. Also, the project team will co-ordinate the implementation of activities with those projects supported by other donors such as the FNUAP, the European Union, the World Bank, UNICEF, and GTZ.

A FP / MCH Political Environment

Introduction

The preliminary results of the PAPCHILD survey have been communicated temporarily in May 1998. They showed a significant improvement of all classic mother and the child health indicators. This performance is not only explained by an increase in the quantity and the quality of the MCH/FP services through the country. It is also explained by sustained efforts undertaken within the framework of the project to promote research, and the formulation and advocacy of new policies and measures favoring the reproductive and child health. During the extension, similar efforts will be maintained by taking into account the human and financial resources available from the project.

Objectives

- 1 To ensure that MCH/FP research results are used to help decision-makers at the central and peripheral levels
- 2 To support the promotion and the development of measures for the setting up of the new approaches in the areas of reproductive and integrated child health

Performance indicators

To be defined with the MOH, USAID, and the concerned collaborating agencies

Partners

MOH DP, INAS, DPRF / SEIS
MEASURE
POLICY
FNUAP, UNICEF, UE, World Bank, GTZ

G3 A 1 Utilization of the MCH/FP research results

The final report of the PAPCHILD survey will be published during the summer of 1999. The extraordinary size of the sample (45 000 households) will permit, for the first time, a representative appraisal of certain indicators per province and per region. In order to optimize the utilization of this survey's results, it will be necessary to undertake a secondary data analysis. The MEASURE team will provide technical support in the future months (see work plan in Annex 1).

Also, the PAPCHILD survey will be completed through a deep study of a smaller sample of women by combining biomedical and anthropological research approaches. The field work of this study will be financed by FNUAP. JSI will finance an international consultant. At this moment the protocol of the study is being prepared.

Finally, work on annotating the bibliography of the MCH/FP research studies in Morocco during the last ten years is in progress. With the assistance of an INAS teacher, the synthesis report will be prepared and will serve as the basis for a workshop on research performance and on their utilization in the programming of child and reproductive health activities.

- Workshop of reflection based on work conducted by the INAS team (Dr. Laabid and two students)
- PAPCHILD survey secondary analysis (with MEASURE)
- PAPCHILD medico-anthropological study on reproductive health (with FNUAP)

International consultant (Carla Obermeyer)

Budget \$ 5,000

G3 A 2 Advocacy of Child and Reproductive Health (PHR)

In order to continue advocacy efforts undertaken during the project, a certain number of activities are programmed during the extension period.

- Support to the high Commission on Population (follow-up of CIPD + 5) study on the cost-effective financing of reproductive health in Morocco (see work plan of POLICY in Annex 1)
- Support to the South-South Partnership (Population and Development) in the development of promotional materials on reproductive health and IMCI
- Support to the Yearly Congress of the Children's Rights (ONDE)

Budget \$ 30,000 (+ \$ 10,000 committed for the South-south conference in July)

International consultant (POLICY)

G3 A 3 Seminar on Health Economics (PHR)

After the resounding success of the first maghrebian seminar on health economics held in Marrakech in April 1999, it was agreed that a second seminar be held in April 2000, with participation, among others, from a Mauritanian delegation. The technical assistance for this seminar will be provided by PHR, with logistical support from JSI.

Budget \$ 17,000

Local and international consultants (PHR)

Group 3 1999 - 2000 TIME TABE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
A FP / MCH Political Environment													
G3 A 1 Utilization of the MCH/FP research results													\$5,000
- Think thank Workshop													
- PAPCHILD survey secondary analysis													
- PAPCHILD medico-anthropological study													
G3 A 2 Advocacy of Child and Reproductive Health													\$30,000
- Support to the high Commission on Population													
- Support to the South-South Partnership													<i>committed (\$10,000)</i>
- Support to the Yearly Congress of the Children's Rights (ONDE)													
G3 A 3 Seminar on Health Economics													\$17,000
TOTAL													\$ 52,000

B Regionalization

In order to develop a decentralized management mechanism of MCH/FP programs, five pilot regions were identified at the end of 1997 to test this approach (1) Souss - Massa - Drâa , (2) Doukkala - Abda , (3) Fes-Boulemane , (4) Meknes - Tafilatet , and (5) Taza - Al Hoceima - Taounate In each of these regions a MCH/FP Action Committee was setting up to implement the decentralized activities at level of the pilot regions Under the Regional Co-ordinator control and with the participation of provincial delegates, this committee undertook the analysis of the status of activities in maternal and child health and in family planning On the basis of problems identified, a small number of projects were proposed, and the project accepted to finance at least one project per region At the end of June 1999, these projects reached different levels of implementation, which was discussed during a meeting of representatives from the five pilot regions

During the extension period, the project will capitalize on the preliminary experiences of regionalization Also, the responsibility of planning and financial management of a certain number of activities (for example with certain quality management activities or the HIS), which until now has been handled by the central level to the regional team (for example with regard to certain quality management activities or of the health information system) We hope to improve the co-ordination in programming these different activities at the regional and provincial levels The modalities of this responsibility transfer will be discussed during the next meeting of the follow-up project in September 1999

Strategy

- 1 To continue with the support of all partners, most specifically with the DP, the SEIS, the DIM, the DHSA, and the INAS in the implementation of regional projects as a mechanism to sustain development of the regional teams
- 2 To concentrate effort on the peripheral, as well as the central, levels to assist them in assuming their respective roles
- 3 To continue assistance in the development of support systems for decentralized management and for the strengthening of individual and institutional capacities at the regional and provincial levels (health information system, Quality Assurance, IEC and in-service training)
- 4 To communicate regularly with other projects of regionalization (supported by donors) in order to harmonize the implementation of the decentralized management approach

Objectives

- 1 To provide technical assistance and local expenses to the regional teams of the five pilot regions to improve the access, quality and / or sustainability of MCH/FP activities
- 2 To document results with the view to reproduce them at the national level by the MOH and / or by other donors

Performance indicators

- ▶ In each of the five pilot regions, the MCH/FP action committee based on an identified situational analysis, organized and financially managed at least one project in the area of MCH/FP field
- ▶ A plan is elaborated/developed to widen the model to all regions

Partners

- ▶ Pilot regions representatives,
- ▶ Technical and administrative managers of national MCH/FP programs,
- ▶ Representatives from other directions implicated by the MOH,
- ▶ NGOs,
- ▶ INAS,
- ▶ USAID, FNUAP, UE,
- ▶ POLICY

Proposed activities

G3 B 1 Support to the regional projects

The first regional projects are being finalized progress. During the extension, they will be completed by a final assessment. The same project will then be widened to take into account preliminary performance or, the region team will propose another project with a theme of priority for the region and for the Phase V Project. New projects will be financed only if time and the financial means permit their implementation before the end of the project. Inter-regional visits are encouraged the sharing of the lessons learned and to focus on the value of the teams' experiences. The visits will be interesting to see the performance of the projects as well the regional management experience. It is planned that resource persons at the central level (MOH / JSI and INAS) will continue to monitor projects and provide assistance if needed.

