



*Progress*

Projet de Gestion Régionale  
des Services de Santé

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# Annual Workplan

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## Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
BEOC	Basic Emergency Obstetric Care
CAD	Community Development Agent
CEOC	Complete Emergency Obstetric Care
CH	Child Health
CHU	Centre Hospitalier Universitaire ( <i>University Hospital Center</i> )
CRESP	Comité Régional Santé et Population
CS	Circonscription Sanitaire ( <i>Health District</i> )
CTF	Conduct To be Followed
CYP	Couple Years of Protection
DL	Dedicated Line
DPRF	Direction de la Planification et des Ressources Financières
DRH	Direction des Ressources Humaines
EOC	Emergency Obstetric Care
EVP	Extended Vaccination Program
FB	Fez-Boulemane
FIPROMER	Fédération des Industriels des Produits de la Mer
FP/MCH	Family Planning and Maternal and Child Health
FPLM	Family Planning Logistics Management
GIQua	Gestion Intégrale de la Qualité ( <i>Integral Quality Management</i> )
ICU	Intensive Care Unit
IFCS	Institut de Formation aux Carrières de Santé
IMCI	Integrated Management of Childhood Illnesses
INAS	Institut National d'Administration Sanitaire
ISDN	Integrated Services Digital Network
IST	In-Service Training
IUD	Intra-Uterine Device
JSI	John Snow Inc.
LAN	Local Area Network
MA	Ministry of Agriculture
MJ	Ministry of Justice
MNE	Ministry of National Education
MOH	Ministry of Health
MYS	Ministry of Youth and Sports
NGO	Non-Governmental Organization
NHA	National Health Accounts
PA	Public Address
PEV	Programme Elargi de Vaccination ( <i>Extended Vaccination Program</i> )
PHC	Primary Health Care
PNAQ	Programme National d'Assurance Qualité ( <i>National Quality Assurance Program</i> )
PNC	Prenatal Consultation
PNI	Programme National d'Immunisation ( <i>National Immunization Program</i> )
PRIME	Primary Provider's Education and Training in Reproductive Health

## Acronyms (cont.)

<i>Progress</i>	Projet de Gestion Régionale des Services de Santé
PTC	Provincial Technical Committee
RCC	Regional Coordination Committee
QA	Quality Assurance
QAP	Quality Assurance Project
RH	Reproductive Health
SEIS	Service des Etudes et de l'Information Sanitaire
SFI	Synthetic Fertility Index
SIAAP	Service d'Infrastructure des Actions Ambulatoires Provinciales
SM	Safe Motherhood
SMD	Souss-Massa-Drâa
SMSM	Société Marocaine des Sciences Médicales
SO1	Strategic Objective 1
SPO7	Special Objective 7
SONU	Soins Obstétricaux et Néonataux d'Urgence ( <i>Emergency Obstetric and Neonatal Care</i> )
STI	Sexually Transmitted Infection
TAT	Taza-Al Hoceima-Taounate
TT	Tanger-Tétouan
URC	University Research Corporation
USAID	United States Agency for International Development
VLAN	Virtual LAN
VSC	Voluntary Surgical Contraception
WAN	Wide Area Network
WHO	World Health Organization

## Introduction

### *Reminder*

*Progress* (Projet de Gestion Régionale des Services de Santé) is one of the major components of the new USAID intervention phase in the field of health. For a period of three years, *Progress* will contribute to this special objective of USAID's health sector strategy, namely "(set up) key interventions to ensure the sustainability of population, health and nutrition programs".

Contextual and institutional factors are very favorable to the implementation of a decentralized and sustainable management of health services. Regionalization may have a positive impact on the access and sustainability of quality primary health services. It is possible to strengthen the managerial structures at the regional and local levels, increase the financial liability of the regions and provinces, and improve the motivation and responsibility of health personnel through decentralized and proximity management.

The strategic objective of *Progress* is the implementation of decentralized management of health services in the Souss-Massa-Drâa (SMD) and the Tanger-Tétouan regions (TT). *Progress* is based on the principle that the regional management of health services will result in the improved utilization of resources, better access to health in enclaved areas and will, in fact, contribute to the sustainability of programmatic efforts while ensuring equity. Indeed, the management model initiated in the two regions could be extended to the entire country.

In this context, the strategy of *Progress* is, on the one hand, to accompany the decentralization process of the Ministry of Health (MOH) and, on the other hand, to initiate innovating models of primary health care services. *Progress* will also take care of the dissemination and constant exchange of information and experiences between the different regions and entities.

Achievement of the objective will be evaluated through these four indicators:

- Increase the number of CYP in the Souss-Massa-Drâa and Tanger-Tétouan regions.
- Efficient utilization of health and population data by the two regional teams to identify and resolve health issues.
- Increase coverage of needs in emergency obstetric care.
- Increase the number of projects implemented in partnership with other sectors, local communities and civil society.

The principal partners are the directorates of the Ministry of Health, the medical provinces and regions, other departments, local communities, associations and universities.

Moreover, unlike the Phase V Project, activities undertaken in the framework of *Progress* are limited by available resources. Consequently, these activities must be designed so as to result in a leverage effect on the regional management of health services and quality health care.

### **Structure of the 2001 Work Plan**

The strategic objective of *Progress* is in keeping with a three-year perspective. The 2001 work plan (WP-2001) is the first phase. This work plan combines three visions: the priorities of each of the two regions and the national strategy, in the field of reproductive and child health. The SMD and TT regions each have their proper strategic vision, and their annual work plans are developed on the basis of these strategic visions. However, every year a set of activities will be identified that take into account both the lessons learned during the previous year and the national orientations as defined by the MOH.

The strategic framework of *Progress* is consistent with the terms of reference agreed upon between the MOH and USAID, which reflect the orientations of the strategy of the health sector. Achievement of the strategic objective relies on two results:

- Roles, responsibilities and capacities identified, defined and developed at the different levels of the MOH.
- Innovating models to improve the accessibility, utilization, quality and efficiency of the services developed and tested by the regional and local teams.

These two results will be consolidated by two complementary elements, which are the sharing and dissemination of information derived from interventions and support activities.

The process adopted by *Progress* is based on two major elements:

- Increased utilization of local resources whether they consist of existing expertise within the MOH or of the capabilities of other institutions such as universities;
- Reliance on achievements; i.e., all the activities undertaken under the regionalization of health services, before the inception of *Progress*, will be mobilized.

Decentralization is not an end in itself, but is part of the promotion of all aspects of health. In this context, *Progress* is entirely in keeping with the 1999-2004 sector strategy developed by the MOH. This strategy identifies the strengthening of decentralization as a key element in achieving the objective of "health for all". The concomitant measures proposed for effective decentralization are those adopted by *Progress*, namely:

- Identification of all the aspects relevant to deconcentration and decentralization;

- Design and adoption of the organizational structure of the Regional Directorate of health services;
- Defining an implementation plan for regional structures and deconcentration;
- Re-organization of the central administration and provincial delegations based on the new attributions devolved upon the regions as well as on the attributions to be deconcentrated or decentralized<sup>1</sup>

The major objective of activities consistent with the sharing of information is to disseminate experiences in regionalization so as to contribute to the sustainability of the decentralization efforts initiated by the Ministry of Health.

### **Planning Process**

The activities of the first annual work plan of *Progress* have been developed under a participatory approach. To achieve this, each region organized a strategic planning workshop where all the concerned persons contributed to the strategic vision and to the identification of priority actions for 2001. During a meeting of the piloting commission it was possible to share the perspectives with central level MOH staff, as well as to identify activities for the central administration consistent with the actions of the regions.

The project activities presented in this document adhere to the principles of sustainability and replication. To do so, each identified activity conforms to the following four characteristics:

- Integration; i.e., the activity must be coherent with the strategic vision or a national orientation;
- Efficiency; i.e., achieve the objective fixed for each activity in conformity with allocated resources and time;
- Financing; i.e., national and/or local resources should take responsibility for the sustainability and replication of the activity;
- Human resources; i.e., the activity should either rely on existing capabilities or should produce national and local capabilities.

Results by level comply with the following description format:

- Introduction;
- Objectives;
- Result indicators;
- Principal partners.

As to activities, they will be presented in the following format:

- Narrative;
- Achievement indicator;
- Consultant (if required);
- Budget.

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<sup>1</sup> Stratégie Sectorielle de la Santé, DPRF/MS (Sector strategy for Health), Rabat, October 1999

## ***Programming of Activities***

Development of WP 2001, in compliance with the defined health policy, is based on priorities established at the national level, while taking into account regional specificities. At the regional level, the work plan strives for a balanced distribution of resources among the provinces and medical prefectures.

The activities of the two results and two cross-sectional components will contribute to the achievement of *Progress*' strategic objective. This document sets out the activities planned by the regions as well as activities identified by the central level. Increasing the documentation on experiences, and their dissemination and sharing with all concerned parties at the level of the regions, the kingdom and the world is a major element of this work plan. Support activities have been programmed according to criteria and will be financed by a packet separate from that allocated to programmatic activities. Support activities identified to date by the MOH are included in the 2001 work plan.

Activities are classified by result, achievement level (i.e., regional and central level) and also by theme. After each result by level, a completion schedule is presented. Any other activity not included in the final work plan should be submitted for approval to the Project Management Unit. The latter provides for the daily follow-up of the achievements and constraints of project activities. The Decentralization Commission of *Progress* will evaluate the implementation of the work plan during two meetings a year. These meetings will provide for a dynamic programming of activities. Activities that may possibly be behind schedule could be re-programmed for the following year. Indeed, the project inception phase requires the harmonious collaboration of a multiplicity of actors at different levels. On account of this, certain activities under WP 2001 may be behind schedule.

A forum to share the experiences of the year and appreciate performance with a wider audience has also been scheduled. Such a meeting will take place at the end of each year.

## **Result I: Roles, Responsibilities and Capabilities Identified, Defined and Developed at the Various Levels of the Ministry of Health**

Since 1965, major progress has been made in the field of reproductive and child health. This progress produced new needs in terms of diversification of services and improvement of quality. Also, the socio-economic and political development experienced by Morocco, in particular during the last decade, have changed the environment in which service delivery takes place. The health sector is subject to structural reforms, especially concerning insurance schemes and covering low-income groups.

Today, regionalization is itself as an essential tool to improve the adaptation of organizational strategies for services and resource allocation in the reality of the different regions of the Kingdom. Indeed, the clientele and range of requested services have become increasingly diversified. In this context, and despite all the their improvements, health care services still need to be developed and extended to meet the specific needs of the population.

The management strategy of public health programs complies with the regionalization logic. As a result, deconcentration might materialize through the transfer of responsibility and resources to the regions in some fields, such as in-service training or management of the immunization program.

Also, the decentralization process has been strengthened by the increased involvement of local and regional communities in the health-coverage strategy. This participation involves both civil society and the private sector.

The participation of local and regional communities is indeed a requirement of the financial strategy to be implemented. Participation should, however, take into account the financial potential of these collectivities insofar as those with the fewest resources are also often those with the greatest health needs. This is why there should also be an interregional solidarity effort coordinated at regional level.

Besides a concern for equity, the involvement of regions based on a national strategy remains the best means to achieve the greatest possible efficiency, for both the allocation of resources and an effective health coverage.

This first result deals with the deconcentration process and the changes to be made in the roles and responsibilities of central, regional and provincial administrations. Activities under this result are tied to the deconcentration initiated by the Ministry to prepare the effective transfer of roles and responsibilities from the center to the periphery.

Indeed, within the Ministry of Health and the entire administration, there is a need to achieve a consensus on the new transfer of functions and to increase the capabilities of regional teams.

## Objectives

- Accompany the process of defining the roles and responsibilities of central, regional and provincial MOH administrations with the framework of regionalization.
- Support the dialogue to achieve a consensus on the devolution of power within the MOH.
- Increase the competencies of regional MOH teams.

## Result indicators

- Number of managerial functions deconcentrated at the level of regions and provinces; for example, the functions relevant to the management of programs and both human and financial resources.
- Number of institutionalized standards and norms, such as the National Quality Assurance Program (PNAQ), Emergency Obstetric and Neonatal Care (SONU)
- Number of strategies and activities planned by the regions through an efficient use of locally collected and analyzed data.

## Principal partners:

Population Directorate

Hospital and Ambulatory Directorate (DHSA)

Directorate for Legal Affairs (DRC)

Epidemiology and Disease Control Directorate (DELM)

Human Resources Directorate (DRH)

Planning and Financial Resources Directorate (DPRF)

Computer and Methods Division (DIM)

The medical regions and provinces of Souss-Massa-Drâa and Tanger-Tétouan

Local communities

Civil society

### **I.A. Central Level**

The role of the central level is to ensure the transition from a system where resources and competencies are concentrated at the central level to a situation where managerial functions are transferred to the medical regions, while increasing the physical and human capacities of the latter.

The central level assumes a technical leadership on issues defined by the terms of reference of the project. Central level services have a leadership role in the reinforcement of the physical, human and organizational capacities of the regions. Central level responsibilities will be re-focused on strategic and regulatory functions. The central level will keep its prerogatives in national health policy, sector planning, evaluation and supervision, development and regulation of norms and standards. Activities presented here are the proposals made by a central level working group

## **I.A.1 Institutional Environment**

The reinforcement of regionalization requires political willingness, a strategic vision and a set of concomitant measures to be implemented. The government has defined regionalization as a priority strategy within the 5-year development plan. The MOH has initiated a series of activities to discuss the organization of the health department in the context of regionalization. Changes in the institutional environment result from this set of actions. *Progress* activities under this component are designed to accompany the process of change instigated by the Ministry. To this end, activities respond to the various organizational challenges of the health system. Tools to implement these activities comply with the regionalization strategy.

### **Activity I.A.1.1 Roundtable of regionalization activities in health**

Since 1996, the MOH has launched an internal dialogue to define the modalities of deconcentration as well as a model of decentralized health services. A number of meetings and workshops have been organized, grouping the various staff categories at all the levels of the health administration. These reflections have generated a deconcentrated vision of the Ministry of Health. In the years to come, the MOH is going to adopt a deconcentration model in compliance with the vision of its staff and government policy.

Currently, five regions (Souss-Massa-Drâa, Tanger-Tétouan, Eastern, Taza-Al Hoceima-Taounate, Marrakech-Tensift) are initiating the regional management experience of health services. These different experiences can foster a reflection on the decentralization of the health system. A documentary effort will be made to summarize all the experiences in a comprehensive document. The latter will be presented and discussed during a roundtable. This meeting will be organized in March 2001 in the presence of all the intervening parties from the central and regional levels of all five initiatives.

This roundtable will capitalize on the various experiences undertaken in order to reflect on decentralization, through:

- Sharing the regional approach chosen by the various services at the central and regional levels.
- Reviewing the reflections begun in 1996 and continued within the MOH on regionalization.
- Reporting on the empirical evaluation of the decentralization experiences of other countries.
- Defining concomitant measures that require central support to achieve effective regional management
- Identifying communication strategies among all intervening parties at central and regional levels.

#### Achievement indicators:

- Synthesis document prepared
- Roundtable held
- Report prepared and distributed

International consultant: Thomas Bossert (Harvard University)

Budget: \$5,000

**Activity I.A.1.2 Study Tours on Decentralization in the United States**

With the aim of demonstrating to regional and central officials the decentralization models of health services, a study tour is planned to the United States in March 2001. Identification of sites has been initiated. Some 12 participants are programmed to participate in this tour, four from each region and four from the central level.

The objective of this tour is to study, in a real context, the follow-up and monitoring strategies applied by the U.S. Health and Human Services (HHS) administration.

Achievement indicators:

- Study tour completed by 12 officials from two regions and the central level
- Trip report produced and distributed

Budget: \$35,000

**Activity I.A.1.3 Roundtable on the definition of IEC approaches at regional level**

In view of the magnitude of raising awareness in health issues and its importance for the well-being of the population, the efforts deployed by the IEC division during the last 3 years were focused on the periphery. Under Phase V, the competencies of the personnel were developed through several training activities to channel adequate IEC messages to the different target populations and, through their participation, to design adequate IEC support materials.

The regions thus have a nucleus of personnel able to develop and follow up regional IEC activities. In the context of decentralization, advantage should be taken of opportunities provided by the region in IEC, and the support provided by the central level to regional efforts. The organization of a roundtable has been proposed with IEC professionals at the level of the two regions to induce reflections on the regional IEC plan. The latter can meet national priorities while adapting communication strategies to regional specificities. This regional work plan can also identify needs for educational support materials to be reproduced according to identified needs or adapted according to regional or local specificities. The distribution and utilization of IEC support will thus become more effective and efficient.

Achievement indicators

- Roundtable held with the participation of IEC intervening parties.
- Report on roundtable produced and disseminated.
- Needs of IEC support materials assessed and discussed.

Budget: \$5,000

#### **Activity I.A.1.4 Study of budget allocations to medical provinces**

Improvements in management and in implementation tools enter into the context of a massive reform venture undertaken by the Ministry of Health. These reforms are aimed at eventually resolving health issues and structural problems relevant to the management and funding of the system. The major objectives are:

- To improve the efficiency and quality of health care at the level of primary health care and hospital networks;
- To mobilize additional resources for the sector;
- To provide the MOH with the tools necessary for the improved management of the sector.

Organizational improvement is linked to an appropriate definition of the models for medications, primary health care, regional organization of health services and inter-sectoriality. The following are proposed under this activity:

- Analysis of resource allocation at the level of the pilot medical province, according to primary health care programs;
- Debate to agree on definition of budgetary resource allocation according to national priorities and provincial needs;
- Implementation of a budgetary resource allocation model according to agreed criteria.

This activity will generate a management model of resources allocated to the health program in compliance with the needs of the province. It will include a model development component as well as a training component of provincial staff. The activity will be completed under a participatory approach based on the NHA experience.

#### Achievement indicators

- Province selected.
- Workshop to agree on an approach completed.
- Financial analysis carried out.

Budget:           \$5,000

#### **I.A.2 Planning and Evaluation**

The health system is designed as a planned organization of health services. The framework of regional planning is the Integrated Health Plan.

At present, neither regional planning nor regular supervision is yet established on institutional bases. Very often, these two tasks are accomplished following a vertical approach (facilitators of family planning, vaccinations, etc.). Major problems relevant to organization, technical abilities and logistics impede planning and supervision. The aim of central level activities undertaken under *Progress* is to provide several possibilities for improving the health planning, supervision and evaluation of regional programs. Activities proposed under this component aim at the following:

- Strengthening regional planning;
- Developing research capabilities of teachers;

- Greater priority given to training in research methodology;
- Supporting priority research initiated by other partners;
- Developing participatory and sustainable supervisory models.

**Activity I.A.2.1      *Training in evaluation and monitoring of regional technicians by the central level***

Over the years, abilities in evaluation and monitoring of health programs have been promoted by the central level. The DP, DELM, DPRF and DIM have senior staff able to strengthen the *savoir-faire* in evaluation and monitoring of regional managers.

The training by central level staff of regional and provincial-level managers in program follow-up and evaluation techniques should be supported.

Achievement indicators:

- Training workshops completed.
- Follow-up and support activities, from center to periphery, developed.

Consultant: International

Budget:                 \$3,000

**Activity I.A.2.2      *Support to the computer pools in the two regions***

Being aware of the importance of information technologies for effective and efficient management, the Ministry of Health, through the various directorates and DIM, has for several years conducted a computerization policy. This policy is being achieved, on the one hand, through grouped procurements made in the framework of different programs and, on the other hand, through the medical provinces themselves.

Despite limited resources, *Progress* has considered supporting the extended computerization strategy underway within the MOH.

However, to ensure efficiency, complementarity and equity between the regions and provinces, it is proposed to conduct a study of the needs of the computer pool in the two regions. Such a study would enable anticipating the needs in computers, software, training and maintenance in compliance with the standards set by the MOH and developed by DIM.

The objectives of this needs assessment study are:

- To assess the condition of the computer pool in the provinces of the SMD and TT regions. This study will be comprised of four components: (a) computers and hardware, (b) software, (c) capabilities and (d) maintenance.
- Summarize present financial plans: (a) procurements underway at central level, (b) procurement projections by province and (c) procurements planned under *Progress*.
- Make recommendations on the technology to be selected by source of funding.

In light of the recommendations of this study and following consultation with the concerned parties, procurements will be programmed according to priorities and available resources.

Also the *système SMIPF* application, widely disseminated and utilized throughout the Kingdom, has given rise to constraints related to its operating system. First, the application can only be used with Access 97. Consequently, computers running with Windows 2000 cannot use this application. The current MOH policy is to make sure that any computer used for the entry and processing of FP/MCH data is set up with Access 97, even when the operating system is Windows 2000. Consequently, DIM technicians are not in command of the source code of the application. Access to this code is crucial for updating the application and finding a long-term solution to constraints linked to the operating system.

To achieve this, a DIM technician will go to Washington to work with the consultant who developed the application.

Achievement indicators:

- Assessment report prepared.
- Dissemination meeting completed.
- Software, hardware and computers procured.
- Personnel trained in the utilization and maintenance of procured computer material.
- Study tour by a DIM technician to the US completed.

Consultant: National

Budget: \$60,000

**Activity I.A.2.3      *Workshop to discuss and agree on programmatic and administrative issues that will be subject to decentralization***

All programs and administrative spheres are not equally exposed to decentralization. Some programs, because they are concerned with a local specificity, are subject to immediate regionalization, such as the regional epidemiological observatories. However, such programs as the National Immunization Program (PNI) have a national scope, which does not necessarily have a regional declination. Regionalization requires a strategic choice generated by a dialogue between concerned parties. To achieve this objective, the control of planning tools is crucial. Workshops will be held to build up the capacities of the regions in strategic planning.

The organization of workshops will facilitate dialogue and agreement between the different levels on the transfer of functions, responsibilities and resources at the level of regions.

