



Healthy Mother/Healthy Child Results Package

Quarterly Performance Monitoring Report

Quarter Nine
April 1 – June 30, 2000



John Snow, Inc.
Arabic Software Engineering (ArabSoft)
Clark Atlanta University
The Johns Hopkins University
The Manoff Group, Inc.
TransCentury Associates

In collaboration with
The Ministry of Health and Population
Cairo, Egypt
and
USAID/Egypt
(Contract No. 263-C-00-98-00041-00)

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ACRONYMS

ANC	Antenatal Care
ARI	Acute Respiratory Illness
AWP	Annual Work Plan
BASICS	Basic Assistance Supporting Institutionalization of Child Survival
BBP	Basic Benefits Package
BEOC	Basic Essential Obstetric Care
BMC	Basic Maternal Care
CAPMAS	Central Agency for Population, Mobilization and Statistics
CBC	Competency Based Curriculum
CBT	Competency Based Training
C-CDC	Central Curriculum Development Committee
CCIC	Central Committee for Infection Control
CDC	Centers for Disease Control
CDD	Control of Diarrheal Disease
CEOC	Comprehensive Essential Obstetric Care
CGC	Credit Guarantee Company
CHC	Community Health Committee
CME	Continuing Medical Education
CMEC	Continuing Medical Education Committee
CNA	Community Needs Assessment
COP	Chief of Party
CSSD	Central Sterilization and Supply Department
CSP	Child Survival Project
CTO	Cognizant Technical Officer
DANIDA	Danish International Development Agency
DCOP	Deputy Chief of Party
DDM	Data for Decision Making
DHC	District Health Committee
DT2	Development Training Two
DHT	District Health Team
DMT	District Management Team
EDHS	Egypt Demographic and Health Survey
ENC	Essential Neonatal Care
ENMS	Egyptian National Medical Syndicate
ENPCP	Egyptian National Perinatal Care Program
EOAC	Essential Obstetric Anesthesia Care
EOC	Essential Obstetric Care
EONC	Essential Obstetric Neonatal Care
EPI	Expanded Program of Immunization
EU	European Union
FETP	Field Epidemiology Training Program
FGC	Female Genital Cutting
FIIS	Facilities Improvement Information System
FinBI	Finance and Banking International
FMT	Facility Management Team
GHC	Governorate Health Committee
GIS	Geographic Information System

GMT Governorate Management Team
GOE Government of Egypt
GTZ German Development Agency
GUI Graphical User Interface
GWU George Washington University
HIO Health Insurance Organization
HIS Health Information System
HM/HC Healthy Mother/Healthy Child
HM/HC-RP Healthy Mother/Healthy Child Results Package
HPSP Health Policy Support Program
IC Infection Control
I-CDC Institutional - Curriculum Development Committee
ICP Infection Control Program
IEC Information, Education and Communication
IFB Invitation for Bids
IIE Institute of International Education
IL Implementation Letter
IMCI Integrated Management of Childhood Illness
IMR Infant Mortality Rate
IPC Interpersonal Communication
IR Intermediate Results
IRM Information Resources Management
IT Information Technology
JHU Johns Hopkins University
JHU/PCS Johns Hopkins University Population Communication Services
JSI John Snow, Inc.
KAP Knowledge, Attitudes and Practices
LAG Local Area Group
MCH Maternal Child Health
MHIS Management and Health Information System
MIS Management Information Systems
MOE Ministry of Education
MOHP Ministry of Health and Population
MOI Ministry of Information
MOSA Ministry of Social Affairs
MW Married Women
NCNW National Council of Negro Women
NICHP National Information Center for Health and Population
NICU Neonatal Intensive Care Unit
NGO Non Governmental Organization
NMMS National Maternal Mortality Study
OJT On-the-Job Training
OR/CSSD Operations Room / Central Sterilization & Supply Department
PES Package of Essential Services
PHC Primary Health Care
PHR Partnership for Health Reform
PIL Project Implementation Letter
PMW Pregnant Married Women

PVO Private Voluntary Organization
QA Quality Assurance
QID Quality Improvement Directorate
QPMR Quarterly Performance Monitoring Report
RFP Request for Proposal
RP Results Package
SFD Social Fund for Development
SHB Selected Health Bureau
SHIP Student Health Insurance Program
SIS State Information Service
SMIP Student Medical Insurance Program
SO Strategic Objective
SOW Statement of Work
STTA Short Term Technical Assistance
SPAAC Social Planning Analysis and Administration Consultants
TA Technical Assistance
TCA TransCentury Associates
TD Tetanus Diphtheria
TOT Training of Trainers
TT Tetanus Toxoid
UN United Nations
UNICEF United Nations Children's Fund
USAID United States Agency for International Development
USVPO U.S. Private Voluntary Organizations
WB World Bank
WHO World Health Organization

INTRODUCTION

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

This current Quarterly Performance Monitoring Report (QPMR IX) covers the period from April 1 through June 30, 2000, representing the ninth quarter of the Contract.

This QPMR is organized according to the eleven Tasks of the Contract, plus sections on coordination, contract administration, and monitoring and evaluation. Each Task contains a narrative with the following parts:

- ◆ Accomplishments
- ◆ Constraints
- ◆ Proposed Actions to Overcome Constraints

In addition, each Task contains a Tracking Gantt Chart that indicates the percentage completion of each activity and the accomplishment of milestones, targets and benchmarks. The percentage completion of activities is indicated by solid black bars inside the activity bars, or a vertically hatched bar inside summary activity bars. Percentage completion is based on the best professional judgement of JSI’s technical assistance team, considering the level of effort expended on completing the task. Milestones, targets and benchmarks are shown as hollow symbols once completed. Completion of these progress markers is objectively verifiable, usually in the form of stand-alone documents.

Three Performance Milestones due during the QPMR period were completed and relevant documentation submitted:

- ◆ *Assist MOHP to establish 30 District MHIS Centers (Task 4)*
- ◆ *National IEC campaign developed (Task 8)*
- ◆ *20 Small Grants awarded to NGOs in Target Districts (Task 10)*

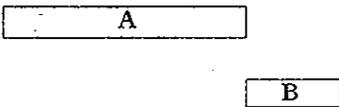
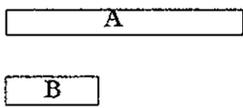
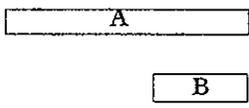
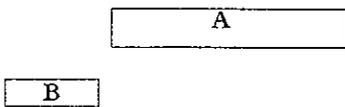
A request for rescheduling the Task 1 Milestone (*Implementation of basic health package in 10 districts*) to November 15, 2000 was submitted.

A comprehensive chart showing the end-of-quarter status of each of the 40 Performance Milestones in the Results Package may be found in Annex A.

For information regarding staff mobilization, a Contract Staff List is included in Annex B.

GANTT CHART LEGEND

The following symbols are used in the Gantt charts throughout the QPMR.

Activities are indicated in the Gantt charts as bars:	
Within each Task, activities and subactivities are represented as bars.	
Summaries of these activities and subactivities are represented by solid bars.	
Percentage Completion of activities is indicated by a solid bar inside of an activity bar.	
Progress Markers , which include Performance Milestones, Performance Targets and Benchmarks, are indicated with various symbols (the month and day are indicated to the right of each symbol):	
Performance Milestones -- contractually binding, planned accomplishments that were specified by JSI in its proposal are represented by solid diamonds. Once a planned milestone has been achieved it is represented by a hollow diamond.	◆ 11/15
	◇ 11/15
Performance Targets -- contractually binding, planned accomplishments that were specified by USAID in the RFP are represented by solid diamonds within circles. Once a planned target has been achieved it is represented by a hollow diamond inside a circle.	◐ 11/15
	○ 11/15
Benchmarks are interim accomplishments required to achieve milestones and targets; they are represented in the Gantt charts by solid stars. Once a planned benchmark has been achieved it is represented by a hollow star.	★ 11/15
	☆ 11/15
Dependencies between activities are shown in the Gantt charts that indicate the link between those activities:	
Finish-to-Start dependencies exist when activity B cannot start until activity A finishes.	
Start-to-Start dependencies exist when activity B cannot start until activity A starts.	
Finish-to-Finish dependencies exist when activity B cannot finish until activity A finishes.	
Start-to-Finish dependencies exist when activity B cannot finish until activity A starts.	

MAPS OF TARGET GOVERNORATES

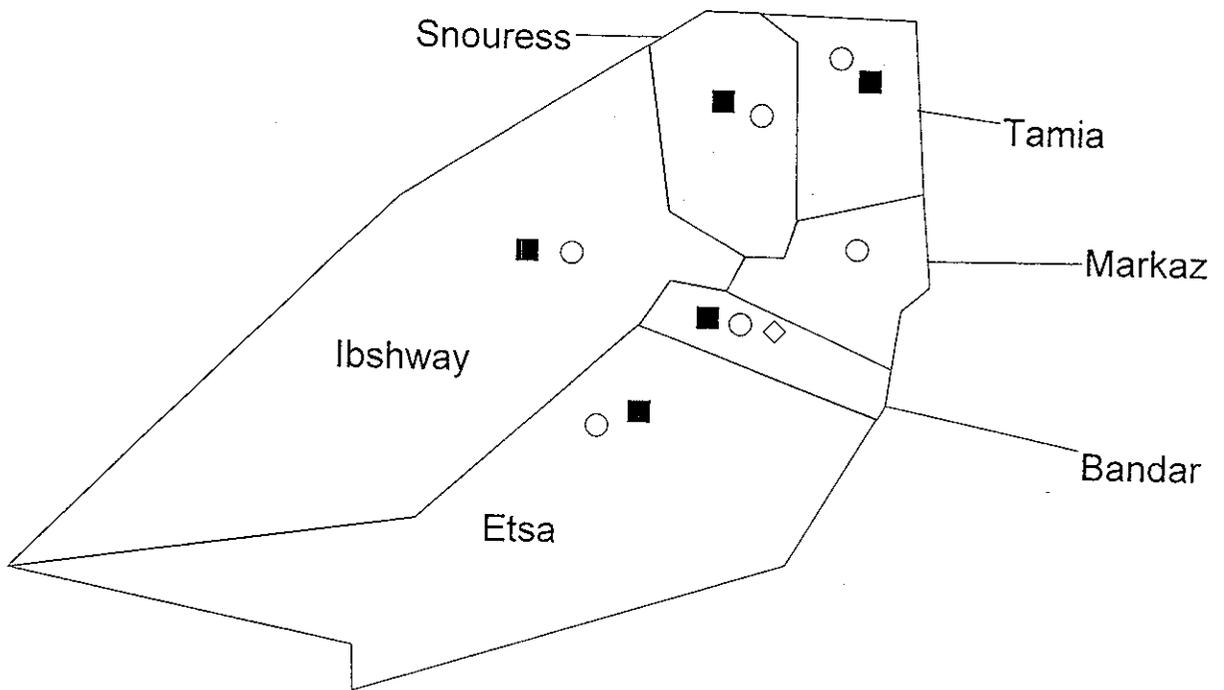
The maps on the following eight pages provide a schematic representation of the location of the target districts and facilities (CEOC, BEOC and MHIS centers). The maps are computer generated and will form part of the Geographic Information System (GIS) which is currently under development. The following information should prove useful when reviewing the maps:

- Only the maps for Aswan, Luxor and the southern part of Qena are complete since the exact target facilities have been identified for those governorates only.
- In the northern part of Qena, Beni Suef and Fayoum, the district/general hospitals are indicated (CEOC centers), but not the BEOC centers since the exact facilities have yet to be identified.
- The maps for Assiut, Menya and Sohag indicate only the MHIS centers since that is the extent of programmatic involvement in those governorates.

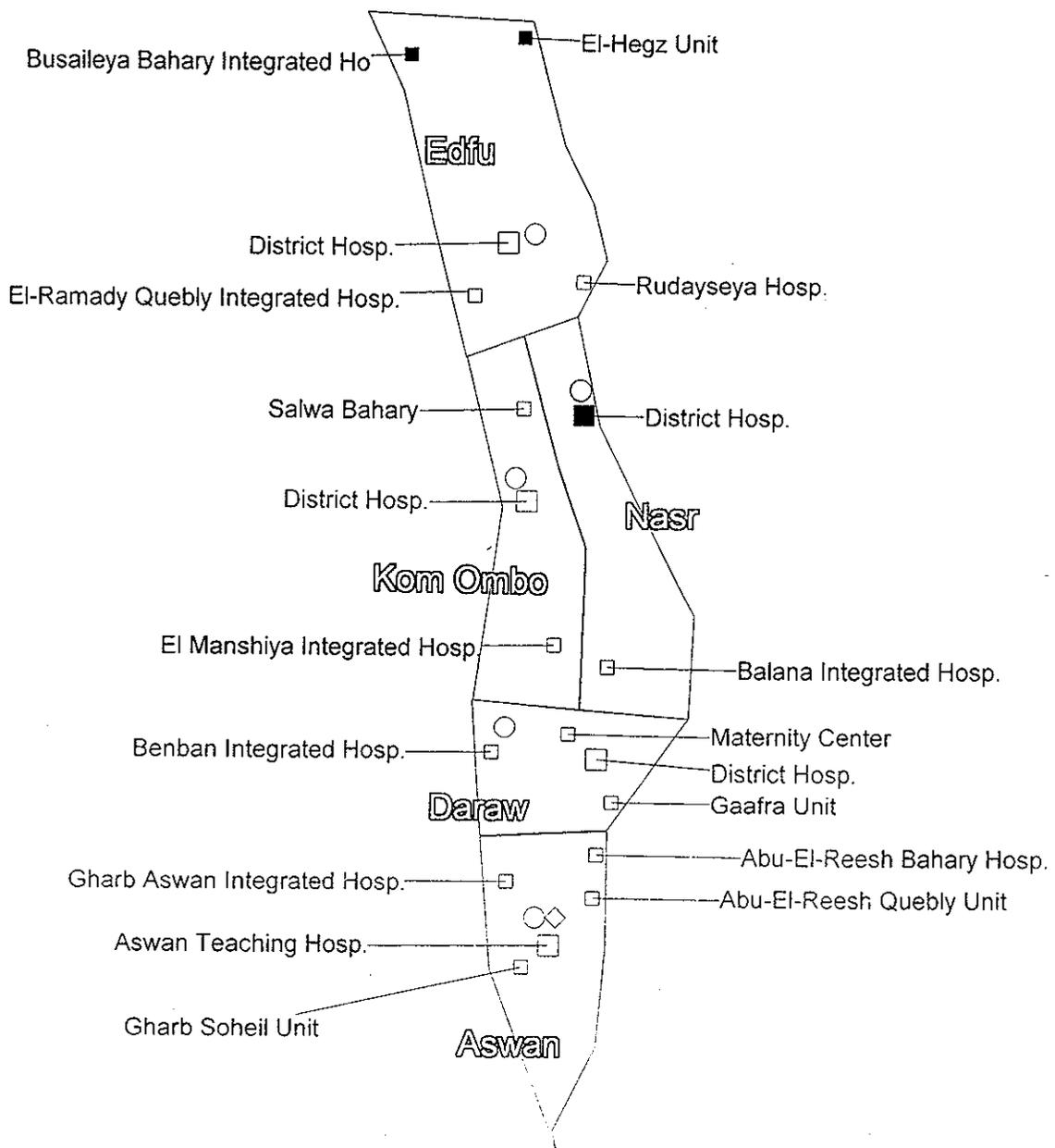
The Legend below pertains to the maps.

LEGEND	No	Yes
Directorate MHIS Center Upgraded	◆	◇
District MHIS Center Established	●	○
Neonatal Care Center Upgraded	★	☆
CEOC Center Upgraded	■	□
BEOC Center Upgraded	■	□