Achievement Indicators

- ▶ Final reports of the 5 regional projects
- ▶ At least one inter-regional visit by each region is made

Local consultant

Budget \$ 85,000

G3 B 2 Support to the MOH to manage the transition towards the regionalization (decentralization)

An important aim of the Phase V Project is to strengthen the capacities to lead MCH/FP programs in a decentralized way. The extension period will permit regions to strengthen all experiences and competencies in the management of regional projects support systems of management (e.g. IEC, Quality Assurance, In-service training, Contraceptive Logistics, and Management Information System)

Experience to date has revealed an urgent need at the regional as well as central levels to strengthen capacities to manage the transition towards regionalization. Activities to help manage this transition will be planned in a coherent way, based on the regional training plans. Beyond activities strengthening support systems (see sections G2 D - E - F - G), the following priority actions are proposed

- To initiate discussions and decisions on the definition of roles and responsibilities at all levels (central, regional and provincial) defining a common vision and plan permit the implementation of the change
- To define links between the private sector (including the NGOs) and the public sector
- Workshops to strengthen managerial competencies
- Workshops on cost-effective analysis and financial management (in Agadir and Fez - in collaboration with PHR and POLICY)
- Training programs overseas - Dakar and Pittsburgh

Achievement Indicators

- * Regional work plans integrate components of strengthening management support systems (IEC, AQ, FC, SIG)
- * Roles and responsibilities of management are clarified at the central and regional levels
- * Each member of the regional management committee has participated in at least one training session related to the improvement of managerial capacities

International consulting 8 weeks

Local consultant and INAS

Budget \$ 70,000

G3 B 3 Public / Private partnership (about one region)

This activity will be developed in collaboration with the POLICY project. Details are described in the POLICY work plan (see Annex 1)

- ▶ To provide assistance to a politico-administrative structure at the regional level
- ▶ To identify NGOs and initiate networking activities
- ▶ To promote general practitioners as care providers
- ▶ To integrate partnership activities with those existing at the regional projects

Budget \$ 20,000

G3 B 4 Quality Assurance

See G2 E and particularly activities 2 and 3

G3 B 5 Health Information System

Again, it is necessary to institutionalize and reinforce the experiences of the past year (see activities G2 G5)

G3 B 6 Logistics Pilot activity in the regional warehouse

To test the feasibility of contraceptive product management at the level of the regional warehouse in Agadir Support of this activity includes equipment and supplementary material on a regional basis to allow a bigger storage area and better contraceptive product management Also, a permanent follow-up of the logistical system of these products will be ensured at the regional level in order to evaluate the introduction of new brands of these products

Otherwise, the management computerization of warehouse stocks project will be tested, adapted and finalized at the central and regional levels

Consulting international 2 weeks

Budget \$ 10,000

G3 B 7 Evaluation and documentation

- To analyze lessons learned to date on the regionalization experience
- To document and disseminate the performance
- Presentation of the regionalization experience at the GHC meeting in Washington

Budget \$ 19,000

1999 - 2000 REGIONALIZATION TIME TABE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			BUDGET
	J	A	S	O	N	D	J	F	M	A	M	J	
G3 B 1 Support to the regional projects													\$85,000
- Achievement of the 5 regional projects	■	■	■										<i>committed (\$40,000)</i>
- Support to the second regional projects				■	■	■	■	■	■	■			\$75,000
- Inter-regional visits				■	■	■	■	■	■				\$10,000
G3 B 2 Support to the MOH to manage the transition towards the regionalization (decentralization)													\$70,000
- Workshops to strengthen managerial competencies				■	■	■	■	■	■				\$25,000
- Workshops on cost-effective analysis and financial management													\$15,000
- Training programs overseas				■				■					\$30,000
G3 B 3 Public / Private partnership	■	■	■	■	■	■	■	■	■	■	■	■	\$20,000
G3 B 4 Quality Assurance	■	■	■	■	■	■	■	■	■	■	■	■	
G3 B 5 Health Information System	■	■	■	■	■	■	■	■	■	■	■	■	
G3 B 6 Logistics Pilot activity on the regional warehouse				■	■	■							\$10,000
G3 B 7 Evaluation and documentation								■	■	■	■	■	\$19,000
TOTAL													\$204,000

C Development of the Private Sector

The objective of this component is to elaborate and implement an effective approach to involve private general practitioners in the provision of reproductive health services leading to an increase in of the number of these physicians offering methods of long length contraception Thus, to prepare a large public / private collaboration for the promotion of reproductive and child health services

Objectives

- 1 To increase the number of MGRs offering long term FP methods
- 2 To establish a public / private partnership at the central level and at the regional levels to allow the private sector to participate in the realization of specific public health objectives

Indicators

N B These indicators are slightly modified with those of the 98-99 Work Plan

- 1 Increase in the delivery of family planning supplied by the MGP, from 0 to 5 deliveries per physician per month
- 2 Increase in the number of family planning service care providers in the private sector (1,000 MGP of which 350 are trained in inter-personnel communication)
- 3 Organization / institution to continue the positioning of the MGP as a family physician through the preparation of a favorable institutional environment and the sustainability of the FMC's MGP

Partners

SMSM Moroccan Medical Science Society and its partners (CNOM , Physicians Syndicate , etc)
CMS Commercial Marketing Strategies
PHR
POLICY

Proposed activities

G3 C 1 Evaluation and documentation of in-service training of private general practitioners in the promotion of preventive services

It is planned to provide in-service training to at least 350 private general practitioners in inter-personal communication to promote preventive services This activity is programmed to be finished in July 31, 1999 An assessment of its impact is necessary after six months This activity will therefore have as its mission the surveying of trained physicians to evaluate the impact of this training on their daily practice

Achievement indicators

* Availability of an assessment report with recommendations

Budget \$ 5,000

G3 C 2 Quality Assurance in the practices of private general practitioners

A study of the feasibility and conception of a quality assurance system in private practice has been made by Professors Andre Jacques and Ahmed Moussaoui in May. The result of which indicate the best tool of quality assurance would be the peer review. A draft of the work plan to execute the model has been developed with a group of private general practitioners, with input from institutions like the CNOM, the SMSM, the Physicians Syndicate and certain professional associations. The identification of a representative structure to exclusively house the MGP project needs to occur. It is planned within the framework of this activity to make only a pilot project in one province with a limited MGP group. Technical assistance from two consultants to accompany the implementation of the project is necessary. Therefore, 4 weeks of consultation are planned for this purpose.