Achievement indicators:

- Decentralized programs and tasks identified.
- At least one task or program effectively transferred to the regional level.
- Strategic planning workshop organized at the level of the two regions.

Consultants: National

Budget: \$10,000

### **I.A.3 Human Resources / In-service Training**

In-service training is one of the most obvious functions to be delegated to the regional and provincial levels. During previous years, the Training Division, with USAID assistance and through the PRIME Project, carried out all the basic work to make deconcentration a reality. A national strategy and quality standards for in-service training (IST) had been developed and disseminated in the majority of the 16 regions. A long process is still required before IST can be institutionalized at the level of regions and provinces. To standardize the understanding of the spirit of this strategy and achieve the assigned objectives, *Progress* will work together with the MOH to achieve better dissemination at the level of the central administration as well as at that of the regions that expressed this need.

#### **Activity I.A.3.1 Implementation of mechanisms to operationalize the national in-service strategy at the level of the regions**

To achieve a better dissemination of the IST strategy, efforts will be made at the level of central directorates and the regions that expressed this need.

At the central level, this dissemination will take place in workshops, which will allow better coordination of in-service training activities at both the central and regional levels.

In the SMD, the dissemination activity is not included in the regional work plan. Dissemination at the level of the other remaining regions will be part of the support activities.

#### Achievement indicators

- Workshop completed at central level.
- Workshop recommendations adopted.

Budget:            \$2,000

#### **Activity I.A.3.2. Integration of IMCI into the IFCS curriculum**

The Training Division, in collaboration with the Population Directorate, carried out efforts to integrate experimentally the IMCI approach into the training curriculum of polyvalent nurses and midwives in the Agadir and Meknes IFCSs. The implementation of activities made it possible to develop a strategy to integrate IMCI in the IFCSs, the standardization of training programs and the contents of IMCI, the training of teachers and the development of modules and didactic materials.

To complete these efforts in the extension of IMCI integration in the other IFCSs of the Kingdom, the project will provide support both for IMCI training and the evaluation of the experience in the Agadir IFCS, associating the Meknes IFCS with this (Meknes being the second province where IMCI had been piloted).

The integration of IMCI into the curriculum of the Tetouan IFCS will be undertaken as soon as the IMCI approach is extended to the Tanger-Tétouan region.

### Achievement indicators

- Training of 3<sup>rd</sup> year students in the relevant IFCSs completed.
- Evaluation of IMCI integration into the IFCS training curriculum completed.
- Results and recommendations submitted.

Budget: \$5,000

### **Activity I.A.3.3 Pilot workshop on online in-service training on topics related to FP/MCH data**

New technologies increasingly contribute to improved effectiveness, efficiency and quality of public services. In-service training is one of the mechanisms through which service delivery can be improved. The quality of training increases in parallel with an increase in exchanged information. Online in-service training between the central level, the regional delegates and the IFCSs may prove to be an innovating, efficient and effective mechanism for information and experience sharing.

It is proposed to proceed, in a workshop, to an initial evaluation of the feasibility of such a training method and the prerequisites in order to:

- Measure the feasibility of online in-service training.
- Identify topics for which andragogic material and contents are available to support such training.
- Identify partners and resources.
- Fix operational modalities.

Following this exercise, a pilot workshop on online in-service training will be organized in close collaboration with DIM and the regions. The proposed topic is FP/MCH data analysis.

### Achievement indicators

- Evaluation completed.
- Online workshop completed.
- Results and recommendations submitted to decision-makers.

Consultant: International

Budget: \$5,000

### **I.A.4 Quality Assurance**

Quality Assurance (QA) is an explicit priority of the MOH. With URC heading technical assistance, remarkable progress has been achieved in the introduction and institutionalization of QA in various central, regional and local units. To date, about 60 centers in 8 regions have created quality improvement teams, including about 15% of the facilities in the TT and 4% in the SMD. Quality improvements adapted to the sites have been documented, such as a reduction in neonatal mortality, the increase in prenatal consultations (PNC), the best methods of prescribing medication, an improved immunization coverage and an increased use of FP

methods. *Progress* will continue these considerable efforts focused on the SMD and TT regions, while also building up central level expertise, especially in the framework of PNAQ.

#### **Activity I.A.4.1      *Submitting reports on QA experiences in Morocco***

Morocco has succeeded in introducing quality assurance as a management and service-delivery element. The QA conceptual framework is presented in the PNAQ document. Moreover, a compendium of several case studies and analytical studies is being finalized. It is proposed to present the results of these studies to further promote QA.

To prepare such a workshop, two DHSA senior staff members will visit the U.S. This study tour enters into the framework of strengthening the QA unit at the central level and will contribute to the finalization of the cost-efficiency analysis of QA to prepare a presentation. The latter will contribute to the planned workshop. *Progress* will fund one of these two persons, the trip of the other being at the charge of QAP.

The workshop, planned after this study tour, will broach successful experience sharing in QA, the promotion of QA as a routine tool for teams and the presentation of the PNAQ document as a tool for change.

#### Achievement indicators

- Study tour to the US completed.
- Workshop completed.

Budget:            \$8,000

#### **Activity I.A.4.2      *Reflection day on the standardization system at MOH level***

The MOH has, for several years, been developing a set of standards and procedures. Dissemination of these standards took place in training and information sessions.

Through the implementation of the PNAQ, the standardization function has been chosen as a priority technical function, which the program should study. A methodological guide for the development, adaptation and follow-up of care referrals has been developed to harmonize the practices of developing such standards. However, a number of problems in the implementation of the standardization process are still unsolved. To stimulate this process, it seems necessary to inform central and regional structures about the different experiences undertaken in terms of standards development. It is also necessary to identify problems linked to standardization such as the list of standards, their adaptation, their communication, their revision, their absence in several fields and the diversity of schools developing them.

The organization of a reflection day on the standardization system is scheduled for 2001. In this meeting the modalities of developing expertise in standardization and the definition of major strategic axes for the implementation of the normalization system can be discussed. This system will ultimately improve of the quality of health care.

### Achievement indicators:

- Reflection day on the standardization system completed.

Consultant: Jean-François Safar, URC

Budget: \$5,000

### **I.A.5 Logistics**

During the past decade (the 90s), the MOH developed a logistics system that is exemplary in its efficiency, reliability and sustainability. The logistics system is now ready to face two new challenges. On the one hand, it must become a more integrated logistics management system, including medications, vaccines and fungibles. On the other hand, it must be able to decentralize to better address the regional policy. The major objective of the activity presented under this component is to strengthen the regional integrated management of the logistics system.

#### ***Activity I.A.5.1 Piloting in-service training in contraceptive logistics***

To achieve the sustainability of training in contraceptive logistics required for efficient management in this field, the DP has worked together with the Training Division and the FPLM project. Consequently, training modules in contraceptive logistics have been developed and printed. These modules will be used for training that will take the place of the traditional training which is considered too burdensome and costly.

The project will provide support to test these modules at the level of the SMD and TT regions.

### Achievement indicators

- Evaluation and test of the training modules completed.
- Training modules adapted.

Budget: \$5,000

### **I.B. Souss-Massa-Drâa**

The sector strategy developed by the MOH envisions a regional organization of health services<sup>2</sup>, which defines the attributions of regional services as follows:

- Definition of health needs in the region in the context of national health policies;
- Regional health planning, surveillance and evaluation of programs;
- Coordination of all health activities in the region;
- Employment and supervision of all part of health personnel;
- In-service training;
- Logistic support.

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<sup>2</sup> Plan de développement sanitaire (Health development plan) 1999/2000-2003/2004, Ministry of Health, Planning and financial resources Directorate, Volume I

In the context of priority activities under the 2001 work plan, the region has included an intervention package aimed at combining the prerequisites of decentralized management.

One of the priority focuses identified during the SMD strategic planning workshop is the development and implementation of a regional management model of health services. The objective of this model, to be developed on the basis of sector strategy perspectives, is to permit the effective and efficient management of resources.

It will therefore be necessary for all concerned parties to adhere to the following basic principles:

- Real transfer of decision-making to the regional level.
- Commitment and involvement of all partners.
- Team work, participation of and search for partnerships as essential elements in the success of the project.
- Integration, from the beginning, of communication and dissemination of project experiences.

All the activities under sub-result I of the 2001 work plan for the SMD region are designed so as to meet the prerequisites of decentralized management. These activities, consistent with central level activities, will be concomitant with the decentralization process.

### **I.B.1 Institutional Environment**

Besides the definition of health regions and the appointment of a Regional Coordinator (who is the delegate of the chef-lieu province of the region), there is no regional legal structure. However, as compared to the role of the central level, the region will be assigned the functions of strategic planning, development of a work plan, implementation and follow-up of activities and the management of certain resources required for the operation of the functions.

The region will assume this role while adhering to the national policy and strategy of the MOH clearly described in the *Stratégie Sectorielle du Plan de Développement Sanitaire* and in compliance with the norms/standards set by the central level. The region will have the flexibility to adapt these norms to its local context and constraints.

The role of the SMD in the implementation of *Progrès* will be strengthened by the development of an organizational chart of the project. This chart will include planning and decisions-making units, and activity implementation and follow-up units. To make the task of these entities easier, the project has prioritized the strengthening of the regional health information system and the logistics management system.

#### **Activity I.B.1.1 Implementation of a regional "organizational chart" for the project**

During the last quarter of 2000, the regional SMG working group met to formulate a management structure for *Progrès*. A consensus was reached at the level of the region on the implementation of a chart including the following units:

**A Regional Coordination Committee:** This is composed of all the provincial delegates of each region as well as the Regional Coordinator. Its prerogatives include strategic planning, decision-making in terms of intervention focuses, approval of work plans and follow-up. This committee will meet regularly, i.e., at least once every quarter.

**Regional Project Management Unit:** This will include the following profiles: administrator-treasurer, senior SIAAP surgeon, secretary general of the IFCS and the senior surgeon of the hospital center, all of whom are from Agadir Ida Outanane prefecture, as well as one or two representatives of each province of the region and the JSI representative in Agadir. The major mission of this unit is the implementation and follow-up of regional project activities. The management unit will meet at least once a month.

**Thematic units:** These will have the task of looking into the implementation of specific activities relevant to priority themes and programs of the project. They will be mainly composed of personnel with the required expertise in this field at the level of the Agadir prefecture to be of better assistance to the regional coordinator and representatives of other delegations in the SMD region. Four units have been identified:

- In-service training unit,
- Health care quality assurance unit,
- Management unit,
- Health promotion unit.

An observation forum for the follow-up of the implementation of the *Progress* project will be created and directly linked to the regional coordinator.

#### Achievement indicators

- RCC and Regional Project management Unit meet at least four times a year.
- Proceedings of meetings developed and distributed.
- Thematic units are functioning.

Budget:           \$5,000

#### **I.B.2 Planning and Evaluation**

In the context of MOH regionalization, planning, monitoring and evaluation functions will be assigned to the regions. Consequently, decision-makers and managers at this level will need to have access to reliable and quality health data. Also, the skills of the technicians in the region must be increased to enable them to make the best use of existing analytical tools.

Under the Phase V Project, a computerized data entry and processing system was developed for FP/MCH programs. The SMIPF application has been tested in the SMD region since 1998. However, several problems have been reported by users at different levels, resulting in an under-utilization of the application's potential.

The objective of activities programmed under this component is to operationalize the SMIPF information system in the region. Two persons who were trained in information systems at district level in Dakar will be the resource persons for this component.

**Activity I.B.2.1      *Strengthening the utilization of the health information system in the region***

The SMIPF system is a major element in regional management. This is why the management unit has listed the follow-up of FP/MCH indicators at the regional level among its prerogatives. This unit will have to generate regional indicators based on information supplied by the provinces for decision-making.

It will therefore be necessary to design a strategy to strengthen the extended utilization of the SMIPF system at both the provincial and regional levels. For an in-depth analysis of this situation, a consultation is programmed.

The objectives of this consultation are to:

- Evaluate the state of the SMIPF system;
- Analyze and formulate recommendations on the perspectives and constraints based on current utilization; and
- Plan future steps to prepare a regional management team for the health information system.

Other actions will be undertaken to increase utilization of FP/MCH data and improve their quality. The principal actions planned for 2001 are:

- Refresher training of provincial statisticians in the entry and cleaning of FP/MCH data;
- Organization of periodic meetings on report results and decisions to be made on the basis of these data.

Achievement indicators

- Evaluation of SMIPF system completed.
- Results presented and discussed.
- Strategy developed.
- Statisticians re-trained in FP/MCH data entry and cleaning.
- Periodic meetings organized.

Consultant:      Theo Lippeveld

Budget:            \$5,000

**Activity I.B.2.2      *Organization of a workshop to develop a data collection and utilization procedures schedule***

One of the first activities planned under this component is the organization of a one-day workshop with the Regional Coordination Committee and the relevant unit to develop a procedures schedule for the collection, entry and transmission of data to all levels: health training, health district, province, region and central level.

This procedures schedule will complete the already available IS utilization tools, such as the user's guide to the information system. Its purpose will also be to standardize the utilization methodology of the IS and the application to:

- Reinforce the data collection system;
- Develop a data entry, processing and analysis model;
- Set up a feedback and dissemination system;
- Establish a schedule for data collection at each level so that the regional unit has it available and can prepare a performance report on programs before each quarterly RCC meeting.

After developing the procedures schedule, meetings will be held in each province to present it and train service providers in its use.

#### Achievement indicators

- Workshop held.
- Procedures schedule developed and presented at all levels.
- Quarterly performance reports presented to the RCC.

Consultant: International

Budget: \$5,000

#### **Activity I.B.2.3      *Workshop to disseminate the results of the qualitative study of injectables***

Under the Phase V Project, a qualitative study on the use of injectables was carried out in the SMD region. The main objective of this study was to strengthen the regions in the use of qualitative research tools. The case study reviewed the under-utilization of injectables in the region. The report on this study is currently being finalized. Based on its results, a strategy to promote and reposition this method can be developed.

A workshop will be held to disseminate these findings, which will be followed by a roundtable on the planning of actions to be undertaken to reposition injectables. The regional TT team will be associated with the proceedings of this dissemination workshop and with the roundtable in view of the potential transfer of knowledge and the sharing of information among regions.

#### Achievement indicators

- Dissemination completed.
- Work plan developed and adopted.

Budget: \$2,000

### **I.B.3 Human Resources / In-service Training**

Activities under this component are part of the recently developed national in-service training strategy. Their major objective is to identify mechanisms for the implementation of this strategy at the regional level with major IFCS involvement.

### **Activity I.B.3.1 Operationalization of a regional in-service training work plan**

An inventory should be made of in-service training activities in the past 3 years. Information will be gleaned from Phase V Performance Reports and reports by the Division de la Formation Continue. A database will be created that includes persons trained in the various fields of reproductive and child health. This phase will be followed by a survey of training needs in the two regions in the aforementioned fields.

A regional planning workshop will be conducted to develop an in-service training strategy for the region, together with implementation, follow-up and evaluation tools. This workshop will provide an opportunity for disseminating the in-service training strategy at the level of the provinces of the region, with the participation of the Training Division.

#### Achievement indicators

- Analysis of IST situation completed.
- Database created.
- Inventory of training needs developed.
- Regional planning workshop conducted.

Budget: \$10,000

### **Activity I.B.3.2 Rehabilitation of the Agadir IFCS**

To improve the quality of the participation of participants in the different in-service training seminars, the Agadir IFCS will be rehabilitated to host participants under this component.

The IFCS will host the majority of technical training sessions undertaken in this region under the project. To enable it to fulfill its mission, the premises will be upgraded as soon as possible.

#### Achievement indicator

- Agadir IFCS upgraded.

Budget: \$30,000

### **Activity I.B.3.3 Operational research on provider-client relationships**

The Agadir IFCS is planning to conduct a study on the problems of the interface between clients and paramedical staff involved in childbirth at the level of maternities and delivery centers (maisons d'accouchement) at the regional level. This study will be conducted in the framework of end-of-study research projects of 3<sup>rd</sup> year midwifery students at the IFCS. IFCS teachers and a socio-anthropologist, yet to be identified, will ensure supervision. This study will provide an opportunity for developing the IFCS skills in the utilization and mastery of qualitative and quantitative research tools as well as the interpretation and synthesis of results to improve the planning of actions.

### Achievement indicator

- Study completed and disseminated at the level of the region

Consultant: Socio-anthropologist to be identified

Budget: \$10,000

### **Activity I.B.3.4 In-service training of administrators and managers**

With the decentralization process, managers and administrators of the SMD region will be confronted with new responsibilities. To meet the challenge of these responsibilities, managers and administrators will need to strengthen their managerial skills. The main fields are human resource management, financial management and the regulations governing the health system.

To complete this activity, the project will request local technical assistance from independent consultants or consultant agencies according to the topic under study. An assessment of specific needs and of persons requiring re-training will be conducted during the first half of 2001.

### Achievement indicators

- Technical assistance selected.
- 35 administrators and managers trained in the SMD region.

Budget: \$15,000

### **I.B.4 Quality assurance**

The regional SMD team, following consultation with the central level and the international consultant, realized the weight of GIQua for its extension to the entire region. This reflection resulted in the test of a new "collaborative" model. The latter is more interesting for the SMD for the following reasons: (1) the region will have better control over the improvement process; (2) the regional team gets totally involved in the improvement process because it guides the collaboration of teams; and (3) the quality coverage of health centers will henceforward be evaluated by the adoption of improvements, not only the presence of a problem resolving team.

During the period covered by this work plan, the regional SMD team will focus their efforts on testing the proposed model and evaluating it in terms of its extension.

### **Activity I.B.4.1 Implementation of the collaborative model**

Following the regional reflection workshop, two priority themes have been selected for piloting the collaborative model. These two themes will identify a clinical problem to be resolved through the analysis of all the processes of the health system.

These two themes are:

- Improve the management of obstetric emergencies in hospital facilities.

- Improve the identification and treatment (diagnosis, treatment and interpersonal communication) of patients with sexually transmitted infections who consult outpatient facilities.

For each topic, 4 facilities have been identified. The distribution of sites by theme is as follows:

- *Management of obstetric emergencies in hospitals:* referral maternity of Hassan II hospital in Agadir Ida Outanane, maternity of the Inezgane Ait Melloul and the two birth centers that refer the most cases to them. These structures are the maison d'accouchement Anza in the Agadir Ida Outanane prefecture and the maison d'accouchement Sidi Bibi in the Chtouka Ait Baha province.
- *Identification and treatment of STI by outpatient facilities:* Oulad Teima health center and urban health center in the Taroudant province, Biougra urban health center in the Chtouka Ait Baha province and the Ait Melloul urban health center in the Inezgane Ait Melloul province.

Completion of these activities will be achieved through collaboration and coordination between the teams of the selected health facilities and the regional QA unit supported by the central level and URC consultants.

#### Achievement indicators

- Meetings on implementation of collaborative model organized.
- Monitoring system set up in the 8 sites selected in the region.
- Changes to be introduced identified and tested at the 8 sites.
- Coordination and follow-up between teams, regional unit and central level ensured.

Consultant: Dr Bruno Bouchet, Dr. Wendy Edson (URC)

Budget: \$6,000

#### **Activity I.B.4.2 Inducement to quality improvement projects**

Quality improvement of health services in the SMD region will also be implemented through innovative inducements generated by the facilities themselves. The idea consists of launching an appeal for service quality improvement projects through a clinical subject. These projects will be proposed by the teams of health facilities and will take into account their priorities, means and constraints. Consultants will draw up a format for project proposals. This document will assist in the collection of proposals from interested outpatient or hospital facilities. These proposals will then be studied by the Regional Coordination Committee, and will select 2 projects per province for 2001. The 14 selected projects will have *Progress* support for their implementation.

#### Achievement indicators

- Terms of reference for project proposals developed.
- Appeal for improvement projects launched.

- Two projects per province selected.
- Implementation documents for each project produced and shared.

Consultant: URC

Budget: \$3,000

**Activity I.B.4.3 *In-service training of regional team in quality management***

The strengthening of the regional QA unit will be undertaken during the various missions by URC consultants. In this context, several identified topics will be broached during formal training-information sessions. The first identified topics are teamwork, process improvement, focusing on the client and communication.

With these sessions it will be possible to enhance the technical skills of the regional QA unit. This action will therefore contribute to the implementation of a regional QA mechanism.

Achievement indicator

- Information sessions organized to strengthen the regional QA unit.

Consultant: URC

Budget: \$1,000

**I.B.5 Logistics**

**Activity I.B.5.1 *Implementation of a regional logistics system (regional warehouse)***

Under the Phase V Project, a process was initiated to increase the capacities of the Agadir warehouse so as to assume regional functions. An initial refurbishment included the installation of shelving, air-conditioning of the premises and the procurement of a computer as well as the development of stock management application for medical supplies. *Progress* will take over now to strengthen the implementation and operationalization of a regional stock management unit (this paragraph repeated; see above):

- Training of warehouse staff in stock management;
- Organization of an information workshop on the regional logistics system for the personnel of the provinces involved in stock management;
- Installation of the new computerized stock management application.

This presumes moreover that the central level provides a truck so that the regional warehouse can serve the SMD provinces and prefectures.

Achievement indicators

- Information workshops organized.
- Stock management application utilized.

Budget: \$6,000

### I.C. Tanger-Tétouan

The sector strategy developed by the MOH includes the regional organization of health services<sup>3</sup>, where the attributions of regional services are defined as follows:

- Definition of the health needs of the region in the context of national health policies;
- Regional health planning, surveillance and evaluation of programs;
- Coordination of all regional health activities;
- Employment and supervision of all or part of the health personnel;
- In-service training;
- Logistic support.

One of the priority axes identified during the Strategic Planning workshop in the TT region is precisely the implementation of structures and mechanisms allowing an effective and efficient management of resources as provided for by the sector strategy. To achieve this, it was recognized that decentralized management is primarily:

- A competent and responsible regional team;
- Capable, responsible and committed personnel to address the grievances of the population;
- A high-performing information system;
- A quality improvement approach to health care and services;
- Effective community participation.