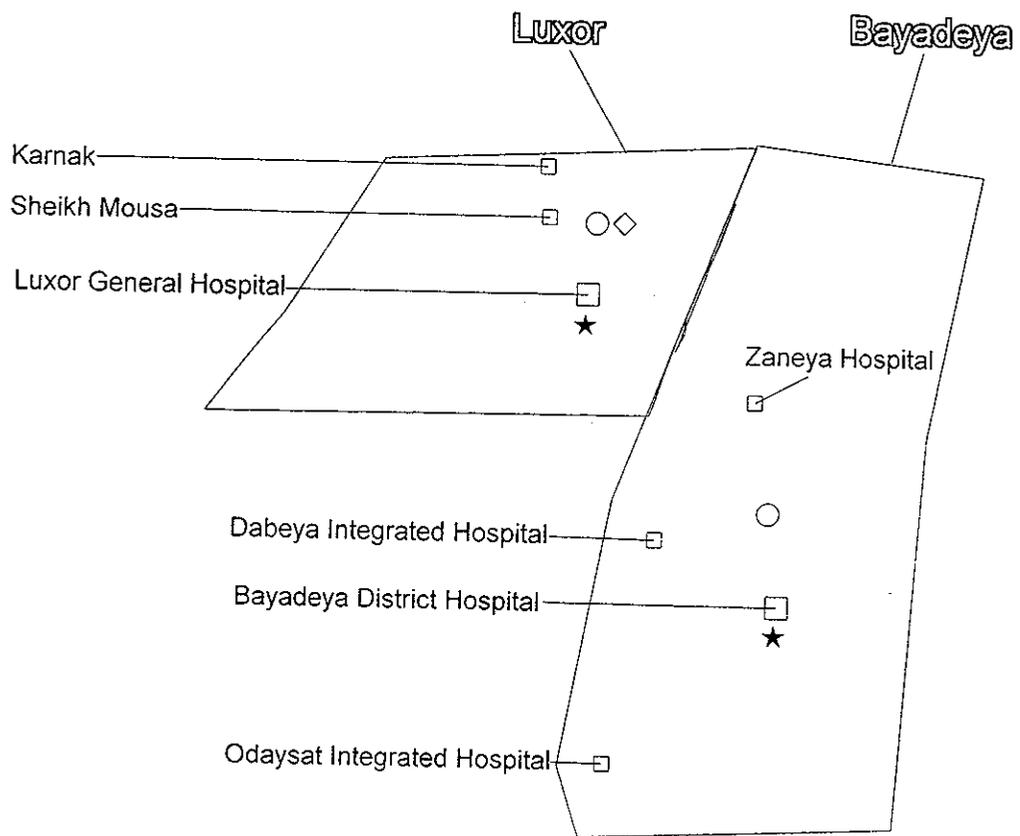
FAYOUM



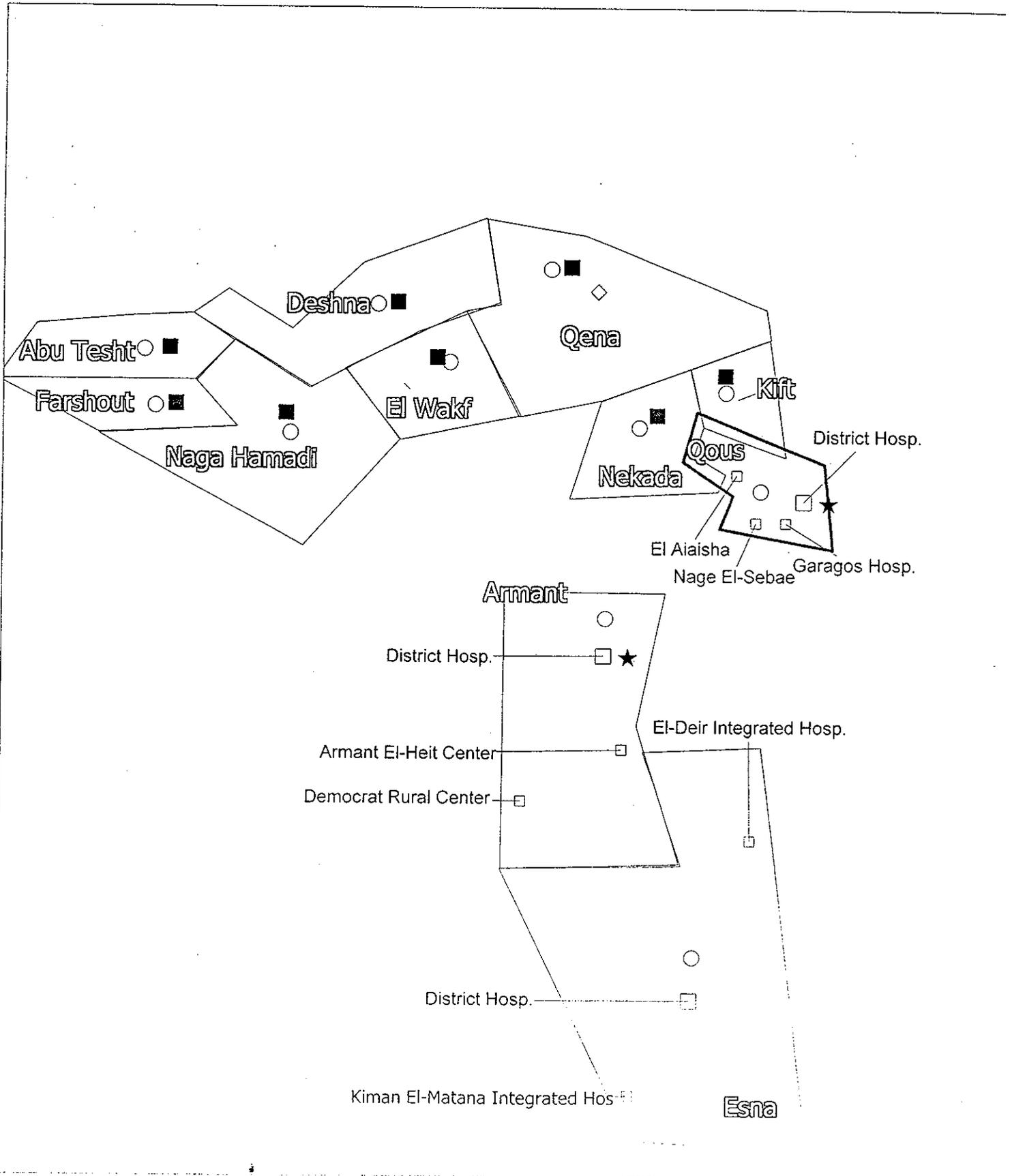
ASWAN



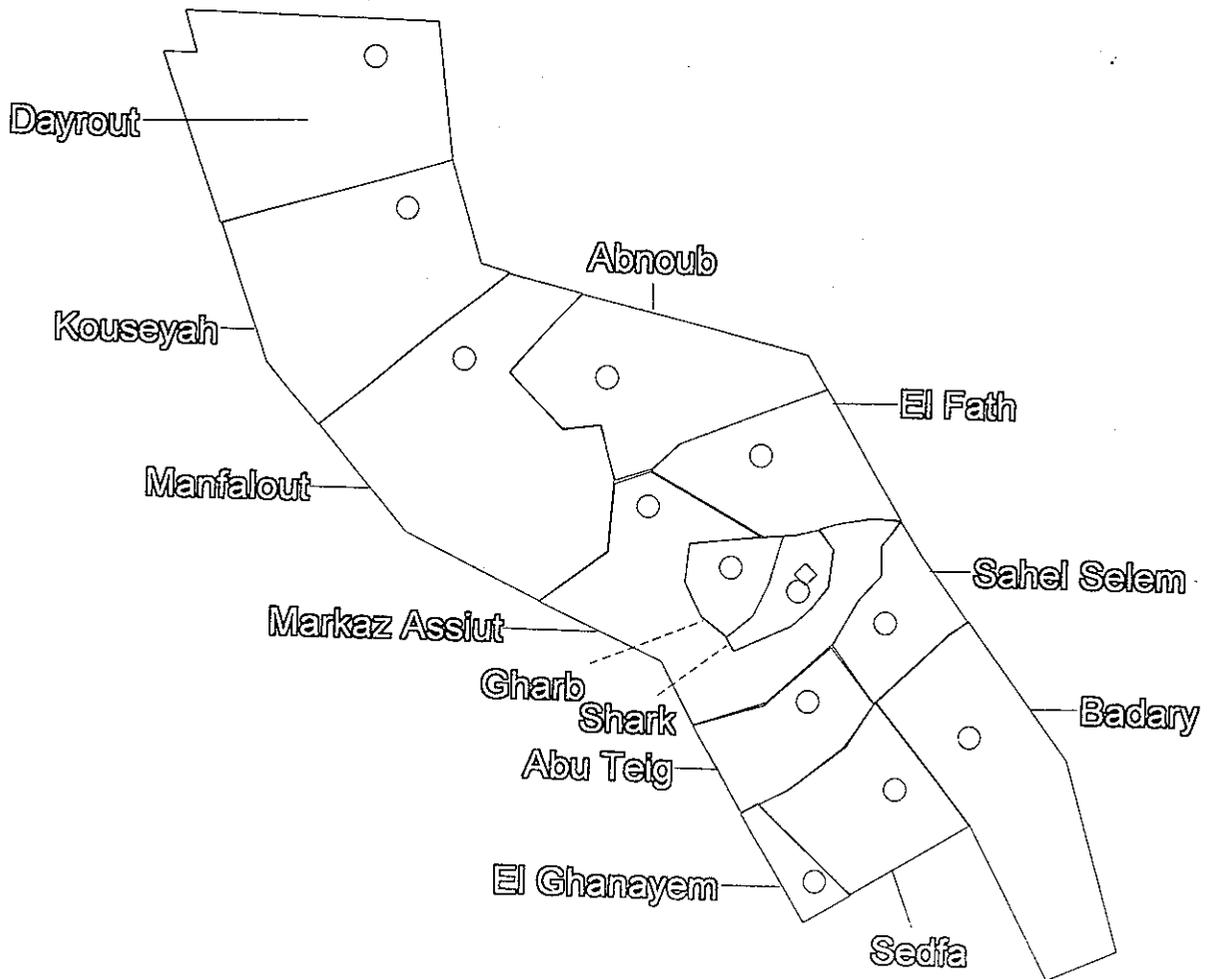
LUXOR



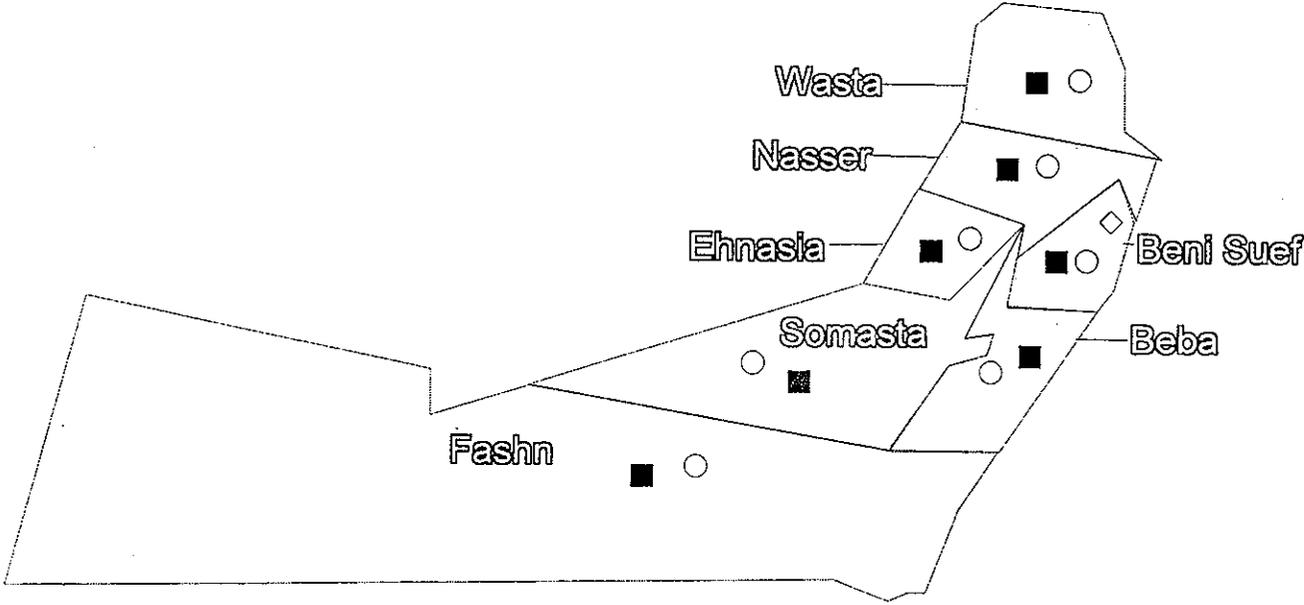
QENA



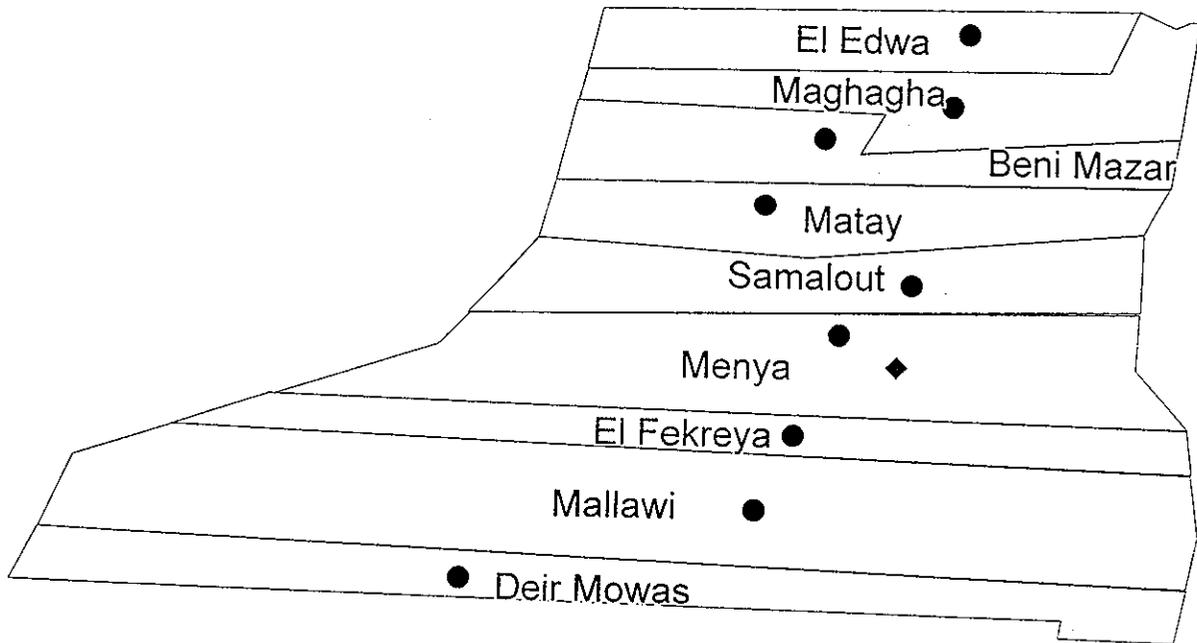
ASSIUT



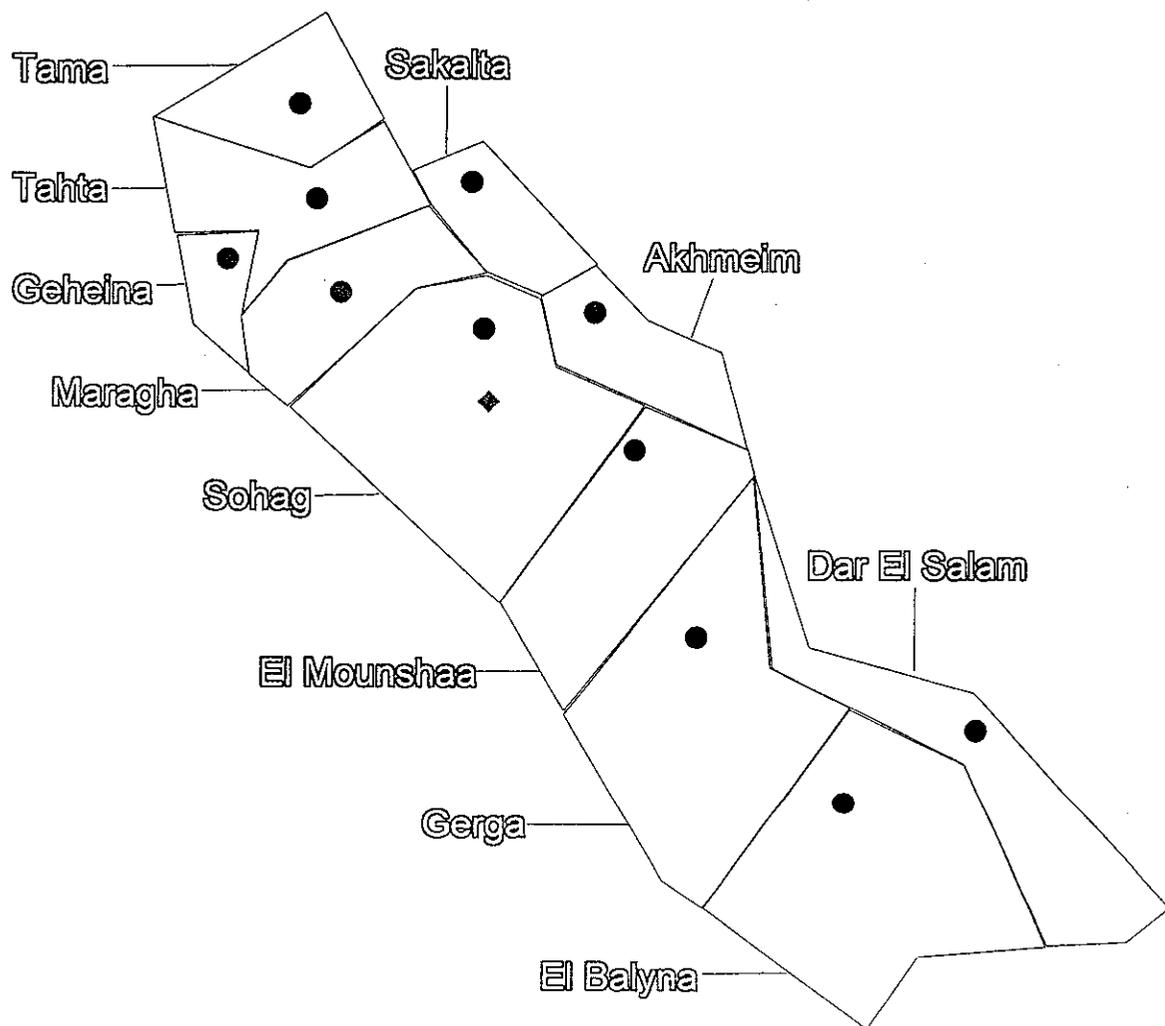
BENI SUEF



MENYA



Sohag



Contract Section C.4. Quality of Essential Maternal, Perinatal and Child Health Services Improved (Result 5.1.1)

TASK ONE

Basic Package of Essential Services Established and Standards Defined

Accomplishments

Activity 1.1 Finalize the Maternal Child Health (MCH) component of the Basic Benefits Package (BBP)

1.1.1 Quarterly meetings with the consensus group were held to review the BBP:

- ◆ On June 11, 2000, members of the JSI team met with counterparts at the HM/HC Project to review training interventions. The USAID CTO and a USAID Program Officer were actively involved in this meeting. All JSI and HM/HC Training Interventions and Human Resource Development Projections for the five target governorates in Upper Egypt were documented.
- ◆ Also during the above meeting the MCH BBP was reviewed and consensus reached. Based on the approval of the PHC Undersecretary and HM/HC Executive Director, the presentation on the BBP was revised. The description of the MCH BBP is being published in English and Arabic. These materials will be distributed to all CEOC and BEOC anchor facilities in the form of pamphlets and posters early next quarter.
- ◆ The following are other Task One activities related to training materials development, field-testing and publication:
 - ◇ A final technical review of the EOC Protocols for Physicians (reference manual) is being conducted by the head of the Ob/Gyn Department, School of Medicine, George Washington University (collaborating institution) and an editorial review is being completed by the Publications Coordinator.
 - ◇ Ten EOC flow charts, which are based on the EOC protocols are under development. It has been decided that a narrative description needs to be added explaining the steps in each flow chart. Technical adjustments in the content may be required next quarter based on the finalized protocols. The appropriate format for the EOC flow charts, i.e., “pocket-size” booklet, desk-size flip and/or a wall poster still needs to be decided upon with the Publications Team.
 - ◇ In collaboration with Task Two, and medical faculty from five universities, the technical review of the ten clinical EOC CBT modules was completed. These ten modules and the module on Infection Control are currently undergoing an educational review in preparation for publication. These modules are being used for both Task One and Task Two training interventions. Of the remaining four EOC modules:
 - Ethics and Practices of Obstetrics are in the process of undergoing technical revision.
 - Interpersonal Communication and Counseling is being revised by the Task Eight team to incorporate the latest IEC materials.
 - The module on Maternal Mortality is being up-dated by a consultant from the London School of Hygiene and Tropical Medicine (collaborating institution).

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- The module on the Health Information System is in the process of being reviewed by a working group to assure that the content reflects the new forms, registers and reporting instruments that have evolved since the beginning of the project.
- Finalization of all 15 EOC CBT modules and companion resource materials is scheduled for next quarter.
- ◇ The Task One Manager worked in close collaboration with the Task Six team in the development of 22 clinical protocols and 20 CBT modules for use in training Neonatal Unit Teams.
- ◇ Supervisory monitoring instruments, 'Medical Record Audit Booklet' and 'Case Presentation Booklet', were updated by the Task One Manager and are in the field-testing stage. These two booklets may be combined into one document.
- ◇ The 'Physicians Training Booklet (Passport), EOC Competence and Mastery' used to document EOC skill competence and mastery was simplified and approved by the Master Trainers and clinical supervisors. The monitoring tool was finalized and is ready for publication and distribution. The process was initiated for developing similar supervisory monitoring instruments for Essential Obstetric Anesthesia Care (EOAC), Operating Room and Central Supply and Sterilization Department (OR/CSSD), Essential Obstetric Nursing Care (EONC), Essential Neonatal Care (ENC), and for use by Neonatal Unit Teams.
- ◇ The EOC Site Visit Booklet, a supervisory monitoring instrument containing all of the EOC skill checklists, was reviewed. Based on utilization experience by Master Trainers and clinical supervisors the format of the booklet may be revised to include only the "key indicators" of skill performance during the next quarter. The process for developing similar instruments for monitoring the performance of other categories of service providers, i.e., anesthesiologists, nurses and Neonatal Unit Teams was initiated this quarter.
- ◇ The EOC and neonatal clinical component of the Quality Assurance Service Standards and Monitoring Checklist were revised in collaboration with the Task Three team and clinical supervisors based on the outcomes of a technical meeting in Aswan April 20-22.
- ◇ Work continued on the development and field-testing of Essential Obstetric Anesthesia Care (EOAC) technical materials (anesthetic sheet, anesthesia booklet, data record for anesthetic files, data records for staff, anesthesia machine checklist, anaphylaxis protocol, manual for CPR) and CBT Module. These materials are scheduled for completion early in the next quarter.
- ◇ The Operating Room and Central Sterilization and Supply Department (OR/CSSD) consultant continued to develop and field-test technical materials (protocol, checklist, manual, service standards, equipment and supply list). These materials are also scheduled for completion early in the next quarter.
- ◇ The package of Essential Obstetric Nursing Care (EONC) and Counseling Skills (IPC) training materials addressing infection control, interpersonal communication, normal delivery, use of the partogram to monitor normal delivery, normal delivery and how to recognize and refer complications of delivery was updated this quarter.
- ◇ The Nurse Midwifery package, consisting of a syllabus, curriculum, procedure book, skill checklists and monitoring system, was revised and forwarded to the Executive Director of HM/HC for review and approval. The text graphics have to be finalized once the package is approved.