Achievement indicator

* Document describing the pilot project experience with the performance of its assessment

International consultant 4 weeks (Dr Andre Jacques)

Local consultant (2 weeks)

Budget \$ 20,000

G3 C 3 Promotion of the private general practitioner as preventive service provider

In collaboration with the CMS project, the mechanisms of reference between chemists and private general practitioners, and between the latter and gynaecologists will be studied to clarify the position of the MGP in the private care system. Within the same framework, IEC support for the promotion of long term methods by the provider will be developed by CMS. JSI will be responsible for the organization of the seminar at the regional level between the different partners. The main theme of which will be a better collaboration for the promotion of long length methods between the different providers and different sectors.

Achievement indicator

* 300 providers effected by seminars

Budget \$ 15,000

G3 C 4 Preparation of an institutional framework encouraging the positioning of the private general practitioner

The SMSM has formed a commission of general practitioners to think about the problem of positioning general medicine. This could involve the creation of an official structure representing professional scientific interests such as training, quality and promotion. Within the framework of this activity, JSI could give financial and technical support for activities proposed by the SMSM, or the new structure of MGP with the ultimate objective of promoting MGP in family medicine.

This activity will be done in collaboration with the POLICY project that will look into the legislative problems of the profession.

Achievement indicator

* Work plan of positioning private general practitioners developed by a structure representing them.

Budget \$ 40,000

G3 C 5 Documentation and involvement in the development of new strategies

Although the private sector component of the Phase V Project is not a research project, the collection of data and the assessment of the impact of certain activities is necessary to document the experience of resource diversification and the involvement of the private sector in the financing of public health programs.

Collaboration with the CMS project for the development of their global strategy to involve the private sector in the delivery of reproductive health care is also planned.

Achievement indicator

* Document describing the follow-up process and CMS's involvement in this process.

Budget \$ 10,000

1999-2000 Private Sector TIME TABLE													
ACTIVITIES	Q 1			Q 2			Q 3			Q 4			Budget
	J	A	S	O	N	D	J	F	M	A	M	J	
G3 C 1 Evaluation and documentation of in-service training of private general practitioners in the promotion of preventive services													\$5,000
- Assessment report													
G3 C 2 Quality Assurance in the practices of private general practitioners													\$20,000
- To define after receiving consultancy reports													
G3 C 3 Promotion of the private general practitioner													\$15,000
G3 C 4 Institutional framework of the private general practitioner													\$40,000
G3 C 5 Documentation													\$10,000
TOTAL												\$90,000	

Project Management

A Project Scheduling and Monitoring

The present Work Plan establishes the implementation of technical activities of the project between July 1, 1999 and June 30, 2000. In order to ensure monitoring of the project during the last twelve months, and to permit better co-ordination of the Project's management between the Ministry of Health, and the central level and pilot regions, two meetings on Project monitoring are planned.

The first meeting will be organized at the end of September 1999. Two main themes should be tackled during this meeting:

(1) *The priority of the remaining Project activities*

Despite in-depth discussions over the last weeks between the MOH team, USAID, and JSI, the WP 99-00 as proposed in this document, remains an ambitious work. Because of the Project's decreasing availability of human and financial resources, that the end of the Project approaches, and with the aim of ensuring a better utilization of the project remaining funds, it is advised that the Project partners examine together how to prioritize the Project activities. That is to say, to identify what key activities must be completed at all costs, and what activities could be cancelled in case of lack of resources and / or of time.

(2) *The sustainability and the institutionalization of the Project interventions in the public sector*

Several interventions benefited during an initial investment Project compatible with a pilot phase. We mention the main ones:

- ▶ The " Safe Motherhood " Project in the Center-North regions
- ▶ The " Integrated Management of Child Illnesses " Project in Agadir and Meknes provinces
- ▶ The National Program of Quality Assurance
- ▶ The decentralization of the entry and the analysis of the MCH/FP data in the five pilot regions
- ▶ The decentralization of in-service training
- ▶ The regional projects of decentralized management in the five pilot regions

In view to the closing of the Project, the remaining implementation activities must be accompanied by a strategy that permits their continuity and, if the case arises, the extension of the intervention into other regions of the project. Elements of this strategy could include the delegation of budget management of certain activity in the region, as well as the management by the MOH of per diems for certain activities of training and assessment.

A second meeting will be organized around the end of January 2000. This meeting will permit the evaluation of outstanding activities and the financial state of the Project. Based on results of this analysis, and taking account priorities established in September, the number of activities and the due date will be modified a last time before the end of activities in June 30, 2000.

The period between July 1 and September 30, 2000 will be entirely devoted to closing the Project administratively and financially ("close-out"). This includes the preparation, the production and the presentation of the final report.

Budget \$ 5,000

B Project Resources Management

Activity Project close-out

- Preparation of the "close-out plan" for the end of December 1999
- Implementation March - September 2000

Activity Project equipment inventory

Particular effort will be furnished during the summer to strengthen the inventory of physical equipment purchased during the project.

**ANNEX1
COOPERATING AGENCIES
WORK PLANS**

Work Plan 1999 - 2000 POLICY Addendum

Introduction

The POLICY project is a five-year project (1995 - 2000) financed by the American Agency for the International Development (USAID). POLICY has for vocation to bring a support to programs of Reproductive Health, with an emphasis on Family Planning (FP) and HIV/AIDS, in the policies and strategies fields. Since January 1998, POLICY has worked in partnership with the Ministry of Health to strengthen the FP part of the SR programs in Morocco. The Ministry of Health and POLICY achieved four activities:

- a study of market segmentation of FP services
- a workshop of training to the model of programming forecast in the matter of demography and health
- the objectives quantification of the FP program
- a workshop on the funding of the FP part of SR programs

The following of POLICY activities for the period of June 1999 - July 2000 is going to concentrate within the framework of the decentralization. However, the national conference on the financing of reproductive Health programs comes within a national perspective. The realization of this activity will be made by means of the population superior commission.

All POLICY activities will be led in close collaboration with JSI. POLICY will collaborate with PHR for the realization of the seminary on the financing of Reproductive Health programs, and also, to hold a seminary of training on health economy in the region of Souss - Massa - Draa.

The process of decentralization is in place since 1997 elections. The zoning and the gathering of provinces has been organized under the aegis of a bipolar regional authority (i.e., decentralized members of Under State control departments and the devolved power of local collectivities, in particular the regional council).

The decentralized administrations and the local collectivities are in the phase of partnership « apprenticeship ». Furthermore, it exists a very enthusiastic and dynamic associative tendency, whose objective is to improve the quality of inhabitants life. There is a strong consensus around the regional priorities among the different actors of the regional stage, the departments, the local collectivities, the contractors and the associations, that means the road, the water, the electrification, the employment. The adjoining needs to the reproductive health (i.e., to the physical and emotional human welfare) come after these priorities.

The needs expressed in health are satisfied by the means of the Ministry of Health structures and of the private sector providers. The needs concerning preventive health are satisfied by the programs of the Ministry of Health. The decentralization generated tangible partnership actions between Ministry of Health and the local collectivities. For example, two rural communities have signed conventions with the delegation of Agadir - Ida - Outanane to improve the mobile team management. These actions for the moment isolated, encourage the conception and the development of a reinforced and structured partnership between the various actors.