The region included in these priority activities of the 2001 work plan an intervention package that aims at bringing together the prerequisites of decentralized management.

If the ambitions of the region seem excessive as compared to its available resources and capacities for the current year, it should be specified that all the interventions programmed under this first sub-result deserve particular attention since they will contribute directly to the improved management of activities under the second sub-result.

Key interventions of the regional team are those through which a decentralized management approach can be tested. They involve, primarily, organizational aspects that will take shape through the creation of a Regional Coordination Committee and thematic working units.

To accompany these structures and develop an efficient approach and a coherent management process, it is necessary (a) to develop the management capabilities of decision-makers and managers; (b) to reinforce the utilization of data in decision-making, planning and evaluation; (c) to strengthen the capabilities of service providers and managers through the operationalization of an In-service Training strategy; and (d) to develop and extend the quality improvement approach.

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<sup>3</sup> Plan de développement sanitaire 1999/2000-2003/2004, Ministry of Health, Planning and Financial Resources division, Volume I

## **I.C.1 Institutional environment**

The role of the region will be strengthened so that it can assume its new responsibilities as a "medical region". Thus, during the TT strategic planning workshop, the regional team not only defined the strategic focuses, tools and mechanisms to be implemented for regional management, but also the roles and responsibilities that it is able to assume in the context of *Progress* as a management model of health services.

Among the new tasks the region will assume to address the objectives of effectiveness and efficiency, the region must be able to determine its priorities and identify objectives, plan and manage, follow-up and evaluate programs, while implementing a unified approach methodology with standardized management tools.

### **Activity I.C.1.1 Implementation of a regional "organizational chart" of the project**

Following a number of meetings at the level of the TT region with all regional delegates, a consensus was reached on the implementation of an "organizational chart" for project management. It is as follows:

**A Regional Coordination Committee (RCC):** This is composed of all the provincial delegates of each region as well as the Regional Coordinator. Its prerogatives include strategic planning, decision-making in terms of intervention focuses, approval of work plans and follow-up. This committee will meet regularly, i.e., at least once every quarter. During the project inception period, the committee will meet more often, possibly once a month. Implementation of activities under the work plan will require coordination, consensus and preparatory meetings.

The Tetouan delegation will assume the role of secretariat to the RCC, with the following duties:

- Send invitations to meetings;
- Prepare the agenda of meetings;
- Prepare the proceedings of meetings;
- Invite a central-service representative, depending on the meeting agenda;
- Disseminate information to the provinces of the region and to the central service.

The Regional Coordination Committee will have the following attributes:

- Diagnose the situation and develop regional action plans;
- Validate specific action plans (Safe Motherhood, Quality Assurance, In-service Training, etc.);
- Evaluate the progress of action plans;
- Appoint and supervise technical working groups;
- Apportion resources at regional level;
- Mobilize additional resources;
- Coordinate with relevant central services;
- Supervise activities at regional and provincial levels;

- Organize regional meetings;
- Develop inter-sector activities at regional level;
- Publish and disseminate results.

**Thematic units for project implementation:** The task of these units is to develop work plans for each of the fields of intervention during the entire project life. These plans will be submitted to the coordination committee. Following this, the units will ensure the implementation, follow-up and evaluation of work plans.

These units will be composed of resource persons, identified and appointed at the level of each province. The nucleus of these units will be resource persons whose abilities will be developed through training in each field of activity (see detailed activities).

One person per province and one regional manager will constitute each thematic unit.

These units are:

- Follow-up and evaluation unit.
- Quality assurance unit.
- In-service training unit.
- SM program unit.
- STI / AIDS program unit.
- Partnership and community participation unit.

#### Achievement indicator

- RCC meets at least 4 times a year.
- Proceedings of meetings produced and distributed.
- Thematic units are functional.

Budget:                 \$3,000

#### **Activity I.C.1.2      *Awareness meetings for health professionals on *Progres****

During the first quarter of 2001, meetings will be held at provincial level to:

- Encourage the adherence of provincial-level health professionals to the *Progres* strategic plan;
- Create an environment favorable to the implementation of the project's strategic axes; and
- Present regional work plans for the health programs selected by the project.

The individuals concerned with this activity are SIAAP health staff, IFCS teachers, managers of maternity services, physicians and midwives of birth centers.

The schedule of activities of WP 2001 will be prepared and posted in delegations, SIAAP, maternities, health centers and birth centers.

### Achievement indicators

- One information day organized in each province of the region.
- 150 health professionals informed about the project.

Budget:           \$2,000

### **I.C.2 Planning and Evaluation**

The regional application of the SMIPF information system is now available at the level of the Tanger-Tétouan region. It now remains to operationalize the system and to develop mechanisms so that regional and local managers use the information for decision-making. A regional follow-up and evaluation unit has been created. Its nucleus is in fact composed of the two persons who had participated in the francophone workshop on follow-up and evaluation of health services at district level in Dakar in October 2000.

#### ***Activity I.C.2.1 Development of the competence of the two resource persons to increase the utilization of the health information system at regional level***

The team of two resource persons in the information system at regional level will be trained and will become the leaders of the Follow-up/Evaluation unit. These are the two persons who had participated in the francophone workshop on follow-up and evaluation of health services at district level held in Dakar in October 2000.

Throughout the life of this action plan, these two resource persons will build up their skills in the field of follow-up/evaluation and information systems, with the technical assistance of two resource persons from SEIS and DIM.

Training and in-service training programs will be identified as the activity develops, so that the nucleus of the unit can profit from them. This two-person nucleus will then be in charge of transmitting this new knowledge and ability to members of other units and of supervising program managers in the context of follow-up.

### Achievement indicator

- Supervision ensured by the two resource persons of the region for the follow-up/ evaluation unit.

Budget:           \$2,000

#### ***Activity I.C.2.2 Organization of a workshop to develop a procedures schedule for data collection and use***

One of the first activities programmed under this component is to design a strategy aimed at increasing the extended utilization of the SMIPF system at both the provincial and regional levels. For an in-depth analysis of the situation, a consultation is scheduled.

The objectives of this consultation are to:

- Evaluate the status of the SMIPF system;
- Analyze and formulate recommendations on the perspectives and constraints based on current use; and
- Program future steps to prepare the regional management team of the health information system.

Based on the findings of this consultation, a workshop can be organized with the Regional Coordination Committee and the follow-up/evaluation unit to develop a procedures schedule for the collection, entry and transmission of data to all the levels (health facility, health district [CS], province and region).

This schedule will complete the already available tools for using the information system, such as the user's guide to the information system. Its goal is to standardize the utilization method of the IS and of the application in order to:

- Improve the data collection system;
- Develop an entry, processing and analysis model for this data;
- Initiate a feedback and dissemination mechanism;
- Establish a data collection schedule for each level so that the regional unit has the FP/MCH data available and can prepare, at the RCC before each quarterly meeting, a performance report of programs;
- Ensure the sustainable availability of the information supports required by each system.

Following the design of the procedures schedule, meetings will be held in each province to present the procedures schedule and to train service providers in its use.

The study to be carried out on the computer pool will determine the needs of the region and allow provincial delegations to plan the procurement of the required equipment by uniting the efforts and means that can be mobilized.

#### Achievement indicators

- Consultation completed.
- Workshop completed.
- Procedures schedule developed and presented at all levels.
- Quarterly performance report presented to RCC from the second half of 2001 onwards.
- Equipment procured based on recommendations of the study.

Consultant: Theo Lippeveld

Budget: \$5,000

#### **Activity I.C.2.3 Refurbishment of premises at the Tetouan delegation for the Follow-up / Evaluation Unit**

The current quarters of the regional unit are at the Tetouan delegation in the office of the statistician. Refurbishment of a space within this office is planned for documents and tools by providing it with cupboards and shelves.

### Achievement indicator

- Space is refurbished for use of the Follow-up / Evaluation unit.

Budget: \$2,000

### **Activity I.C.2.4 Training in qualitative research**

This training will not simply be concerned with qualitative research techniques. In fact, it will include developing a research approach with the Tetouan-Tangier team similar to the one developed in Agadir for the study of injectables.

The goals of this approach are to:

- Develop a culture of the region by getting the provinces to work on a common research project;
- Identify a health problem following the utilization of data and development of a chart-book that can be produced by the SMIPF application;
- Define a methodological development approach, from research protocol to analysis of results, via a field survey;
- Make realistic recommendations to solve problems.

This process will involve 15 managers or service providers (3 per province) and be carried out in 5 phases:

- Workshop on data utilization and chart-book development.
- Training workshop in research techniques.
- Field survey.
- Decoding workshop.
- Training workshop in result analysis.

### Achievement indicators

- Workshop on data utilization and chart-book development completed.
- Training workshop in research techniques completed.
- Field survey completed.
- Decoding workshop completed.
- Training workshop in result analysis completed.

Consultant: International

Budget: \$15,000

### **1.C.3 Human Resources / In-service Training**

Under the Phase V Project, a National In-service Training Strategy was developed and is now being implemented. The 1999-2003 period<sup>4</sup> will be characterized by efforts of the department to institutionalize and standardize in-service training so that

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<sup>4</sup> Plan de Développement Sanitaire 1999/2000-2001-2004: Sectorial Strategy and action plan, Volume 1.

it becomes a means of motivating staff and improving performance through the strengthening and development of professional capacities.

The national in-service training strategy, as developed, has the following guiding principles:

- Decentralization of in-service training;
- Meeting the priority needs of personnel and users;
- Motivation of health professionals.

Resulting activities are:

- Developing the pedagogic, audiovisual, information and documentary means of the IST management structures;
- Strengthening the planning and management capacity of the IST management structures;
- Institutionalization of structures and agents in charge of the implementation of the national IST strategy;
- Implementation of an information system for in-service training activities;
- Supervision of in-service training activities at all levels.

In this context, the project provides an opportunity for the TT region to operationalize this approach, at least for specific interventions in maternal and child health.

#### ***Activity I.C.3.1 Operationalization of a regional in-service training work plan***

The initial task consists of an inventory of in-service training activities for the last 3 years.

Information will be collected from Phase V performance reports and reports by the DFC (In-service Training Division). A database will be established on the following: staff trained in the various fields of maternal and child health; trainers and resource persons available at both regional and central levels; training documents; and references and pedagogic tools.

This phase will be followed by a survey of regional training needs in the above-mentioned areas. Lastly, a regional planning workshop will be organized to develop an in-service training strategy for the region, with follow-up and evaluation tools.

#### **Achievement indicators**

- Analysis carried out.
- Database available.
- Strategy planning workshop completed.
- Action plan developed.

Budget:           \$3,000

#### ***Activity I.C.3.2 Training of heads of administrative and economic services in the region***

The deconcentration process requires the strengthening of the competence and capacities of administrative and economic services at the regional level. To achieve

*Progress*

this, two training cycles are programmed for the department heads of the 5 provinces of the TT region. The two training cycles are:

- A training cycle in financial management: a 12-day training cycle divided into 4 sessions for 20 participants (4 per province).
- A training cycle in human resource management: a 12-day training cycle divided into 4 sessions for 20 participants.

To complete this activity, a subcontract training to a school specialized in management training has been considered. From the beginning of the year, an investigation will be carried out at the regional level, as well as at the national and international level to identify an establishment able to address the training needs of the region in financial and human resources management.

#### Achievement indicators

- Institution identified.
- 20 administrators and resource managers trained.

Budget:           \$12,000

#### **Activity 1.C.3.3    *Refurbishment of an in-service training and documentation room***

The refurbishment of a documentation and in-service training room within the IFCS is programmed for the TT region.

This room will be for the exclusive use of in-service training and will henceforth be an In-service Training Unit. The purpose of this refurbishment is to improve the working and environmental conditions of trainees and to avoid IST sessions taking place at the expense of basic training by mobilizing the means and space normally allocated to the latter.

The documentation center will comprise all the in-service training modules and support materials as well as all the documents and references that might be of assistance to IST trainees in the improvement of their competence and abilities. This room may also be used for in-service training and will therefore be provided with the necessary furniture and pedagogic tools.

#### Achievement indicators

- A documentation and training room refurbished and equipped.
- Collection of documents and references initiated.
- Archiving system initiated.

Budget:           \$20,000

#### **Activity 1.C.3.4    *Upgrading of the conference room at the Tangier delegation***

A conference room has just been built in the Tangier delegation. This room complies entirely with the requirements for holding seminars, workshops and training sessions –space, furniture, etc.– but requires additional audio/P.A. equipment and

presentation tools. Equipping this room with audio/P.A. systems, flip charts and data-show has been designated.

The purpose is to have a room ready for meetings, workshops, seminars, reflection and consensus meetings between the decision-makers and managers of the region.

#### Achievement indicators

- Conference room of the Tangier delegation equipped with audio/P.A. systems, flip-charts and data-show.

Budget:            \$9,000

#### **I.C.4 Quality Assurance**

Quality assurance (QA) has been implemented on a pilot basis in two sites of the Tetouan province in 1997: one is a hospital service and the other an urban health center. The extension of the approach to other sites in the provinces of this region was undertaken in 1999.

The Tetouan province is among the provinces that have best succeeded in the implementation and extension of the quality approach and is a unique experience of its kind in the Kingdom. Out of the 34 sites created, over 60% are in the Tetouan province.

It is now time to strengthen and consolidate the QA achievements in the Tetouan province and extend the approach, based on the expertise and competence of this province, to the entire region.

The current situation of the "quality" sites implanted in the region is as follows: 24 sites implanted in health centers and dispensaries, 13 sites in hospitals and 1 site at the IFCS.

There are currently 6 trainers in quality assurance and 344 individuals trained as team leaders or team members in quality improvement.

The evaluation of this regional experience shows that the following points need improving:

- Dissemination of information to all professionals.
- Regularity of supervision and facilitation.
- Strengthening the approach at hospital level.
- Documentation of experiences.

During the strategic workshop, the region defined its vision, which consists of improving the quality management of health care and services through the implementation of quality assurance and diversifying the poles of excellence at the regional level.

The objectives of the region are:

- To develop the regional QA competence and capacities;
- To extend the approach to all structures by 2003;

- To implement mechanisms to raise awareness in and stimulate quality;
- To support adherence to QA of staff at all levels.

A three-year plan has been developed and its focus for 2001 is on these three points:

- Development of regional competency and expertise;
- Extension of the model to all provinces;
- Institutionalization of a regional quality policy.

Specific objectives are:

- Implement the QA approach in:
  - 80% of Primary Health Care structures (minimum 3 staff) at the level of the Tetouan province in 2001;
  - 30% of the PHC structures at the level of the other provinces in the region in 2001;
  - 40% of the hospital services at the level of the Tetouan province in 2001;
  - 15% of the hospital structures in other provinces of the region.
- Develop the experience of awarding a quality label at the level of urban PHC structures in the town of Tetouan in 2001.
- Develop a regional policy in behavior and attitude change of personnel.

#### ***Activity I.C.4.1 Training of 50 team leaders in standards and monitoring***

The DHSA is going to develop and integrate a reference manual on standards. A reflection day will be organized on standardization in Morocco. Both the results of this seminar and the development of the manual comply with the desire of the region to have competent people trained in standards and monitoring.

Moreover, the MOH has developed standards for service delivery for its priority programs: FP, SONU and IMCI. These standards will be disseminated at all the service levels.

The objectives of the team leader training activity are, on the one hand, to ensure the dissemination of existing standards through these 50 team leaders and, on the other hand, to prepare the implementation of the quality approach by using those competencies that are able to contribute to the reference manual to be developed at national level.

Concomitantly, job aids and wall-charts will be developed.

Training will be concerned with not only standards but also monitoring, which is a major component of the quality approach.

Also, support by the central level through its National Quality Assurance Program (PNAQ) is expected to assist the region in defining operational and achievement indicators for QA activities.

Achievement indicator

- 50 regional team leaders trained in standards developed by the MOH and using the integrated reference manual.

Budget: \$12,000

**Activity I.C.4.2 Training of 80 new team leaders**

Extending the quality approach requires the training of 80 new team leaders to cover all the provinces.

The provincial distribution of team leaders is: 16 from the Chefchaouen province, 10 from Tangier, 20 from Tetouan, 10 from Fahs Bri Makada and 14 from Larache.

To complete this training, 4 cycles of 20 participants are planned for 2001.

Achievement indicator:

- 4 training cycles for 80 new team leaders completed.

Budget: \$15,000

**Activity I.C.4.3 Training of 16 additional team leaders**

Three additional teams leaders per province will be trained to extend the GIQua model in the provinces.

Achievement indicator

- 16 additional team leaders trained.

Budget: \$5,000

**Activity 1.C.4.4 Implementation of a supervisory system**

This concerns the implementation of mechanisms for the sustainability of a supervisory system by identifying the best solutions to address constraints that impede supervision and find innovative models to develop such mechanisms.

As a first step, a model will be tested at the health district (CS) level and the implementation process evaluated. The RCC will initiate reflection on this, with the participation of central level officials, for the choice of the model, the CS, phase definition, implementation, monitoring and evaluation of the process.

Achievement indicator

- An innovating supervisory model was identified by consensus.

Budget: \$2,000

#### **Activity IC.4.5 Adequate didactic material provided for QA cycles**

For QA team leaders to be able to work, a list of equipment to be procured has been prepared. Procurement will take place over the three years of the project as determined by the degree of extension and the condition of sites:

- 2 overhead projectors per province.
- 16 magnetic white-boards for each of the Tetouan, Tangier and Larache provinces and 6 for the Fahs Beni Makkada province.
- 1 computer per regional unit.

#### Achievement indicator

- 9 OHPs and 1 computer procured; each new site has a white board.

Budget: \$20,000

#### **Activity I.C.4.6 Implementation of an archiving and documentation unit**

To collect the different documents on training cycles in the region (e.g. forms, proceedings, supervisory forms and documentation on regional experiences), a documentation unit needs to be created. It will be housed at the level of the Tetouan regional unit.

#### Achievement indicator

- Archiving unit created and collection and archiving mechanism in place.

Budget:: \$6,000

#### **Activity I.C.4.7 Modeling of a Rural Health District**

One rural health district will be selected in the TT region. A standard Primary Health Care package including minimum services, needs in basic equipment and essential medications will be defined. The objective is to:

- Develop normal standards of activities;
- Upgrade the CS with equipment depending on the standards developed for activities;
- Design and disseminate a standardization model;
- Train staff so that they meet standards;
- Implement follow-up and supervision through sustainable mechanisms.

This activity is an operational research. It coincides with one of the objectives of the sector strategy for outpatient care. Its objectives may be summarized as: the re-organization and extension of primary health care in compliance with the standards defined by the health card (*carte sanitaire*). Achievement of these objectives will enable health structures to provide, on an integrated basis, an essential preventive and curative health care package accessible to the most underprivileged populations, especially mothers and children.

The activity will be initiated under this work plan and be spread over the three years of this project.

Achievement indicators

- A rural CS identified, activity standards developed, standardization module developed, personnel trained, supervisory mechanism initiated.