- ◇ An Emergency Services Consultant was recruited. The consultant began to develop the Quality Assurance Service Standards, a competency-based job analysis and job descriptions, CBT module and resources materials for training emergency services teams.
- ◇ The CBT module for Strengthening Universal Precautions and Practices in District Hospitals was drafted and is ready for an in-depth technical review.

Activity 1.2 Implement HM/HC Package of Essential Services in 10 Districts

The March 15, 2000 Milestone Number Eight titled “Lead Trainers trained and Package of Essential Services Implemented in Ten Districts” was not met due to circumstances outside of JSI’s manageable interest. In a letter received from the PHC Undersecretary and HM/HC Executive Director, it was noted that “... renovation of anchor facilities ... shall be postponed due to the fact that the estimated cost for planned renovation is exceeding the remaining funds of the current budget. ... therefore the invitation of contractors to place their bids shall be re-scheduled..”. As a result a request for rescheduling this milestone to November 15, 2000 was submitted to USAID for approval.

1.2.1 Stages 1-4: Selection of Anchor Facilities in Aswan and Luxor:

- ◆ Aswan Governorate: Five Districts:
 - ◇ Aswan District (five facilities): Aswan Teaching Hospital plus four anchor facilities are all providing services.
 - ◇ Daraw District (four facilities): Daraw District Hospital plus three anchor facilities are all providing services.
 - ◇ Edfu District (five facilities): Edfu District Hospital plus four anchor facilities are all providing services. Benban Rural Hospital needs minor renovation.
 - ◇ Kom-Ombo District (three facilities): Kom-Ombo District Hospital plus two anchor facilities are all providing services except for El-Manshiya Rural Hospital which is in need of minor renovation.
 - ◇ Nasr District (two facilities): Nasr District Hospital plus one anchor facility. For Nasr District Hospital, the facility assessment and selection of interim space for EOC services were completed. The anchor facility is providing services.
- ◆ Luxor Governorate: Two Districts:
 - ◇ Luxor City (three facilities): Luxor General Hospital is providing services. The assessment and training have been completed. Of the two anchor facilities, one is providing services and the other is waiting until equipment and supplies arrive from MOHP. As the required equipment has not been received date from the MOHP, JSI is planning to provide the needed equipment early next quarter.
 - ◇ Bayadeya District (four facilities): Bayadeya District Hospital plus three anchor facilities are all providing services.

Stages 1-2: Selection of Anchor Facilities in Qena, Beni Suef and Fayoum:

- ◆ Qena Governorate: Eleven district-level Anchor Facilities have been selected and the facility assessment completed in Qena Governorate. Selection of interim space for EOC and Essential Neonatal Care (ENC) services completed in the six district hospitals.
- ◆ South Qena:
 - ◇ Esna District (three facilities): Esna District hospital plus two anchor facilities. One facility (El Deir) will be demolished and a new one constructed by the MOHP.
 - ◇ Armant District (three facilities): Armant District hospital plus two anchor facilities.
 - ◇ Qous District (four facilities): Qous District hospital plus three anchor facilities.

In all facilities the assessment was completed. Renovations and procurement of equipment and supplies was in process during this quarter. Most of furniture and equipment has been received and distributed to the three Districts Hospitals, as well as the anchor facilities.
- ◆ Middle Qena:
 - ◇ Qena District (eight facilities): Qena General Hospital plus seven anchor facilities.
 - ◇ Deshna District (three facilities): Deshna District Hospital plus two anchor facilities.
 - ◇ Nekada District (two facilities): Nekada District Hospital plus one anchor facility.

In all of the facilities, the assessment is completed. The blueprints and layouts are completed. Interim space has been allocated. The ordering of equipment and supplies is in process.
- ◆ Beni Suef Governorate: Seven district-level Anchor Facilities have been selected and the facility assessment completed in Beni Suef Governorate. Selection of interim space for EOC services was completed in the seven district hospitals.
 - ◇ Beni Suef District (three facilities): Beni Suef General Hospital plus two anchor facilities.
 - ◇ Ehnasia District (three facilities): Ehnasia District hospital plus two anchor facilities.
 - ◇ El-Wasta District (three facilities): El-Wasta District hospital plus two anchor facilities.

In all of the facilities, the assessment is completed. The blueprints and layouts are completed. Interim space has been allocated. The ordering of equipment and supplies is in process.
- ◆ Fayoum Governorate: Five district-level Anchor Facilities have been selected and the facility assessment completed in Fayoum Governorate.
 - ◇ Fayoum Urban District (three facilities): Fayoum General Hospital plus two anchor facilities.
 - ◇ Fayoum Rural District (four facilities).
 - ◇ Etsa District (five facilities): Etsa District Hospital plus four anchor facilities.
 - ◇ Ibshway District (six facilities): Ibshway District Hospital plus five anchor facilities.

In all of the facilities, the assessment is completed. The blueprints and layouts are completed. Interim space has been allocated. The ordering of equipment and supplies is in process.
- ◆ The Task One Implementation Specialist developed a District Profile File for the first ten districts. Each file contains the facility name and type, maps, assessment results (selection criteria, catchment area, services provided, utilization and staff profile), renovation completed or required, equipment and supplies ordered, district profile and district plan. All District Profile Files were distributed to the respective JSI Field Offices.
- ◆ In collaboration with Task Three, the Task One Implementation Specialist co-facilitated the development, organization and training of the Facility Management Teams in the three districts of Qous, Bayadeya and Edfu to improve management practices.

1.2.3 Stage 5: Training of Trainers (TOT) for District-level Trainers/Supervisors:

- ◆ Thirty-four (34) District-level Lead Trainers/Supervisors have been trained in CBT methodology skills. No TOT in was conducted during this quarter since new Lead Trainers/Supervisors are still completing EOC skill training. The TOT workshop to develop CBT methodology skills in the next batch of Lead Trainers/Supervisors is scheduled in Fayoum for mid-August. In collaboration with Task Two, a TOT in CBT methodology was conducted for:
 - ◇ The High Institute of Nursing, Cairo University in April,
 - ◇ The Ob/Gyn and Pediatric Department faculty at Mansoura University in April,
 - ◇ The Ob/Gyn Department faculties at Cairo and El Azhar University in May, and
 - ◇ The Ob/Gyn Department faculty at Mansoura University in June.
- ◆ Clinical Supervisors continued their bimonthly site visits to support Lead Trainers/Supervisors and to assess the performance, as well as, to provide on-the-job-training (OJT) to EOC Ob/Gyn service providers, anesthesiologists, Ob/Gyn and OR/CSSD nurses in Aswan, Luxor, Qena (South) and Fayoum Governorates. Supervisory visits were integrated. A representative from the Curative Department, MOHP accompanied the supervisors and participated in the monthly meeting of all clinical supervisors, trainers and MCH Specialists from the JSI Field Offices. The Clinical Supervisors' Trip Report Form was simplified and adapted for each category of service provider being supervised. A format for summarizing all site visits per facility was developed.

1.2.4 Stage 6: Quality assurance and service standards training for Governorate and District Management Teams:

- ◆ Training in quality assurance and service standards for Governorate and District Management Teams (GMTs and DMTs) was conducted in Qena (middle) and Beni Suef under Task Three's management this quarter.
- ◆ The establishment of Facility Management Teams (FMTs) was also implemented in Aswan, Luxor and Qena (south) Governorates as a joint Task One and Three activity.

1.2.5 Stage 7: Train Service Providers

1.2.5.1 Training of EOC (OB/Gyn) Service Providers

- ◆ The process of assigning one Master Trainer to each Governorate to plan, coordinate and oversee clinical and nursing training interventions and supervisory activities which was initiated last quarter continued to work well into this quarter. This facilitated continuity in follow-up activities.
- ◆ As of the end of this quarter 205 Ob/Gyn service providers have been trained in Essential Obstetric Care (EOC) Skills. Of this group, 34 have reached a level of skill 'competence' and 24 have reached a level of skill 'mastery' as assessed by their clinical supervisor. Of the latter group, 21 are District-level Lead Trainers/Supervisors. Of the remainder, all are progressing towards demonstrating 'competence' and 'mastery' in all EOC skills.

- ◆ An EOC Orientation Workshop for Senior Ob/Gyn Specialists was conducted in Fayoum Governorate May 2-4. These participants decided to also participate in the 12 day EOC Workshop for Service Providers.
- ◆ The first in a series of EOC Workshop for Service Providers in Fayoum Governorate was conducted May 13-24. The Task Two Private Sector Ob/Gyn Specialist also co-facilitated this workshop since private sector physicians attended.
- ◆ In May, two EOC trainers/clinical supervisors attended a workshop on “Improving Performance in Safe Motherhood” in Washington, D.C. The primary objective of their participation was to identify viable options for improving the attitudes, behavior and practices of service providers within the Egyptian cultural context. In addition, they met with GWU Ob/Gyn faculty (collaborative institution) to review the potential of adapting a computerized recording system to Egypt, for which there is practical potential using the existing Patient Admission and Discharge Log Books. They had a follow-up meeting with CHANGE Project consultants whom they had previously worked with during the initial assessment of Ob/Gyn attitudes, behavior and practices of service providers. They then facilitated and participated in a follow-up visit of CHANGE Project consultants to study physicians’ attitudes, behaviors and practices in Upper Egypt during June.

1.2.5.2 Training of service providers (nurses) in infection control (IC) and interpersonal communications (IPC) skills

- ◆ By the end of this quarter a total of 91 nurses had received OJT in IC and IPC skills.
- ◆ The process of recruitment for two additional nursing consultants was initiated.

1.2.5.3 Training nurses for midwifery skills

- ◆ Revision of the materials for training nurses in midwifery skills continued. The Nurse Midwifery Package of Training Materials was revised and forwarded to the Executive Director of HM/HC for review and approval.
- ◆ No training of nurses in midwifery skill was conducted this quarter. Nurses were previously trained in these skills in Aswan and Luxor Governorates. Training of nurses in midwifery skills is planned for Qena and Beni Suef Governorates.

1.2.5.4 Training nurses in Operating Room, Central Supply and Sterilization Department (CSSD) skills

- ◆ On-the-job-training (OJT) and supervision for nurses in OR/CSSD skills continued. By the end of this quarter 73 nurses have received training in these skills. This training will continue next quarter, as will follow-up supervisory visits.
- ◆ The process of recruiting two additional OR/CSSD trainers/supervisors was initiated.

1.2.5.5 Training in anesthesia skills

- ◆ Sixty-five anesthesiologists have received training in Essential Obstetric Anesthesia Care (EOAC) skills by the end of this quarter. This training will continue next quarter, as will follow-up supervisory visits. Tandem visits with EOC clinical and nursing supervisors have been particularly effective.
- ◆ The anesthesia consultants also contributed to the technical review of the clinical EOC CBT modules as well as the development of anesthesia specific materials.

1.2.5.6 Integrated (coordinated) training program for service providers

- ◆ These training activities continued to be managed by the HM/HC Project staff. The numbers trained to date in MCH and PHC skills by the HM/HC Project in the five Upper Egypt target governorates were documented. The total trained to date in MCH and PHC skills is 716.

1.2.5.7 Governorate, District and Facility Infection Control Committees

- ◆ In May the Plan for Implementation of Infection Control Program and Organizational Structure was developed by infection control consultants. The Curative Care Department, MOHP, approved the request to establish Infection Control Committees at the governorate and district levels.
- ◆ Governorate Infection Control Committees were established in Aswan, Luxor and Qena Governorates.
- ◆ Hospital Infection Control Committees were established in Qous, Edfu and Bayadeya District Hospitals. The orientation of these teams, development of an action plan for strengthening universal precautions and practices in district hospitals and the training of facility specific Infection Control Teams is scheduled for early next quarter.

1.2.6 Stage 8: Plan Implementation in Districts

- ◆ Governorate and District-Level Management Training as well as Quality Assurance Training was completed in Qena (middle) and Beni Suef.
- ◆ Monthly self-assessment by Anchor Facility staff in Aswan, Luxor and (south) Qena Governorates is taking place in approximately 80% of the facilities.
- ◆ Quarterly monitoring and evaluation visits by District Management Teams to Anchor Facilities in Aswan, Luxor and Qena (south) Governorates is taking place approximately 90% of the time.
- ◆ Monitoring and evaluation visits by Governorate Management Teams to Anchor Facilities in Aswan, Luxor and Qena (south) Governorates continued this quarter.

Activity 1.3 Establishment and Strengthening of a Referral System for the HM/HC Package

- 1.3.1 The integration and strengthening of the current referral system within the MOHP has been incorporated into the Facility Management Guidelines by the Task Three team. The training of Facility Management Teams was initiated in Qous, Edfu and Bayadeya Districts.

Other Related Activities

- ◆ The “Clinical Supervisor’s Trip Report Manual” was developed. This manual contains all relevant documents needed by the supervisor and is periodically updated. Copies of this manual were distributed to the supervisors and the MCH Specialists at each JSI Field Office.
- ◆ The “Overview: Task One and Competency-Based Training (CBT)” was updated by the Task One Manager and distributed to the Task One and Three Managers for use during TOT Workshops. The resources for the two-volume manual for TOT in Competency-based Training (CBT) Methodology were also updated.
- ◆ The EOC Workshop Calendar (though January 2001) was updated.

- ◆ The monthly meeting for Clinical Supervisors and Master Trainers, JSI Field Office MCH Specialists and all training consultants continued as scheduled. The need for supervisors to leave a draft copy of the Supervisor's Trip Report with the MCH Specialist at the end of each visit was emphasized. It is also recommended that the supervisors meet and brief the Facility Management Team (FMT) and the MCH Specialist at the end of each visit. The supervisors should meet and brief the District Management Team (DMTs) once a month. The meetings with the DMTs will be coordinated through JSI Field Office Management Specialist and/or MCH Specialist.
- ◆ A strategy for scheduling house officer (intern) and residency training was drafted with the Task Two Manager and approved by medical faculty.
- ◆ Clinical supervisor and the JSI Field Office MCH Specialists attended monthly National Maternal Mortality Study (NMMS) and Local Advisory Group (LAG) meetings. They then immediately use the information that came out of these meetings to take corrective action instead of waiting until the end of the NMMS.
- ◆ Dr. Reginald Gipson and staff met with Dr. Frank Mahoney and his team to discuss the possibilities of collaboration to combat the spread of blood born infection which leads to very high incidence of Hepatitis C infection in Egypt. Dr. Mahoney's team have developed protocols for "Safe injection Practices" and they are interested in piloting these protocols. Dr. Gipson agreed to pilot those protocols in some facilities at two districts of Qous (Qena) and Bayadeya (Luxor). In addition, materials developed by JSI are being shared with Dr. Mahoney and his team and their feedback was requested. These include IC policies and procedure manual, EOC IC Modules for physicians and nurses, Assessment Report on Infection Control Practices in the Target Facilities, and organization structure of the IC committees at target governorates.

Constraints

- ◆ Two additional nursing consultants in Operating Room and CSSD skills need to be recruited.
- ◆ Two additional nursing consultants in Essential Obstetric Nursing Care (EONC) skills need to be recruited.
- ◆ The need to train Emergency Services Teams was identified.
- ◆ The need to strengthen universal precautions and practices in district hospitals and anchor facilities was identified.
- ◆ Renovation of anchor facilities in districts 6-10 is behind schedule due to constraints beyond JSI's manageable interest.

Proposed Actions to Overcome Constraints

- ◆ The recruitment process for two additional nursing consultants in operating room and CSSD skills was initiated.
- ◆ The recruitment process for two EONC Consultants was initiated.
- ◆ An emergency room consultant was recruited. The process of developing the Quality Assurance Service Standards, a competency-based job analysis and job descriptions, CBT module and resources materials for training emergency room teams was started.
- ◆ A consultant is being recruited to complete a technical review of the draft CBT module on "Strengthening Universal Precautions and Practices in District Hospitals" (and anchor facilities).
- ◆ Rescheduling of the Task One Milestone from March 15, 2000 to November 15, 2000 was requested of USAID due to delays in renovation of facilities which is outside of JSI's manageable interest.