It is necessary to lead activities that will strengthen the intersectorial dialogue mechanism at the regional level. Thus, all actors will be involved since the start of the conception, the development and the implementation of a regional plan. Every activity should be conceived and achieved in collaboration with the central level and the regional delegation. However, it is necessary to start the setting up of provincial dialogue circles, which would regroup around the health provincial delegation, the local collectivities, the private providers, and the concerned associations. A first activity is to prepare a provincial technical form on the state and the perspectives of the reproductive health. This exercise will have three « local » results:

- An institutional dialogue will be established, by the involvement of all partners,
- A common vision on the state and the perspectives will be constituted,
- The decision-makers out of health sector, as the Wali and the local elected will be sensitized.

Furthermore, these activities will allow different partners to define specific needs, such as a workshop of one half-day on interpersonal communication or one half-day of discussion on the FP methods or on the national orientations concerning reproductive health or all other idea for which circles will express the need. These support activities can also be in the non-medical domains, for example, a support can be brought for the dissemination of a communication bulletin or the installation of a modem for the electronic communication.

The main idea is to induce the actors at the provinces levels to organize themselves, to consult each other to meet a dialogue and a regional plan. However, the accompaniment of the central level is a sine qua non condition to achieve a regional dialogue, with a strong and flexible management capacity. The partnership will have for objective to identify the priority needs concerning the SR of the region, to adopt operational strategies in order to respond to the needs, while respecting the national orientations. Therefore, the objective of the activities supporting the regionalization is to provide technical assistance and the local expenses in order to start the activities that will permit the involvement of all actors in a concertation circle. The second objective is to document the regional partnership process and the performance in order to permit a replicability at the national level.

Proposed activities

- 1 To prepare opportunities of the FP demand for private General Practitioners within the framework of the congress organized by the SMSM
- 2 National conference on financial sustainability questions of FP/SR programs
- 3 Technical report of operational research on under-served groups
- 4 To prepare technical forms on the state of the reproductive health for each of the seven provinces
- 5 To support the initiatives of creating circles concertation / provincial networks (erg Preparation of an information bulletin, installation of the electronic communication mechanism)
- 6 To establish a digital sanitary form presenting the services providing capacity of private and public sectors
- 7 To establish an intersectorial work / dialogue group in the region of the Souss - Massa - Draa
- 8 Seminary of regional strategy consolidation in SR

**MEASURE Evaluation Morocco Activities
July – December 1999**

In line with MOH's current initiative towards decentralization and building of regional capacity to utilize and interpret data M2 proposes the following set of activities

I Assist with Data Utilization Workshops

Objectives a) To increase capacity of regional & provincial level staff to critically analyze data generated at the local level and identify its programmatic implications b) to increase awareness of qualitative research methods and c) to identify areas for possible qualitative research studies

Activity 1 - Plan and conduct Meknes regional data utilization workshop

The Meknes region will be the third region (out of five USAID priority regions) to participate in such a workshop. Workshop materials will be modeled after those used at both the Fes and Agadir workshops. Workshop organizers will be the same as those who participated in the Agadir workshop but will also include 1-2 participants from Agadir who will share their experiences (see attached grid). Participants will include the Delegates or Medecin Chef SIAAP, the Major or the Animateur and the statistician from the targeted provinces.

Participants will conduct exercises on data interpretation and comparisons of SNISSTAT 1998 and PAPCHILD 1997 data. Through such exercises participants will use their own provincial data to assess the achievement (or lack thereof) for each program. Also participants will identify specific problems related to maternal and child health and family planning which lend themselves to future qualitative research studies. A brief introduction to qualitative methods will be included in the latter half of the workshop. During the workshop a committee will be appointed by participants to coordinate the development of provincial level chart-books. These chart-books will eventually be integrated into a larger regional chart-book and ultimately, a national chart-book.

M2's role will be to assist SEIS, JSI and DP staff with the planning and conduct of the workshop.

Proposed timeline: Preparations to begin September 8th – 11th, workshop to take place September 14th – 17th.

Activity 2 – Plan and conduct Doukka la-Abda and Taza-Al Hoceima-Taounate (TAT) data utilization workshop

Following the same procedures mentioned above, it is proposed that a single workshop be held for the last two regions, due to their smaller size (and the desire to complete the series of workshops by the end of 1999).

The responsibilities of the partners will remain the same.

Proposed timeline: Preparations to begin October 20th – 23rd, workshop to begin October 25th – 28th.

II Provide Technical Assistance for Qualitative Research Studies

Objectives a) to increase regional and provincial level capacity to undertake qualitative research studies and 2) to produce qualitative research results on topics of programmatic interest.

Activities – Plan and conduct a workshop on qualitative research methods for the Agadir region and carry out a qualitative research study (as part of the workshop objectives)

It is proposed that a three-week workshop be held in the region of Agadir to train local personnel in qualitative research methods and actually launch at least one qualitative study. The first week

activities will be conducted in Agadir, while second and third week activities will be conducted in the participating provinces. Week one will include

- definition of research question
- development of research protocol
- development of instruments
- testing of the instruments (in a location near the training site)

Week two will include

- logistics preparation for data collection
- recruiting and training of interviewers, moderators, and other field personnel
- practice for field personnel in the use of the instruments

Data collection will begin in week three

Once all data are collected (four to eight weeks later), participants will return to Agadir to compare experiences and preliminary results and to derive lessons learned regarding methodology. During that meeting, a committee will be assigned to conduct the analysis. A final report will be written by select participants (with assistance from workshop organizers) and will be disseminated to all five regions and central administrative staff.

M2's role will be to provide technical/methodological guidance in the design and conduct of the studies. Also, M2 will cover the costs of the workshop, data collection, and analysis.

Proposed Timeline: Preparations to begin September 27th, workshop to begin September 29th – October 15th

Depending on the success and demand for this type of workshop, it is possible that the same workshop may be conducted in 1-2 other regions.

III Provide Technical Assistance on Secondary Analysis of PAPCHILD Data

Objectives. To more fully exploit the 1997 PAPCHILD data with the dual objective of (a) obtaining a more in-depth understanding of health behaviors for programmatic purposes and (b) spotlighting the work of Morocco in the area of reproductive health through international peer-reviewed journals.

Activity 1 – Plan and conduct a two-day roundtable discussion on secondary analysis of PAPCHILD data

In September 1999, SEIS plans to hold a dissemination workshop for the PAPCHILD country report (in which M2 has no role). Discussions from this meeting will help identify areas in need of further analysis.

Following the dissemination workshop, SEIS will identify and invite researchers to participate in a two-day roundtable on in-depth analysis of PAPCHILD. Participants will include the authors of the original report, additional SEIS and DP staff, and several statisticians, among others. Each author from the original report will be invited to prepare a summary of ideas for possible secondary analysis in advance of the roundtable. If possible, these summaries will be circulated to all participants prior to the roundtable.