Budget: \$5,000

## TIMELINE OF ACTIVITIES UNDER RESULT I

TIMELINE OF ACTIVITIES AT THE CENTRAL LEVEL - RESULT I  
January - December 2001

Résultats	Activities	Achievement Indicators	Time Line												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result I: Roles, Responsibilities and Capabilities Identified, Defined and Developed at the Various Levels of the Ministry of Health</b>															
I.A.1 Institutional Environment	I.A.1.1 Round table of regionalization activities in health	- Synthesis document prepared - Roundtable held with the active participation of intervening parties - Report prepared and distributed													5 000,00
	I.A.1.2 Study Tours on Decentralization in the United States	- Study tour completed - Trip report produced and distributed													35 000,00
	I.A.1.3 Roundtable on the definition of IEC approaches at regional level	- Roundtable held with the participation of IEC intervening parties - Report on roundtable produced and disseminated  - Needs of IEC support materials assessed and discussed													5 000,00
	I.A.1.4 Study of budget allocations to medical provinces	- Province selected - Workshop to agree on an approach completed - Financial analysis carried out													5 000,00
I.A.2 Planning and Evaluation	I.A.2.1 Training in evaluation and monitoring of regional technicians by the central level	- Training workshops completed - Follow-up and support activities, from center to periphery, developed													3 000,00
	I.A.2.2 Support to the computer pools in the two regions	- Assessment report prepared - Dissemination meeting completed - Software, hardware and computers procured - Personnel trained in the utilization and maintenance of procured computer material - Study tour by a DIM technician to the US completed													60 000,00
	I.A.2.3 Workshop to discuss and agree on programmatic and administrative issues that will be subject to decentralization	- Decentralized programs and tasks identified - At least one task or program effectively transferred to the regional level - Strategic planning workshop organized at the level of the two regions													10 000,00
I.A.3 Human Resources / In-service Training	I.A.3.1 Implementation of mechanisms to operationalize the national in-service strategy at the level of the regions	- Workshop completed at central level - Workshop recommendations adopted.													2 000,00
	I.A.3.2 Integration of IMCI into the IFCS curriculum	- Training of 3rd year students in the relevant IFCSs completed - Evaluation of IMCI integration into the IFCS training curriculum completed - Results and recommendations submitted													5 000,00
	I.A.3.3 Pilot workshop on online in-service training on topics related to FP/MCH data	- Evaluation completed - Online workshop completed - Results and recommendations submitted to decision-makers													5 000,00
I.A.4 Quality Assurance	I.A.4.1 Submitting reports on QA experiences in Morocco	- Study tour to the US completed - Workshop completed													8 000,00
	I.A.4.2 Reflection day on the standardization system at MOH level	- Reflection day on the standardization system completed													5 000,00
I.A.5 Logistics	I.A.5.1 Piloting in-service training in contraceptive logistics	- Training modules tested and adapted												5 000,00	
<b>Central Budget Estimation Result I</b>													<b>\$ 153 000,00</b>		

Program

**Timeline of Activities at Souss - Massa - Drâa - Result I**  
**January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation budget in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result I: Roles, Responsibilities and Capabilities Identified, Defined and Developed at the Various Levels of the Ministry of Health</b>															
I.B.1 Institutional Environment	I.B.1.1 Implementation of a regional "organizational chart" for the project	- RCC and Regional Project management Unit meet (met?) at least four times a year. - Proceedings of meetings developed and distributed - Thematic units are functioning	█	█	█	█	█	█	█	█	█	█	█	█	5 000,00
I.B.2 Planning and Evaluation	I.B.2.1 Strengthening the utilization of the health information system in the region	- Evaluation of SMIPF system completed - Results presented and discussed - Strategy developed	█	█											5 000,00
	I.B.2.2 Organization of a workshop to develop a data collection and utilization procedures schedule	- Workshop held - Procedures schedule developed and presented at all levels - Quarterly performance reports presented to the RCC			█	█	█	█							5 000,00
	I.B.2.3 Workshop to disseminate the results of the qualitative study of injectables	- Dissemination completed - Work plan developed and adopted			█	█	█	█							2 000,00
I.B.3 Human Resources / In-service Training	I.B.3.1 Operationalization of a regional in-service training work plan	- Analysis of IST situation completed - Database created - Inventory of training needs developed - Regional planning workshop conducted			█	█	█	█	█						10 000,00
	I.B.3.2 Rehabilitation of the Agadir IFCS	- Agadir IFCS upgraded	█	█	█	█	█	█							30 000,00
	I.B.3.3 Operational research on provider-parturient (?) relationships	- Study completed and disseminated at the level of the region	█	█	█	█	█	█							5 000,00
	I.B.3.4 In-service training of administrators and managers	- Technical assistance selected - 3- 35 administrators and managers trained in the SMD region			█	█	█	█	█	█					15 000,00
I.B.4 Quality assurance	I.B.4.1 Implementation of the collaborative model	- Meetings on implementation of collaborative model organized - Monitoring system set up in the 8 sites selected in the region - Changes identified and tested at the 8 sites - Coordination and follow-up between teams, regional unit and central level	█		█	█	█	█	█	█	█	█	█	█	6 000,00
	I.B.4.2 Inducement to quality improvement projects	- Terms of reference for project proposals developed - Appeal for improvement projects launched - Two projects per province selected - Implementation documents for each project produced and shared			█	█	█	█	█	█	█	█	█	█	3 000,00
	I.B.4.3 In-service training of regional team in quality management	- 3 Information sessions organized to strengthen the regional QA unit	█		█					█					1 000,00
I.B.5 Logistics	I.B.5.1 Implementation of a regional logistics system (regional warehouse)	- Information workshops organized - Stock management application utilized			█	█	█	█	█	█	█	█	█	6 000,00	
<b>Souss-Massa-Drâa Budget Estimation Result I</b>													\$	<b>93 000</b>	

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Contract No.: HRN-I-00-98-00032

**Timeline of Activities Tanger - Tétouan - Result I  
January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result I: Roles, Responsibilities and Capabilities Identified, Defined and Developed at the Various Levels of the Ministry of Health</b>															
<b>I.C.1 Institutional Environment</b>	I.C.1.1 Implementation of a regional "organizational chart" of the project	- RCC meets at least 4 times a year - Proceedings of meetings produced and distributed - Thematic units are functional													3 000,00
	I.C.1.2 Awareness meetings for health professionals on <i>Progress</i>	- One information day organized in each province of the region - 150 health professionals informed about the project													2 000,00
<b>I.C.2 Planning and Evaluation</b>	I.C.2.1 Development of the competence of the two resource persons to increase the utilization of the health information system at regional level	- Supervision ensured by the two resource persons of the region for the follow-up/evaluation unit													2 000,00
	I.C.2.2 Organization of a workshop to develop a procedures schedule for data collection and use	- Consultation completed - Workshop completed - Procedures schedule developed and presented at all levels - Quarterly performance report presented to RCC from the second half of 2001 onwards - Equipment procured based on recommendations of the study													5 000,00
	I.C.2.3 Refurbishment of premises at the Tetouan delegation for the Follow-up / Evaluation Unit	- Space is refurbished for use of the Follow-up / Evaluation unit													2 000,00
	I.C.2.4 Training in qualitative research	- Workshop on data utilization and chart-book development completed - Training workshop in research techniques completed - Field survey completed - Decoding workshop completed - Training workshop in result analysis completed													15 000,00
	I.C.3 Human Resources / In-service Training	I.C.3.1 Operationalization of a regional in-service training work plan	- Analysis carried out  - Database available - Strategy planning workshop completed  - Action plan developed												3 000,00
	I.C.3.2 Training of heads of administrative and economic services in the region	- Institution identified, 20 administrators and resource managers trained												12 000,00	

Progress

**Timeline of Activities Tanger - Tétouan - Result I  
January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result I: Roles, Responsibilities and Capabilities Identified, Defined and Developed at the Various Levels of the Ministry of Health</b>															
	I.C.3.3 Refurbishment of an in-service training and documentation room	- A documentation and training room refurbished and equipped - Collection of documents and references initiated - Archiving system initiated													20 000,00
	I.C.3.4 Upgrading of the conference room at the Tangier delegation	- Conference room of the Tangier delegation equipped with audio/P.A. systems, flip-charts and data-show													9 000,00
<b>I.C.4 Quality Assurance</b>	I.C.4.1 Training of 50 team leaders in standards and monitoring	- 50 regional team leaders trained in standards developed by the MOH and using the integrated reference manual													12 000,00
	I.C.4.2 Training of 80 new team leaders	- 4 training cycles for 80 new team leaders completed													15 000,00
	I.C.4.3 Training of 16 additional team leaders	- 16 additional team leaders trained													5 000,00
	I.C.4.4 Implementation of a supervisory system	- An innovating supervisory model was identified by consensus													2 000,00
	I.C.4.5 Adequate didactic material provided for QA cycles	- 9 OHPs and 1 computer procured; each new site has a white board													20 000,00
	I.C.4.6 Implementation of an archiving and documentation unit	- Archiving unit created and collection and archiving mechanism in place													6 000,00
	I.C.4.7 Modeling of a Rural Health District	- A rural CS identified, activity standards developed, standardization module developed, personnel trained, supervisory mechanism initiated.													5 000,00
<b>Tanger - Tétouan Budget Estimation Result I</b>													<b>\$ 138 000,00</b>		

Program

## **Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams**

For over thirty years, the Ministry of Health has been implementing various programs to improve the health of the Moroccan population. Depending on its priority field, each program is aimed at a specific target group (for example, the national immunization program, the family planning program, the maternal and child health program, etc.). Each program initially followed a vertical logic to achieve a better mobilization of the necessary resources and, consequently, achieve results in the shortest possible time. The increase in the number of vertical programs and the assignment of most programs to the Reproductive Health concept defined by the Cairo Conference raised questions on the consolidation and integration of the resources and strategies of these individual programs. The change in the conduct of vertical programs is therefore an absolute necessity because of the very success they have achieved until now. If they want to progress, these programs require more thorough decentralization and integration. The example of the EVP shows that the steamroller approach (from top to bottom) does not anymore suffice to cover a greater part of the population and further reduce inequalities. The involvement of local actors (elected officials, public sector, private sector and associations) is crucial to achieve the improved use of existing resources and thus reach isolated and under-served populations.

Changes in the institutional environment of reproductive and child health programs, such as the regionalization process, the need for more effective inter-sector and inter-departmental collaboration on sustainability issues, as well as the need to redefine and build up partnerships with international partners, underscore the need for integrating RH and CH programs.

In the context of *Progress*, the trend toward program integration and decentralization of responsibilities may assist in the development and implementation of innovations in service delivery and health program management. Result II supports technical and programmatic innovations in health care service delivery and management. Intervention models, successfully tested under Phase V, and other innovative approaches will be encouraged in the context of this result.

The result expected under the first component is the strengthening of the capabilities of local teams. Also, regionalization will give local teams greater responsibilities. They will have better tools for data analysis, problem identification and activity implementation. Programs will thus be able to better address unmet needs.

This proximity management approach will not only support the deconcentration process, but will also lead to innovations and improvements in the quality of care in reproductive and child health.

### Objectives:

The activities supported under this result will contribute to one or several of the following objectives:

- Improvement in the accessibility and utilization of health services;
- Improvement in the quality and management of health services;
- Improvement in the efficiency of health care delivery and management.

Interventions will relate to primary health care, but priority fields will be RH and CH. Moreover, *Progress* will develop synergies with other partners in fields such as water, drainage and nutrition.

Result indicators:

- Increase in the rate of management of obstetric emergencies in the two regions;
- Number of health facilities providing health care in compliance with national standards (IMCI, FP, SONU) in the two regions;
- Number of projects undertaken in collaboration with NGOs and local communities in the two regions.

Principal partners:

Population Directorate  
 Hospital and Ambulatory Directorate (DHSA)  
 Directorate for Legal Affairs (DRC)  
 Epidemiology and Disease Control Directorate (DELM)  
 Human Resources Directorate (DRH)  
 Planning and Financial Resources Directorate (DPRF)  
 Computer and Methods Division (DIM)  
 The medical regions and provinces of Souss-Massa-Drâa and Tanger-Tétouan  
 Local communities  
 Civil society  
 Private sector

**II.A Central Level**

**II.A.1 STI/AIDS**

The SIT/AIDS component is important in reproductive health and, in particular, in the SMD and TT regions.

Maintaining a low incidence rate of HIV/AIDS in Morocco in the presence of major risk factors (for example, increase in STI rates, urbanization, tourism, migrants and “modernization”) is a major challenge. To tackle this major public health problem, the MOH has opted over the past years for a multi-sector approach with the increased involvement of civil society and improved quality of health care services through the introduction of a syndromic approach.

The Souss-Massa-Drâa and Tanger-Tétouan regions are particularly affected by an increase in STI/AIDS. For example, Tangier, Tetouan, Agadir and Ouarzazate are known for their high STI/AIDS prevalence rates and will require special attention. Other urban and peri-urban areas will probably experience a similar growth in

prevalence rates. About 20% of all HIV-positive cases known in Morocco are in the Souss-Massa-Drâa region (722 at end of 1999).

A comprehensive strategy for STI/AIDS activities will be programmed in 2001 in close collaboration with the DELM, DP and specialized associations. The goal of these activities is to ensure that a STI/AIDS health care package is provided concomitantly with other reproductive health services, in particular in urban health centers, based on the syndromic approach disseminated by the MOH. This objective will be attained through partnerships with the activities of international organizations (e.g. International STI/AIDS Alliance), local NGOs (such as AMSED and OPALS) and the Ministry of National Education (e.g. the MEG Project).

## **II.B Souss-Massa-Drâa**

The Souss-Massa-Drâa (SMD) region is composed of 7 provinces and covers 10% of the national territory and contains 10% of the population of Morocco. Its administrative sub-divisions are the wilaya of Agadir (prefectures of Agadir Ida Outanane, of Inezgane Ait Melloul, the province of Chtouka Ait Baha) and the provinces of Tiznit, Taroudant, Ouarzazate and Zagora.

In terms of GDP, although no exact information is available, the SMD ranks 4<sup>th</sup> among all the regions. In 1994, the SMD population was 2.6 million, with slightly over half being females. Projections for 2015 are a population of 3.7 million. The SFI for SMD is higher than the national average, 3.4 and 3.1 respectively in 1995. In 1999, there were 800,000 women of childbearing age in the region, half of whom were married. The 15-49 age group of women will increase by 25% to reach 1 million in 2014. The National Survey on Mother and Child Health (ENSME, 1997) shows that the rates of mother and child health indicators in the SMD are below the national average. These data show that there are possibilities of extending the health coverage through the improvement of quality and the allocation of resources to primary health care services.

Disaggregating the chief development indicators of the region produces two major biases: the first is geographical, which disadvantages rural areas, while the second is linked to the gender approach, which disadvantages women. For example, the SFI for rural areas is almost twice that of urban areas, and the educational level is lower in rural areas. Census data (1994) on education and employment highlight a strong gender bias. Indeed, over 80% of rural women aged 10 and more are illiterate, whereas the rate is 50% for women in urban areas. Men dominate the working population, whereas women account for only 20%. Unemployment affects women more than men. The first data produced by the SMIPF computer application, recently developed under the Phase V Project, show major variations in health and service delivery indicators between health districts (CS) and the existence of "black pockets".

Mobile strategies were developed, especially via the immunization and family planning programs to mitigate geographical disparities. Mobile teams provide a complete health care package to a number of isolated and scattered populations. However, this mobile strategy needs to be extended to cover all isolated populations. The health care package to be provided must be adapted to the actual needs of these populations.

Following the strategic planning workshop, the SMD region adopted as its strategic objective for *Progress* "the improvement in reproductive and child health through an innovative regional model allowing for quality of health care and meeting the needs of the population".

This objective will be achieved through the following:

- A regional management model of health services is developed and tested (this has already been dealt with under the first sub-result);
- The quality of reproductive and child health services is improved;
- The capabilities in RH and CH of staff and some partners are strengthened;
- The promotion of RH and CH through partnership approaches is reinforced.

Result indicators:

The base values are for the year 2000 whereas final values are for December 2003, i.e. at the end of *Progress*.

- Recruitment rate for PNC increases from 45% to 60%;
- Rate of institutional deliveries increases from 37% to 45%;
- Gross user rate of contraceptive methods in the public sector increases from 25% to 30%;
- Rate of cesarean sections increases from 2% to 3%.

Principal partners:

MOH Directorates  
Regional representatives of external services (MEN, DRH, MA.)  
Private sector  
Civil society  
Local communities

### **II.B.1 Maternal Health**

Morocco has introduced the three delays model in obstetric emergency care in the Fez-Boulemane and TAT regions under the Phase V Project. This project prioritized the third delay related to an improvement in the treatment of obstetric complications. The positive results of this project have motivated the extension of the experience to the SMD region.

For 2001, the SONU strategy has been identified as a priority. This strategy will be implemented through the following actions:

- Refurbishment/upgrading of maternity and birthing centers (maisons d'accouchement) to improve the quality of reception and the stay of parturients;
- Improvement of the technical set;
- Improvement of the technical capabilities of staff in delivery techniques, obstetric emergencies and management by developing a team approach to problem solving;

- Initiating an audit of critical incidents in maternities;
- Effective and appropriate use of didactic and operational support materials: guide, protocols and CTF.

**Activity II.B.1.1 Renovation, refurbishing and humanization of maternities and birthing centers**

The sites to be upgraded in the Souss-Massa-Drâa region as well as the nature of the upgrading remain to be determined. That they are to be the BEOC and CEOC sites previously identified for equipment remains unchanged. In the coming weeks, each province of the region will be invited to make an inventory of refurbishments to be undertaken for the installation of the ordered equipment and the humanization of practices.

Achievement indicator

- BEOC and CEOC structures identified and renovated.

Budget: \$120,000

**Activity II.B.1.2 Additional equipment of BEOC and CEOC sites in the SMD region to meet SONU service standards**

Under this project, the equipment of 58 BEOC and 5 CEOC sites will be completed with the procurement of the material required to meet SONU service delivery standards.

The organization of acceptance, distribution and installation of materials in the region is a major component in the efficient management of this equipment. A workshop will be organized in this context prior to the acceptance of this equipment with the participation of technicians and the regional biomedical team to determine the actions to be undertaken for its distribution and installation in the provinces.

Achievement indicators

- Meetings with technicians organized.
- Equipment received, delivered and installed in the 58 BEOC and 5 CEOC facilities in the 7 provinces of the region.

Consultant: International

Budget: \$370,000

**Activity II.B.1.3 Upgrading of training sites**

Following the preparatory meeting of SONU training to implement a regional training plan, the upgrading of training sites emerged as a prerequisite to any training sessions. The sites for practical SONU training will be identified and selected at the regional level. Rehabilitation and upgrading will take place if required to meet criteria set for training and supervision. To this end, an evaluation grid will be prepared to standardize the approach to defining needs.

Achievement indicator

- Training sites upgraded.

Budget: \$15,000

**Activity II.B.1.4 Training-of trainers workshop**

A workshop will be organized to train or re-train (refresh) trainers who will supervise participants during SONU training. The standard training modules recently produced by the MOH will be used.

The training of trainers will deal with the technical component of SONU, the andragogic approach and the assistance and communication skills component.

Achievement indicator

- Training of trainers completed.

Budget: \$10,000

**Activity II.B.1.5 SONU training of personnel involved in deliveries**

This training concerns gynecologists, general medical practitioners, midwives and nurse-midwives in the SONU module. The identification of training needs will determine the number of service providers to be trained in SONU.

Also, in order to ensure a greater impact of the SONU performance of service providers, QA tools will be developed for the scheduled training sessions. Indeed, experience in the field of training shows that performance increases just after a training session, reaches a peak and ends up decreasing with time to reach a plateau sometimes similar to that before training. This is why maintaining the performance after training is a challenge and involves the implementation of specific activities so as not to lose the investment made in training.

Consequently, following consultation with the regions, three interventions were suggested: 1) the development of job aids; 2) the development of medical fiches; and 3) the development of a self-assessment tool of the performance of obstetric staff.

The development of these tools, as well as the piloting of their use in obstetric facilities, will be achieved in close collaboration with the obstetric personnel, the in-service training unit, the central level and the involvement of medical faculties.

Achievement indicators

- Meetings organized for preparing SONU training.
- At least 60% of the providing physicians, midwives and nurses trained in SONU.
- Memorandum books, medical fiches and self-assessment tools developed and tested.

Budget: \$230,000

**Activity II.B.1.6    *Training in assistance and communication skills of personnel involved in deliveries***

Depending on the adopted strategy, training in assistance and communication skills will be provided to service providers. This training will take place either concurrently with SONU training or in a specific workshop.

Achievement indicators

- Preparatory meetings organized.
- 400 copies of the trainer's and participant's guides in assistance and communication skills provided.
- At least 60% of the obstetric personnel trained in assistance and communication skills.

Budget:            \$54,000

**Activity II.B.1.7    *Training or refresher training in the information systems of personnel involved in deliveries***

The objective of this training is to strengthen the capacities of service providers in the utilization of the information system. It relates to: the obstetric register, the partogram, the referral/counter-referral fiche and the monthly report.

Achievement indicator

- At least 60% of the obstetric personnel of the region trained in the use of the information system relevant to deliveries.

Budget:            \$15,000

**Activity II.B.1.8    *Training of personnel in equipment installation and maintenance***

A group of technicians will be trained in equipment installation and maintenance. Training will be provided by the resource persons of the two pilot regions of the Phase V Project (FB or TAT), the technicians of the region as well as central-level resource persons.

Achievement indicators

- Meetings organized with the team of technicians from the Fez-Boulemane or TAT regions.
- Technicians in the region trained in equipment installation and maintenance.

Budget:            \$2,000

**Activity II.B.1.9    *Implementation of internal audit of critical incidents in hospital maternities***

As a first step, a consensus meeting will be organized on the audit protocol of critical incidents with the participation of the maternity gynecologists, one or two CHU professors, ICU specialists, the hospital directors, the delegates and a resource

person from INAS. A meeting to raise the awareness of personnel in the different maternities and train them in the audit approach will follow this.

#### Achievement indicators

- Audit of critical incidents implemented and used.
- Awareness meeting organized in the different maternities of the region.
- At least 60% of the obstetric staff trained in audit of critical incidents.

Budget: \$5,000

### **II.B.2 Child Health**

Under this work plan, the objective of activities relevant to the improvement of child health is to define a strategy for the dissemination and implementation of IMCI, taking into account the particular circumstances of the region.

#### **Activity II.B.2.1 Seminar to disseminate the results of the IMCI evaluation**

A seminar to disseminate the results of the IMCI evaluation will be organized in both regions. It will involve the provincial delegates, pediatricians, hospital directors and senior SIAAP physicians. Its purpose is to present the experience and results in terms of improved management of children, the lessons learned and recommendations in order to define an approach adapted to the regions.

#### Achievement indicator

- Seminar organized to disseminate IMCI evaluation results.

Budget: \$2,000

#### **Activity II.B.2.2 Organization of strategic planning workshops to introduce and extend IMCI**

Following the seminar to disseminate the results of the evaluation of the IMCI approach, a 3-day strategic planning workshop will be organized in the SMD to extend the IMCI approach to other provinces. During this workshop, experiences reported by regional teams already advanced in the implementation of this approach will provide guidance for the planning of actions and activities. A community-based approach will be developed as well as an appropriate training plan.

#### Achievement indicators

- Workshop organized in planning the introduction of IMCI.

Budget: \$4,000

### **II.B.3 Family Planning**

*Progress* interventions in family planning in 2001 will continue with the promotion of long-term methods to be achieved through the training of newly recruited service

*Progress*

providers in IUD insertion and the surgeons newly appointed to VSC. Moreover, pre-nuptial counseling will be extended at regional level.

**Activity II.B.3.1 Training of personnel from FP units in IUD insertion**

A number of provinces in the SMD region have expressed their needs in IUD insertion training at the level of the DP. Needs are estimated to be 47 service providers in the Taroudant province. Taking advantage of these training sessions, the newly produced FP standards document will be distributed.

Achievement indicator

- 47 service providers trained in IUD insertion.

Budget: \$10,000

**Activity II.B.3.2 Training of surgeons not yet trained in VSC**

This training will involve surgeons newly appointed to the region and not yet trained in VSC. Training will take place in the region or the *Maternité des Orangers*.

Achievement indicator

- Surgeons trained in VSC.