ID	Activity	Resp.	% Complete	1999												2000												2001											
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S					
1	1 TASK ONE: Basic ES package of essential services established and standards defined		55%	[Progress bar from start of 1999 to mid-2000]																																			
2	1.1 Activity 2: Finalize HM/HC Package of Essential Services consensus meeting		100%	[Progress bar from mid-2000 to end of 2000]																																			
3	1.1.1 Quarterly meetings with the consensus group to review and follow up PES		100%	[Progress bar from mid-2000 to end of 2000]																																			
4	1.1.1.1 Quarterly meetings with the consensus group to review and follow up PES 1		100%	[Progress bar from mid-2000 to end of 2000]																																			
5	1.1.1.2 Quarterly meetings with the consensus group to review and follow up PES 2		100%	[Progress bar from mid-2000 to end of 2000]																																			
6	1.1.1.3 Quarterly meetings with the consensus group to review and follow up PES 3		100%	[Progress bar from mid-2000 to end of 2000]																																			
7	1.1.1.4 Quarterly meetings with the consensus group to review and follow up PES 4		100%	[Progress bar from mid-2000 to end of 2000]																																			
8	1.1.1.5 Benchmark: Four follow-up HM/HC PES Consensus Committee meetings held on a quarterly basis and PES implementation reviewed by March 15, 2000		100%	[Star icon at 2/15]																																			
9	1.2 Activity 3: Implement HM/HC Package of Essential Services in 10 Districts		69%	[Progress bar from start of 2000 to mid-2001]																																			
10	1.2.1 Luxor and Aswan: Districts 1-7		94%	[Progress bar from start of 2000 to mid-2001]																																			
11	1.2.1.1 Stage 2: Rapid Assessment of Clinics and hospitals to determine level of compliance with standards	AH	100%	[Vertical bar in mid-2000]																																			
12	1.2.1.2 Benchmark: Rapid assessment of clinics and hospitals complete		100%	[Star icon at 8/27]																																			
13	1.2.1.3 Stage 3: Develop work plan to bring anchor demonstration clinics/hospitals into Compliance with standards	AH	100%	[Vertical bar in mid-2000]																																			
14	1.2.1.4 Benchmark: Workplan developed to bring Clinics and hospitals into compliance with HM/HC standards		100%	[Star icon at 9/10]																																			
15	1.2.1.5 Stage 4: Action taken to ensure that facilities meet basic HM/HC quality standards	AH	100%	[Vertical bar in mid-2000]																																			
16	1.2.1.6 Benchmark: Actions taken to ensure five facilities are in compliance with PES standards		100%	[Star icon at 12/1]																																			
17	1.2.1.7 Stage 5: TOT for district-level Trainers/Supervisors in Districts 1-5		100%	[Progress bar from mid-2000 to mid-2001]																																			
18	1.2.1.7.1 EOC Training of Trainers		100%	[Progress bar from mid-2000 to mid-2001]																																			
19	1.2.1.7.1.1 Preparation for TOT workshop	TC	100%	[Vertical bar in mid-2000]																																			
20	1.2.1.7.1.2 EOC TOT of district level trainers (group 1)	TC	100%	[Vertical bar in mid-2000]																																			
21	1.2.1.7.1.3 EOC TOT of district level trainers (group 2)	TC	100%	[Vertical bar in mid-2000]																																			
22	1.2.1.7.1.4 Train service providers group by new trainers as a microteaching exercise on EOC	TC	100%	[Vertical bar in mid-2000]																																			
23	1.2.1.7.2 TOT for physicians and nurses for Midwifery Program		100%	[Progress bar from mid-2000 to mid-2001]																																			
24	1.2.1.7.2.1 Preparation for TOT workshops	TC	100%	[Vertical bar in mid-2000]																																			
25	1.2.1.7.2.2 Conduct TOT workshop in Aswan Governorate	TC	100%	[Vertical bar in mid-2000]																																			
26	1.2.1.7.2.3 Conduct TOT workshop in Luxor Governorate	TC	100%	[Vertical bar in mid-2000]																																			
27	1.2.1.8 Stage 6: Quality assurance and service standards training for Governorate and District Management Teams in Districts 1-5		100%	[Progress bar from mid-2000 to mid-2001]																																			
28	1.2.1.8.1 Preparation meeting for training course	AH	100%	[Vertical bar in mid-2000]																																			
29	1.2.1.8.2 Training course I for Management Teams (Aswan)	AH	100%	[Vertical bar in mid-2000]																																			

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TASK TWO

Training in Standards Included in Medical and Nursing Curricula plus Clinical Practice and Pre/In-service Training System Designed to Disseminate Standards to Public and Private Practice

Accomplishments

Activity 2.1 Medical School Training: Revision of Medical School Curricula and Upgrade of Faculty Training Skills to Incorporate HM/HC Basic Benefits Package (BBP)

- ◆ During this quarter Task Two, in coordination with Task One and six Master Trainers, conducted Training of Trainers (TOT) workshops for the Training Committees in Cairo, Alexandria, Al-Azhar and Mansoura Medical Schools in both Ob/Gyn and Neonatology Departments.
- ◆ During May, the TOT was conducted for Cairo and Al-Azhar Ob/Gyn Departments during May 17-19 and 24-26. For Alexandria Medical School, the Ob/Gyn and Neonatal participants were divided into two groups: the first group was trained during May 20-22 and 27-29. The second group of Alexandria Medical School was trained during June 3-5 and 10-12. The Mansoura Ob/Gyn participants were trained from June 19-21 and 25-27. Detailed reports about these training courses are available.
- ◆ During this quarter, six training classrooms inside the Ob/Gyn and Neonatology Departments in Cairo, Alexandria and Assuit Medical Schools were established.
- ◆ The training rooms were selected by Heads of Departments with JSI. Renovations were completed by the Departments. The room was equipped by JSI with:
 - ◇ Tables and chairs for the participants
 - ◇ File cabinet
 - ◇ Book shelf for training materials
 - ◇ One set (five units) of Obstetric or Neonatal Models for clinical practices
 - ◇ Audio/visual equipment
 - ◇ Overhead projector with screen
 - ◇ Flip chart stand
 - ◇ TV/Video recorder
 - ◇ Two desk computers and one printerSome of these training rooms were supplied with air conditioners.
- ◆ A three-day workshop was organized during this quarter for preparation of a training package for Obstetric Departments in Medical Schools. Training modules and A/V materials used in these sessions were revised. A report on this workshop is available.
- ◆ JSI sent a letter at the end of June to three Medical Schools to ensure the implementation of the first training course for House Officers and Residents.
- ◆ Task Two Manager met with the Dean of Menya Medical School and the Heads of Departments for both the Ob/Gyn and Neonatology Programs to discuss the signing of the Memorandum of Cooperation. Agreement was reached on the willingness to sign the Memorandum of Cooperation.

- ◆ During this quarter JSI sponsored sessions in the Fifth International Congress of Ob/Gyn Faculty of Medicine at Ain Shams University from April 18-20, 2000 and the Second Annual International Conference of the Ob/Gyn Department of Al-Azhar University from May 11-12, 2000.
- ◆ Task Two prepared and facilitated a visit for two Ob/Gyn Consultants, one from GWU, Professor Suzan Bathgate, Associate Professor of Maternal Fetal Medicine, and Professor Grant Patten from University of North Carolina to participate in the Second Annual International Conference of Al-Azhar Medical School. The Consultants participated by delivering four presentations related to high risk pregnancy and relevant topics. Professor Suzan Bathgate also visited Mansoura Medical School to conduct a seminar followed by general discussion on scientific topics from the EOC Protocols developed by JSI. She also participated in an EOC workshop in Fayoum Governorate held by Task One.
- ◆ Task Two facilitated the monthly meeting of the Central Committee of Infection Control (CCIC). A full report on the Manual of Infection Control and the activities of this Committee is available.
- ◆ During this quarter, Task Two and Task Six facilitated workshops in April and May for module development.
- ◆ Coordination Meetings:
 - ◇ The Task Two Manager attended the Final Workshop of Wellstart in Aswan.
 - ◇ The Task Two Manager attended the Pathfinder Workshop for Medical School Education from June 28-30.

Activity 2.2 Nursing School Training: Revision of Nursing School Curricula and Upgrade of Faculty Training Skills to Incorporate HM/HC BBP

- ◆ During this quarter, the Task Two Manager and the JSI Consultant for Nursing Curricula Development, in coordination with the Curriculum Development Committee for both faculties of Nursing in Cairo and Alexandria, finalized the list of nursing school protocols. Final editing is in process. A series of CBT Modules were also developed by specialty groups from the two institutions.
- ◆ Coordinate activities and approved the CBT modules to include the proposed training agenda and time frame.
- ◆ Pilot testing the competency-based training modules is planned to be in July 2000.
- ◆ The first group to be trained will be the junior faculty members to use the protocol and CBT Modules.
- ◆ Final revision and production of Nursing Protocols and CBT Modules will be during August 2000. Distribution of protocols and CBT Modules will follow during the quarter.
- ◆ The Central Committee for curriculum for Secondary Nursing Schools in Upper Egypt finished the revision of the already existing curriculum put the tasks and competencies needed to strengthen the curriculum. Course outlines are finished for all topics. The content of each topic is in the process of being written.
- ◆ Training of Nursing School faculty on the CBT modules will begin next quarter.

Activity 2.3 In-Service Clinical Training

- ◆ This activity is covered under Task One. Task Two facilitated scientific seminars in Mansoura and Fayoum for MOHP physician on topics related to high-risk pregnancy.

Activity 2.4 Training beyond the MOHP (Private Sector)

- ◆ *MIS:*

- ◇ Contact information is being gathered for private sector providers in all five-target governorates. This is accomplished with the assistance of local Syndicates, Private Sector MOHP departments and pharmacy inspection departments.
- ◆ *Training:*
 - ◇ Training courses have been held for private sector Ob/Gyn specialists and private pharmacists.
 - ◇ Two training courses for private obstetricians in Fayoum were held during the quarter. Twenty-six participants attended.
 - ◇ Three training seminars for private pharmacists were conducted in Fayoum, with a total number of 96 pharmacists attending.
 - ◇ An implementation plan for training courses for private sector Ob/Gyn and pharmacist seminars for the period between August - October 2000 was developed.
- ◆ *Research:*
 - ◇ Analysis of data collected from the field on behaviors of private physicians continued.
- ◆ *Quality Assurance:*
 - ◇ Quality Assurance Standards and Checklists used in the public sector were adapted and used during the training courses for private physicians.
- ◆ *Credit Guarantee Company (CGC):*
 - ◇ Two training sessions were conducted with CGC staff in Fayoum for private physicians.
 - ◇ Three training sessions were conducted with CGC staff in Fayoum for private pharmacists.
 - ◇ Coordination activities continued with CGC to share information about field activities.
- ◆ *IEC:*
 - ◇ Meetings were held with Task Eight to discuss the amounts and proposed distribution of IEC materials to be produced for private providers in the target governorates.
- ◆ *Networking:*
 - ◇ Meetings with the Egyptian Medical Syndicate and the Egyptian Pharmacists Syndicate were held to discuss ways of cooperation.
 - ◇ Both Syndicates decided to consider HM/HC Private Sector Training Courses as part of their Continuing Education Programs and to issue Private Sector Training Program Certificates.
 - ◇ Both Syndicates decided to assist in the distribution of IEC materials to private providers.
 - ◇ Pharmacy Inspection Departments / MOHP were involved in the invitation process for Private Pharmacists.
 - ◇ Coordination at the Directorate-level occurred during training of Private Sector Physicians in Fayoum, Aswan, South Qena and Luxor. Although no coordination meeting were held this quarter with the MOHP Curative Department, several meetings were held previous to the quarter, and more meetings will be held in the next quarter.

Constraints

- ◆ None.

Proposed Actions

- ◆ None.

ID	Activity	Resp.	% Complete	1999												2000												2001																	
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
146	2 TASK TWO: Design of Training System and Inclusion of ES Package/Standards in School Curricula		5%	[Gantt bar from Jan 1999 to Dec 2001]																																									
147	2.1 Activity 1: Revision of med. school curricula & upgrade faculty training skills to incorporate HM/HC Package (see Task 6)		1%	[Gantt bar from Jan 1999 to Dec 2001]																																									
148	2.1.1 Training of faculty members in CBT methodology		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
149	2.1.2 Curricula Development Committee (CDC)		4%	[Gantt bar from Jan 1999 to Dec 2001]																																									
150	2.1.2.1 Conceptualize committee structure		100%	[Task completed in Jan 1999]																																									
151	2.1.2.2 Conceptualize make up of "core" CDC		100%	[Task completed in Jan 1999]																																									
152	2.1.2.3 Benchmark: "Core" CDC conceptualized		100%	[Task completed in Jan 1999]																																									
153	2.1.2.4 conceptualize make up of institutional CDCs		100%	[Task completed in Jan 1999]																																									
154	2.1.2.5 Benchmark: Institutional CDCs conceptualized		100%	[Task completed in Jan 1999]																																									
155	2.1.2.6 Establishment of committee		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
156	2.1.2.7 Gathering of input from department faculty		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
157	2.1.2.8 Finalization HM/HC medical school curricula design		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
158	2.1.2.9 Development of HM/HC medical school curricula implementation plan		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
159	2.1.3 Development of "hands on training" for clinicians		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
160	2.1.3.1 Establishment of "model" clinics in university hospital outpatient clinics		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
161	2.1.3.2 Establishment of training system for OB/GYN interns in the areas of EOC and Neonatal Care		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
162	2.1.4 Improve the pre-service training period		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
163	2.1.4.1 Incorporation of HM/HC package into pre-service training program		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
164	2.1.4.2 Improve attendance records for medical students preparing for medical services in Upper Egypt		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
165	2.1.5 Train high-level faculty members out-of-country in new medical technologies		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
166	2.1.5.1 Identify high-level faculty members		0%	[Task completed in Jan 2001]																																									
167	2.1.5.2 Train high-level faculty members		0%	[Task completed in Jan 2001]																																									
168	2.1.5.3 Newly trained high level faculty members disseminate and utilize new knowledge to in-country trainees		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
169	2.1.6 Sponsorship of periodic conferences topical to the HM/HC Package		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
170	2.1.7 Establishment of HIS in medical schools		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
171	2.1.7.1 Reviewing the present HIS system		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
172	2.1.7.2 Identify HIS faculty members		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
173	2.1.7.3 Train selected HIS faculty members		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									
174	2.1.7.4 Follow-up for HIS and its impact on services		0%	[Gantt bar from Jan 2000 to Dec 2001]																																									

Contract Section C.5. Implementation of Essential Maternal, Perinatal and Child Health Services in Target Governorates (Result 5.1.2)

TASK THREE

Public and Private Providers in Partnership with Communities to Develop and Manage District Plans

Accomplishments

Final selection of the anchor facilities in Fayoum and South Qena Districts was completed during this quarter. Twenty District Management Teams were established and started to meet regularly (first and second phases). The Management/Planning and Quality Assurance training for South Qena District Management Teams were conducted in this quarter. Final Drafts of District Health Plans were developed and are under revision to be submitted to the Governorate Management Teams for approval. Integration of the MCH and District Reproductive Health Plans took place during the development of the district health plans for this year. Also, the district health plans incorporated the results of the Community Needs Assessment done by the CHC. Facility Management Teams were established in all anchor facilities of Edfu, Bayadeya and Qous Districts. Governorate and three District Health Committees in Beni Suef, Ehnasia and El-Wasta (Beni Suef Governorate) were established. Orientation of these teams will take place during the next quarter. Fayoum Governorate and District Health Committees (Fayoum Rural, Etsa and Ibshway Districts) were oriented to the HM/HC Package of Services and to project activities.

Activity 3.1. Community-level Involvement

- ◆ Facility Management Teams (FMT) were established in all the anchor facilities of Edfu, Qous and Bayadeya Districts. Moreover, a filing system was installed in the facilities to enable facility staff to store and retrieve HM/HC related protocols, training manuals, self-assessment forms and similar materials. This system aims at improving the management practices in target facilities. It will be closely monitored over the upcoming three months to define the potential for expansion to all other project facilities.
- ◆ Establishment of Community Health Committees is addressed under Task Seven. Community Needs Assessments were conducted in some catchment areas and the results were incorporated in the district health plans for this year. The results of the Community Needs Assessment that will be done will be discussed by District Management Teams and will be incorporated in the district health plans. The CHC and the Facility Management Teams will meet quarterly to discuss/follow-up the implementation of the plans.

Activity 3.2. District-level Interventions

3.2.1 Development of Guidelines for District Planning and Monitoring

- ◆ This activity was completed in December 1998. Copies of the guidelines are available in each target district to guide the planning and monitoring activities.

3.2.2 Establishment of District Teams and Committees

- ◆ District Management Teams in twenty districts within Aswan, Luxor, Fayoum, Beni Suef and Qena Governorates have been meeting regularly on a monthly basis. During the meetings, the teams reviewed/discussed the activities conducted during the month, the accomplishments and the problems/constraints. Also, teams reviewed MHIS reports and discussed the QA reports to solve the problems of non-compliance with the standards. During this quarter, six new District Management Teams started their meetings, three in Beni Suef Governorate (Beni Suef, Ehnasia and El-Wasta Districts) and three in the Middle Qena Districts (Qena, Deshna and Nekada Districts).
- ◆ Each Management Team maintains a file containing meeting attendance sheets, agendas and meeting minutes.

3.2.3 District Teams/Committees Training

- ◆ The Management/Planning and Quality Assurance Training were completed for three new District Management Teams. The training covered Qena, Deshna and Nekada District Management Teams in Qena Governorate.
- ◆ The three District Health Committees of Fayoum Rural, Etsa, and Ibshway have been established and oriented to HM/HC MCH Package of Services.
- ◆ Three District Health Committees in Beni Suef, Ehnasia and El-Wasta Districts (Beni Suef Governorate) have been established during this quarter and will be oriented to HM/HC MCH Benefits Package next quarter.

3.2.4 District Planning

- ◆ Final Drafts of the HM/HC district plans were completed for twenty districts in Aswan, Luxor, Fayoum, Beni Suef and Qena Governorates and under revision to be submitted to the Governorate Management Teams for approval during the next quarter. Integration of the MCH and District Reproductive Health Plans took place during the development of the district health plans for this year. Also, the district health plans incorporated the results of the Community Needs Assessment done by the CHCs.

3.2.5 District Supervision

- ◆ The District Management Team members routinely visited the facilities using the new vehicles assigned to them for supervision by the HM/HC Project.
- ◆ During the supervision visits, the District Management Team members completed the Quality Assurance checklists. Quality Assurance Monitoring data are being entered on a routine basis in MHIS Centers in Luxor and Aswan, temporarily to test the program. Quarterly quality reports are being produced and submitted to District and Governorate Teams in Aswan, Luxor and South Qena to be used for purposes of supervision and monitoring. Teams review the reports and use them to improve the performance through problem solving methods to deal with problems of non-compliance.
- ◆ During the next quarter, the Quality Assurance Monitoring Program will be installed in all the District Information Centers after finalizing it.

Activity 3.3. Governorate-level Participation

3.3.1 Establishment of Governorate Teams/Committees

- ◆ Management Teams in Aswan, Luxor and Qena Governorates met monthly to monitor the implementation process.
- ◆ During this quarter the Governorate Management Teams of Beni Suef and Fayoum Governorates started to meet regularly.

- ◆ The Fayoum Governorate Health Committee was established during this quarter.

3.3.2 Governorate Team/Committee Training

- ◆ The Beni Suef Governorate and District Health Committees were established during this quarter and will be oriented next quarter.
- ◆ The Fayoum Governorate Health Committee was oriented to the HM/HC MCH Package of Services.

3.3.3 Governorate Participation

- ◆ The Governorate Management Teams of Luxor, Aswan, Qena, and Fayoum met monthly to monitor the implementation of the District plans / activities. In their monthly meetings, they also reviewed the minutes of the District Team meetings to assess performance and provide guidance. During the meetings, Governorate Management Teams also reviewed MHIS reports and discussed the QA reports using the problem-solving methodology to solve the problems of non-compliance with the standards.
- ◆ Qena and Fayoum Governorate Management Teams reviewed / approved the selection of the anchor facilities in the respective districts.

Activity 3.4. National-level Oversight

- ◆ Copies of the meeting minutes of Governorate and District Management Teams are compiled monthly and submitted to the HM/HC JSI Cairo Office for review.
- ◆ The HM/HC Senior Engineer conducted several visits with JSI's Architectural and Engineering Consultant to the five target facilities to make sure that the renovation process is consistent with renovation standards.
- ◆ The HM/HC Training Manager participated in all the management training courses conducted during the quarter.
- ◆ The Director of the Quality Assurance Unit, HM/HC Project, participated in all of the Quality Assurance and Service Standards training courses conducted during the quarter.

Activity 3.5. Establishment of JSI Regional Field Offices

- ◆ The renovation, staffing and equipment of all JSI Field Offices have been completed. The offices are now functioning at full capacity.

Activity 3.6. Other Activities

3.6.1 New Activities (not included in the AWP)

- ◆ The Task Three Manager was selected by the Egyptian Medical Syndicate to be a member of two committees for accreditation of the Private Sector in Egypt.
- ◆ During this quarter, HM/HC RP started to assist MOHP in creating an effective referral system within some target districts. This was done by providing technical assistance to governorate level MOHP staff to establish and/or strengthen effective and timely referral systems both within and between districts. MOHP previously developed "Guidelines for Referral System of Primary Health Care Staff" in 1997. These Guidelines have not been formally implemented. Currently referrals tend to take place more on an ad-hoc fashion and are subject to variation. The HM/HC RP plans to strengthen the aspects of referral that are related to the Basic Benefits Package by implementing a system that can be practically applied in target district and governorates using "Guidelines for Referral System of Primary Health Care Staff". The strategy of implementing the system is:

- ◇ Implement a referral system that can be practically applied in target districts and governorates.
- ◇ Strengthen the aspects of referral that are related to the MCH Package of Services.
- ◇ Use the “Guidelines for Referral System of Primary Health Care Staff” as a reference for implementing the system.
- ◇ Implement the Referral System in one governorate as a pilot test.
- ◇ Implement the Referral System in other governorates and districts after evaluation of the Pilot test results.