At the roundtable

- authors will present ideas for further analysis, topic by topic,
- participants will provide feedback and additional ideas,
- teams interested in this topic will be formed,
- each team will include (or will subsequently have) a statistician or programmer experienced in multi-variate analysis
- teams will outline key research questions to be explored, and,
- the roundtable coordinators and teams will establish a timetable for completing the first draft of the in-depth analysis.

Activity 2 – Secondary analysis of PAPCHILD and preparation of articles for publication

Following the roundtable meeting, teams will work independently on the in-depth analysis. M2 and SEIS will follow each team's progress. It is possible that selected researchers may travel to New Orleans to work with Tulane faculty on these analyses.

To the extent that Moroccan counterparts wish to publish in internationally recognized English-language peer-reviewed journals, it is proposed that at least one member of the team be a native English speaker who has published in such journals.

M2's role will be to facilitate and/or act as co-author for such articles with Moroccan counterparts.

IV Implement Field Test of Quality of Care Indicators

With core funding (not field support), M2 will work with MOH counterparts to conduct a Quality of Care Indicators Study in Morocco as part of a multi-country trial. Fieldwork is scheduled for September – October 1999, followed by data entry and processing.

V Conduct Study on Cost as an Obstacle to the Utilization of Maternal Child Health Services

If and when the MOH approves this study, Moroccan counterparts will be identified to collaborate with David Hotchkiss (on the quantitative analysis of DHS data) and with Erin Eckert (on qualitative data collection and analysis). The activity is proposed for Fall 1999.

**MEASURE Evaluation Morocco Activities
July 1999 – July 2000**

ACTIVITY	KEY PERSONS INVOLVED	PROPOSED TIMELINE
I Assist with Data Utilization Workshops <ul style="list-style-type: none"> • Assist in planning and conducting of Meknes regional workshop, • Assist in planning and conducting Doukka la-Abda and Taza-AI Hoceima-Taounate workshop 	Azelmat, Delegates Regionaux from Agadir, Meknes, Doukka la- Abda, Tazo-AI Hoceima-Taounate, Housni, Yaccine, Lakssir, Taoufik, Escudero	September - October Meknes September 14 th – 17 th Doukka la-Abda and Taza-AI Hoceima-Taounate October 25 th – 28 th
II Plan and Conduct Qualitative Research Methods Workshop and Study <ul style="list-style-type: none"> • Plan and conduct workshop in Agadir on qualitative research methods Field work to start during last week of workshop, • Assist with data analysis • Assist with writing of final report • Identify one or two other regions for same workshop • Plan and conduct workshop in selected region(s) 	Tyane, Azelmat, Lakssir, Yaccine, Bakkali, Bertrand, Escudero Lakssir, Yaccine, Bakkali, Bertrand, Escudero Lakssir, Yaccine, Bakkali Lakssir, Yaccine, Bakkali, Bertrand Azelmat, Delegates Regionaux, Lakssir, Yaccine, Bakkali, Bertrand Lakssir, Yaccine, Bakkali, Bertrand, Escudero	September - December September 29 th – October 15 th TBA TBA TBA TBA
III Provide TA on Secondary Analysis of PAPCHILD Data <ul style="list-style-type: none"> • SEIS PAPCHILD dissemination meeting, • Plan and conduct 2-day roundtable on PAPCHILD data Individuals who will conduct multi-variante and other analyses will be identified, • Assist with secondary analysis, • Assist in publication of internationally peer-reviewed journals 	Azelmat, DP staff, SEIS staff, authors of PAPCHILD chapters (from INAS, CERED, etc), Bertrand and other key persons TBA Research teams, Bertrand and/or other Tulane faculty and native English speaking co-authors	September – December Mid September October 11 th & 12 th October – December January – March 2000
IV Implement Clinic-based FP Quality of Care Indicators Field Test <ul style="list-style-type: none"> • Training of field personnel, • Conduct of fieldwork, • Data entry and processing, • Dissemination locally 	Hajji, Lakssir, Bertrand Lakssir and other DP staff Lakssir and other DP staff Lakssir and other DP staff Lakssir and other DP staff	Fall 1999 September September – October November – December TBA
V Conduct study on Cost as an Obstacle to the Utilization of Maternal and Child Health Services	MOH counterparts, Eckert, Hotchkiss	TBA

JHPIEGO Strengthening of the education in reproductive health and the training in the Faculties of medicine in Morocco , revised Work Plan for 1999 - 2000

Introduction

During these last three years, JHPIEGO has worked with faculties of medicine of Rabat and Casablanca to improve the clinic training in SR during the last two years medicine clinics. The fact that obstetrical and gynaecological departments were able to reform the quality of their teaching in significant way and able to ensure a clinic training at the 6th year were more centred on the competencies in order to lead the Ministry of Health to request that JHPIEGO provides a similar assistance to the two paediatrics departments. So that this process can begin both with the main competencies and a set of protocols standardized for cares and the child management, the Ministry of Health also proposes that the Integrated Management of Child Illnesses (IMCI) to be the topic to introduce (as well as the FP and the competencies in Safe Motherhood were the topics around of which were structured the training competencies improved on clinic in the obstetrics and gynaecology departments)

The child's survival, including the IMCI, does not make part of the traditional JHPIEGO mandate. However, during a strategic reflection exercising, JHPIEGO thought to get involved into new partnerships with experts in certain fields where JHPIEGO would provide only an appraisal at the conception level of the clinic training and the strengthening capacities of the training system. The new phase of assistance to the Moroccan faculties of medicine offer therefore the opportunity to JHPIEGO to supply a more focused on technical assistance at the basic training level in partnership with the local experts. This process could be instructive to JHPIEGO if it could be evaluated at its end.

This revised work plan covers a transition period of the development project. The obstetrics / gynaecology part of the program is going to be closed (the last activity took place in June). The advocacy, the consensus development and the identification of new partners and financial backers for the paediatrics part are going to take place between June and September 1999. We expect that JHPIEGO continues to be hired with the support of the USAID (either coming from the Mission, or of the central funds), but the Ministry of Health, the USAID, JHPIEGO and the teachers of the medicine faculty work together for raising resources to cover the local costs as well as the teaching aid and the equipment.

Whereas the objectives of the ancient project linked to the family planning and to the maternal health are not going to be applicable and that we are not yet agreed of new objectives with the Moroccan partners, JHPIEGO can propose some for the new project. These are likely to be altered as one goes along the project development evolves.