Budget: \$4,000

**Activity II.B.3.3 Training of public sector medical practitioners in "pre-nuptial counseling"**

Since 1999, over 1,300 public and private sector general practitioners have been trained in pre-nuptial counseling. The MOH now has a number of IEC support materials as well as a nucleus of trainers throughout the country. Pre-nuptial counseling provides an opportunity to raise awareness on reproductive health issues for the future couple.

It is planned to extend this activity to the SMD region in the framework of *Progrès*. A number of public health doctors in this region will be trained in and informed about this component. It should be noted that the Souss-Massa-Drâa already has 4 trainers in pre-nuptial counseling, and they will be the resource persons to organize the planned training and information sessions.

Achievement indicator

- 70 public sector physicians informed about and trained in pre-nuptial counseling in the SMD region.

Budget: \$2,000

**II.B.4 STI/AIDS**

In the context of the National Program Against STI/AIDS, a large number of service providers have been trained in the syndromic approach to STI treatment during the

*Progrès*

past years. To consolidate the achievements of the program, *Progress* will support the training of newly recruited service providers in the region or those not yet trained in this approach.

Moreover, *Progress* will contribute to the implementation of a number of action plans for the provincial STI/AIDS committees.

**Activity II.B.4.1 Support to the development of a regional operational plan against STI/AIDS**

During the workshop organized in November 2000 in Agadir by DELM on STI/AIDS, each province of the region developed an action plan with NGOs and social departments (MJS, EN, MA, MJ, etc.) involved in STI control and AIDS prevention. The project will support the development of an operational plan to combat STI/AIDS in the region. In this context, and in collaboration with DELM, a regional workshop will be held in Agadir in April 2001.

*Progress* will provide technical assistance and financial support for the development of the regional operational plan.

*Progress* will support the implementation of this operational plan through the following components:

- Training of relay agents in communication techniques (AMSED module);
- Development of actions to raise the awareness of and to inform persons at risk;
- Development of coordination with regional AIDS-control associations.

Achievement indicators

- Regional workshop completed.
- STI/AIDS operational plan developed at regional level.

Budget: \$10,000

**II.B.5 Partnership and Health Promotion**

The SMD region is well known for its large number of associations and the dynamism of these associations. Several partnership initiatives in health promotion have already been implemented in the region. Some achieved major success and have been proposed for duplication or extension to other provinces of the region during the preparation of the strategic plan for the project. Other initiatives will be proposed and reviewed for possible partnerships as work plan implementation progresses.

**Activity II.B.5.1 Organization of training workshops in communication techniques for NGOs and other CDAs**

The involvement of partners as information relays, such as extension workers and community volunteers, to raise awareness on mother and child health issues and STI/AIDS has currently become a necessity. Training workshops will be organized in

the SMD region to train relay persons at NGO and other CDA levels to develop both knowledge of health messages and capabilities to communicate them to the communities.

Two seminar/workshops will be held during the period covered by this work plan. IEC materials, as well as the CDA training guide developed under Phase V, will be used in these training sessions. The latter will also provide an opportunity to strengthen the capacities in group facilitation techniques of IEC senior staff at the regional level.

#### Achievement indicators

- 2 training workshop/seminars organized with NGO relay persons and other CDAs.
- Nucleus of trainers in group facilitation techniques strengthened.

Budget: \$6,000

#### ***Activity II.B.5.2 Raising the awareness of media professionals on reproductive and child health***

To raise the awareness of media professionals, the project will draw up a memorandum of understanding with the regional radios to institutionalize health education activities with the media.

#### Achievement indicator

- Memorandum of understanding signed with regional radios to raise the awareness of media professionals on reproductive and child health.

Budget: \$2,000

#### ***Activity II.B.5.3 Development of partnerships with different actors in the region***

It is important for the SMD region to build on past activities that have met with success. A first step will be to revitalize the CRESP and use this space to reach out to the various members in the provinces of the region. A second step will be to think about and discuss the replication of projects initiated by several delegations of the region with their partners of other ministerial departments and local NGOs. Examples of partnerships are: Work with Residential committees; Agreements with FIPROMER, Agreements with the MNE, MYS, etc.; collaboration with the private sector, etc.

#### Achievement indicators

- Role of the CRESP strengthened to reach the provinces of the region.
- 1 project per province initiated with at least one partner.

Consultant: National and international

Budget: \$35,000

## II.B.6 Water and Drainage

*Progress* will also encourage synergy with other USAID projects and other national and international institutions in fields such as water, drainage and nutrition.

*Progress* tries to associate water and drainage projects with partnership activities in the SMD. To achieve this, potential collaborations are being explored with NGOs working in the region, such as Catholic Relief Services (CRS) and the Near East Foundation (NEF).

Also, in conformity with the wish expressed by the SMD regional team, the database of the Regional Epidemiological Observatory could be extended to include environmental data, especially on water and drainage issues.

## II.B.7 Nutrition

Nutrition is an integral part of the IMCI strategy, and implementation of the IMCI strategy will therefore allow the identification of children suffering from malnutrition and estimating appropriate treatments and follow-up. Moreover, the Moroccan population, especially in rural areas, suffers from deficiencies in various micronutrients, including iodine, iron and vitamins A and D. The MOH has initiated a national program to deal with these deficiencies. The program includes three complementary components: fortification, supplementation and nutritional education. The OMNI and MOST programs and, more recently, the CMS project are partners of the MOH to develop innovative strategies to address such public health issues.

Completion of these activities under the program is closely linked to behavioral changes in the population vis-à-vis their nutrition. Because of its proximity and partnership aspects, the decentralization process provides an opportunity for implementing the micronutrient program. In this context, *Progress* will seek collaborative opportunities with MOST, CMS and other MOH projects in nutrition and micronutrients.

## II.C. Tanger-Tétouan

During the coming years, the MOH will continue efforts to reduce health issues still prevailing in the population group of mother and children so as to achieve a reduction in maternal and perinatal mortality, and mitigate the intensity of maternal and child morbidity.

The TT region adheres to this vision, and during the Strategic Planning workshop, attended by all the provincial delegates of the region, the senior SIAAP physicians, hospital directors and program managers, the situational analysis demonstrated that maternal and infant mortality in the region remains higher than the national average:

- Maternal mortality is 27 per 1000 births.
- On average 21 children out of 1000 in the region die before the age of one month, and 40 children out of 1000 die before the age 1 year.

- The synthetic fertility index is higher than the national average; i.e., about 4 children per woman in the region. The province with the highest index is Chefchaouen, with 6 children per woman at the time of the survey.

Access from some localities to health facilities remains difficult because of the geography of the region and its still deficient road infrastructure. Over 60% of the population live at more than 6 km from the nearest health facility, although there are some disparities between the different provinces of the region.

### Objectives

Following the strategic planning workshop, the TT region chose as its objective for *Progress*, "the improvement of RH and CH through the regional management of primary health services based on effective partnerships".

This objective will be achieved through the following eight results:

- The management of health care and services is improved through the implementation and diversification of excellence poles.
- The SM program is developed through the reinforcement of regional capacities.
- The regional capacity to use and utilize data is strengthened.
- A regional strategy based on community and inter-sector partnerships is developed.
- The program of STI/AIDS control is strengthened.
- Child health is improved through the IMCI approach.
- A regional in-service training model is implemented.
- A program monitoring system is established.

### Result indicators:

The base values are for the year 2000, whereas final values are for December 2003; i.e., at the end of *Progress*.

- Institutional deliveries increase from the current 31% to 36%;
- The rate of cesarean sections increases from the present 1.91% to 3.5%;
- The CPN recruitment rate, which is not over 30%, reaches 35%;
- Contraceptive prevalence, as measured in CYP provided by the MOH and estimated to be 33% in the region, will reach 36%.

Any analysis of these indicators must take into account inter-provincial and rural-urban disparities.

### Principal partners:

MOH Directorates  
Regional representatives of external services (MNE, MA, etc.)  
Private sector  
Civil society  
Local communities

## II.C.1 Maternal Health

The improvement of maternal health will be specifically related to the implementation of an action plan to achieve a better response to emergency obstetric care. This component is given the highest priority at the regional level and will require the following focused interventions:

- Refurbishment/upgrading of maternity and birthing centers to improve the quality of reception and the stay of parturients;
- Improvement of the equipments
- Improvement of the technical capabilities of staff in delivery techniques, obstetric emergencies and management by developing a team approach to problem solving;
- Initiating an audit of critical incidents in maternities;
- Initiation of an effective linkage between referral maternities, birthing centers and maternities through supervision and feedback;
- Effective and appropriate use of didactic and operational supports: guide, protocols and CTF.

From the very beginning of the project, meetings were held at regional level. The major objective of these consultation and consensus meetings was to achieve a consensus, within the limited resources available to *Progress*, on the choice of sites and health facilities to be equipped and refurbished according to priorities and a spirit of inter-provincial equity.

Consequently, the Mohamed V maternity in Tangier, the Ksar El Kebir maternity and the Mohamed V maternity in Chefchaouen have been chosen to receive additional equipment required for the management of obstetric and neonatal emergencies. Moreover, several birthing centers in the region will also be provided with complementary equipment.

### ***Activity II.C.1.1 Training of two SM resource persons and development of their competence in the TT region***

To ensure the management and follow-up of Maternal Health and SONU programs, two resource persons from the TT region will be trained in the different management aspects and specific SONU aspects. These two persons will be requested by the region to plan, manage and follow up the various components of the SM program.

The development of the skills will not be limited to the formal aspects of in-service training, but be extended to inter-site visits, study tours, participation in national and international conferences as well as in all other SM events, whether dealing with clinical or managerial aspects. These two persons remain to be identified by the region.

#### Achievement indicator

- Two resource persons from the region trained in management of SM programs at the level of the region.

Budget:            \$10,000

**Activity II.C.1.2 Renovation, refurbishment and humanization of maternities and birthing centers so that they meet the service delivery standards for improved SONU management**

In the Tanger-Tétouan region, this activity will concern:

- The refurbishment of the Mohamed V maternity in Tangier;
- The installation of medical fluids at the Ksar El Kebir maternity;
- The humanization of 14 birthing centers and the Mohamed V maternity in Chefchaouen.

Achievement indicator

- The above-mentioned sites are renovated and refurbished for the acceptance and installation of equipment and humanized for better health care quality.

Budget: \$190,000

**Activity II.C.1.3 Additional equipment for the CEOC and SONU centers in the TT region to meet the standards of SONU service delivery**

In the TT region 3 CEOC facilities will be equipped and additional equipment will be provided to 15 birthing centers.

For the acceptance, distribution and installation of equipment in the region, meetings will be organized with the participation of the technicians from the different provinces of the region.

Achievement indicators

- Meetings with technicians organized.
- 3 CEOC facilities equipped and upgraded.
- Acceptance of additional equipment in the 15 selected birth centers.

Budget: \$270,000

**Activity II.C.1.4 SONU training of personnel involved in deliveries**

To consider and define a SONU training strategy for the two regions, a workshop will be organized in Rabat with the participation of regional and central teams.

The preparation and upgrading of training sites emerged as a prerequisite to any training sessions. The sites selected for SONU training will be refurbished and upgraded so as to meet the criteria established for training and supervision.

Following this, a training plan will be developed for the:

- Training of trainers;
- Training of personnel involved in deliveries (gynecologists, midwives, nurse-midwives).

Prior to this, a needs assessment will be carried out to determine the exact number of service providers, estimated at 150. Needs assessment forms will be developed and transmitted to all the provinces of the region that are charged with data collection.

At the regional level, the SM unit will process the information and draw up a training plan according to identified needs. Technical assistance from the central level, as well as from resource persons from regions that have already developed a SONU project under Phase V, will be requested.

Processing the needs assessment forms and developing the training plan will be done with the assistance of a local consultant. The latter will also assist the region in identifying trainers to be trained, the development of tools and mechanisms for the supervision and accompaniment of service providers.

Also, in order to ensure the greater impact of the SONU performance of service providers, QA tools will be developed for the scheduled training sessions. Indeed, experience in the field of training shows that performance increases just after a training session, reaches a peak and ends up decreasing with time to reach a plateau sometimes similar to that before training. This is why maintaining the performance after training is a challenge and involves the implementation of specific activities so as not to lose the investment made in training.

Consequently, following consultation with the regions, three interventions were suggested: 1) the development of job aids; 2) the development of medical fiches; and 3) the development of a self-assessment tool for the performance of obstetric staff.

The development of these tools as well as the piloting of their use in obstetric facilities will be achieved in close collaboration with obstetric personnel, the in-service training unit, the central level and the involvement of medical faculties.

#### Achievement indicators

- Training site assessed and upgraded.
- Training plan developed.
- A team of trainers is trained.
- 80% of the service providers involved in deliveries are trained in SONU.
- Supervisory and concomitant mechanisms developed.
- Memorandum books, medical fiches and self-assessment tools developed and tested.

Budget:           \$85,000

#### **Activity II.C.1.5    *Training in assistance and communication skills of personnel involved in deliveries***

Depending on the adopted strategy, training in assistance and communication skills will be provided to service providers. This training will take place either concurrently with SONU training or in specific workshops.

Achievement indicator

- 80% of the service providers involved in deliveries trained in assistance and communication skills.

Budget: \$24,000

**Activity II.C.1.6 *Training or refresher training in the information system of personnel involved in deliveries***

The objective of this training is to strengthen the capacities of service providers in the utilization of the information system, and relates to: the obstetric register, the partogram, the referral/counter-referral fiche and the monthly report. Some of these components are integrated in the SONU training module, but the training of all the staff, including managers, in the information system will be implemented in a way to ensure the proper utilization of all aspects of the information system as a communication tool between and among the different levels, with the perspective of developing the aspect of feedback.

Achievement indicator

- 80% of the obstetric and managerial staff re-trained in the information system.

Budget: \$10,000

**Activity II.C.1.7 *Training of personnel in equipment installation and maintenance***

A group of technicians will be trained in equipment installation and maintenance. Training will take place in either of the two pilot regions of the Phase V Project: FB or TT. The bio-medical engineer from Fez and the technicians from the region, as well as resource persons from the central level will possibly provide supervision.

Achievement indicator

- A group of 8 technicians trained in equipment installation and maintenance.

Budget: \$2,000

**Activity II.C.1.8 *Strengthening the Referral/Counter-referral and communication system between the different levels***

The various levels involved in SM, such as health centers for the follow-up of pregnancies, birthing centers, hospital maternities and blood-transfusion centers, will be linked through a communication system to ensure improved management of parturients.

Achievement indicator

- Referral/counter-referral system strengthened.

Budget: \$2,000

**Activity II.C.1.9 Introduction of the near-miss approach in 2 hospital maternities in the region**

As a first step, consensus meetings on the protocol will be organized with the participation of the maternity gynecologists, one or two CHU professors, an ICU specialist, the hospital directors and two delegates as well as an INAS resource person.

A meeting to raise the awareness of and train the personnel of the different maternities in the near-miss approach will follow this.

Under this work plan, the near-miss approach will be introduced in two maternities of the region: Larache and Chefchaouen. The extension to other maternities in the region will take place over the next two years.

Introduction of the near-miss approach is programmed as follows:

- Refurbishment and equipment of a meeting room;
- On-site training;
- On-site supervision;
- Survey of parturients.

Achievement indicator

- Introduction of near-miss approach underway in 2 maternities in the region.

Budget: \$5,000

**Activity II.C.1.10 Equipping all hospital maternities with desktop computers**

Developing the information management capacities of hospital maternities by equipping them all with a desktop computer. The computers will be installed with the obstetric register application developed by DIM.

Achievement indicator

- 5 maternities in the region each equipped with a desktop computer and the obstetric register application is operational.

Budget: \$8,000

**II.C.2 Child Health**

Under this work plan, the objective of activities relevant to the improvement of child health is to define a strategy for the dissemination and implementation of IMCI, while taking into account the particular circumstances of the region.

**Activity II.C.2.1 Seminar to disseminate the results of the IMCI evaluation**

A seminar to disseminate the results of the IMCI evaluation will be organized in both regions. It will involve the provincial delegates, pediatricians, hospital directors, senior SIAAP physicians and the senior physicians of health centers. Its purpose is

to present the experience and results in terms of improved management of children, the lessons learned and recommendations in order to define an approach adapted to the regions.

The pedagogic tools developed during the pilot phase, as well as the evaluation reports and documents of this phase, will be distributed during this seminar.

#### Achievement indicators

- Dissemination seminar organized.
- Documents and reports duplicated and transmitted to the region.

Budget:           \$3,000

#### **Activity II.C.2.2    *Organization of strategic planning workshops to introduce and extend IMCI***

A 3-day strategic planning workshop will be organized to introduce or extend the IMCI approach. During this workshop, experiences reported by regional teams following site visits and the study tour will provide the guidelines for the planning of actions and activities.

The introduction of IMCI is planned in one of the Tanager-Tétouan provinces during the second half of 2001.

To develop an implementation strategy for the IMCI approach, the TT region is considering acting on these three components: training of service providers, availability of medical supplies and community participation.

The objectives of this workshop are to:

- Define a strategy to introduce IMCI in the region;
- Define extension phases: all health facilities, province by province, or pilot facilities of several provinces, etc.;
- Define a strategy to ensure availability of medications in health facilities and ensure regular supply;
- Define a strategy for community participation.

#### Achievement indicators

- Strategic Planning workshop organized, strategy developed, action plan developed.
- IMCI approach introduced in one the TT provinces.

Budget:           \$10,000

#### **Activity II.C.2.3    *Organization of reflection day to develop a regional immunization strategy***

In view of the regional management of the immunization program, a reflection day will be organized with the following objectives:

- To define a regional immunization strategy in the framework of the national policy;
- To implement a coordination mechanism between the different provinces to organize campaigns: recruitment, coverage and booster shots;
- To develop common actions to mobilize the population and involve other departments;
- To develop a regional in-service training plan for vaccine management and new antigens.

Achievement indicator

- Regional immunization strategy developed.

Budget: \$2,000

### **II.C.3 Family Planning**

To strengthen service delivery and improve family planning services, the region has identified the following interventions:

- Consolidation of achievements;
- Strengthening the use of long-term contraceptives;
- Improvement in the quality of management and services.

Activities selected under the current work plan are the training of service providers in IUD insertion and of gynecologists in VSC.

The dissemination of FP standards and their use as references for FP service delivery and as supervisory tools will be developed under the extension of Quality Assurance.

#### ***Activity II.C.3.1 Training of gynecologists in Voluntary Surgical Contraception (VSC)***

Five gynecologists will be trained in VSC this year to meet the needs expressed by users. Thus, three gynecologists from Tetouan province and two gynecologists from other provinces, yet to be identified, will be trained. Training will take place in Rabat or Tetouan to ensure that quality criteria are complied with.

Achievement indicator

- 5 gynecologists trained in VSC.

Budget: \$8,000

#### ***Activity II.C.3.2 Training in IUD insertion of personnel from FP units***

To strengthen the FP program and disseminate FP standards, the personnel of FP units will be trained in IUD insertion. For this training, newly recruited staff will be given priority. Needs have been estimated to be 60 service providers in the region. Training could be inter-provincial to ensure the required number of users. This is why, for example, Chefchaouen province service providers will be trained in Tetouan or Tangier province where the flow of acceptors is greater to make sure sufficient skill is gained.

Achievement indicator

- 60 service providers trained in IUD insertion.

Budget: \$18,000

**Activity II.C.3.3 Training of public sector medical practitioners in "prenuptial counseling"**

Since 1999, over 1,300 public and private sector general practitioners have been trained in prenuptial counseling. The MOH now has a number of IEC support materials as well as a nucleus of trainers throughout the country. Prenuptial counseling provides an opportunity to raise the awareness of the future couple on reproductive health issues.

It is planned to extend this activity to the TT region in the framework of *Progress*. A number of public health doctors in this region will thus be trained in and informed about this component.

Achievement indicator

- 50 public sector physicians informed about and trained in prenuptial counseling in the TT region.

Budget: \$2,000

**II.C.4 STI/AIDS**

Activities underway in this region are aimed at strengthening the delivery of the syndromic approach in the health facilities and to stimulate coordination and partnership with regional associations.

**Activity II.C.4.1 Training of service providers in the syndromic approach**

Newly recruited personnel not yet initiated in the syndromic approach will be trained in this approach and program management. The number of beneficiaries will be determined by needs.

Achievement indicator

- Service providers in most health centers and dispensaries trained in the syndromic approach.

Budget: \$24,000

**Activity II.C.4.2 Strengthening service delivery in STI/AIDS management in health centers**

For improved management of STIs and to accompany the training of service providers, the duplication and general availability of decision trees and algorithms is planned at the level of health facilities.

### Achievement indicator

- Algorithms duplicated in the form of posters and available in all health facilities.

Budget: \$2,000

### **Activity II.C.4.3 Support for the development of a regional operational plan against STI/AIDS**

During the workshop organized in November in Agadir by DELM on STI/AIDS, each province of the region developed an action plan with NGOs and social departments (MYS, MNE, MA, MJ, etc.) involved in STI control and AIDS prevention. The project will support the development of an operational plan to combat STI/AIDS in the region. In this context, and in collaboration with DELM, a regional workshop will be held in Agadir in April 2001.

*Progress* will provide technical assistance and financial support for the development of the regional operational plan. *Progress* will support the implementation of this operational plan through the following components:

- Training of relay agents in communications techniques (AMSED module);
- Development of actions to raise the awareness of and inform persons at risk;
- Development of coordination with regional AIDS control associations.

### Achievement indicators

- Regional workshop completed.
- STI/AIDS operational plan developed at regional level.

Budget: \$7,000

### **II.C.5 Partnership**

The design and implementation of regional health strategies require the initiation and strengthening of solid partnerships with the various actors and intervening parties in the region. The partnership with civil society and inter-sector collaboration is an approach that was initiated by the MOH several years ago for priority programs.

The Tanger-Tétouan region, like the other regions in the Kingdom, has deployed major efforts in the mobilization of local NGOs, the training of relay agents, the participation of patrons in the coverage and funding of major projects such as the dialysis center at the civil hospital in Tetouan, the construction of a birthing center at Ksar Es-Sghir by the community, etc.