The referral system has begun as a pilot test in Luxor Governorate and its districts, using the following steps:

- ◇ Orientation to the Referral System for both community and health providers.
- ◇ Preparation and supporting the health facilities teams.
- ◇ Preparation of the plan of action.
- ◇ Train health personnel in how to set up an effective Referral System and the most common emergency cases requiring referral.
- ◇ Preparation of the forms and registers (JSI will print the needed forms and registers for starting implementation of the system, then it will be printed by using the local box money).
- ◇ Starting the implementation of the Referral System.
- ◇ Follow-up and evaluation of the Referral System.

3.6.2 Coordination

- ◆ During the next quarter, JSI is planning to organize a conference to review and share lessons learned from implementing the district level involvement in the first districts, to adapt a working strategy accordingly and to expand the efforts to the next districts.
- ◆ As a result of the meetings attended last quarter organized by the MOHP Population Sector and Pathfinder International, integrated maternal, child and reproductive health plans on the district levels were developed.
- ◆ The Task Three Manager attended several meetings with Pathfinder International (POP IV) to ensure the integration of the Quality Assurance Systems developed for family planning and MCH services.
- ◆ A meeting was held in Fayoum and attended by the HM/HC Executive Director to coordinate all MCH and reproductive health services taking place in Fayoum Governorate. Representatives of HM/HC Project, JSI, Pathfinder, the Netherlands Family Planning Project, Fayoum Health Directorate and MOHP Population Sector attended the meeting.

Constraints

- ◆ None.

Proposed Actions

- ◆ None.

TASK FOUR

Monitoring System in Place to Track Utilization and Impact and Provide Feedback

Accomplishments

Activity 4.1 Assess and Create an Integrated and Standardized Nationwide Management and Health Information System

- ◆ During the quarter, 30 MHIS centers at the district level were established. This brings the total number established to 44, considering the 14 that had been established previously. The centers are responsible for implementing the Management Health Information System, data collection from the facility level, data entry at the district level, data dissemination at district level and governorate level, and feedback to facility level.
- ◆ Work to design a HM/HC Data Interpretation Workshop was initiated. The objective of the workshop will be to improve the data interpretation skills for District Managers and MCH Managers at the district and governorate levels. The curriculum focuses on important indicators related to the HM/HC Package of Services and supporting indicators that support the District Managers to develop a district health profile.
- ◆ The plan for plan assessing district level Information Centers in Menya and Sohag was developed in coordination with UNICEF.

Activity 4.2 Assist the MOHP to Set up 65 MHIS Centers at the District Level

- ◆ Established 30 MHIS Centers at the district level and upgraded three MHIS centers at the governorate level. To date, 44 MHIS centers at the district level were established and six MHIS centers at the governorate level were upgraded.
- ◆ The training for the district staff members was initiated in the end of February and completed by the end of June. The purpose of the training was to improve the computer skills for each District Information Center (DIC) of two Statistical Technicians, the District Deputy Manager, and the District Manager. Coordination with IIE-DT2 took place. IIE-DT2 contracted ICL as the training provider to conduct training for the district staff members on Windows NT, Excel, and Word. The Statistical Technicians were also trained, on typing skills to increase their speed and accuracy on the keyboard. Moreover, coordination with NICHHP and HM/HC Project took place and resulted in using the MOHP trainers to conduct the MHIS application for end-users and managers. In coordination with UNICEF, UNICEF hired one field officer in Assuit to coordinate training activities and to monitor and manage the training events.
- ◆ Due to staff mobilization problems in Edfu and Kom Ombo, training for four replacement statistical technicians in Edfu and Kom Ombo took place. The MHIS Manager at the Directorate Level was included in the training in order to improve her skills in computer usage and data management.
- ◆ The Task Team began the outline design of the Management System Training for MHIS Center staff members at both the district and governorate level. The training material will be based on the Manual of MHIS Procedures developed by JSI in coordination with NICHHP. will aim to improve data management and data dissemination methods.

- ◆ Renovations are finished in five districts in Qena and six districts in Fayoum governorate. Renovations in Assuit started by the end of June and are expected to be completed by the end of August. All equipment and staff have been temporarily located during this renovation period and are fully functional.

Activity 4.3 Design User-friendly Software for MHIS

- ◆ Finalized the final version of the HMHC Monitoring System application, documentation and training material. It includes the service quality standards checklist, district planning, and HM/HC Results Package monitoring indicators. The software is currently installed in all districts of Aswan and Luxor and in all JSI field offices for pilot testing.
- ◆ Finalized Beta version of Decision Support System for Management Health Information System (MHIS). The application is based on Visual Basic and Excel. The application is used as a utility for producing customized queries and ad-hoc information requests from the MHIS databases. The application is installed in Luxor and Qena Governorate MHIS centers for testing. This tool will be a main component in the Data Interpretation Workshop.
- ◆ Training for District Management Teams (DMT) and data entry staff in MHIS centers on using the application is planned for October, 2000.

Activity 4.4 Establish Monitoring Data Collection Mechanisms at Facility and Community Levels

- ◆ Started design of community database to be integrated with the HM/HC RP monitoring system. The database focuses mainly on the community needs assessment results and basic community data required for planning.

Activity 4.5 Upgrading of Governorate MHIS Centers

- ◆ MHIS centers at the governorate level were provided with the same set of equipment and furniture that was provided to the district level. The set includes air conditioner, computer, UPS, laser printer, computer table, and chairs.
- ◆ Training for governorate level technical support staff will start in mid August. The training will focus on upgrading the technical skills of the governorate level staff to support and troubleshoot problems of the District level MHIS Centers. For each three districts, one staff member will be trained in PC support and troubleshooting.

Constraints

- ◆ None.

Proposed Actions to Overcome Constraints

- ◆ None.

ID	Activity	Resp.	% Complete	1999												2000												2001											
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
444	4 TASK FOUR: Monitoring System in Place to Track Utilization and Impact and Provide Feedback		54%	[Gantt bar from Jan 1999 to Dec 2000]																																			
445	4.1 Activity 1: Assess and create an integrated and standardized nationwide MHIS system		95%	[Gantt bar from Jan 1999 to Dec 2000]																																			
446	4.1.1 Assessment of existing MHIS		100%	[Gantt bar from Jan 1999 to Dec 2000]																																			
447	4.1.1.1 Prepare MHIS assessment tool	KAF	100%	[Task bar from Jan 1999 to Feb 1999]																																			
448	4.1.1.2 Submit Assessment tool for approval	KAF	100%	[Task bar from Feb 1999 to Mar 1999]																																			
449	4.1.1.3 Review by USAID & MOHP	KAF	100%	[Task bar from Mar 1999 to Apr 1999]																																			
450	4.1.1.4 Approval received from USAID & MOHP	KAF	100%	[Task bar from Apr 1999 to May 1999]																																			
451	4.1.1.5 Milestone: Commencement of HMIS Assessment		100%	[Milestone diamond at 8/16]																																			
452	4.1.1.6 Finalize and Duplicate Assessment tool	KAF	100%	[Task bar from May 1999 to Jun 1999]																																			
453	4.1.2 Mobilization of Assessor Assistants		100%	[Gantt bar from Jan 1999 to Dec 2000]																																			
454	4.1.2.1 Interview MOHP task force	KAF	100%	[Task bar from Jan 1999 to Feb 1999]																																			
455	4.1.2.2 Prepare training material	KAF	100%	[Task bar from Feb 1999 to Mar 1999]																																			
456	4.1.2.3 Conduct training for MOHP task force	KAF	100%	[Task bar from Mar 1999 to Apr 1999]																																			
457	4.1.3 Conduct MHIS assessment		88%	[Gantt bar from Jan 1999 to Dec 2000]																																			
458	4.1.3.1 Conduct automation needs assessment at selected districts, directorates, and health facilities	KAF	75%	[Task bar from Jun 1999 to Jul 1999]																																			
459	4.1.3.2 Assess FoxPro CSP HIS application	KAF	100%	[Task bar from Jul 1999 to Aug 1999]																																			
460	4.1.3.3 Assess Implementation Requirements of GIS	KAF	100%	[Task bar from Aug 1999 to Sep 1999]																																			
461	4.1.3.4 Assess Coordination with information activities conducted by other projects in MOHP	KAF	100%	[Task bar from Sep 1999 to Oct 1999]																																			
462	4.1.3.5 Assess IT capabilities of MOHP task force	KAF	100%	[Task bar from Oct 1999 to Nov 1999]																																			
463	4.1.3.6 Assess Information needs for Monitoring / Decision Support System		100%	[Gantt bar from Jan 1999 to Dec 2000]																																			
464	4.1.3.6.1 Assess information needs of MCH department	KAF	100%	[Task bar from Nov 1999 to Dec 1999]																																			
465	4.1.3.6.2 Assess Information needs of task managers (JSI)	KAF	100%	[Task bar from Dec 1999 to Jan 2000]																																			
466	4.1.4 Develop Assessment Reports		100%	[Gantt bar from Jan 1999 to Dec 2000]																																			
467	4.1.4.1 Report on automation needs assessment at selected districts, directorates, and health facilities	KAF	100%	[Task bar from Jan 2000 to Feb 2000]																																			
468	4.1.4.2 Benchmark: Finalized report on automation needs assessment at selected districts, directorates, and health facilities		100%	[Milestone star at 1/31]																																			
469	4.1.4.3 Report on the assessment of FoxPro CSP HIS application	KAF	100%	[Task bar from Feb 2000 to Mar 2000]																																			
470	4.1.4.4 Benchmark: Finalized report on the assessment of FoxPro CSP HIS application		100%	[Milestone star at 1/12]																																			
471	4.1.4.5 Report on Implementation Requirements of GIS	KAF	100%	[Task bar from Mar 2000 to Apr 2000]																																			
472	4.1.4.6 Benchmark: Finalized report on Implementation Requirements of GIS		100%	[Milestone star at 1/17]																																			

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TASK FIVE

Research Activities

Accomplishments

Activity 5.1 Assessment of Current Research Needs

- ◆ The Operations Research Work Plan was revised in a meeting that was held in Cairo on May 2, 2000, with Dr. Gary Darmstadt, a JHU team member, JSI Management and the USAID CTO. During the meeting discussions concentrated on the main objectives of the HM/HC Project and the research needs. Agreement was reached in this meeting to conduct an intervention type of operations research rather than situational analysis and descriptive types of research. Priority was given to standard neonatal care, both at home and in the NCU, as well as improvement of the infection control practice in the facilities.
- ◆ A revised milestone report was submitted on May 2, 2000 which included recommendations for intervention operations research, based on the findings of the completed operations research studies.

Activity 5.2 Development of Research Proposals and Identification of Departments and/or Institutes to Conduct the Research

- ◆ *Study on Quality of Care in the Private Sector:* The research protocol was developed to study the quality of care provided by private practitioners. Data were collected and analysis was completed. The first draft of this study is prepared and the final report is in progress.
- ◆ *Study of Emollient Application for Preterms During Their Stay in the NCU:* Pre-proposal of the study was prepared. After site visits to both Luxor General Hospital and Bayadeya District Hospital NCUs, it was decided that the local facilities will not yield a high enough number of preterm babies for the trial. Kasr El-Eini NCU was proposed and then chosen as the site of trial for this intervention study. This unit will provide the number of neonates that are required for a good evaluation of the intervention during a period of 10 to 12 months. Pilot testing of the study procedures as well as the probable sources of skin infections is underway.
- ◆ *Study on Infection Control Practice in the Facilities:* A protocol was finalized for an intervention study that will evaluate two approaches towards improving infection control practice in the facilities. Selection of the trial facilities will be finalized and the study will start in summer of 2000. The idea of this study was based on previous observational studies, and the need for trial of a practical approach for infection control.
- ◆ *Study of Home Care Package for Maternal and Neonatal Care Practice:* Based on the two household studies conducted, many substandard practices were identified regarding to the level of care provided for the neonates at home during their first week of life. The trained Community Health Workers will field test the acceptability, feasibility and methods of delivering a home care package of early neonatal and maternal care.

Activity 5.3 Train appropriate staff in “applied research” methodologies

- ◆ The actual training of community workers is in progress in collaboration with Task 7. This training includes uses of data collection tools, simple tallying of data, drawing of indicators and some simple interpretation of the indicators.

- ◆ Governorate and District Management Teams are receiving problem solving training in conjunction with the Quality Assurance component of Task Three. A supplementary training on operational research methodologies that is required for more advanced problem solving will be implemented in the next quarter.

Activity 5.4 Create research findings dissemination strategy

- ◆ The completed studies were distributed as copies to all the field offices and the Task Managers. This internal dissemination was also supplemented by a brief explanation of the studies in meetings.
- ◆ Collaborating with the HM/HC and MOHP personnel the strategy for workshops and/or meetings, selection of the participants as well as the number of these workshops is in preparation aiming at maximization of the benefits.

Activity 5.5 Conduct the 1999/2000 Maternal and Perinatal Mortality Survey

- ◆ Field work for the study is ongoing in 27 governorates. Mortality cases are being collected from January, 2000 onwards.
- ◆ Several Local Advisory Group (LAG) meetings were held at the governorate level to discuss specific cases identified.
- ◆ A request for the first payment for the study members was sent to the MOHP. Payment is based on the number of forms received from each category (Selected Health Bureau and LAGs) and on a number of meetings for the LAGs. An agreed upon payment policy was approved by the MOHP for the MOHP study members.
- ◆ A consultancy visit was paid by Dr. Oona Campbell of London School of Hygiene and Tropical Medicine to JSI from June 19-30 to review the progress of the National Maternal Mortality Study.

5.5.1 Training

- ◆ Training was conducted for defaulters of the SHB Directors and the Local Advisory Group members. Three courses were held in Aswan, Fayoum and Alexandria. Flow of data and formats were explained to the trainees, in addition to the study objectives.

5.5.2 Technical output for the National Maternal Mortality Study

- ◆ A program was designed for the study forms using EPI Info. Completed questionnaires and data are being entered on a regular basis. A Data Entry Specialist / EPI Info Designer was hired for this activity.
- ◆ JSI and MOHP Clinical Supervisors are participating in the LAG meetings in JSI eight target governorates. Clinical Supervisors will report on each case of maternal death in terms of avoidable factors and the actions required to prevent future maternal deaths.
- ◆ Quality Control has been conducted on a random sample of household questionnaires by CAPMAS.
- ◆ Incomplete forms not including the cause of death or any other data variables are returned to the LAG for further reporting.
- ◆ Regular field visits by JSI staff and FETP physicians are being conducted to the governorates to supervise and monitor the flow of work.

5.5.3 Future activities for the National Maternal Mortality Study

- ◆ A revised list of the health bureaus reporting to the SHBs was agreed upon completing a full list of the civil offices and the selected health bureaus for the study. A revision of this list for all 27 governorates is ongoing.

Constraints

- ◆ Some of the health bureaus in the governorates are not reporting to the SHBs which appear on the MOHP list. Thus not all fetal deaths and maternal deaths are available in the selected civil office using the continuous monitoring system by JSI staff in the field.

Proposed Actions to Overcome the Constraints

- ◆ With the usage of the full updated list for civil and SHBs, it is expected to have all the dropped out centers and cases identified.

ID	Activity	Resp.	% Complete	1999												2000												2001											
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S					
555	5 TASK FIVE: Research Activities		78%	[Gantt bar spanning Dec 1999 to Dec 2000]																																			
556	5.1 Activity 1: Assessment of current research needs: gaps in available clinical and operational information		100%	[Gantt bar spanning Dec 1999 to Dec 2000]																																			
557	5.1.1 Determine information needs	JHU	100%	[Gantt bar spanning Dec 1999 to Dec 1999]																																			
558	5.1.2 Compare the needs to available information to identify gaps	JHU	100%	[Gantt bar spanning Dec 1999 to Dec 1999]																																			
559	5.1.3 Reach consensus on research to be pursued	JHU; RG	100%	[Gantt bar spanning Dec 1999 to Dec 1999]																																			
560	5.1.4 Benchmark: Research consensus meeting held with the output being a draft Research Agenda		100%	[Star icon at 6/6]																																			
561	5.1.5 Determine research agenda for next 3.5 years	JHU	100%	[Gantt bar spanning Dec 1999 to Dec 1999]																																			
562	5.1.6 Benchmark: Research Agenda finalized		100%	[Star icon at 8/5]																																			
563	5.2 Activity 2: Development of research proposals and identify departments and/or institutions to conduct the research		99%	[Gantt bar spanning Dec 1999 to Dec 2000]																																			
564	5.2.1 Identify appropriate researchers and technical counterparts	JHU	100%	[Gantt bar spanning Dec 1999 to Dec 1999]																																			
565	5.2.2 Develop research protocols	JHU	100%	[Gantt bar spanning Dec 2000 to Dec 2000]																																			
566	5.2.3 Benchmark: Research protocols developed		0%	[Star icon at 12/14]																																			
567	5.2.4 Milestone: Three operations research studies completed		0%	[Diamond icon at 3/15]																																			
568	5.3 Activity 3: Train appropriate staff in "applied research" methodologies		30%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
569	5.3.1 Identify appropriate community assessment methods and training materials	JHU	60%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
570	5.3.2 Adapt materials to local needs	JHU	40%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
571	5.3.3 Benchmark: Materials produced		0%	[Star icon at 2/8]																																			
572	5.3.4 Identify trainers and participants	JHU	10%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
573	5.3.5 Conduct training	JHU	10%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
574	5.3.6 Benchmark: Participants trained and utilizing new applied methodologies		0%	[Star icon at 4/5]																																			
575	5.4 Activity 4: Create findings dissemination strategy		0%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
576	5.4.1 Develop strategy with policy makers and researchers to disseminate research results to affect public health decision making	JHU	0%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
577	5.4.2 Benchmark: Dissemination workshops held to present research findings		0%	[Star icon at 2/13]																																			
578	5.5 Activity 5: Complete the 1999/2000 Maternal Mortality Survey for Egypt	RG	72%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
579	5.5.1 Maternal Mortality Study		58%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
580	5.5.1.1 Finalizing study form		100%	[Gantt bar spanning Dec 2000 to Dec 2000]																																			
581	5.5.1.2 Training procedures		90%	[Gantt bar spanning Dec 2000 to Dec 2000]																																			
582	5.5.1.3 Data collection for maternal mortality study		40%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			
583	5.5.1.4 Analysis of available data for maternal study		0%	[Gantt bar spanning Dec 2000 to Dec 2001]																																			

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Contract Section C.6. Established National Child Survival Programs Sustained (Result 5.1.3)

TASK SIX

National Child Survival Programs Sustained

Accomplishments

Activity 6.1 Strengthen Immunization Services

- ◆ During this quarter, JSI received through the EPI program the vaccination coverage of JSI target governorates for the year 1999, which showed that all the districts exceeded 90% coverage for the seven vaccines. JSI also received information on the number of neonatal tetanus cases per governorate for the 27 governorates.

Activity 6.2 Strengthen Acute Respiratory Illness (ARI) and Control of Diarrheal Disease (CDD) Programs

- ◆ During the period from April 8-13, the Task Manager participated in a workshop to evaluate the early implementation phase of IMCI, identify the achievements, constraints, and future expansion. The Task Manager also participated in the consensus meeting for approval of the expansion plan for IMCI.