Project objectives

The global objective of this project is to improve the students knowledge and competencies and resident medical on the management of the ill children

The specific objectives are the following

- To provide a training and a follow-up to teachers to permit them to transfer the knowledge and the clinics competencies to students in medicine with regard to Integrated Management of the Child Illnesses (IMCI) ,
 - to make recommendations so that the selected services and / or health centers affiliated to hospitals in the two children hospitals (Rabat and Casablanca) can function efficiently as centers of students clinics training centers for the 6th year students in medicine ,
 - to introduce a revised program of training clinics period for the sixth year medical studies that includes a clinic training in IMCI ,
 - to encourage the inclusion of IMCI part for the necessary exams to the medicine diploma ,
- * to lead an assessment of the students after the training to evaluate the transfer of competencies in the work environment (These competencies could include all those includes in the JHPIEGO interventions , that is to say the IMCI, the FP and the key competencies in maternal health)

**ANNEX 2
BUDGET**

1999 00 WORK PLAN BUDGET

FP/MCH Phase V Project

(By ACTIVITY and BUDGET LIGNE)

Act #	ACTIVITY	TOTAL	LOC COST	Studies	Training	IEC	Prov Supp	Private Sec	MIS/eval	Equip	EQUIP	prac	auto	a/v	office	vehicules	TRAINING	Training	US/Mor	Act #
GROUP I COMPONENT TO BE FINALIZED BEFORE OCT 99																				
I A Family Planning																				
I A 1	Monitoring Quality FP Service Delivery	0	0								0						0			I A 1
I A 2	Strengthening the IUD	0	0								0						0			I A 2
I A 6	Implementation of the IEC Strategy	0	0								0						0			I A 6
I A 8	Mobile Team	0	0								0						0			I A 8
I C Child Health																				
I C 1	Health Booklets	0	0								0						0			I C 1
I C 5	ECCD	0	0								0						0			I C 5
I C 8	Promotion of the Hepatitis B Vaccine	0	0								0						0			I C 8
III D Contraceptive Logistics																				
III D 1	Training in Logistic Management	0	0								0						0			III D 1
III D 4	Computerized and Stock Management	0	0								0						0			III D 4
III D 7	StGL Support Materials	0	0								0						0			III D 7
III D 8	Quality Control of Condoms	0	0								0						0			III D 8
III D 9	Administrative and Logistic Support	0	0								0						0			III D 9
GROUP II COMPONENT TO BE FINALIZED DURING THE PROJECT EXTENSION																				
A Emergency Obstetrical Care																				
G2 A 1	Follow up/Strengthening EOC Project	47 000	47 000		8 000	7 000	20 000			12 000	0						0			G2 A 1
G2 A 2	Documentation of EOC Pilot Project	31 000	26 000		10 000	6 000	10 000				0						5 000	5 000		G2 A 2
Sub Total II A		78 000	73 000	0	18 000	13 000	30 000	0	0	12 000	0	0	0	0	0	0	5 000	5 000	0	
B IMCI																				
G2 B 1	IMCI Training/2 pilot Provinces	0	0								0						0			G2 B 1
G2 B 2	Monitoring 24 Pilot CS	10 000	10 000				10 000				0						0			G2 B 2
G2 B 3	Community Involvement	65 000	65 000	6 000	22 000		37 000				0						0			G2 B 3
G2 B 4	IMCI Research	0	0								0						0			G2 B 4
G2 B 5	Documentation IMCI Experience	61 500	57 500	15 000	17 500		25 000				0						4 000	4 000		G2 B 5
Sub Total II B		136 500	132 500	21 000	39 500	0	72 000	0	0	0	0	0	0	0	0	0	4 000	4 000	0	
C Contraceptive Financing																				
G2 C 1	Phase Over Exchange Visit	0	0								0						0		0	G2 C 1
Sub Total II C		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
D IEC																				
G2 D 1	Strengthening of the Production	0	0								0						0			G2 D 1
G2 D 2	Distribution of the FP Film	10 000	10 000			10 000					0						0			G2 D 2
G2 D 3	Support of IEC Activities	25 000	25 000			25 000					0						0			G2 D 3
G2 D 4	Collaboration MOH Lay People	60 000	60 000			60 000					0						0			G2 D 4
Sub Total II D		95 000	95 000	0	0	95 000	0	0	0	0	0	0	0	0	0	0	0	0	0	
E Quality Management																				
G2 E 1	Strengthening Local Capacity in QA	38 500	38 500		13 500		25 000				0						0			G2 E 1
G2 E 2	Integration of QA at Regional Level	48 300	48 300		48 300						0						0			G2 E 2
G2 E 3	Development of a Nationale QA Policy	27 200	9 000		9 000						0						18 200	6 700	11 500	G2 E 3
Sub Total II E		114 000	95 800	0	70 800	0	25 000	0	0	0	0	0	0	0	0	0	18 200	6 700	11 500	
F Training																				
G2 F 1	Pre service Training Modules	28 000	28 000		21 000		7 000				0						0			G2 F 1
G2 F 2	In service Training Strategy	15 000	15 000		15 000						0						0			G2 F 2
Sub Total II F		43 000	43 000	0	36 000	0	7 000	0	0	0	0	0	0	0	0	0	0	0	0	
G Management information System																				
G2 G 1	MCH/FP Data Entry + Processing Software	15 000	15 000						15 000		0						0			G2 G 1
G2 G 2	Training in the Utilization of MCH/FP Data	18 000	18 000						18 000		0						0			G2 G 2
G2 G 3	Regional Observatory	26 000	26 000				26 000				0						0			G2 G 3
G2 G 4	Documentation MCH/FP Software	5 000	5 000				5 000				0						0			G2 G 4
G2 G 5	Support of MOH Computer System	45 000	45 000						25 000	20 000	0						0			G2 G 5
Sub Total II G		109 000	109 000	0	0	0	31 000	0	58 000	20 000	0	0	0	0	0	0	0	0	0	

1999-00 WORK PLAN BUDGET

FP/MCH Phase V Project

(By ACTIVITY and BUDGET LIGNE)

Act #	ACTIVITY	TOTAL	LOC COST	Studies	Training	IEC	Prov Supp	Private Seq	MIS/eval	Equip	EQUIP	prac	auto	a/v	office	vehicules	TRAINING	Training	US/Mor	Act #
	GROUP III COMPONENT OF THE TRANSITION TOWARDS THE POST BILATERAL PROJECT																			
	A PF/MCH Political Environment																			
G3 A 1	Utilization MCH/FP Research Results	5 000	5 000	2 500	2 500					0							0			G3.A 1
G3 A 2	Advocacy of Child/Reproductive Health	30 000	30 000	15 000	15 000					0							0			G3.A 2
G3 A 3	Seminar on Health Economics	17 000	17 000		17 000					0							0			G3.A 3
	Sub Total III.A	52 000	52 000	17 500	34 500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	B Regionalization																			
G3 B 1	Support to the Regional Projects	60 000	60 000	50 000			10 000			0							0			G3 B 1
G3 B 2	Transition Regionalization Support	45 000	25 000		25 000					0							20 000	20 000		G3 B 2
G3 B 3	Public/Private Partnership	20 000	20 000		20 000					0							0			G3 B 3
G3 B 4	Quality Assurance	0	0							0							0			G3 B 4
G3 B 5	HIS Information System	0	0							0							0			G3 B 5
G3 B 6	Logistics Regional Warehouse	10 000	10 000	10 000						0							0			G3 B 6
G3 B 7	Evaluation and Documentation	19 000	15 000		10 000		5 000			0							4 000		4 000	G3 B 7
	Sub Total III B	154 000	130 000	60 000	55 000	0	15 000	0	0	0	0	0	0	0	0	0	24 000	20 000	4 000	
	C Development of the Privat Sector																			
G3 C 1	Eval./Docu PGP's In service training	5 000	5 000					5 000		0							0			G3 C 1
G3 C 2	Quality Assurance In Practices of PGP's	20 000	20 000					20 000		0							0			G3 C 2
G3 C 3	Promo PGP/Preventive Services	15 000	15 000					15 000		0							0			G3 C 3
G3 C 4	Prep Institutional Framework	40 000	40 000					40 000		0							0			G3 C 4
G3 C 5	Documentation	5 000	5 000					5 000		0							0			G3 C 5
	Sub Total III C	85 000	85 000	0	0	0	0	85 000	0	0	0	0	0	0	0	0	0	0	0	
	Project Administration	5 000	5 000				5 000													
	TOTAL	871 500	820 300	98 500	253 800	108 000	185 000	85 000	58 000	32 000	0	0	0	0	0	0	51 200	35 700	15 500	