*Progress* will continue to support this regional initiative in order to:

- Promote partnerships with parties intervening in maternal and child health;
- Improve cooperative links and seek innovative partnership initiatives with civil society, local communities and other ministerial departments;

- Implement operational coordination and integration mechanisms to optimize the contributions of the different partners.

#### **Activity.II.C.5.1 *Inventory of NGOs in the provinces of the region***

Taking as an example the work undertaken in the identification and creation of a space and collaboration between MOH partners in the SMD region, the TT will proceed to develop a database of NGOs in the region. A series of roundtables will be organized in each province of the region. A regional database on NGOs will be created and made available to provincial teams to develop partnership projects with NGOs.

A database has already been created by the delegation of the Planning and Economic Forecast Ministry, but it only concerns the Tetouan and Tangier provinces. Collaboration will be initiated with the delegation of this Ministry to complete the database, thus taking advantage of their methodology and existing expertise.

##### Achievement indicators

- Regional database developed.
- Meetings organized in the 5 provinces.

Consultant: National and international

Budget: \$10,000

#### **Activity II.C.5.2 *Organization of training workshops in communication techniques for NGOs and other CDAs***

The involvement of partners as information relays, such as extension workers and community volunteers, to raise awareness on mother and child health issues and STI/AIDS has currently become a necessity. Training workshops will be organized in the TT region to train relay persons at NGO and other CDA levels to increase their knowledge of health messages and their capability to communicate them to their communities.

Two seminar/workshops will be held during the period covered by this work plan. IEC materials as well as the CDA training guide developed under Phase V will be used in these training sessions. The latter will also provide an opportunity for strengthening the capacities in group facilitation techniques of IEC senior staff at regional level.

##### Achievement indicators

- 2 training workshop/seminars organized with NGO relay persons and other CDAs.
- Nucleus of trainers in group facilitation techniques strengthened.

Budget: \$2,000

**Activity II.C.5.3 Organization of a regional colloquium on Population and Health**

The regional colloquium on population and health will be an opportunity for the participation of the regional council and other local government structures and NGOs in the reflection on and identification of collaborative frameworks for improving the health of the population. As a first step, meetings will be held with the Provincial Technical Committees (PTC) in the communes of each province. Concurrently, the most active NGOs in the provinces will be contacted. The agenda of the colloquium will be prepared in common with the different actors.

Achievement indicators

- A meeting organized with each PTC.
- Meetings organized with the most active NGOs in each province.
- Colloquium organized.

Consultant: National

Budget: \$10,000

**Activity II.C.5.4 Raising the awareness of media professionals on reproductive and child health**

To raise the awareness of media professionals, the project will draw up a memorandum of understanding with the regional radios to institutionalize health education activities with the media.

In the TT region, a plan for the broadcasting of health education programs will be drawn up with regional and local radio stations.

Achievement indicator

- A plan for the broadcasting of health education programs will be established with the regional and local radio stations.

Budget: \$2,000

**Activity II.C.5.5 Development of partnerships with different actors in the region**

Partnership projects to be tested under this work plan will be in the creation of support committees to the birthing centers in the TT region.

Two birthing centers per province in each region will test a community-based participatory management model through the creation of a support and management committee. This committee will be involved in the organization of health care services and participate in the procurement of medical supplies and fuel.

It will also play the role of relay with and awareness-raising in the population on the use of the services of health centers for pre- and post-natal consultations and of birthing centers and maternities.

IEC support materials developed by the DIEC will be used, such as the film Bent Ettajer.

Achievement indicators

- Two support committees to birthing centers created per province.
- Number of airings of the film and use of other support materials by management committees completed.

Consultant: National and International

Budget: \$20,000

## TIMELINE OF ACTIVITIES UNDER RESULT II

**Timeline of Activities at Souss - Massa - Drâa - Result II  
January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams</b>															
<b>II.B.J Maternal Health</b>	<b>II.B.1.1</b> Renovation, refurbishing and humanization of maternities and birthing centers	- BEOC and CEOC structures identified and renovated	■	■	■	■	■	■							120 000,00
	<b>II.B.1.2</b> Additional equipment of BEOC and CEOC sites in the SMD region to meet SONU service standards	- Meetings with technicians organized - Equipment received, delivered and installed in the 58 BEOC and 5 CEOC facilities in the 7 provinces of the region				■	■	■		■	■	■			370 000,00
	<b>II.B.1.3</b> Upgrading of training sites	- Training sites upgraded	■	■	■	■	■								15 000,00
	<b>II.B.1.4</b> Training-of trainers workshop	- Training of trainers completed	■	■	■	■	■								10 000,00
	<b>II.B.1.5</b> SONU training of personnel involved in deliveries	- Meetings organized for preparing SONU training. - At least 60% of the providing physicians, midwives and nurses trained in SONU	■	■	■	■	■	■	■	■	■	■	■	■	230 000,00
	<b>II.B.1.6</b> Training in assistance and communication skills of personnel involved in deliveries	- Preparatory meetings organized - 400 copies of the trainer's and participant's guides in assistance and communication skills provided - At least 60% of the obstetric personnel trained in assistance and communication skills	■	■	■	■	■	■	■	■	■	■	■	■	54 000,00
	<b>II.B.1.7</b> Training or refresher training in the information systems of personnel involved in deliveries	- At least 60% of the obstetric personnel of the region trained in the use of the information system relevant to deliveries				■	■	■	■	■	■	■	■	■	15 000,00
	<b>II.B.1.8</b> Training of personnel in equipment installation and maintenance	- Meetings organized with the team of technicians from the Fez-Boulemane or TAT regions - Technicians in the region trained in equipment installation and maintenance			■	■	■	■		■	■				2 000,00
	<b>II.B.1.9</b> Implementation of internal audit of critical incidents in hospital maternities	- Audit of critical incidents implemented and used - Awareness meeting organized in the different maternities of the region - At least 60% of the obstetric staff trained in audit of critical incidents			■	■	■	■	■	■	■	■	■	■	5 000,00

**Timeline of Activities at Souss - Massa - Drâa - Result II**  
**January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams</b>															
II.B.2 Child Health	II.B.2.1 Seminar to disseminate the results of the IMCI evaluation	- Seminar organized to disseminate IMCI evaluation				■									2 000,00
	II.B.2.2 Organization of strategic planning workshops to introduce and extend IMCI	- Workshop organized in planning the introduction of IMCI								■					4 000,00
II.B.3 Family Planning	II.B.3.1 Training of personnel from FP units in IUD insertion	- 47 service providers trained in IUD insertion									■	■			10 000,00
	II.B.3.2 Training of surgeons not yet trained in VSC	- Surgeons trained in VSC										■	■		4 000,00
	II.B.3.3 Training of public sector medical practitioners in "prenuptial counseling"	- 70 public sector physicians informed about and trained in prenuptial counseling in the SMD										■	■		2 000,00
II.B.4 STI/AIDS	II.B.4.1 Support to the development of a regional operational plan against STI/AIDS	- Regional workshop completed - STI/AIDS operational plan developed at regional level				■	■		■	■	■	■	■		10 000,00
II.B.5 Partnership and Health Promotion	II.B.5.1 Organization of training workshops in communication techniques for NGOs and other CDAs	- 2 training workshop/seminars organized with NGO relay persons and other CDAs.				■	■								6 000,00
	II.B.5.2 Raising the awareness of media professionals on reproductive and child health	- Memorandum of understanding signed with regional radios to raise the awareness of media professionals on reproductive and child health.									■	■	■		2 000,00
	II.B.5.3 Development of partnerships with different actors in the region	- Role of the CRESP strengthened to reach the provinces of the region - 1 project per province initiated with at least one partner				■	■	■	■	■					35 000,00
<b>Souss-Massa-Drâa Budget Estimation Result II</b>													<b>\$ 896 000,00</b>		

Program

**Timeline of Activities Tanger - Tétouan - Result II**  
**January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams</b>															
<b>II.C.1 Maternal Health</b>	<b>II.C.1.1</b> Training of two SM resource persons and development of their competence in the TT region	- Two resource persons from the region trained in management of SM programs at the level of the region													10 000,00
	<b>II.C.1.2</b> Renovation, refurbishment and humanization of maternities and birthing centers so that they meet the service delivery standards for improved SONU management	- The above-mentioned sites are renovated and refurbished for the acceptance and installation of equipment and humanized for better health care quality													190 000,00
	<b>II.C.1.3</b> Additional equipment for the CEOC and SONU centers in the TT region to meet the standards of SONU service delivery	- Meetings with technicians organized - 3 CEOC facilities equipped and upgraded - Acceptance of additional equipment in the 15 selected birth centers													270 000,00
	<b>II.C.1.4</b> SONU training of personnel involved in deliveries	- Training site assessed and upgraded. - Training plan developed - A team of trainers is trained - 80% of the service providers involved in deliveries are trained in SONU  - Supervisory and concomitant mechanisms developed													85 000,00
	<b>II.C.1.5</b> Training in assistance and communication skills of personnel involved in deliveries	- 80% of the service providers involved in deliveries trained in assistance and communication skills													24 000,00
	<b>II.C.1.6</b> Training or refresher training in the information system of personnel involved in deliveries	- 80% of the obstetric and managerial staff re-trained in the information system													10 000,00
	<b>II.C.1.7</b> Training of personnel in equipment installation and maintenance	- A group of 8 technicians trained in equipment installation and maintenance													2 000,00
	<b>II.C.1.8</b> Strengthening the Referral/ Counter-referral and communication system between the different levels	- Referral/counter-referral system strengthened													2 000,00
	<b>II.C.1.9</b> Introduction of the near-miss approach in 2 hospital maternities in the region	- Introduction of near-miss approach underway in 2 maternities in the region													5 000,00
	<b>II.C.1.10</b> Equipping all hospital maternities with desktop computers	- 5 maternities in the region each equipped with a desktop computer and the obstetric register application is operational													8 000,00
<b>II.C.2 Child Health</b>	<b>II.C.2.1</b> Seminar to disseminate the results of the IMCI evaluation	- Dissemination seminar organized - Documents and reports duplicated and transmitted to the region												3 000,00	

Program

**Timeline of Activities Tanger - Tétouan - Result II  
January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams</b>															
II.C.2 Child Health (cont.)	II.C.2.2 Organization of strategic planning workshops to introduce and extend IMCI	- Strategic Planning workshop organized, strategy developed, action plan developed - IMCI approach introduced in one the TT provinces													10 000,00
	II.C.2.3 Organization of reflection day to develop a regional immunization strategy	- Regional immunization strategy developed													2 000,00
II.C.3 Family Planning	II.C.3.1 Training of gynecologists in Voluntary Surgical Contraception (VSC)	- 5 gynecologists trained in VSC													8 000,00
	II.C.3.2 Training in IUD insertion of personnel from FP units	- 60 service providers trained in IUD insertion													18 000,00
	II.C.3.3 Training of public sector medical practitioners in "prenuptial counseling"	- 50 public sector physicians informed about and trained in prenuptial counseling in the TT region													2 000,00
II.C.4 STI/AIDS	II.C.4.1 Training of service providers in the syndromic approach	- Service providers in most health centers and dispensaries trained in the syndromic approach													24 000,00
	II.C.4.2 Strengthening service delivery in STI/AIDS management in health centers	- Algorithms duplicated in the form of posters and available in all health facilities													2 000,00
	II.C.4.3 Support for the development of a regional operational plan against STI/AIDS	- STI/AIDS operational plan developed at regional level													7 000,00
II.C.5 Partnership	II.C.5.1 Inventory of NGOs in the provinces of the region	- Regional database developed - Meetings organized in the 5 provinces													10 000,00
	II.C.5.2 Organization of training workshops in communication techniques for NGOs and other CDAs	- 2 training workshop/seminars organized with NGO relay persons and other CDAs - Nucleus of trainers in group facilitation techniques strengthened													2 000,00
	II.C.5.3 Organization of a regional colloquium on Population and Health	- A meeting organized with each PTC - Meetings organized with the most active NGOs in each province - Colloquium organized													10 000,00
	II.C.5.4 Raising the awareness of media professionals on reproductive and child health	- A plan for the broadcasting of health education programs will be established with the regional and local radio stations													2 000,00
	II.C.5.5 Development of partnerships with different actors in the region	- Two support committees to birthing centers created per province - Number of airings of the film and use of other support materials by management committees completed (?).													20 000,00
<b>Tanger - Tétouan Budget Estimation Result II</b>													<b>\$ 726 000,00</b>		

Program

### III. Sharing and Dissemination of Information

Several factors explain the programmatic successes recorded by Morocco in reproductive and child health. The tradition of sharing information, experiences and teaching is one of the pillars of such a record of success.

Information sharing, documentation and dissemination of experiences at local, national and international levels are inherent in all activities. However, the use of new approaches and new models requires planning activities specific to this topic to improve the use of information by the concerned individuals. Moreover, intra- and interregional exchanges contribute to the national dialogue and reinforce the sustainability and replication of interventions. The exchange of information is therefore the foundation of the strategic objective of *Progress* that will be facilitated by new information technologies and central and local competence.

#### Objectives

- To support the use of new approaches and new communication models.
- To increase the access to and use of relevant information by those concerned.

#### Result indicators:

- Number of communication tools implemented in a sustainable manner.
- Number of those having access to information either in hard copy or electronically.

#### Principal partners

Population Directorate  
Hospital and Ambulatory Directorate (DHSA)  
Directorate for Legal Affairs (DRC)  
Epidemiology and Disease Control Directorate (DELM)  
Human Resources Directorate (DRH)  
Planning and Financial Resources Directorate (DPRF)  
Computer and Methods Division (DIM)  
The medical regions and provinces of Souss-Massa-Drâa and Tanger-Tétouan  
Local communities  
Civil society

#### III.A. Central Level

##### **Activity III.A.1 Support to the Ministry of Health Monthly Bulletin, "Santé et Population"**

The monthly bulletin, "Santé et Population", has been published by the DP since 1993. This bulletin is a vector for disseminating information on MOH activities.

In the framework of *Progress*, the central level team charged with publishing this bulletin will cooperate with the SMD and TT regions as well as the central directorates to regularly provide the bulletin with information on activities supported by the project.

It is also planned to provide limited support to the production of this bulletin so that it becomes a means of communication between the central level and the SMD and TT regions, as well as among the regions and with other partners.

Achievement indicators:

- Each issue of the bulletin contains at least one article linked to *Progress* activities both at central and regional levels.
- Information bulletins distributed to all the provinces and within central directorates.

Budget: \$5,000

**Activity III.A.2** *Pages on Progress Activities inserted in the Ministry of Health website*

The MOH website is a rapid and efficient means of communication. New technologies are now used during the design and implementation stages of the majority of MOH activities. It is therefore suggested to provide the MOH website with information on all activities carried out under *Progress* and which will appear in their web pages.

Also, in order to achieve a better presentation of the SMD and TT regions, it is planned to insert regional monographs, their human and material resources and their population and health indicators.

Achievement indicators

- Procurement of software to develop web pages and website.
- Four technicians from DIM, two from the DP and two per region trained in development of websites and pages.
- Information (texts and photos) on activities mailed to web space assigned within MOH website.
- Information concerning monographs, various indicators and others present in the web pages of both regions.

Consultant: National

Budget: \$10,000

**Activity III.A.3** *Progress Documentation on Video*

*Progress* is one of the first MOH experiences in decentralization. Its documentation will be presented in different ways and on several activities.

Since the Phase V Project already had the opportunity of developing the DIEC's capacities in audiovisual design and production, project documentation can be videotaped. A scenario will therefore be developed to cover the major events of the 2001 Work Plan that meet the objectives of the project. The DIEC audiovisual team will be in charge of producing this film in collaboration with the regions.

Achievement indicators

- Scenario of the documentary film on the project developed.
- Main events in 2001 of the project covered by the DIEC audiovisual team.

Budget: \$3,000

**Activity III.A.4 *Sharing the SMD Experience on Mobilizing Parties Intervening in Health (CRESP) with the Rabat-Salé-Zair-Zemmour Region***

Under the Phase V Project, experience was gained in the SMD region in mobilizing parties intervening in health. These intervening parties were mostly the NGOs of the 7 provinces in this region, socially oriented ministerial departments, local communities, the SMD regional council and Ministry of Health delegations.

To share this wealth of experience, it is planned to organize an information day together with the Rabat-Salé-Zair-Zemmour region and involve resources persons from the SMD.

Achievement indicators:

- Information day on SMD experience organized at the level of the Rabat-Salé-Zair-Zemmour region

Budget: \$1,000

**Activity III.A.5 *Meetings of the Decentralization Commission***

The decentralization commission of *Progress* will assess the implementation of the work plan at the rhythm of two meetings a year. With these meetings, it will be possible to firmly establish a dynamic programming of activities and assess their progress.

This commission is a technical organ for reflection and consultation on and coordination of activities. It will serve as the interface between the Board of Directors, the decision-making body, the PMU and actions undertaken in the field. The latter groups the representatives or heads of all the MOH directorates in charge of activities or programs that are part of the scope of work of the project, as well as the regional teams.

Achievement indicators:

- Meetings of the decentralization committee held

Budget: \$2,000

### **Activity III.A.6      *Forum to share experiences of the year 2001***

It has been planned to organize a forum to share the achievements of 2001 and assess performance with an extended audience. This meeting will be held at the end of the year

#### Achievement indicator:

- Forum held

Budget:      \$5,000

### **III.B    Souss-Massa-Drâa**

#### **Activity III.B.1      *Organization of inter-site visits within the region in the context of the implementation of the collaborative model in quality assurance***

In view of the strategic decision by the SMD region to test another quality assurance model, and taking into account the specifics of the collaborative model, which implies that all the teams that adopt it initially have to work together to solve the same problem through different approaches, the inter-site visits of the provinces will be valuable and provide an opportunity for exchanging tools and for the self-assessment of the service providers involved. It is planned that two sites per province will be initiated into this new approach.

#### Achievement indicators:

- Inter-site visits between provinces organized

Budget:      \$1,000

#### **Activity III.B.2      *Organization of thematic days with other partners in the region***

Thematic days will be organized from time to time on the different programs and areas covered by *Progress*. Such meetings will provide an opportunity for sharing information with partners in view of their potential involvement.

#### Achievement indicators:

- 3 thematic days at least programmed and organized with other partners

Budget:      \$5,000

### **III.C    Tanger-Tétouan**

#### **Activity III.C.1      *Organization of scientific days on in-service training***

The World Nurses Day will coincide this year with the organization of scientific days on in-service training at the Tetouan IFCSs.

This event is a national one in which all the IFCSs in Morocco will participate as well as scientific societies such as the SMSM, medical, pediatric, gynecologic associations, etc.

This year, the main topic of these two scientific days on in-service training will be in-service training in Emergency Obstetric and Neonatal Care (SONU).

The agenda of these two days will be determined later; but the event will be an opportunity to:

- Underscore the role and importance of IST for SM,
- Share experiences in IST with other regions,
- Think about IST innovative projects such as distance learning, initiating twinning and sponsorship with universities to develop distance in-service training for service providers in remote areas.

It would also be judicious to involve INAS in the presentation of the pilot project developed with PRIME in distance learning.

Achievement indicators:

- Agenda of the days decided, days organized

Budget: \$5,000

**Activity III.C.2 *Designing an Information Letter on QA***

This regional semi-annual letter would inform all the service providers of the region about achievements and could help to develop the ability of service providers to extend the quality approach at the level of the region.

Achievement indicators:

- A semi-annual letter designed, produced and distributed

Budget: \$2,000

**Activity III.C.3 *Organization of an intra- and interregional meeting on SM***

This awareness-raising and information day on SM will be organized in order to:

- Raise the awareness of opinion leaders and social actors to obtain their support to and involvement in SM projects,
- Inform about the achievements of the SM project.

It will also be an opportunity for exchanging experiences among service providers from the different regions.

Achievement indicator:

- Awareness-raising day organized

Budget: \$1,000

**Activity III.C.4      Organization of inter-site visits in view of introducing IMCI**

A regional TT team will visit IMCI sites in Agadir and Meknes in the course of this year. The object of these visits is to observe the approach in health centers and on this basis draw up recommendations for the introduction of IMCI in the regions.

Achievement indicator:

- 10 persons, including the delegates and pediatricians, will have visited an IMCI site in Agadir and Meknes

Budget:      \$2,000

**Activity III.C.5      Organization of Quality inter-site visits**

The extension of the quality approach and the implantation of sites will involve exchanges and visits between the different provinces as well as the regions.