Activity 6.3 Support the Neonatal Program

During this quarter the following sub-activities were achieved:

- ◆ A meeting was conducted at the JSI office with the neonatal team of HM/HC Project to discuss the final draft of the Neonatal Physicians Manual. The meeting was attended by Dr. Nahed Matta, Dr. Ayman El-Mohandes, and Professor Nadia Badrawy. The manual was submitted to the editor for finalization.
- ◆ Task Six staff attended the Egyptian Association of Neonatology Conference in Alexandria. The main topic for discussion during this conference was ventilation support of the newborn.
- ◆ Dr. Ayman and the Task Six Manger paid a visit to El-Chatby Hospital Neonatal Unit and met with Professor Abd El-Halim Badr El-Din, Head of the Unit and his team. An assessment of the unit with the team was carried out.
- ◆ During the visit of Dr. Ayman, a pilot TOT workshop was conducted on CBT modules. MOHP and University staff representatives attended this workshop.
- ◆ During the month of April, a meeting was conducted with the MOHP to discuss the neonatal workplans for both JSI and the Perinatal Care Program HM/HC Project.
- ◆ Task Six staff attended a workshop in Aswan to revise the EOC and Neonatal Service Standards.
- ◆ During early May, Task Six staff attended a workshop in Alexandria to discuss postpartum care and establish a protocol for postpartum visits.
- ◆ During May-June 2000 three training courses were conducted in Luxor City for classroom training on basic neonatal care. The total number of participants was 49 including neonatologists from Luxor, Aswan, and South Qena.

- ◆ Task Six staff had a meeting with the Perinatal Implementation Team of the HM/HC Project before the start of the National Neonatal Units Assessment. The main purpose of this meeting was to exchange experience about the neonatal assessment conducted by JSI for the 16 units in Upper Egypt.
- ◆ A workshop was held in Ismailia to develop the CBT modules for Advanced Neonatal Care. Representatives attended the workshop from different universities, MOHP, and Teaching Hospitals.
- ◆ Several supervisory visits were paid to the neonatal units in Luxor, Aswan, and South Qena. The main objective for these visits was to assess the units and to identify any problems.
- ◆ Two meetings were conducted with the Neonatal Committees in Luxor and Aswan to discuss the composition of the committee, the scope, and the roles and responsibilities.
- ◆ The Task Six Manager met with Dr. Essam Abd El-Hakim, Director General of Luxor International Hospital, to explore with him the areas of cooperation between the Hospital and JSI in neonatal activities.
- ◆ During this quarter the Arabic Nurses Manual was revised to include the changes and add the practical procedures recommended by the Nurses Working Team.
- ◆ During this quarter, the Neonatal Care Unit assessment system was revised, including a re-drafting of the Service Standards and the checklists. Guidelines for assessors were also prepared. Plans were developed to train and guide MOHP assessors in the use of these materials. The assessment will begin in the next quarter.

Activity 6.4 Strengthen the Daya Training Program

During this quarter the following activities were conducted:

- ◆ The Daya Training Manual was received during this quarter from UNICEF. The manual included the modifications suggested by JSI and the HM/HC Project.
- ◆ Two three-day TOT workshops were conducted in Luxor and Aswan for the daya trainers in collaboration with the HM/HC Maternal Unit. In these workshops the new manual was reviewed. The most effective methods for training, suggestions on how to link the dayas with the health facility, the importance of licensing dayas and suggestions on how to encourage licensing were also discussed.

Other Activities

- ◆ Task Six participated in a meeting with Task Five to discuss the research studies on neonatal care.

Coordination

During this quarter the following coordination with HM/HC Project took place:

- ◆ Coordination with HM/HC Project Maternal Unit:
 - ◇ Revision of daya training manual, and conduction of two TOT workshops for daya trainers at Luxor and Aswan.
- ◆ Coordination with HM/HC Project Perinatal Unit:
 - ◇ Development of CBT Modules at Ismailia for four days, HM/HC Project Perinatal Unit was represented for three days.
 - ◇ Dr. Ashraf Nabil delivered a session on infection control during the CBT course at Luxor on June 14.

Constraints

- ◆ None.

Proposed actions to overcome constraint

- ◆ None.

ID	Activity	Resp.	% Complete	1999												2000												2001											
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
592	6 TASK SIX: Established National Child Survival Programs Sustained		62%	[Gantt bar]																																			
593	6.1 Develop an Analysis Matrix to determine areas that require technical assistance (TA)		100%	[Gantt bar]																																			
594	6.1.1 Design blank Analysis Matrix with CSP interventions on one axis, JSI TA functions on other axis	MS	100%	[Gantt bar]																																			
595	6.1.2 Prepare draft of Analysis Matrix	MS	100%	[Gantt bar]																																			
596	6.1.3 Benchmark: Draft Analysis Matrix completed	MS	100%	[Gantt bar]																																			
597	6.1.4 MOHP reviews & approves Analysis Matrix	MOHP	100%	[Gantt bar]																																			
598	6.1.5 Finalize & Distribute Analysis Matrix	MS	100%	[Gantt bar]																																			
599	6.1.6 Benchmark: Final Analysis Matrix completed	MS	100%	[Gantt bar]																																			
600	6.2 Conduct workshop to collectively plan integration of CSP activities into HM/HC		100%	[Gantt bar]																																			
601	6.2.1 Identify participants, prepare materials and plan workshop	MS; TASK3	100%	[Gantt bar]																																			
602	6.2.2 Conduct workshop	MS; TASK3	100%	[Gantt bar]																																			
603	6.2.3 Prepare and distribute workshop report	MS	100%	[Gantt bar]																																			
604	6.2.4 Benchmark: Workshop held, report written & distributed	MS	100%	[Gantt bar]																																			
605	6.3 Activity 1: Strengthen immunization services		87%	[Gantt bar]																																			
606	6.3.1 Develop a list of EPI TA priorities according to the Analysis Matrix, with input of Steering Committee	MS	100%	[Gantt bar]																																			
607	6.3.2 Assess current status of EPI priorities, missed opportunities, and obstacles in target districts	MS	100%	[Gantt bar]																																			
608	6.3.3 Prepare and distribute report of EPI assessment	MS; EPI	100%	[Gantt bar]																																			
609	6.3.4 Benchmark: EPI assessment report prepared and distributed	MS; EPI	100%	[Gantt bar]																																			
610	6.3.5 Based on EPI assessment, strengthen management, IEC and outreach activities, and EPI integration into HM/HC	MS	100%	[Gantt bar]																																			
611	6.3.6 Monitor reliability and quality of service delivery and coverage rates, identifying corrective actions with input from Steering Committee	MS	100%	[Gantt bar]																																			
612	6.3.7 Re-assess current status of EPI activities; re-direct program activities & TA as necessary	MS	100%	[Gantt bar]																																			
613	6.3.8 Benchmark: Re-assessment report prepared and distributed	MS; EPI	100%	[Gantt bar]																																			
614	6.3.9 Based on EPI re-assessment, strengthen management, IEC and outreach activities, and integration of EPI into HM/HC	MS; EPI	100%	[Gantt bar]																																			
615	6.3.10 Monitor reliability and quality of service delivery and coverage rates, identifying corrective actions with input from Steering Committee	EPI	100%	[Gantt bar]																																			
616	6.3.11 Evaluate achievement of Performance Target	MS	0%	[Gantt bar]																																			
617	6.3.12 Target: EPI coverage rates above 90% for 25 districts for the seven vaccines	MS	100%	[Gantt bar]																																			
618	6.3.13 Collaborate on research of immunization and vaccine development topics / the feasibility of new vaccine introduction	MS	0%	[Gantt bar]																																			
619	6.4 Activity 2: Strengthen ARI and CDD programs		56%	[Gantt bar]																																			
620	6.4.1 Meeting with IMCI Coordinator to explore areas of Technical Assistance	MS	100%	[Gantt bar]																																			

37A

Contract Section C.7. Increased Knowledge and Improved Health Behavior in Households (Result 5.1.4)

TASK SEVEN

Better Social Community Services

Accomplishments

Activity 7.1 Establish Community Interest Groups

- ◆ Community Public Meetings were held in seven communities: El Aiaisha, Garagous, Nage El Sebaei, Qous district in Qena Governorate; El Manshiya and Selwa Bahary in Kom Ombo District; Benban in Nasr District, El Hegz Bahary in Edfu District in Aswan Governorate. By the end of the five meetings 186 of community leader participants were introduced to the project and the services provided by the newly upgraded maternal facilities. A listing of key problems and barriers to accessing health care was forwarded by the participants. Discussions of ways and means to alleviate these problems and remove barriers also took place. By the end of the meetings, the participants were able to establish three CHCs and their representatives for these Committees were selected.

Activity 7.2 Inventory of Partners

- ◆ A Protocol was developed during 1998 to define, identify and assess community-based organizations. The inventory was completed in the five target governorates.

Activity 7.3 Development of a Community Needs Identification and Decision-Making Tool

- ◆ *CHC Training on Community Needs Assessment (CNA) and Conduct Community Interviews:* Community leader members of nine CHCs were trained on CNA. The CHCs include: Gaafra, Daraw District; Gharb Aswan and Gharb Soheil in Aswan District; Busaileya in Edfu District; Dabeya and Zaneya in Bayadeya District; Karnak/Sheikh Mousa in Luxor District; El Aiaisha in Qous District; Kiman El Mataana and El Deir in Esna District.
- ◆ *Recruitment and Training Community Workers to Conduct the Survey:* Survey teams of 132 female community workers from the nine communities (14 from Gharb Soheil, 15 from Gafraa, 15 from Busaileya, 16 from Dabeya, 12 from Zaneya, 15 from Karnak/Sheikh Mousa, 15 from El Aiaisha, 15 from El Deer and 15 from Kiman) were selected and trained on the Rapid Household Survey.
- ◆ *Sampling:* A complete list of births registered at the health facility within a year period was obtained. Names of mothers and locations are recorded on this list. Using simple random sampling, 60-70 households were selected. The number of households selected exceeded the number that was needed for the sample (50) to meet unforeseen circumstances. The allocation of households to each community worker took in consideration the village to which she belongs, so that the community workers would be more familiar, better understand her community and easily access households on one side, and logistics would not constitute a problem on the other side.

- ◆ *Conduct the Assessment:*
At the end of the training of the community workers, the assessment was conducted in the nine communities.
- ◆ *Develop Community Action Plans:*
CHCs - in the presence of the community volunteers who conducted the Rapid Household Survey - reviewed the results of the CNA in Kiman and El Deir, Qous District and Gharb Soheil and Abu El Reish, Aswan District. Based on the results, problems/needs were prioritized and community action plans were developed.

Activity 7.4 Health Provider Sensitization

- ◆ 160 health providers were sensitized on community beliefs, perceptions and knowledge related to maternal and child health care. The community attitudes and the concept of client rights and satisfaction was introduced and discussed. The health provider participants were from the following districts: 23 from Beni Suef, Ehnasia and El-Wasta; 26 from Qena; 23 from Deshna; 17 from Nekada; 22 from Fayoum Urban; 25 from Fayoum Rural and 24 Ibshtway.

Activity 7.5 Testing Different Partnership Schemes

- ◆ The results of the implementation of the Community Needs Identification and Decision-Making Tool yielded a number of partnership schemes at the community and district levels. The said partnerships will be implemented through the Small Grants Program. A number of the proposals, particularly in Luxor and Aswan, were based on problems and needs identified by the communities through the process of implementing the Tool. The types of needs identified generated the initiation of partnership schemes which are related to community health communications. The results of the Community Needs Assessment conducted in the three southern districts of Qena will be presented to NGO representatives who will attend the Training Course on Project Proposal Writing in early July.
- ◆ Agreement was reached between the established CHCs in the community of Aswan District and the State Information Service (SIS) to nominate CHC members to attend events organized by SIS on reproductive health education (training, seminars, workshops, etc.). CHCs will also mobilize women of reproductive age in their respective communities and invite SIS Mobile Health Communication Teams to conduct a mini IEC campaign. This model of partnership could also be replicated in other districts of Aswan.

Activity 7.6 Implementation of the Most Promising Partnerships

- ◆ The partnership schemes are being closely monitored by the Luxor and Aswan Field Offices.

Activity 7.7 Community Education

- ◆ *Health and Literacy Materials Development Activity:*
An agreement has been signed between JSI and World Education for the development, pilot test, and refinement of sample curricula and materials to be used in women's health literacy skills development. This agreement is in response to a request generated by the director of GALAE Branch in Luxor and endorsed by the Director General of Health in Luxor. In fulfillment of this agreement, the following activities were implemented:

- ◇ *Literacy Materials Survey*: JSI conducted a survey of health literacy materials already produced in Egypt and collected sample survey instruments.
- ◇ *Orientation and Needs Assessment Workshop*: An Orientation and Needs Assessment Workshop was held in Luxor from 23 to 25 May. Thirty-five participants attended (17 women). The workshop was extremely active and participatory with input from all stakeholders, including literacy learners, teachers, supervisors, curriculum specialists, physicians, health outreach workers and officials from the MOHP and GALAE.
- ◇ The Workshop accomplished all objectives:
 - Provided an orientation to clarify roles and expectations, and ensured a shared understanding of project objectives (i.e. to develop, pilot, and refine sample curricula that integrate maternal and child health and literacy skills development).
 - Identified five important HM/HC messages to include in the literacy materials to be developed.
 - Designed a tool to field-test the knowledge of literacy learners' vis-à-vis the five target health messages (including a series of sub-messages).
- ◇ *Field-Testing*: During the period from 3 to 7 June the health knowledge of literacy learners was field-tested.
- ◇ *Materials Development Workshop*: The same participants from the first workshop participated in the Materials Development Workshop during the period 12-14 June. Representatives from MOHP, GALAE and NGOs delivered presentations in the three-day workshop on the findings from the field assessment, priorities of critical MCH topics, suggested content, and possible means of expanding the literacy curricula. An outline of the new expanded curricula and materials was developed. A monitoring and support group of workshop participants including representatives from MOHP, GALAE and NGOs was set up to plan for the field-test of the materials and prepare a Literacy Teachers Orientation on the use of the materials.

Cooperation with other Organizations

- ◆ A meeting was held on June 29 with Dr. Ahmed Kashmir from PLAN International Egypt and Mr. Magdy Mohammed, PLAN Fayoum Program Unit Manager Unit to explore areas of cooperation between JSI Field Office in Fayoum and PLAN in the District of Etsa. It was agreed after the meeting, which was attended by Task Seven Manager and Fayoum Community Development Specialist, to exchange project documents and plans of action. A meeting between the field offices of the two organizations will follow the review of the materials to propose areas of cooperation.

Constraints

- ◆ None.

Proposed Actions to Overcome Constraints

- ◆ None.

ID	Activity	Resp.	% Complete	1999												2000												2001														
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
693	7 TASK SEVEN: Better Social Community Services		85%	[Gantt bar for 693]																																						
694	7.1 Activity 1: Establish community "Interest" groups		95%	[Gantt bar for 694]																																						
695	7.1.1 Phase I. Aswan, Luxor & Beni-Sueif		100%	[Gantt bar for 695]																																						
696	7.1.1.1 Define and conduct an inventory of existing community groups	SM	100%	[Gantt bar for 696]																																						
697	7.1.1.2 Screen the inventory to identify groups of common interest with HMHC	SM	100%	[Gantt bar for 697]																																						
698	7.1.1.3 Conduct In-depth interviews and meetings to establish interest in HM/HC	SM	100%	[Gantt bar for 698]																																						
699	7.1.1.4 Benchmark (CI): 25 Communities with active interest groups engaged in HM/HC	SM	100%	[Gantt bar for 699]																																						
700	7.1.1.5 Develop alternative proposals to establish CHCs	SM	100%	[Gantt bar for 700]																																						
701	7.1.1.6 Help facilitate the process of establishing CHCs	SM	100%	[Gantt bar for 701]																																						
702	7.1.2 Phase II. Qena & Fayoum		85%	[Gantt bar for 702]																																						
703	7.1.2.1 Define and conduct an inventory of existing community groups	SM; FO	100%	[Gantt bar for 703]																																						
704	7.1.2.2 Screen the inventory to identify groups of common interest with HMHC	SM; FO	100%	[Gantt bar for 704]																																						
705	7.1.2.3 Conduct In- depth Interviews and meetings to establish interest in HM/HC	SM; FO	100%	[Gantt bar for 705]																																						
706	7.1.2.4 Benchmark (CI): 66 Communities with active interest groups engaged in HM/HC	SM; FO	100%	[Gantt bar for 706]																																						
707	7.1.2.5 Develop and negotiate the establishment of CHCs	SM	75%	[Gantt bar for 707]																																						
708	7.1.2.6 Help facilitate the process of establishing CHCs	SM	75%	[Gantt bar for 708]																																						
709	7.2 Activity 2: Inventory of partners		100%	[Gantt bar for 709]																																						
710	7.2.1 Develop & Test the protocol		100%	[Gantt bar for 710]																																						
711	7.2.1.1 Develop a protocol with "good" criteria to identify potential partners from among community groups	SM; STA	100%	[Gantt bar for 711]																																						
712	7.2.1.2 Test the protocol to assess and identify potential partners with health providers in two districts in Aswan	STA	100%	[Gantt bar for 712]																																						
713	7.2.1.3 Milestone : Field Test of Protocol for Linking Community groups with Providers Completed	SM	100%	[Gantt bar for 713]																																						
714	7.2.2 Utilize the Protocol		100%	[Gantt bar for 714]																																						
715	7.2.2.1 Utilize the Protocol in the remaining of Aswan, Luxor and Beni Sueif to identify potential partners	SM	100%	[Gantt bar for 715]																																						
716	7.2.2.2 Benchmark: A priority list of potential community partners with health providers in Aswan Luxor and Beni-Sueif	SM	100%	[Gantt bar for 716]																																						
717	7.2.2.3 Utilize the Protocol in Qena and Fayoum	SM; FO	100%	[Gantt bar for 717]																																						
718	7.2.2.4 Benchmark: A priority list of potential community partners with health providers in Qena and Fayoum	SM; FO	100%	[Gantt bar for 718]																																						
719	7.3 Activity 3: Development of a community needs identification and decision making tool		100%	[Gantt bar for 719]																																						
720	7.3.1 Review previous experience of donors and the governorates and identify lessons learned	SM	100%	[Gantt bar for 720]																																						
721	7.3.2 Develop a tool for needs assessment and decision making	SM; C	100%	[Gantt bar for 721]																																						

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TASK EIGHT

IEC Campaign

Accomplishments

Activity 8.1 Reinforcing MOHP-State Information Service (SIS) Collaboration

- ◆ IEC campaigns to succeed in Egypt need to optimize the reach of mass media and the experience of commercial marketing to reach audiences effectively. Lessons that are relevant from the commercial sector is the synergy the commercial sectors is able to realize between the excellent creative resources in the country and scientific knowledge on audience behaviors, beliefs, attitudes and media habits. To improve capacity development, MOHP counterparts worked together with the selected private sector creative agency for the development of IEC materials including TV spots, radio spots, posters, flyers and other printed materials for the media campaign on Birth Preparedness; and in the development of priority IEC materials on the “Complications” series for low-literate audiences and infection control IEC materials.
- ◆ During this quarter MOHP counterparts, including the Health Education Directorate, worked together to finalize the competency-based curriculum and organize IEC Training of Health Providers and Field Workers from the five governorates. IEC Training aims to include representatives from the MOHP such as Health Educators and district personnel, SIS personnel from Local Information Centers, personnel from local NGOs and active members of Community Health Committees (Task 7). During this quarter IEC Training was initiated in Luxor, which will be followed by training in Aswan, Beni Suef, Qena and Fayoum. Activity 8.5 includes more details on this training.
- ◆ During this quarter five more candidates attended the JHU/PCS ‘Advances in Development Communication’ Arabic course in Lebanon.

Activity 8.2 Inventory of Existing IEC Resources

- ◆ This activity was completed on August 17, 1998.