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**ANNEX 3
CONSULTANTS LIST**

**JSI Consultant List
Extension Work Plan**

Activity #	Activity Title	Technical Tasks	Technical Profile	Consultant Name	Organization	Dates
Group 1 Components to be finalized before October 1999 (not part of extension)						
Child Health						
I C 5	Epidemiological Studies on Infant Mortality	ECCD Study	Demographer	Michel Garenne	International	Sep 99
III D 8	Quality Control of Condoms	Training of MOH personnel	Logistician	TBD	PATH	Aug 99 3 weeks
Group 2 Component to be finalized during the FP/MCH Phase V Project Extension						
A Emergency Obstetrical Cares						
G2 A 1	Follow Up and Strengthening the EOC Pilot Project	Maternal death audit		Anne Thompson	International WHO	November 3 weeks
		Development of a document of SONU standards	Researcher Professor	2 local consultants	Local	Aug Sep
G2 A 2	Documentation of the EOC Pilot Project	Production of a document analyzing the EOC Project	Public Health Practitioner	Eric Morin	International	Oct Dec
		Production of a documentary film on the EOC Project	Film Producer	TBD	Local	Oct Dec
B Integrated Management of Child Illnesses (IMCI)						
G2 B 3	Community Involvement Activities		Anthropologue	Claire Escoffier	Local	Jul Dec 1999 10 weeks
		Internal evaluation of the community experience	communication Expert	Jamal Eddine Naji	International	Nov 99 3 weeks
G2 B 5	Documentation and Dissemination of the IMCI Pilot Experience	Development of the reproductive strategy (costs study)	Economist	TBD	International	TBD
		Evaluation of the IMCI pilot experience	Public Health Practitioner	Serge Manoncourt	International	Nov 99
D Information Education and Communication						
G2 D 3	IEC Activity Support	Setting up a filing system	IEC Expert	M Kabbaj	Local	Jul Aug 1999
		Elaboration of a document on FP attitudes in men	Sociologist	M Akhchichine	Local	Oct 99
G2 D 4	Collaboration between the MOH and NGOs	Evaluation of the approach	IEC Expert	TBD	International	TBD 2 weeks
E Quality Management						
G2 E 1	Strengthening the Local Capacity in Quality Assurance	Facilitation of the norms elaboration and quality follow up workshop	QA Expert	TBD	International	Oct 99
G2 E 2	Integration of the Quality Assurance at the Regional Level	Facilitation of the workshop on QA activities integration in the regional plans	QA Expert	TBD	International	Oct 99
		Facilitation of the workshop on the development of regional training and facilitation planning	QA Expert	TBD	International	Nov 99
		Training of regional trainers	QA Expert	TBD	International	Nov 99
		Organization of regional meetings on Quality	QA Expert	TBD	International	Mar 00
		Facilitation of the workshop on quality monitoring	QA Expert	TBD	International	Dec 99
G2 E 3	Elaboration of a National Quality Assurance Policy	Facilitation of the national seminar of the consensus on norms	QA Expert	TBD	International	Nov 99

**JSI Consultant List
Extension Work Plan**

Activity #	Activity Title	Technical Tasks	Technical Profile	Consultant Name	Organization	Dates
Group 2 Component to be finalized during the FP/MCH Phase V Project Extension						
<i>G Health Information System for Management of MCH/FP Services</i>						
G2 G 1	Development MCH/FP Data Entry + Processing Software for Regional and Provincial Levels	Finalization of the MCH/FP application Développement des modules rétro information et épidémiologie	Computer specialist	Michael Edwards	JSI	Various consultations
G2 G 4	Documentation of the MCH/FP HIS Software	Writing of the MCH/FP application User s Guide	Computer specialist	Michael Edwards	JSI	Various consultations
G2 G 5	Continous Support for the Ministry of Health Computer System	Oraganization of a seminar on the software development	Computer specialist	TBD	JSI Local?	Various consultations
Group 3 Components of the transition towards the post bilateral project						
<i>A MCH/FP Political Environment</i>						
G3 A 1	Utilization of the MCH/FP research results	Medico anthropological study on reproductive health	Anthopologist	Carla Obermeyer	International	Various consultations
G3 A 2	Advocacy of Child and Reproductive Health (PHR)	Study on the cost effective financing of reproductive health	Economist	TBD	International POLICY	
G3 A 3	Seminar on Health Economics (PHR)	Organization of a second maghrebian seminar on health economics	Economist	TBD	Internationals (PHR) Locals	Apr 00
<i>B Regionalization</i>						
G3 B 1	Support to the Regional Projects	Assist in the reinforcement of management capacities	Management/Communication Expert	TBD	Local	TBD
G3 B 2	Support to the MOH to manage the transition towards the Regionalization (Decentralization)	Organization of a workshop to strengthen managerial competencies	TBD	TBD	International	Oct 99 - Apr 00 8 weeks
		Workshop on cost effective analysis and financial management	TBD	TBD	Local	TBD
G3 B 6	Logistics Pilot activity in the regional warehouse	Feasibility test of contraceptive product management at Agadir warehouse	TBD	TBD	International	TBD 2 weeks
<i>C Development of the Private Sector</i>						
G3 C 2	Quality Assurance in the Practices of Private General Practitioners	Develop and launch a pilot project on quality assurance by peer review	Peer Review Assessment Expert + Family doctor	André Jacques	International	Répartie sur l année 4 semaines 1ère visite Oct 99