Achievement indicator:

- 25 team leaders (female) of sites will have visited other sites

Budget:      \$2,000

## TIMELINE OF ACTIVITIES UNDER RESULT III

**Timeline of Activities at the Central Level - Result III  
January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>III. Sharing and Dissemination of Information</b>															
III.A Central Level	III.A.1 Support to the Ministry of Health Monthly Bulletin, "Santé et Population"	- Each issue of the bulletin contains at least one article linked to <i>Program</i> activities both at central and regional levels - Information bulletins distributed to all the provinces and within central directorates.													5 000,00
	III.A.2 Pages on <i>Program</i> Activities inserted in the Ministry of Health website	- Procurement of software to develop web pages and website - 4 technicians from DIM, two from the DP and two per region trained in development of websites and pages - Information on activities mailed to web space assigned within MOH website													10 000,00
	III.A.3 <i>Program</i> Documentation on Video	- Scenario of the documentary film on the project developed - Main events in 2001 of the project covered by the DIEC audiovisual team													3 000,00
	III.A.4 Sharing the SMD Experience on Mobilizing Parties Intervening in Health (CRESF) with the Rabat-Salé-Zair-Zemmour Region	- Information day on SMD experience organized at the level of the Rabat-Salé-Zair-Zemmour region													1 000,00
	III.A.5 Meetings of the Decentralization Commission	- Meetings of the decentralization committee held													2 000,00
	III.A.6 Forum to share experiences of the year 2001	- Forum held													5 000,00
<b>Budget Estimation at the Central Level - Result III</b>													<b>\$ 26 000,00</b>		

Program

Program

**Timeline of Activities Souss - Massa - Drâa - Result III**  
January - December 2001

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>III. Sharing and Dissemination of Information</b>															
	III.B.1 Organization of inter-site visits within the region in the context of the implementation of the collaborative model in quality assurance	- Inter-site visits between provinces organized													1000
	III.B.2 Organization of thematic days with other partners in the region	- 3 thematic days at least programmed and organized with other partners													3000
<b>Souss - Massa - Drâa Budget Estimation - Result III</b>													\$ 4 000		

**Timeline of Activities Tanger - Tétouan - Result III**  
January - December 2001

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>III. Sharing and Dissemination of Information</b>															
	III.C.1 Organization of scientific days on in-service training	- Agenda of the days decided, days organized													10 000,00
	III.C.2 Designing an Information Letter on QA	- A semi-annual letter designed, produced and distributed													2 000,00
	III.C.3 Organization of an intra- and interregional meeting on SM	- Awareness-raising day organized													1 000,00
	III.C.4 Organization of inter-site visits in view of introducing IMCI	- 10 persons, including the delegates and pediatricians, will have visited an IMCI site in Agadir and Meknes													2 000,00
	III.C.5 Organization of Quality inter-site visits	- 25 team leaders (female) of sites will have visited other sites													2 000,00
<b>Tanger - Tétouan Budget Estimation - Result III</b>													\$ 25 000,00		

## IV. Support Activities

*Progress* also constitutes a mechanism affording support to activities that consolidate interventions carried out under the Phase V Project.

Support activities must have reference to an action initiated under Phase V. For example, during the transition period, bulbs for celioscopy were procured under this heading. Another example is the limited financial support to some activities in the context of the South-South partnership.

The goal of support activities is to consolidate past initiatives which had a national scope. Support activities will be financed with the approval of the Ministry of Health, in consultation with USAID and explicit communication of the decision to JSI.

As USAID support focuses increasingly toward decentralized levels under the new project, it is important to ensure that the MOH has access to resources to address continued needs. Support will be required both for the follow-up of technical activities traditionally supported by USAID and for facilitating the transition from the central MOH level to a set of new roles within a more decentralized system. A limited envelope has been earmarked for the support of such activities that are not included in the scope of work of *Progress*.

The priorities of these activities include the strengthening of the logistics system, support to training and activities in fields related to quality improvement, the strengthening of the MOH information dissemination capacity and the improvement of computer systems and skills.

### IV.1 In-service Training

#### **Activity IV.1.1 Integrating Quality into the IFCS curriculum**

To achieve the sustainability of the quality assurance approach, the MOH is planning its introduction into the basic curriculum of health professionals. Just as for IMCI, the Training Division worked with the DHSA to complete a number of activities aimed at introducing a quality assurance module in the IFCS curriculum. An integration strategy has been developed for this approach, a draft QA module has been worked out and tested and the training of a nucleus of trainers has been organized.

To initiate the training of students in the QA approach, the project will provide some support to revise the existing module, finalize it and then reproduce it.

#### Achievement indicators:

- QA module revised, finalized and reproduced
- QA module tested in the regions

Budget:        \$5,000

**Activity IV.1.2      *Dissemination of the national in-service training strategy in the Rharb Chrarda Bni-Hssin region***

Under Phase V, the Training Division had developed, in collaboration with the technical divisions and USAID/JSI, a national strategy for the deconcentration of in-service training to the level of the regions. This strategy has then been disseminated to the majority of the regions throughout the Kingdom.

The Training Division wishes to disseminate it in the region of Rharb Chrarda Bni-Hssin so that the strategy is adopted by a larger number of regions in Morocco.

Achievement indicator:

- In-service training strategy disseminated to the Rharb Chrarda Bni-Hssin region

Budget:      \$2,000

**IV.2 Family Planning**

**Activity IV.2.1      *Reprinting and distribution of "Standards of FP Methods in Morocco"***

2,400 copies of the "FP standards in Morocco" document have been printed. This represents about 1 copy per health facility, 4 copies per IFCS and 4 per FP training reference center, which is not even sufficient for use within these facilities. Moreover, other facilities providing FP services should have copies so as to be able to provide quality care. The FP Division wishes to print a further quantity of this document to be able to meet expressed needs.

On the other hand, the FP Division wishes to implement an appropriate approach to distributing the FP standards document to service providers to make sure it is used correctly and more extensively. The modalities planned for dissemination at the national level are a series of information days. Another opportunity will be the FP training sessions programmed for the dissemination of the document.

Achievement indicators:

- The "Standards of FP Methods in Morocco" document reprinted
- Information days organized

Budget:      \$10,000

**Activity IV.2.2      *Procurement of spare parts for VSC***

In the context of the VSC program, the MOH would like to renew its stock of parts procured for VSC under various bilateral agreements with USAID. Procurement cannot be made locally as spare parts do not exist in Morocco.

Achievement Indicator:

- Procurement of spare parts for VSC completed

Budget:      \$100,000

*Progress*

### IV.3 Information System

#### **Activity IV.3.1 Upgrading of local network and Internet connection at the DP**

The current DP network is a shared one and therefore suffers all the problems of HUB. To solve this problem, a switched network is required to support VLAN technology. Consequently, a study of the situation is required to identify different logic groups, to identify the resources to be shared in order to find the appropriate solution. A good design of the network is thus required that also takes into account future use

#### **Assessment of the situation and options:**

The LAN Hub-based networks or "shared networks" result in many constraints:

- Insufficient network capacity (10 MB shared by all the machines linked to the network);
- Lack of security (the Hubs emit only and therefore uselessly occupy capacity and also, they do not ensure confidentiality),
- Lack of flexibility (for example, if a user changes offices, it is highly probable that the computer requires re-configuring to be reconnected to the network);
- Restrictions on e-mail.

It is possible to solve these problems with a VLAN, i.e. virtual LAN, since the switches and routers can configure logical topologies beyond the physical infrastructure of the network. With a VLAN it is possible to combine arbitrary segments to build autonomous working groups acting like a separate LAN.

To recap, the advantages of a VLAN are:

- Reduced administrative costs: members of a VLAN can be geographically dispersed, added on, taken out and moved without additional cost;
- Improved use of the network capacity. Each station has a capacity of 100 MB. Limitation is caused by WAN access (DL, ISDN).
- Improved security.

The components of a VLAN are:

- Switches
- A router (for communication between VLANs);
- And possibly Hubs (to allow for soft migration)

#### Achievement Indicator:

- Network and internet connection at DP operating

Consultant: National

Budget: \$20,000

## IV.4 Partnership

### **Activity IV.4.1 Promotion of health services in collaboration with NGOs in the Fez-Boulemane region**

Under the Phase V Project, workshop/seminars were held with NGOs in the Fez-Boulemane region to build up their capability of raising the awareness on reproductive and child health issues. These seminars generated dynamics within the region that resulted in creating a spirit of partnership

Taking advantage of this collaborative atmosphere, the Fez-Boulemane region is looking for support to promote birthing centers and maternities created or upgraded under the EOC project through NGO participation. This promotion could be undertaken in the form of campaigns or awareness days around these facilities on reproductive health and, in particular, maternal health.

#### Achievement indicators:

- Campaigns and awareness days organized around newly created maternity facilities
- Support committee created for each facility

Budget: \$3,000

### **Activity IV.4.2 Support to South-South activities**

In the framework of the South-South partnership, Morocco has affirmed its willingness to share its RH/CH experience with other member countries.

This activity will provide additional financial support to various initiatives undertaken in this context. Training in SONU and in assistance and communication skills of several Malian executives will take place in Morocco throughout the year 2001. The project will participate in the funding of these Malians to complete the support provided by the South-South organization.

#### Achievement indicator:

- Funding of the Malians training visits in the framework of South-South activities

Budget: \$10,000

### **Activity IV.4.3 Support to the development of the health chart**

The MOH is going to develop a chart for the health sector in close collaboration with all intervening parties. This chart is among the MOH priorities for 2001. This chart will allow defining, in common agreement, the major orientations for the sector.

The development of the chart will involve a series of activities, especially studies and debates. The results of these studies will be disseminated through workshops and conferences.

*Progres* will provide financial support to the dissemination of the reports (duplication and distribution) as well as to the organization of the planned meetings.

Achievement indicators:

- Financial support to report dissemination (duplication and distribution)
- Financial support to expenses relevant to the organization of the planned workshops and conferences

Budget:        \$200,000

## TIMELINE OF ACTIVITIES UNDER RESULT IV

**Timeline of Support Activities  
January - December 2001**

Results	Activities	Achievement Indicators	Timeline												Budget Estimation in \$
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>IV Support Activities</b>															
<b>IV.1 In-service Training</b>	<b>IV.1.1</b> Integrating Quality into the IFCS curriculum	- QA module revised, finalized and reproduced													5 000,00
	<b>IV.1.2</b> Dissemination of the national in-service training strategy in the Rharb Chrarda Bni-Hssin region	- In-service training strategy disseminated to the Rharb Chrarda Bni-Hssin region													2 000,00
<b>IV.2 Family Planning</b>	<b>IV.2.1</b> Reprinting and distribution of "Standards of FP Methods in Morocco"	- The "Standards of FP Methods in Morocco" document reprinted - Information days organized													10 000,00
	<b>IV.2.2</b> Procurement of spare parts for VSC	- Procurement of spare parts for VSC completed													100 000,00
<b>IV.3 Information System</b>	<b>IV.3.1</b> Upgrading of local network and Internet connection at the DP	- Network and internet connection at DP operating													20 000,00
<b>IV.4 Partnership</b>	<b>IV.4.1</b> Promotion of health services in collaboration with NGOs in the Fez-Boulemane region	- Campaigns and awareness days organized around newly created maternity facilities - Support committee created for each facility													3 000,00
	<b>IV.4.2</b> Support to South-South activities	- Funding of the Malians in the framework of South-South activities													10 000,00
	<b>IV.4.3</b> Support to the development of the health chart														200 000,00
<b>Support Activities Budget Estimation</b>													<b>\$ 350 000,00</b>		

## **ANNEXES**

**ANNEX 1: BUDGET**

**ANNEX 2: CONSULTANTS LIST**

**ANNEX 3: LOCAL TRAINING**

**ANNEX 4: INVITATIONAL TRAVEL AND PARTICIPANT TRAINING**

**ANNEX 5: LIST OF PROCUREMENT AND REFURBISHMENTS**

## Annex 1: Budget

Program Budget

January - December 2001

(By "ACTIVITY" and "LINE ITEM")

Program

Act. #	ACTIVITIES	TOTAL	SUPPORT ACTIVITIES	RESEARCH STUDIES EVALUATIONS	LOCAL TRAININGS	OVERSEAS TRAVELS	SUPPORT SERVICE DELIVERY	PROCUR,	TA NGO
<b>Result I: Roles, Responsibilities and Capabilities Identified, Defined and Developed at the Various Levels of the Ministry of Health</b>									
<b>I.A. CENTRAL LEVEL</b>									
	<i>I.A.1 Institutional Environment</i>								
I.A.1.1	Roundtable of regionalization activities in health	5 000			5 000				
I.A.1.2	Study Tours on Decentralization in the United States	35 000				35 000			
I.A.1.3	Roundtable on the definition of IEC approaches at regional level	5 000			5 000				
I.A.1.4	Study of budget allocations to medical provinces	5 000		5 000					
	<i>I.A.2 Planning and Evaluation</i>								
I.A.2.1	Training in evaluation & monitoring of regional technicians by the central level	3 000			3 000				
I.A.2.2	Support to the computer pools in the two regions	60 000		10 000				50 000	
I.A.2.3	Workshop to discuss and agree on programmatic and administrative issues	10 000			10 000				
	<i>I.A.3 Human Resources / In-service Training</i>								
I.A.3.1	Implementation of mechanisms to operationalize the national in-service strategy	2 000			2 000				
I.A.3.2	Integration of IMCI into the IFCS curriculum	5 000		2 500	2 500				
I.A.3.3	Pilot workshop on online in-service training FP/MCH data	5 000		5 000					
	<i>I.A.4 Quality Assurance</i>								
I.A.4.1	Submitting reports on QA experiences in Morocco	8 000			5 000	3 000			
I.A.4.2	Reflection day on the standardization system at MOH level	5 000			5 000				
	<i>I.A.5 Logistics</i>								
I.A.5.1	Piloting in-service training in contraceptive logistics	5 000		5 000					
<b>I.B. SOUSS-MASSA-DRAA</b>									
	<i>I.B.1 Institutional Environment</i>								
I.B.1.1	Implementation of a regional "organizational chart" for the project	5 000			5 000				
	<i>I.B.2 Planning and Evaluation</i>								
I.B.2.1	Strengthening the utilization of the health information system in the region	5 000		5 000					
I.B.2.2	Organization of a workshop to develop a data collection/utilization procedures sc	5 000			5 000				
I.B.2.3	Workshop to disseminate the results of the qualitative study of injectables	2 000			2 000				
	<i>I.B.3 Human Resources / In-service Training</i>								
I.B.3.1	Operationalization of a regional in-service training work plan	10 000		3 000	7 000				
I.B.3.2	Rehabilitation of the Agadir IFCS	30 000						30 000	
I.B.3.3	Operational research on provider-client relationships	10 000		10 000					
I.B.3.4	In-service training of administrators and managers	15 000			15 000				
	<i>I.B.4 Quality Assurance</i>								
I.B.4.1	Implementation of the collaborative model	6 000			6 000				
I.B.4.2	Inducement to quality improvement projects	3 000					3 000		
I.B.4.3	In-service training of regional team in quality management	1 000			1 000				
	<i>I.B.5 Logistics</i>								
I.B.5.1	Implementation of a regional logistics system (regional warehouse)	6 000			6 000				

Program Budget  
January - December 2001  
(By "ACTIVITY" and "LINE ITEM")

Program

Act. #	ACTIVITIES	TOTAL	SUPPORT ACTIVITIES	RESEARCH STUDIES EVALUATIONS	LOCAL TRAININGS	OVERSEAS TRAVELS	SUPPORT SERVICE DELIVERY	PROCUR,	TA NGO
<b>I.C. TANGER-TETOUAN</b>									
<i>I.C.1 Institutional Environment</i>									
I.C.1.1	Implementation of a regional "organizational chart" of the project	3 000			3 000				
I.C.1.2	Awareness meetings for health professionals on <i>Progress</i>	2 000			2 000				
<i>I.C.2 Planning and Evaluation</i>									
I.C.2.1	Development of competencies to increase the utilization of the HIS	2 000			2 000				
I.C.2.2	Organization workshop to develop a procedures schedule for data collection and	5 000			5 000				
I.C.2.3	Refurbishment of premises at the Tetouan delegation for the Follow-up/Evaluatic	2 000						2 000	
I.C.2.4	Training in qualitative research	15 000		10 000	5 000				
<i>I.C.3 Human Resources / In-service Training</i>									
I.C.3.1	Operationalization of a regional in-service training work plan	3 000			2 000		1 000		
I.C.3.2	Training of heads of administrative and economic services in the region	12 000			12 000				
I.C.3.3	Refurbishment of an in-service training and documentation room	20 000						20 000	
I.C.3.4	Upgrading of the conference room at the Tangier delegation	9 000						9 000	
<i>I.C.4 Quality Assurance</i>									
I.C.4.1	Training of 50 team leaders in standards and monitoring	12 000			9 000			3 000	
I.C.4.2	Training of 80 new team leaders	15 000			15 000				
I.C.4.3	Training of 16 additional team leaders	5 000			5 000				
I.C.4.4	Implementation of a supervisory system	2 000					2 000		
I.C.4.5	Adequate didactic material provided for QA cycles	20 000						20 000	
I.C.4.6	Implementation of an archiving and documentation unit	6 000		1 500				4 500	
I.C.4.7	Modeling of a Rural Health District	5 000					5 000		
<b>Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams</b>									
<b>II. B. SOUSS-MASSA-DRAA</b>									
<i>II.B.1 Maternal Health</i>									
II.B.1.1	Humanization of maternities and birthing centers	120 000						120 000	
II.B.1.2	Additional equipment of BEOC and CEOC sites in the SMD region	370 000				1 000		369 000	
II.B.1.3	Upgrading of training sites	15 000						15 000	
II.B.1.4	Training-of trainers workshop	10 000				10 000			
II.B.1.5	SONU training of personnel involved in deliveries	230 000				230 000			
II.B.1.6	Training in assistance & communication skills	54 000				54 000			
II.B.1.7	Training or refresher training in the information systems	15 000				15 000			
II.B.1.8	Training of personnel in equipment installation and maintenance	2 000				2 000			
II.B.1.9	Implementation of internal audit of critical incidents in hospital maternities	5 000				5 000			
<i>II.B.2 Child Health</i>									
II.B.2.1	Seminar to disseminate the results of the IMCI evaluation	2 000				2 000			
II.B.2.2	Organization of strategic planning workshops to introduce and extend IMCI	4 000				4 000			

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Progress Budget  
 January - December 2001  
 (By "ACTIVITY" and "LINE ITEM")

Program

Act. #	ACTIVITIES	TOTAL	SUPPORT ACTIVITIES	RESEARCH STUDIES EVALUATIONS	LOCAL TRAININGS	OVERSEAS TRAVELS	SUPPORT SERVICE DELIVERY	PROCUR,	TA NGO
<i>II.B.3 Family Planning</i>									
II.B.3.1	Training of personnel from FP units in IUD insertion	10 000			10 000				
II.B.3.2	Training of surgeons not yet trained in VSC	4 000			4 000				
II.B.3.3	Training of public sector medical practitioners in "prenuptial counseling"	2 000			2 000				
<i>II.B.4 STI/AIDS</i>									
II.B.4.1	Support to the development of a regional operational plan against STI/AIDS	10 000					10 000		
<i>II.B.5 Partnership and Health Promotion</i>									
II.B.5.1	Organization of training workshops in communication techniques	6 000			6 000				
II.B.5.2	Raising the awareness of media professionals on reproductive/child health	2 000					2 000		
II.B.5.3	Development of partnerships with different actors in the region	35 000							35 000
<b>II. C. TANGER-TETOUAN</b>									
<i>II.C.1 Maternal Health</i>									
II.C.1.1	Training of two SM resource persons & development of their competence	10 000			7 000	3 000			
II.C.1.2	Humanization of maternities and birthing centers	190 000						190 000	
II.C.1.3	Additional equipment for the CEOC and SONU centers	270 000						270 000	
II.C.1.4	SONU training of personnel involved in deliveries	85 000			85 000				
II.C.1.5	Training in assistance & communication skills	24 000			24 000				
II.C.1.6	Training or refresher training in the information system	10 000			10 000				
II.C.1.7	Training of personnel in equipment installation and maintenance	2 000			2 000				
II.C.1.8	Strengthening the Referral/Counter-referral and communication system	2 000					2 000		
II.C.1.9	Introduction of the near-miss approach in 2 hospital maternities	5 000		1 000	2 000			2 000	
II.C.1.10	Equipping all hospital maternities with desktop computers	8 000						8 000	
<i>II.C.2 Child Health</i>									
II.C.2.1	Seminar to disseminate the results of the IMCI evaluation	3 000			3 000				
II.C.2.2	Organization of strategic planning workshops to introduce & extend IMCI	10 000			10 000				
II.C.2.3	Organization of reflection day to develop a regional immunization strategy	2 000			2 000				
<i>II.C.3 Family Planning</i>									
II.C.3.1	Training of gynecologists in VSC	8 000			8 000				
II.C.3.2	Training in IUD insertion of personnel from FP units	18 000			18 000				
II.C.3.3	Training of public sector medical practitioners in "prenuptial counseling"	2 000			2 000				
<i>II.C.4 STI/AIDS</i>									
II.C.4.1	Training of service providers in the syndromic approach	24 000			24 000				
II.C.4.2	Strengthening service delivery in STI/AIDS management	2 000					2 000		
II.C.4.3	Support the development of a regional plan against STI/AIDS	7 000					7 000		
<i>II.C.5 Partnership</i>									
II.C.5.1	Inventory of NGOs in the provinces of the region	10 000			10 000				
II.C.5.2	Organization of training workshops in communication techniques	2 000			2 000				
II.C.5.3	Organization of a regional colloquium on Population and Health	10 000			10 000				

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Program Budget

January - December 2001

(By "ACTIVITY" and "LINE ITEM")