Activity 8.3 Investigation of Behavioral Information

- ◆ During this quarter Qualitative Research was carried out in Qena, Fayoum and Beni Suef to provide necessary information that is currently only available from Luxor and Aswan. Qualitative information from focus group discussions and in-depth interviews will be used for the development of evidence-based behavior change strategies and materials for HM/HC themes and related behaviors. A RFP for Qualitative research was issued during last quarter and a private sector agency was selected to carry out the research in the three governorates during this quarter. The overall purpose of the qualitative research is to learn more about practices in the three Governorates and to guide the further refinement of the maternal and newborn health component of the HM/HC communication strategy, health provider sensitization and community partnerships. The research, in coordination with Task 5, aims specifically to identify factors that contribute to patterns of perinatal careseeking behavior among recently delivered women focussing on the immediate postpartum period.

- ◆ Specific research objectives include:
 - ◇ To document the current levels of awareness of danger signs of obstetric and newborn complications and emergencies among recently delivered women, family influentials, and professional and traditional care providers, with special focus on labor and delivery, immediate and early postpartum period;
 - ◇ To provide a detailed analysis of careseeking decision-making by women and families at onset of labor; and decision-making among family influentials and birth attendants at the critical time of onset of obstetric complications; with special focus on identifying “triggers to action”;
 - ◇ To document content and practice of routine home care for newborns in the immediate and early postpartum periods, and newborn emergency careseeking response by family caretakers and birth attendants/care providers; with special focus on identifying “triggers to action”;
 - ◇ To identify factors that influence decision-making for referral and adherence to treatment or referral recommendations during birth and postpartum period; with special focus on identifying “triggers to action”;
 - ◇ To better understand women’s and their families’ perceptions of ideal birthing conditions and the services provided by the facility in relation to those ideal conditions; and
 - ◇ To gain insight into health providers’ ideas about ideal birthing conditions and whether the services they provide meet women’s perception of the ideal.
- ◆ A preliminary report on the Qualitative Research will be received early in the next quarter and a final report, including transcriptions, is scheduled for August 2000:
 - ◇ Baseline study on the Birth Preparedness campaign also included a component on qualitative research to avail the opportunity provided by research teams covering all five governorates at the same point in time.
 - ◇ Qualitative research methods are also being applied to scientifically pretest all IEC materials with relevant audience groups prior to production. More information on this is included under Activities 8.6 and 8.8 below.

Activity 8.4 Strategic Design for Health Communication

- ◆ During this quarter a strategic IEC campaign on Birth Preparedness based on the IEC Strategy was developed through partnerships between the public and private sectors and between research expertise and commercial creative talent. Details on the development of the campaign are included under Activity 8.8.
- ◆ The HM/HC IEC Strategy, including themes, priority behaviors and development of the first campaign, was shared with other agencies to determine areas of overlap and coordination. Presentations and discussions were held with Pathfinder/POPIV, UNICEF, and UNFPA in addition to the MOHP. National and Governorate facilitators for the training of health educators and field workers were oriented during the last quarter. During this quarter, through IEC Training, personnel from districts and NGOs were oriented to HM/HC priority behaviors and messages from the IEC Strategy and Birth Preparedness campaign.

Activity 8.5 IEC Training of Health Providers and Field Workers

- ◆ The IEC/Interpersonal communication (IPC) protocol and relevant sessions from the competency-based module and a protocol for physicians continued to be used for training workshops for nurses and physicians during EOC Orientation Workshop and EOC Workshop for Service Providers in Fayoum.
- ◆ By the end of this quarter 91 nurses had received On-the-Job Training in interpersonal skills.
- ◆ IPC training was also included as part of IEC Training for Health Providers and Field Workers with the integration of IEC materials that have been developed for counseling and interpersonal communication. Development of an IPC module and materials to be used in the nursing curriculum was in process of adaptation and completion during this quarter.
- ◆ The IEC Training for Health Educators and Field Workers commenced during this quarter in Luxor to be followed by training in Aswan, Beni Suef, Qena and Fayoum. The IEC Training includes participants from MOHP, SIS/Licks and NGOs. The primary aim of this training is for Health Educators and Field Workers to develop their competencies and abilities to plan, organize and implement HM/HC IEC activities; in particular, implementation of campaign activities in their areas and local mobilization in consonance with HM/HC objectives, priority behaviors and messages. Emphasis is placed on 'behavior change' strategy and social marketing concepts.

Activity 8.6 Print and audio-visual materials for providers and their clients

- ◆ Community assessments carried out under Task Seven have shown a need for information related to complications especially during pregnancy, delivery, postpartum and for the newborn for low literate audiences. In response to this need, priority IEC materials focusing on complications during pregnancy, delivery, postpartum and newborn were developed as a series with high visual content and color-coding. The 'Complication Series' was presented and reviewed by MOHP, partners and USAID. During this quarter the series has been pretested in two governorates. Pretest results showed that there is a great need for such materials. The materials were well received by the target groups. The series has been revised based on pretests and is now being produced to link up with the planned national campaign (see Activity 8.8 below). These will be widely distributed at the local level in the five governorates and made available for partners to distribute in other areas.
- ◆ Facility-based assessments have also shown the need to focus on infection control. Posters and signs promoting infection control behaviors were designed. During this quarter the infection control materials were pretested in two governorates. These infection control materials will be produced during the next quarter and will be distributed and displayed at appropriate places within the health facilities.
- ◆ Breastfeeding materials developed under Wellstart were reviewed. During this quarter the materials were pretested with providers, community agents, and women. The materials will be revised based on results of the pretests and integrated into the overall package of IEC materials for use with clients.
- ◆ Print, media and other materials were also be developed during this quarter as part of each of the HM/HC campaigns (see also Activity 8.8 below).

Activity 8.7 Promotion of Quality Services (the Gold Star Approach)

- ◆ During the last quarter, discussions with the MOHP resulted in a suggestion that initial emphasis be placed on using the experience of a quality assurance and quality improvement program (Gold Star) and the relevant methods and materials to strengthen the supervisory system and improve the quality of services. This emphasis would be followed by public promotion of a quality symbol after the supervisory and quality assurance systems are fully in place. HM/HC and POP IV collaborated on developing the concept for integration of Quality Assurance monitoring methods.

Activity 8.8 Development of Demand Generation Campaigns for HM/HC Services and Essential Behaviors

- ◆ During this quarter the finalization of the first HM/HC campaign was carried out. A milestone report “National IEC Campaign Developed” was submitted during this quarter. The campaign to be launched and implemented will focus on the ‘Birth Preparedness’ theme but also include certain complementary components such as ‘Patterns of Antenatal Care’ and ‘Clean Chain’ as described in the HM/HC IEC Strategy. These themes are chosen together for the first campaign as they help to:
 - ◇ Emphasize responsibility and role of the family in protecting the life of the mother and baby;
 - ◇ Encourage planning for a safe birth and also planning for an emergency;
 - ◇ Stress the importance of a clean birth as a safe birth; and
 - ◇ Launch a key new initiative, the Birth Preparedness Guide.The overall aim of the first campaign is to influence and promote healthy behaviors of primary audience groups related to Birth Preparedness and encourage them to take the necessary actions for a healthy and safe birth. The campaign concept including behavioral analysis of key behaviors for the themes has been carried out and a detailed Request for Proposals was developed for response by private sector agencies. Promoseven Egypt was selected to partner with JSI and the MOHP in the development and implementation of the campaign.
- ◆ During this quarter intensive work was carried out with the selected agency to finalize the materials based on the pretest results. The materials developed include a Campaign logo, Slogan, four TV Spots, four Radio Spots, four Posters, six Flyers, two Mini-posters, three Dangers, one Dispenser, and a Birth Preparedness Guide. The campaign materials went through a series of reviews by the MOHP, USAID and selected partners. All the materials have been finalized and are now being printed to be ready for ‘soft rollout’ at local level and through local channels in preparation for the media campaign launch scheduled for September 2000.
- ◆ *Pretesting* of the campaign materials was conducted by an independent agency, SPAAC, that was selected through a RFP process. As part of the pretesting process, the agency carried out in-depth interviews and focus group discussions, open-ended questions with individual mothers or small groups of mothers or other audience groups who would watch, listen, or look at each materials and then answer questions such as: What they see and understand/what do graphics mean/what are the messages? What they like and dislike about the design, text, colors etc. and why?
In addition, for materials that are intended to support counseling, a few counselors would receive a brief orientation and then actually use the material to counsel a few women followed by pretest questions.

- ◆ The *effectiveness* of the Birth Preparedness campaign will be measured through baseline, snap and post campaign surveys conducted by El-Zanaty and Associates that was selected through an RFP process during this quarter. During this quarter the Baseline Survey was completed by the agency. The objective in undertaking these surveys is to evaluate exposure, recall of key messages, and changes in knowledge, attitudes and practices related to the Birth Preparedness Campaign as summarized below:
 - ◇ Exposure to Campaign:
Married Women (MW) who recently saw or heard something through TV, radio, printed materials or health personnel about birth preparedness, safe birth, or preparing for and dealing with complications.
 - ◇ Recall/ Knowledge of Key Messages:
MW who recently saw or heard something through TV, radio, printed material and percentage who can remember at least one important message. MW who can name two or more elements of a birth preparedness plan.
 - ◇ Attitudes:
MW whose families believe having a birth plan is important. MW who think that it is important for their husband to participate in preparing a birth plan.
 - ◇ Practices (questions for pregnant women only):
Pregnant married women (PMW) who have received a Birth Preparedness Guide from (1) health facility, (2) pharmacy, and (3) home visit.
PMW who fully completed or partially completed their Birth Preparedness Guide through discussions with their husbands and families.
PMW (or families) who planned for transport and/or how to cover expenses if they have complications.

The baseline survey report is being edited and will be finalized during the next quarter. The Snapshot survey will take place six Weeks after the Campaign launch and the Post survey will be conducted at after the end of the all campaign activities.

Activity 8.9 Female Genital Mutilation

- ◆ During last quarter, work on the Female Genital Cutting (FGC) began with preliminary meetings to gather information on activities being conducted by various agencies. A FGC Consultant began work during this quarter and met with partner projects and organizations to assess and identify gaps related to work being done concerning FGC and identify areas for HM/HC Results Package involvement. During this quarter the consultant drafted an overall plan of what the HM/HC project would be doing in terms of addressing FGC. During this quarter a local FGC Consultant was hired. During this quarter the FGC Consultant, in collaboration with the local FGC Consultant developed, reviewed and revised a shortened version of the Media House documentary "The Season of Planting Girls". A facilitators' guide for use in conjunction with the video was drafted; and an implementation plan was developed for the key FGC materials to be produced under the HM/HC project including:
 - ◇ The FGC video and facilitators' guide;
 - ◇ Anti-FGC print materials for those with low literacy skills; and
 - ◇ A training unit on interpersonal communication and counseling on FGC.In addition, the consultant reviewed a summary of the FGC reduction project in Luxor that has been awarded an NGO grant; updated the 1-year Action Plan on FGC developed during the previous consultancy (March-April 2000); suggested modalities for integrating FGC into the HM/HC Package of Services by service level; and drafted a brief statement of mission-oriented "Guidelines on FGC" for internal use by HM/HC Results Package.

Other Activities

◆ *Provider Behavior:*

- During the last quarter, in response to observations by the Clinical Supervisors on the need to address provider behavior in relation to maternal and child health Task Eight developed a presentation for discussion among health professionals. Task Eight also coordinated inputs by the CHANGE Project, a USAID cooperative agreement with Academy for Educational Development designed to provide a focused source of global leadership on behavior change and develop and apply new, state-of-the-art techniques for behavior change. Working with staff at all levels consultants from CHANGE carried out a preliminary assessment on issues related to provider behavior, the nature of the problem, and its context through a review of existing research, discussions with relevant personnel and through field visits.
- ◆ During this quarter a more detailed behavioral assessment was carried out by a team including CHANGE consultant, local consultant and two clinical supervisors. The team, carried out site visits, in-depth interviews and focus group discussions in General Hospitals and/or, Teaching Hospitals, selected District Hospitals and Health Units in Aswan, Fayoum and Beni Suef governorates. 65 specialists, residents and 27 nurses were involved in interviews and discussions. Six areas were identified for the focus of behavioral assessment including infection control, quality of care, interpersonal communication, neonatal care, record keeping and emergency response. Underlying behaviors, motivations and resistances were explored and recommendations for intervention were developed. These recommended interventions will be prioritized and implemented individually or in combinations. The relative impact of the interventions will be compared through operations research to identify the most efficacious strategy for improving and sustaining provider behavior and for application to the project overall.

Constraints

- ◆ JSI and USAID/Egypt are waiting for approval from USAID/Washington on the communications products being developed for the National Birth Preparedness Campaign and for reproduction of all IEC materials.

Proposed Actions to Overcome Constraints

- ◆ JSI will follow-up with the USAID Contracts Office on the status of the approval.

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ID	Activity	Resp.	% Complete	1999												2000												2001														
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
767	8 TASK EIGHT: IEC Campaign		21%	[Progress bar]																																						
768	8.1 Activity 1: Improving IEC capacity		24%	[Progress bar]																																						
769	8.1.1 Identify feasibility of including SIS in core IEC activities		100%	[Progress bar]																																						
770	8.1.2 Benchmark: Make a decision on the strategy to collaborate with SIS		100%	[Progress bar]																																						
771	8.1.3 Establish IEC Committee at National level		0%	[Progress bar]																																						
772	8.1.4 Benchmark: IEC subcommittee established		0%	[Progress bar]																																						
773	8.1.5 Establish IEC Task Force at Governorate level		14%	[Progress bar]																																						
774	8.1.6 Overseas training for IEC Managers - Group 2/3		0%	[Progress bar]																																						
775	8.1.7 Benchmark: Overseas training for IEC Managers		0%	[Progress bar]																																						
776	8.2 Activity 2: Inventory of existing IEC resources		100%	[Progress bar]																																						
777	8.2.1 Benchmark: Draft ready for review by JSI and Manoff		100%	[Progress bar]																																						
778	8.2.2 Benchmark: Submission of an Inventory report to USAID		100%	[Progress bar]																																						
779	8.2.3 Milestone: Rapid Assessment of Existing Print and Mass media Conducted		100%	[Progress bar]																																						
780	8.3 Activity 3: Investigation of behavioral information		30%	[Progress bar]																																						
781	8.3.1 Qualitative Research Study		30%	[Progress bar]																																						
782	8.4 Activity 4: Strategic design for health communication		100%	[Progress bar]																																						
783	8.4.1 Strategic design for health communication		100%	[Progress bar]																																						
784	8.4.2 Milestone: National IEC Strategy Developed		100%	[Progress bar]																																						
785	8.5 Activity 5: IEC Training for Health Providers and Field Workers		48%	[Progress bar]																																						
786	8.5.1 Module on counseling and interpersonal communication finalized		60%	[Progress bar]																																						
787	8.5.2 HM/HC IEC curriculum for health educators developed		70%	[Progress bar]																																						
788	8.5.3 Benchmark: IEC Training Package completed		0%	[Progress bar]																																						
789	8.5.4 Training of trainers on HM/HC IEC curriculum		100%	[Progress bar]																																						
790	8.5.5 Training of health educators		10%	[Progress bar]																																						
791	8.5.6 Benchmark: MOHP Health Educators and Field Workers trained		0%	[Progress bar]																																						
792	8.5.7 Benchmark: IEC orientation package completed		0%	[Progress bar]																																						
793	8.5.8 Benchmark: 250 Health educators and Others trained		0%	[Progress bar]																																						
794	8.6 Activity 6: Print and Audio-visual Materials for Providers and their Clients		17%	[Progress bar]																																						
795	8.6.1 Benchmark: Print materials developed and distributed		0%	[Progress bar]																																						

TASK NINE

Student Health Insurance Program (SHIP)

Accomplishments

Cross-cutting activities

- ◆ The Task Manager and Implementation Supervisor conducted numerous field visits to Aswan with SHIP staff to monitor implementation and solve problems.
- ◆ Task Nine staff conducted interviews for a new field office position. Staff were hired for Aswan and Luxor. Recruitment is on-going for the other governorates.
- ◆ Telephone and fax communication with the Health Insurance Organization (HIO) SHIP Cairo office was established.
- ◆ Operations Research on the Aswan pilot was conducted to collect information on the verification of tablet distribution and the details of implementation of iron tablet distribution and nutrition education. Three months of data were collected. Analysis was completed and a summary report written.
- ◆ The surveillance system team were trained for post test data collection. Over 650 pre-post student data sets were collected. Data was entered into the computer and analyzed. A consultant was hired to review the protocol, analyze procedures and refine the draft report. The Final Report should be available by mid-August. Equipment and supplies were ordered for five governorate data collection sites during school year 2000-2001.
- ◆ Presentations were made at HMHC District Management Team meetings to integrate Task Nine further into the general project operations.
- ◆ An implementation schedule for 2000-2001 school year was developed to ensure timely and coordinated implementation in the five governorates.
- ◆ Task Nine staff revised all policies, procedures and data collection forms for the iron supplementation and nutrition education components based on the Aswan Pilot results.

Activity 9.1 Preventive Services, Especially Health Education

- ◆ The 20 Nutrition and Health Educators in Aswan conducted 1,325 sessions with 17,462 students in 60 schools during the last six weeks of the school year. During the Aswan pilot all target students in Aswan (approximately 50,000 students) received booklets. In addition, 349 schools received posters. Thirty thousand mothers received handouts that promoted ways to prevent anemia. This covered the five districts of Aswan.
- ◆ JSI staff met with the 21 Nutrition and Health Educators to debrief them on their pilot experience. Based on their feedback the Nutrition and Health Educator's Guide was revised. It is currently being revised in Arabic.
- ◆ The Health Educators also conducted an additional pretest on the booklets and posters to get in-depth feedback. The feedback was used to revise the materials. The Health Education Committee reconvened to review the proposed changes and approve production.
- ◆ HIO has tenders out to print all the revised educational materials required for the five governorate implementation.
- ◆ The TV spot produced to inform the community about the program won first place in a national advertising competition.
- ◆ A JSI consultant revised the MSH Health Educator's Training Curriculum and produced a behavioral based curriculum.
- ◆ MSH selected many components of the revised curriculum and feedback on needed improvements was provided by JSI.
- ◆ SHIP, Cairo, hired an experienced Health Educator to provide leadership to the educational component of the program.

Activity 9.2 Anemia Control Program

- ◆ Iron Supplementation Program was implemented in all five districts of Aswan. Over the three months of tablet distribution the number of pills distributed increased from 349,225 in February to 598,248 in April. Almost one million and a half iron tablets were distributed over the three months. Only one percent of the students refused to participate. Tablets were distributed in rural and urban areas. A few remote schools did not participate. Monthly data were reported by the Aswan SHIP to Cairo.
- ◆ Operations research data were analyzed and the report written. Findings confirm almost unanimous implementation in schools and a high degree of program satisfaction and proper implementation. Policies and protocols were revised based on the pilot experience and operations research.
- ◆ Monthly district-level coordinating committees meetings were held to coordinate implementation between MOHP, SMIP and, when relevant, MOE.
- ◆ HIO approved and purchased iron tablets and cups for implementation in the five governorates. Almost eight million tablets and cups were ordered for the first half of the year 2000-2001.

Activity 9.3 Tetanus Toxoid (TT) Immunizations

- ◆ The third research report on the Assessment of SHIP Registration and Reporting Systems for Tetanus Immunizations was submitted by the consultant and reviewed.

Constraints

- ◆ JSI efforts to ensure an accurate and well-planned training program for health educators has met with several constraints outside of JSI's manageable interest.
- ◆ JSI is still working with SHIP/HIO to get final approval on the selected candidate for an IL funded position of an Assistant for the Preventive Director of SHIP.