**ANNEX 4
LOCAL TRAINING LIST**

LOCAL TRAINING PLAN

Activity Number and Title	Training Title	Expected Results	Training Type	Trainer Profile	Trainees Profile	Trainees Number	Training Date	Training Site
G2 A EMERGENCY OBSTETRICAL CARE								
G2 A 1 Follow-up and strengthening the EOC Pilot Project	Training in maternal mortality audit techniques	Audit all hospital maternal deaths	Workshop	International Consultant	Practitioners Midwives Nurses Administrators and others	40	Jul 1999	Fez
G2 B INTEGRATED MANAGEMENT OF CHILD ILLNESSES (IMCI)								
G2 B 1 Health Personnel Training at the two Pilot Provinces levels	IMCI training of health professionals	Apply the IMCI approach	Seminar / Workshop	Team trained by WHO	Child Health Professionals	24	Sep 1999	Meknes
G2 B 3 Community Involvement Activities	Training of lay people at community level	Involvement of the community and local NGOs in the IMCI	Seminar	IEC Team	NGOs members and other relay people	TBD	TBD	Meknes Agadir
G2 D INFORMATION EDUCATION AND COMMUNICATION								
G2 D 4 Collaboration between the MOH and NGOs	Training of lay people on the utilization of supports	Reinforcement of the NGOs members capacities	Seminar	DP Team and Regions	NGOs members and other relay people	150	Oct-1999/ Jan 2000	Regions
G2 E QUALITY MANAGEMENT								
G2 E 1 Strengthening of Local Capacity in Quality Assurance	Training of core group of facilitators on the development of norms and the follow up of the quality of cares provided	Development of care norms and follow up of performance indicators	Workshop	International Consultant	Quality Management team	25	Oct 1999	Rabat
G2 E 2 Integration of QA at the Regional Level	Training of the regional teams in the QA basic concepts	Integration of the QA activities in the regional action plans	Workshop	International Consultant	Provincial officials	25	Oct 1999	Marrakech
	In service training of the regional facilitators in the setting of development of a regional plan	Amélioration de la Qualité en resolution de problemes en equipe Improvement of the Quality in resolution of problems in team	Seminar	International Consultant	Practitioners and nurses	15	Nov-1999/ Feb 2000	Bouznika
G2 E 2 Integration of QA at the Regional Level	Training of the regional and provincial teams in Quality Monitoring	Definition of a follow up strategy of the quality of cares integrated to the supervision system	Workshop	International Consultant	Provincial officials	4	Dec 1999	Tétouan

Activity Number and Title	Training Title	Expected Results	Training Type	Trainer Profile	Trainees Profile	Trainees Number	Training Date	Training Site
G2 F TRAINING								
G2 F 1 Development of Modules of Pre Service Training Strategies of Implementation	Training of the IFCS teachers	Development of the capacity program to teach the QA to the IFCS	Workshop	International Consultant	Enseignants des IFCS	15	Mar 2000	TBD
G2 F 2 Implementation of the Decentralized In Service Training Strategy	Updating training of trainers techniques	Regional trainers with andragogical expertise	Workshop		Regional Trainers		Sep 1999	TBD
G2 G HEALTH INFORMATION SYSTEM FOR MANAGEMENT OF MCH/FP SERVICES								
G2 G 1 Development MCH/FP Data Entry + Processing Software for Regional and Provincial Levels	Training of computer specialists on SQL Server software at the national and regional levels	Implementation of a computerized information system for the management of the MCH/FP services at the national and regional levels	Seminar	International Consultant	Computer specialists	10	Dec-1999	Rabat
G2 G 2 Training of Managers and Providers in the Utilization of The MCH/FP Data	Training of the health services managers at all levels on the utilization of the MCH/FP feed back software and on qualitative research techniques	Set up a computerized information system for the MCH/FP management at national and regional levels	Seminar	SEIS Team	Regional and Provincial decision-makers	60	Dec 1999	Regions
G2 G 3 Development and Implementation of a Regional Observatory	Training of managers of epidemiological offices on Epi Info software	Generalize computerized management by creating local and regional databases	Seminar	DELM SEIS DIM Team	Responsables des cellules d'épidémiologie des 7 provinces et Regions	14	Mar 2000	Regions
G2 G 5 Continuous Support for the MOH Computer Systems	Training of the 23 province delegates on computer utilization and E mail	Restraint of the computer tool	Seminar	DIM Team	Délégués	23	Sep 1999/ Jun 2000	Regions
G3 B REGIONALIZATION								
G3 B 2 Support to the MOH to Manage the Transition towards the Regionalization (Decentralization)	Workshops to strengthen managerial competencies	Improve quality competencies	Workshop	International Consultant	TBD	TBD	Oc 1999/Apr 2000	Rabat
	Workshops on cost effective analysis and financial management	Better efficiency of the financial management	Workshop	International Consultant	TBD	TBD	TBD	Fez Agadir

ANNEX 5
INVITATIONAL TRAVEL AND PARTICIPANT
TRAINING PLAN

Invitational travel and participant training plan

Activity #	Activity Title	Participant Needs	Expected Results	Travel Object	Participant Profile	Est No Per	Days/Appr Date	Travel Place	Financed By
Group 1 Component to be finalized during the FP/MCH Phase V Project Exten									
<i>A Emergency Obstetrical Cares</i>									
G2 A 2	Documentation of the Safe Motherhood Pilot Project	Presentation and dissemination of the pilot project at the national and international levels	Experience exchange	GHC Conference	MOH Representatives		June 2000	Washington	JSI
<i>B Integrated Management of Child Illnesses (IMCI)</i>									
G2 B 5	Documentation and Dissemination of the IMCI Pilot Experience	Presentation of the IMCI experience		EMRO Conference GHC Conference	MOH Officials from central and regional levels	2 1	11 15 July Jun 00	Damascus Syna Washington	JSI
<i>C Contraceptive Financing</i>									
G2 C 1	Exchange visit in Phase Over'	Discuss financing experiences with other countries	Setting up of a contraceptive financing strategy in Morocco with reference to lessons learned	Study Tour	MOH TM and Commission Supéneure de la Population representatives	5	Automn 99	Chile Mexico	JSI
<i>E Quality Management</i>									
G2 E 3	Development of a National Policy on the Quality Assurance	Experience learned on QA programs	Apply lessons learned in Morocco	Study Tour	MOH Representatives		Feb 00	TBD	JSI/URC
		Participation to the ISQua conference	Sharng experiences in quality management	ISQua Conference	MOH representatives	2	Oct 99	Australia	JSI/URC
Group 3 Components of the transition towards the post bilateral project									
<i>B Regionalization</i>									
G3 B 2	Support to MOH to manage the transition towards the regionalization (decentralization)	Reinforcement of capacities in decentralized management	Strategic leadership for program effectiveness in the 2nd cycle	Training	Central and regional Administrators	2	Oct 99	Dakar	
			Project monitoring and evaluation	Training	Central and regional Administrators	2	Feb 00	Pittsburgh	
G3 B 7	Evaluation and Documentation	Presentation of the regionalization experience		GHC Conference		1	Jun 00	Washington	