Program

Act. #	ACTIVITIES	TOTAL	SUPPORT ACTIVITIES	RESEARCH STUDIES EVALUATIONS	LOCAL TRAININGS	OVERSEAS TRAVELS	SUPPORT SERVICE DELIVERY	PROCUR,	TA NGO
II.C.5.4	Raising the awareness of media professionals on reproductive & child health	2 000					2 000		
II.C.5.5	Development of partnerships with different actors in the region	20 000							20 000
<b>III. SHARING AND DISSEMINATION OF INFORMATION</b>									
<b>III. A. CENTRAL LEVEL</b>									
III.A.1	Support to the MOH Monthly Bulletin, "Santé et Population"	5 000					5 000		
III.A.2	Pages on <i>Program</i> Activities inserted in the Ministry of Health website	10 000			5 000		5 000		
III.A.3	<i>Program</i> Documentation on Video	3 000					3 000		
III.A.4	Sharing the SMD Experience on Mobilizing Parties Intervening in Health	1 000			1 000				
III.A.5	Meetings of the Decentralization Commission	2 000			2 000				
III.A.6	Forum to share experiences of the year 2001	5 000			5 000				
<b>III. B. SOUSS-MASSA-DRAA</b>									
III.B.1	Organization of inter-site visits / Implementation of the collaborative model	1 000			1 000				
III.B.2	Organization of thematic days with other partners in the region	5 000			5 000				
<b>III. C. TANGER-TETOUAN</b>									
III.C.1	Organization of scientific days on in-service training	5 000			5 000				
III.C.2	Designing an Information Letter on QA	2 000					2 000		
III.C.3	Organization of an intra- and interregional meeting on SM	1 000			1 000				
III.C.4	Organization of inter-site visits in view of introducing IMCI	2 000			2 000				
III.C.5	Organization of Quality inter-site visits	2 000			2 000				
<b>IV. SUPPORT ACTIVITIES</b>									
<i>IV.1 In-service Training</i>									
IV.1.1	Integrating Quality into the IFCS curriculum	5 000	5 000						
IV.1.2	Dissemination NISTS in Rharb Chrarda Bni-Hssin region	2 000	2 000						
<i>IV.2 Family Planning</i>									
IV.2.1	Reprinting and distribution of "Standards of FP Methods in Morocco"	10 000	10 000						
IV.2.2	Procurement of spare parts for VSC	100 000	100 000						
<i>IV.3 Information System</i>									
IV.3.1	Upgrading of local network and Internet connection at the DP	20 000	20 000						
<i>IV.4 Partnership</i>									
IV.4.1	Promotion of health services in collaboration with NGOs in the FB region	3 000	3 000						
IV.4.2	Support to South-South activities	10 000	10 000						
IV.4.3	Support to the development of the health chart	200 000	200 000						
<b>TOTAL</b>		<b>2 405 000</b>	<b>350 000</b>	<b>58 000</b>	<b>737 500</b>	<b>41 000</b>	<b>51 000</b>	<b>1 112 500</b>	<b>55 000</b>

## **Annex 2: Consultants List**

Liste des consultant *Progress*  
Janvier - Décembre 2001

Act. #	ACTIVITY	TECHNICAL TASKS	TECHNICAL PROFILE	CONSULTANT NAME	ORGANIZATION	DATES
<b>RESULT I: ROLES, RESPONSIBILITIES AND CAPABILITIES IDENTIFIED, DEFINED AND DEVELOPED AT THE VARIOUS LEVELS OF THE MINISTRY OF HEALTH</b>						
<b>I.A. CENTRAL LEVEL</b>						
I.A.1.1	Roundtable of regionalization activities in health	Presentation of experiences in other countries; Facilitate roundtable; Contribute to the editing of a synthesis document on health sector decentralization	Expert in Decentralization	Tom Bossert	Harvard University	March 2001
<i>I.A.2 Planning and Evaluation</i>						
I.A.2.1	Training in evaluation and monitoring of regional technicians	Facilitate the training on evaluation techniques	Expert in Evaluation	International	TBD	TBD
I.A.2.2	Support to the computer pools in the two regions	Evaluation & assessment of needs for the computer network in the SMD and TT regions	Computer Engineer	Youssef Belabdia & Karim Bouzoubaa	Local	February/March 2001
I.A.2.3	Workshop to discuss and agree on programmatic and administrative issues	Training on strategic planning techniques	Expert in Strategic Planning	Dr. Brahim Hafidi	Local	October/December 2001
I.A.3.3	Pilot workshop on online in-service training on topics related to FP/MCH data	Develop on-line communication skills	Expert in Communication	International	TBD	TBD
I.A.4.2	Reflection day on the standardization system at MOH level	Discuss methods for developing expertise in norms	Expert in norms	International	Francois Safar	TBD
<b>I.B. SOUSS-MASSA-DRAA</b>						
<i>I.B.2 Planning and Evaluation</i>						
I.B.2.1	Strengthening the utilization of the health information system in the region	Elaboration of a strategy to reinforce the use of the SM/PP system at regional and provincial levels	MIS Expert	Theo Lippeveld	John Snow Inc	January and May 2001
I.B.2.2	Organization of a workshop to develop a data collection and utilization procedures schedule	Elaboration of procedures for data collection and use	Expert in Evaluation	Isaline Greinpl	Independent	TBD
<i>I.B.3 Human Resources / In-service Training</i>						
I.B.3.3	Operational research on provider-client relationships	Assistance to carry-out the planned study	Socio-Anthropologist	Pr. A. Dialmy	Local	February/March 2001
<i>I.B.4 Quality Assurance</i>						
I.B.4.1	Implementation of the collaborative model	Initiate the quality improvement projects in the two regions SMD/TT	Expert in QA	Bruno Bouchet & Wendy Edson	URC	January/May/June/September
I.B.4.2	Inducement to quality improvement projects	Development of a document for collecting proposals from ambulatory and hospital facilities	Expert in QA	International	URC	TBD
I.B.4.3	In-service training of regional team in quality management	Strengthening of QA regional cell	Expert in QA	International	URC	TBD
<b>I.C TANGER-TETOUAN</b>						
<i>I.C.2 Planning and Evaluation</i>						
I.C.2.2	Organization of a workshop to develop a procedures schedule for data collection and use	Elaboration of a strategy to reinforce the use of the SM/PP system at regional and provincial levels	Expert in MIS	Theo Lippeveld	John Snow Inc	May 2001
I.C.2.4	Training in qualitative research	Training on qualitative research methods	Expert in Qualitative Research	International	TBD	April 2001

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Liste des consultant *Program*  
Janvier - Décembre 2001

Act. #	ACTIVITY	TECHNICAL TASKS	TECHNICAL PROFILE	CONSULTANT NAM	ORGANIZATION	DATES
<b>RESULT II: INNOVATIVE MODELS TO IMPROVE THE ACCESSIBILITY, UTILIZATION, QUALITY AND EFFICIENCY OF SERVICES DEVELOPED AND TESTED BY REGIONAL AND LOCAL TEAMS</b>						
<b>II. B. SOUSS-MASSA-DRAA</b>						
II.B.1.2	SONU Training in the SMD & TT regions	Evaluation of the training strategy and quality	Expert	Liz Goodburn	JSI	TBD
II.B.5.3	Development of partnerships with different actors in the region	Assistance to carry out partnership activities (NGOs)	Partnership Specialists	Abdelhadi Bounar and International	Ibn Zohr University & TBD	February/December 2001
<b>II.C. TANGER TETOUAN</b>						
<i>II.C.1 Maternal Health</i>						
II.C.1.3	Additional equipment for the CEOC and SONU centers in TT region	Evaluation of the training strategy and quality	Expert	Liz Goodburn	JSI	TBD
<i>II.C.5 PARTNERSHIP</i>						
II.C.5.1	Inventory of NGOs in the provinces of the region	Assistance to undertake inventory of NGOs	Partnership Specialists	John Yanulis & Nancy Divin	World Ed	February 2001
II.C.5.3	Organization of a regional colloquium on Population and Health	Assistance for the organization of planned colloquium	Partnership Specialists	National	TBD	May 2001
II.C.5.5	Development of partnerships with different actors in the region	Assistance to develop partnership projects	Partnership Specialist	World Ed	TBD	June 2001
<b>III. SHARING AND DISSEMINATION OF INFORMATION</b>						
<b>III.A CENTRAL LEVEL</b>						
III.A.2	Pages on <i>Program</i> Activities inserted in the Ministry of Health website	Initiation and training on development of webpages	Internet Expert	National	TBD	April-May 2001
<i>IV.3 Information System</i>						
IV.3.1	Upgrading of local network and internet connection at the DP	Propose a solution & control the implementation of the solution	Expert in computer networks	National	TBD	February 2001

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## Annex 3: Local Training

*Progress* Local Training List  
January - December 2001

Act. #	ACTIVITY	TRAINING TITLE	EXPECTED RESULTS	PARTICIPANT PROFILES	PART. #	DATE OF TRAINING	PLACE
<b>RESULTAT I: ROLES, RESPONSABILITES ET CAPACITES IDENTIFIEES, DEFINIS ET DEVELOPPES AUX DIFFERENTS NIVEAUX DU MINISTERE DE LA SANTE</b>							
<b>I.A. CENTRAL LEVEL</b>							
I.A.2.1	<i>I.A.2 Planning and Evaluation</i> Training in evaluation and monitoring of regional technicians by the central level	Training in evaluation and monitoring	Mechanisms for follow-up and support from the central level to peripheral level developed	Regional and provincial managers	20	May - June, 2001	Rabat and TT & SMD regions
I.A.2.2	Support to the computer pools in the two regions	Training in the use and maintenance of computer	Optimize the use of computer tools in daily management	Computer and Statisticians Technicians		April - May, 2001	SMD & TT Regions
I.A.3.2	<i>I.A.3 Human Resources / In-service Training</i> Integration of IMCI into the IFCS curriculum	IMCI Training of third-year IFCS students	Graduating Students master the IMCI Approach	Versatile nurses & midwives	50	April - May 2001	IFCS of Agadir
I.A.3.3	Pilot workshop on online in-service training on topics related to FP/MCH data	Pilot workshop on online in-service training	Innovative model of in-service training implemented	Provincial managers, technicians & central managers		May, 2001	
<b>I.B. SOUSS-MASSA-DRAA</b>							
I.B.5.1	<i>I.B.5 Logistics</i> Implementation of a regional logistics system (regional warehouse)	Training in stock management	To strengthen the regional stock management unit	Personnel from the stock management regional unit		March - September 2001	SMD Region
<b>I.C. TANGER-TETOUAN</b>							
I.C.2.1	<i>I.C.2 Planning and Evaluation</i> Development of the competence of the two resource persons to increase the utilization of the health information system at regional level	Training in Follow-up and Evaluation	To strengthen skills in follow-up/evaluation and information systems	<i>Médecin Chef de SIAAP</i> from Chaouen & Statistician from the	2		TT Region, other regions
I.C.2.4	Training in qualitative research	Training in Research techniques	To develop skills within the region to conduct qualitative	Managers or program providers	15		TT Region
I.C.3.2	<i>I.C.3 Human Resources / In-service Training</i> Training of heads of administrative and economic services in the region	Training in Financial Management	Improve management skills	Administrators <i>Economes</i>	20	February - April, 2001	TT Region
		Training in Human Resource Management	Improve management skills	Administrators <i>Economes</i>	20		TT Region
I.C.4.1	<i>I.C.4 Quality Assurance</i> Training of 50 team leaders in standards and monitoring	Training in norms & monitoring	To ensure the dissemination of existing norms & to prepare the implementation of the quality approach	Regional Animators	50	February, 2001 May, 2001 September, 2001	TT Region
I.C.4.2	Training of 80 new team leaders	Training in QA	80 new quality sites created in the region	Provincial Animators	80	February, 2001 May, 2001 September, 2001 November, 2001	TT Region (at each province level)
I.C.4.3	Training of 16 additional team leaders	Training in QA	Extension of QA at the regional level	Provincial Facilitators	16	May - June, 2001	TT Region

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*Progress* Local Training List  
January - December 2001

Act. #	ACTIVITY	TRAINING TITLE	EXPECTED RESULTS	PARTICIPANT PROFILES	PART. #	DATE OF TRAINING	PLACE
<b>RESULT II: INNOVATIVE MODELS TO IMPROVE THE ACCESSIBILITY, UTILIZATION, QUALITY AND EFFICIENCY OF SERVICES DEVELOPED AND TESTED BY REGIONAL AND LOCAL TEAMS</b>							
<b>II. B. SOUSS-MASSA-DRAA</b>							
II.B.1.4	<i>II.B.1 Maternal Health</i> Training-of trainers workshop	Training of trainers in SONU, Andragogic Approach and communication skills	To prepare the trainers and supervisors for the SONU training	Gynecologists, midwives		February - March, 2001	SMD Region
II.B.1.5	SONU training of personnel involved in deliveries	Training in SONU	Implementation of the SONU	Gynecologists, General Practitioners, midwives & midwifery nurses	180	April - December, 2001	SMD Region
II.B.1.6	Training in assistance and communication skills of personnel involved in deliveries	Training in assistance and communication skills	To improve the interface between providers and clients	Gynecologists, General Practitioners, midwives & midwifery nurses	180	April - December, 2001	SMD Region
II.B.1.7	Training or refresher training in the information systems of personnel involved in deliveries	Training on Information System	To strengthen capacities of providers for the utilization of the information system	Gynecologists, General Practitioners, midwives & midwifery nurses	180	April - December, 2001	SMD Region
II.B.1.8	Training of personnel in equipment installation and Maintenance	Training in equipment installation and Maintenance	To create a nucleus of technicians for the installation, the Maintenance of the SONU equipment	Technicians from the region		June - July, 2001	SMD Region
II.B.1.9	Implementation of internal audit of critical incidents in hospital maternities	Training on internal audit of critical incidents	To implement the internal audit of critical incidents in hospital maternities in the region	Personnel involved in deliveries		June, 2001	SMD Region
II.B.3.1	<i>II.B.3 Family Planning</i> Training of personnel from FP units in IUD insertion	Training in IUD Insertion	To Promote Long-term methods	Health Providers from Taroudant	47	September - October, 2001	Province of Taroudant
II.B.3.2	Training of surgeons not yet trained in VSC	Training in VSC	To Promote Long-term methods	Surgeons		October - November, 2001	SMD Provinces or <i>Maternité des Orangers</i>
II.B.3.3	Training of public sector medical practitioners in "prenuptial counseling"	Training in "prenuptial counseling"		Practitioners from the Public Sector	70	September 2001	SMD Region
II.B.4.1	<i>II.B.4 STI/AIDS</i> Soutien à l'élaboration d'un plan opérationnel régional IST/SIDA	Training in animation techniques		Nurses		June - August, 2001	SMD Region
II.B.5.1	<i>II.B.5 Partnership and Health Promotion</i> Organization of training workshops in communication techniques for NGOs and other CDAs	Training in Communication techniques	Strengthening of NGO capacities (Health and Communication messages)	Lay People		June - July, 2001	SMD Region
<b>II. C. TANGER-TETOUAN</b>							
II.C.1.1	<i>II.C.1 Maternal Health</i> Training of two SM resource persons and development of their competence in the TT region	Training in SM Program Management	To strengthen skills of 2 resource persons on SM at the regional level		2		TT Region

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*Progress* Local Training List  
January - December 2001

Act. #	ACTIVITY	TRAINING TITLE	EXPECTED RESULTS	PARTICIPANT PROFILES	PART. #	DATE OF TRAINING	PLACE
II.C.1.4	SONU training of personnel involved in deliveries	Training of trainers in SONU	A nucleus of trainers in SONU at the regional level	Gynecologists, midwives	10	March, 2001	TT Region
		Training in SONU	Improve the quality of services and the management of obstetrical emergencies	Health Providers	150	April - December 2001	TT Region
II.C.1.5	Training in assistance and communication skills of personnel involved in deliveries	Training in assistance and communication skills	To strengthen capacities of service providers in communication	Health Providers	150	April - December 2001	TT Region
II.C.1.6	Formation/Recyclage du Personnel impliqué dans les Accouchements sur le Système d'Information	Training in Information System	To reinforce capacities of service providers in the use of the information system	Midwifery Personnel and managers from the region	160	April - December 2001	TT Region
II.C.1.7	Training or refresher training in the information system of personnel involved in deliveries	Training in equipment installation and Maintenance	To create a nucleus of technicians for the installation and maintenance of SONU	Technicians from the region	8	June 2001	Fez-Boulemane or TAT Region
II.C.1.9	Introduction of the near-miss approach in 2 hospital maternities in the region	Training on Near-miss démarche	To implement the near-miss in 2 maternities of the region	Personnel involved in deliveries from the two maternities		March 2001	Regions of Larache & Chefchaouen
II.C.3.1	<i>II.C.3 Family Planning</i> Training of gynecologists in Voluntary Surgical Contraception (VSC)	Training in Voluntary Surgical Contraception	To improve VSC services and respond to the needs of the women	Gynecologists	5	September - October 2001	Tetouan or Rabat
II.C.3.2	Training in IUD insertion of personnel from FP units	Training in IUD insertion	Update newly recruited service providers on IUD Insertion	Health Providers	60	April - December 2001	TT Region
II.C.3.3	Training of public sector medical practitioners in "prenuptial counseling"	Training in "prenuptial counseling"		Practitioners from the Public Sector	50	May - September 2001	TT Region
II.C.4.1	<i>II.C.4 STI/AIDS</i> Training of service providers in the syndromic approach	Training in syndromic approach	Update service providers newly affected in health structures on syndromic approach	Health Providers		September - October 2001	TT Region
	<i>II.C.5 Partnership</i>						
II.C.5.2	Organization of training workshops in communication techniques for NGOs and other CDAs	Training in Communication techniques	Reinforcement of NGO capacities (health & communication messages)	NGOS and other organizations		September - October 2001	TT Region
<b>III. SHARING AND DISSEMINATION OF INFORMATION</b>							
<b>III. A. CENTRAL LEVEL</b>							
III.A.2	Pages on <i>Progress</i> Activities inserted in the Ministry of Health website	Training in the development of websites & webpages	Insertion of informations about regions in the MOH Website	Technicians from the DIM (4) Technicians from the DP (2) Technicians from SMD (2) Technicians	10	April - May 2001	Rabat

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## **Annex 4: Invitational Travel and Participant Training**

*Program* Invitational Travel and Participant Training List  
January - December 2001

Act. #	Activity	Needs of Participants	Expected Results	Purpose of the Trip	Participants Profiles	Par. Nb.	Days/Date Approx.	Place	Funded by
<b>RESULT I: ROLES, RESPONSIBILITIES AND CAPABILITIES IDENTIFIED, DEFINED AND DEVELOPED AT THE VARIOUS LEVELS OF THE MINISTRY OF HEALTH</b>									
<b>I.A. CENTRAL LEVEL</b>									
I.A.1.2	Study Tours on Decentralization in the United States	Strengthening of the MOH deconcentration process	To study the follow-up and monitoring strategies used by the american health administration	To show the model of decentralized management of health care services	Regional and central representatives	12	July 2001	U.S.A	JSI/MOH
I.A.2.2	Support to the computer pools in the two regions	Adaptation of the operating system of the <i>application SMI/PF</i>	To master the source code source of the operation of the <i>application SMI/PF</i>	To adapt the operating system of the <i>application SMI/PF</i> to different Windows operating systems	Official from the DIM	1	June 2001	U.S.A	JSI/MOH
I.A.4.1	Submitting reports on QA experiences in Morocco	Strengthen the capacity of the quality cell at the regional level	To share successful QA experiences	To finalize the QA cost-efficiency report in order to prepare a presentation to be disseminated at the national level	Official from the DHSA and QA trainer from TT region	2	Feb/March 2001	U.S.A	JSI/QAP

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**Annex 5: List of Procurements and Refurbishments**

*Progress* Procurements and Refurbishments List  
January - December 2001

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Contract No.: HRN1-00-98-00032

Act. #	ACTIVITY	PROCUREMENT PLANNED	BUDGET IN US\$
<b>Result I: Roles, Responsibilities and Capabilities Identified, Defined and Developed at the Various Levels of the Ministry of Health</b>			
<b>I.A. CENTRAL LEVEL</b>			
I.A.2.2	<i>I.A.1 Institutional Environment</i> Support to the computer pools in the two regions	Computer Equipment	50 000
<b>I.B. SOUSS MASSA DRAA</b>			
I.B.3.2	<i>I.B.3 Human Resources / In-service Training</i> Rehabilitation of the Agadir IFCS	Rehabilitation work & Equipment	30 000
<b>I.C. TANGER-TETOUAN</b>			
I.C.2.3	<i>I.C.2 Planning and Evaluation</i> Refurbishment of premises at the Tetouan delegation for the Follow-up/Evaluation Unit	Closets & Shelves	2 000
I.C.3.3	<i>I.C.3 Human Resources / In-service Training</i> Refurbishment of an in-service training and documentation room	Refurbishment of Continuing Education & Documentation Room	20 000
I.C.3.4	Upgrading of the conference room at the Tangier delegation	Audio Equipment, flip chart & data show	9 000
I.C.4.1	<i>I.C.4 Quality Assurance</i> Training of 50 team leaders in standards and monitoring	Bulletin Boards	3 000
I.C.4.5	Adequate didactic material provided for QA cycles	1 computer for the Regional Cell 9 Overhead Projectors 16 White Bulletin Boards	20 000
I.C.4.6	Implementation of an archiving and documentation unit	Office Furniture	4 500
<b>Result II: Innovative Models to Improve the Accessibility, Utilization, Quality and Efficiency of Services Developed and Tested by Regional and Local Teams</b>			
<b>II. B. SOUSS-MASSA-DRAA</b>			
II.B.1.1	<i>II.B.1 Maternal Health</i> Humanization of maternities and birthing centers	Upgrade Work & Equipment	120 000
II.B.1.2	Additional equipment BEOC and CEOC	EONC Equipment	369 000
II.B.1.3	Upgrading of training sites	Upgrade Work & Equipment	15 000
<b>II. C. TANGER-TETOUAN</b>			
II.C.1.2	<i>II.C.1 Maternal Health</i> Humanization of maternities and birthing centers	Upgrade work for the MV maternity / Tanger Medical Fluids / Ksar El Kebir Humanization of Chefchaouen Delivery houses	100 000 40 000 50 000
II.C.1.3	Additional equipment BEOC and CEOC	Equipment for 3 CEOC et Additional equipment for 15 BEOC	270 000
II.C.1.9	Introduction of the near-miss approach in 2 hospital maternities	Improvements & equipment of 2 meeting rooms	2 000
II.C.1.10	Equipping all hospital maternities with desktop computers	5 computers for the 5 maternities in the TT region	8 000
<b>IV. SUPPORT ACTIVITIES</b>			
IV.2.2.	<i>IV.2 Family Planning</i> Procurement of spare parts for VSC	Purchase of spare parts for VSC equipment	100 000
<b>TOTAL</b>			<b>\$1 212 500,00</b>

\* Amount allocated to Support Activity Budget