Proposed Actions to Overcome Constraints

- ◆ JSI has provided detailed comments to DT2.
- ◆ JSI has worked with the Preventative Director to mediate obstacles.

ID	Activity	Resp.	% Complete	1999												2000												2001														
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
823	9 TASK NINE: Student Medical Insurance Program (SMIP)		68%	[Gantt chart for 823: A thick black bar spans from approximately May 1999 to August 2000, with a downward arrow at the start and an upward arrow at the end.]																																						
824	9.1 In collaboration with SMIP, develop workplan, select pilot areas, identify coordinators, define activities and enumerate budgets	JR	100%	[Gantt chart for 824: A small black bar is located in June 1999.]																																						
825	9.2 Benchmark: Workplan developed	JR	100%	[Gantt chart for 825: A small black bar is located in October 1999, with a star icon and the text "10/12" next to it.]																																						
826	9.3 Disseminate and obtain approval for revised workplan	JR	100%	[Gantt chart for 826: A small black bar is located in November 1999.]																																						
827	9.4 Coordinate Task 9 activities with Tasks 2, 5, 7 and 8 to identify opportunities for collaboration on research, community involvement, and IEC programs	JR	65%	[Gantt chart for 827: A small black bar is located in December 1999.]																																						
828	9.5 Assess HIO's MIS as related to HM/HC activities	JR	40%	[Gantt chart for 828: A thick black bar spans from approximately January 2000 to March 2000.]																																						
829	9.6 Health & Nutrition education program initiated to support anemia control and immunization activities		64%	[Gantt chart for 829: A thick black bar spans from approximately May 1999 to August 2000, with a downward arrow at the start and an upward arrow at the end.]																																						
830	9.6.1 Assess and analyze SMIP policies and programs related to health education	JR	100%	[Gantt chart for 830: A small black bar is located in June 1999.]																																						
831	9.6.2 Review educational programs and materials targeted at adolescents world-wide	JR	100%	[Gantt chart for 831: A small black bar is located in July 1999.]																																						
832	9.6.3 Review research on adolescent women and men and their families	JR	100%	[Gantt chart for 832: A small black bar is located in August 1999.]																																						
833	9.6.4 Establish a coordination mechanism with USAID, HM/HC, HIO, MOHP, MOE and NGOs	JR	100%	[Gantt chart for 833: A thick black bar spans from approximately September 1999 to December 1999.]																																						
834	9.6.5 Undertake a qualitative research to fill gaps in the understanding of priority issues		100%	[Gantt chart for 834: A thick black bar spans from approximately January 2000 to March 2000.]																																						
835	9.6.5.1 Develop research	JR	100%	[Gantt chart for 835: A small black bar is located in February 2000.]																																						
836	9.6.5.2 Training	JR	100%	[Gantt chart for 836: A small black bar is located in March 2000.]																																						
837	9.6.5.3 Implementation	JR	100%	[Gantt chart for 837: A small black bar is located in April 2000.]																																						
838	9.6.6 Analysis of research and development of strategies for behavior modification and perception changes	JR	100%	[Gantt chart for 838: A thick black bar spans from approximately May 2000 to July 2000.]																																						
839	9.6.7 Strategy submitted for approval	JR	100%	[Gantt chart for 839: A small black bar is located in August 2000.]																																						
840	9.6.8 Benchmark: Strategy approved	JR	100%	[Gantt chart for 840: A thick black bar spans from approximately September 2000 to November 2000.]																																						
841	9.6.9 Materials development		100%	[Gantt chart for 841: A thick black bar spans from approximately December 2000 to February 2001.]																																						
842	9.6.9.1 Develop RFP	JR	100%	[Gantt chart for 842: A small black bar is located in January 2001.]																																						
843	9.6.9.2 Draft materials	JR	100%	[Gantt chart for 843: A thick black bar spans from approximately February 2001 to March 2001.]																																						
844	9.6.9.3 Pretest materials	JR	100%	[Gantt chart for 844: A thick black bar spans from approximately April 2001 to May 2001.]																																						
845	9.6.9.4 Finalize materials for pilot	JR	100%	[Gantt chart for 845: A small black bar is located in June 2001.]																																						
846	9.6.9.5 Benchmark: Finalized versions produced	JR	100%	[Gantt chart for 846: A thick black bar spans from approximately July 2001 to August 2001.]																																						
847	9.6.10 Develop training for health educators	DT2	90%	[Gantt chart for 847: A thick black bar spans from approximately September 2001 to November 2001.]																																						
848	9.6.11 Complete training of pilot users	JR	100%	[Gantt chart for 848: A small black bar is located in December 2001.]																																						
849	9.6.12 Monitor pilot implementation	JR; DT2	100%	[Gantt chart for 849: A thick black bar spans from approximately January 2002 to February 2002.]																																						
850	9.6.13 Revise, print and duplicate educational materials	JR	90%	[Gantt chart for 850: A small black bar is located in March 2002.]																																						
851	9.6.14 Develop operational plans, protocols and training material for 5 governorates	JR	95%	[Gantt chart for 851: A thick black bar spans from approximately April 2002 to June 2002.]																																						

50A

Contract Section C.8. Supporting Activities

TASK TEN

Small Grants Program

Accomplishments

Activity 10.1 Assessment of Work Currently Being Done and Potential for Future Grants

- ◆ A local consulting firm conducted an assessment of current and previous Grants given to Egyptian NGOs in the target areas. The purpose of the assessment was to:
 - ◇ Identify, investigate and assess the previous and current grant programs to NGOs related to health services that have taken place in Upper Egypt, with emphasis towards maternal and child health activities.
 - ◇ Determine lessons learned and recommend modifications that may be applied for future grant giving.

The final report was submitted and the assessment results will be used in the pre-award assessment of NGOs. Lessons learned and recommendations will be incorporated into the orientation workshops held by JSI for interested NGOs.

Activity 10.2 Grants provided to capable organizations through standardized mechanism

- ◆ Conducted field visits to Luxor short-listed NGOs for pre-award assessment and further replacement of proposals. The visits resulted in qualifying nine out of the thirteen short listed proposals.
- ◆ Reviewed, evaluated and scored the 40 Proposals that were received from the districts of Aswan, Daraw, Nasr and Kom-Ombo. The Review Panel agreed on a short-list of technically qualified proposals.
- ◆ Conducted field visits to the short-listed Aswan NGOs for a pre-award assessment and further refinement of proposals. The visits resulted in qualifying 13 of the 15 proposals.
- ◆ Submitted recommendations to the USAID Contracting Officer with 22 Proposals to approve their funding. Approval was granted.
- ◆ Signed Grant Award Contracts with the 22 successful NGOs (9 in Luxor and 13 in Aswan). See table below.
- ◆ Conducted two “Financial Management & Reporting” Training Workshops (one in Luxor and one in Aswan) for Grant Recipient NGOs.
- ◆ Advertised the Program for Qena South Districts (Armant, Qous & Esna) and had the Invitation for Application available for collection by interested NGOs through the three MoISA District Offices, NGO Regional Federation and the JSI Field Office.

Constraints

- ◆ Even though JSI has an approval letter to implement the Small Grant Program with the local NGOs, it is still the NGOs' responsibility to obtain Security Approval to actually receive the funds from JSI. The NGOs have not yet received approval.

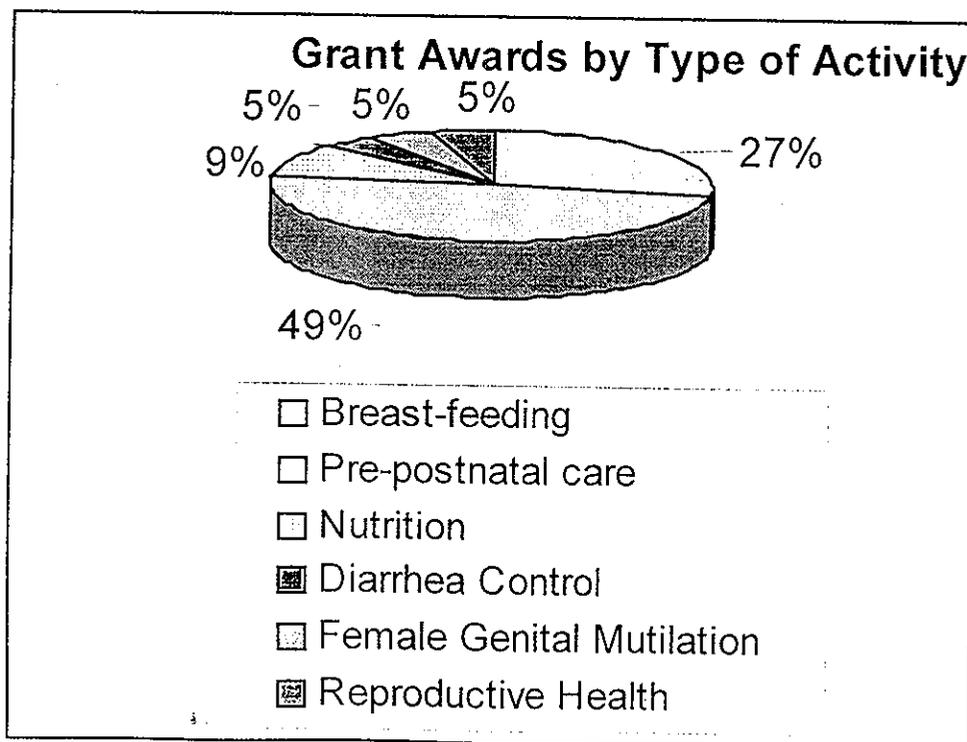
Proposed Actions to Overcome Constraints

- ◆ Continue to urge the selected NGOs to obtain Security Approval.

Table of Grants signed with twenty two NGOs

Grant No.	Governorate	District	NGO Name	Type of Activity	Amount in L.E.
1	Luxor	Luxor	El-Toad CDA	FGM	32,450
2	Luxor	Luxor	Odaysat Quebly, Naga Elwan CDA	Prenatal care	18,540
3	Luxor	Luxor	El-Aqalta CDA	Diarrhea control	11,340
4	Luxor	Luxor	El-Aqarba CDA	Prenatal / Delivery	18,210
5	Luxor	Luxor	Naga Abu Anan CDA	Prenatal / Nutrition	22,960
6	Luxor	Luxor	El-Sheikh El-Eraqy Charity Association	Pre-Postnatal care	23,540
7	Luxor	Luxor	Hager El-Odaysat Islamic Charity Association	Pre-Postnatal care	20,850
8	Luxor	Luxor	Egyptian Red Crescent Association	Breast-feeding	26,150
9	Luxor	Luxor	Sunshine Luxor	Reproductive health	77,250
10	Aswan	Nasr	Dar El-Salam El-Nobeya CDA	Breast-feeding	20,270
11	Aswan	Aswan	Family Planning Association - Aswan	Breast-feeding	33,510
12	Aswan	Aswan	Comprehensive DA	Pre-Postnatal care	26,380
13	Aswan	Aswan	Christian Youth Association, Aswan	Pre-Postnatal care	26,300
14	Aswan	Nasr	Nasr El-Noba CDA	Breast-feeding	23,220
15	Aswan	Nasr	Toshka Gharb CDA	Breast-feeding	16,275
16	Aswan	Aswan	El-Aakab El Kobra CDA	Prenatal care	25,420
17	Aswan	Aswan	El-Nahda Women DA, Nasria	Prenatal / B. Feeding	49,020
18	Aswan	Kom Ombo	Maniha CDA	Nutrition	46,800
19	Aswan	Kom Ombo	El-Kagoug CDA	Pre-Postnatal care	33,580
20	Aswan	Daraw	Ahmed Taha CDA	Nutrition	45,468
21	Aswan	Daraw	Naga Wanas CDA	Prenatal / Nutrition	28,520
22	Aswan	Daraw	El-Gaafra CDA	Pre-Postnatal care	32,700

The following Pie Chart illustrates the themes/subjects of the 22 awarded grants.



ID	Activity	Resp.	% Complete	1999												2000												2001														
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
893	10 TASK TEN: Small Grant Program		52%	[Gantt chart for 893: 52% complete]																																						
894	10.1 Small Grants Agreement between JSI and USAID finalized		100%	[Gantt chart for 894: 100% complete]																																						
895	10.2 Develop Training Curricula for NGOs on USAID Financial Management and reporting		100%	[Gantt chart for 895: 100% complete]																																						
896	10.2.1 Review sample curricula used in other USAID funded small grant programs		100%	[Gantt chart for 896: 100% complete]																																						
897	10.2.2 Prepare the financial management & reporting requirements needed for recipient NGOs		100%	[Gantt chart for 897: 100% complete]																																						
898	10.2.3 Develop the training curricula on financial management and reporting		100%	[Gantt chart for 898: 100% complete]																																						
899	10.2.4 Benchmark: Training Curricula for NGOs on USAID Financial Management and Reporting developed		100%	[Gantt chart for 899: 100% complete]																																						
900	10.3 Identification and Assessment of potential NGO partners in Target Districts		82%	[Gantt chart for 900: 82% complete]																																						
901	10.3.1 Assess and identify potential NGOs in Aswan, Luxor and Beni-Suif.		100%	[Gantt chart for 901: 100% complete]																																						
902	10.3.2 Benchmark: Identification & assessment of potential NGO partners in Aswan, Luxor & Beni-Suif completed		100%	[Gantt chart for 902: 100% complete]																																						
903	10.3.3 Assess and identify potential NGOs in Qena and Fayoum.		50%	[Gantt chart for 903: 50% complete]																																						
904	10.3.4 Benchmark: Identification & assessment of potential NGO partners in Qena & Fayoum completed		0%	[Gantt chart for 904: 0% complete]																																						
905	10.4 Obtain Official Approval and consent form MOHP and MOSA to approach NGOs for grant giving		100%	[Gantt chart for 905: 100% complete]																																						
906	10.4.1 Sign Memorandums of Cooperation by USAID, MOHP & Governors		100%	[Gantt chart for 906: 100% complete]																																						
907	10.5 Assessment of work currently being done and potential for future grants in the target areas		88%	[Gantt chart for 907: 88% complete]																																						
908	10.5.1 Send a letter to USAID to provide us with the Progress, Final and/or Evaluation reports of current and previous USAID grants		100%	[Gantt chart for 908: 100% complete]																																						
909	10.5.2 Prepare an RFP for Umbrella Management Institutions (UMIs) to do the Assessment		100%	[Gantt chart for 909: 100% complete]																																						
910	10.5.3 Send an RFP for Umbrella Management Institutions (UMIs) to do the Assessment		100%	[Gantt chart for 910: 100% complete]																																						
911	10.5.4 Receive proposal, Evaluate and Award		100%	[Gantt chart for 911: 100% complete]																																						
912	10.5.5 UMI Conducts the assessment		100%	[Gantt chart for 912: 100% complete]																																						
913	10.5.6 Assessment done and final copy of the report received		75%	[Gantt chart for 913: 75% complete]																																						
914	10.5.7 Organize and conduct a workshop to discuss lessons learned and how to modify existing grant practices, if necessary, for future grant giving		0%	[Gantt chart for 914: 0% complete]																																						
915	10.5.8 Benchmark: Workshop to discuss lessons learned conducted		0%	[Gantt chart for 915: 0% complete]																																						
916	10.6 Nominate a Review & Evaluation Panel Committee that will be in charge of Reviewing and Evaluating the NGOs Proposals		100%	[Gantt chart for 916: 100% complete]																																						
917	10.6.1 Nominate the Panel Committee		100%	[Gantt chart for 917: 100% complete]																																						
918	10.6.2 Submit the nomination to USAID for Contracting Officer's Approval		100%	[Gantt chart for 918: 100% complete]																																						
919	10.6.3 Benchmark: Review & Evaluation Panel Committee Approved by USAID		100%	[Gantt chart for 919: 100% complete]																																						
920	10.7 Develop the grant award Contract and Annexes template		100%	[Gantt chart for 920: 100% complete]																																						
921	10.7.1 Review sample contracts used in other USAID funded small grant programs		100%	[Gantt chart for 921: 100% complete]																																						

52A

TASK ELEVEN

Commodity Procurement Program

Accomplishments

- ◆ JSI/TCA completed the procurement process and issued Purchase Orders for a total amount of \$4,308,750 or 72% of the total commodity budget.
- ◆ JSI/TCA has procured the following items this quarter per the Life of Contract Procurement Plan:
 - ◇ Offshore Medical Furniture.
 - ◇ Local Medical Furniture, Equipment, and Supplies.
 - ◇ Local and Offshore Audio-Visual Equipment.
 - ◇ Color Printers.
- ◆ JSI/TCA has accepted delivery and installed the following items in recipient locations this quarter:
 - ◇ Medical Equipment, Furniture, and Supplies in South Qena District Hospitals and Anchor Facilities.
 - ◇ Office Furniture and Equipment for the Governorate Health Offices and District Health Offices in all five target governorates.
 - ◇ Computing Equipment, Office Furniture, and Office Equipment for the MHIS Centers in Aswan, Luxor, Beni-Suef, Qena, Fayoum, and Assuit.
 - ◇ Conference Room Furniture for Resource Rooms in the District Hospitals of the target districts.
 - ◇ Computing Equipment, Office Furniture, Air Conditioners, Audio-Visual Equipment, and Training Models for Cairo, Alexandria, and Assuit Medical and Nursing Schools.
 - ◇ Uniscales, Measuring Boards, and survey supplies for Task Nine research in Aswan.
- ◆ Delivery plans for the seventeen Neonatal Centers in the target governorates have been refined and scheduled for late July.
- ◆ Other procurements that are in process include:
 - ◇ CPAP.
 - ◇ Offshore medical commodities that were rejected in first Medical IFB-ultrasounds, neonatal monitors, radiant warmers, and surgical instruments.
 - ◇ Local medical supplies.
 - ◇ Third tranche of computing equipment for the Medical Schools and remaining MHIS Centers (Menya and Sohag).
 - ◇ Office equipment including air conditioners, fax machines, and Xerox machines.
 - ◇ Audio-visual equipment.
 - ◇ Task Nine research supplies.
- ◆ Meetings were held with JSI, TCA, MOHP, and local Chrysler dealer to facilitate the delivery and distribution of vehicles and spare parts.
- ◆ Waiver requests for printers and various medical commodities were submitted to USAID and approved.
- ◆ A 700 square meter warehouse has been rented to store the commodities before distribution.
- ◆ Official delivery reports were signed with the MOHP.
- ◆ The computerized Commodity Procurement Database was maintained and produced required reports.

Constraints

- ◆ Approximately 75% of the commodity budget has been committed. Additional monies are needed in order to provide the remaining necessary medical commodities to the health facilities in the 25 target districts.

Proposed Actions to Overcome Constraints

- ◆ JSI has notified USAID about the need for additional funds.

Procurement Expenditures by Commodity Category

The following table summarizes the division of procurement expenditures by commodity category according to the approved Life of Contract Procurement Plan and details the current percentage of commodities procured to date by commodity category.

Commodity Category	Total Estimated Expenditures	Current Expenditures	Percent Complete
Audio-Visual	\$36,400	\$97,910	268%
Computing	\$368,340	\$251,592	68%
Medical	\$1,494,100	\$1,491,960	99%
Office Equipment	\$402,300	\$146,021	35%
Office Furniture	\$328,865	\$226,436	69%
Vehicles	\$2,587,500	\$1,966,485	76%
Other*	\$782,628	\$128,346	16%
TOTAL	\$6,000,133	\$4,308,750	72%

ID	Activity	Resp.	% Complete	1999												2000												2001														
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
995	11 TASK ELEVEN: Commodity Procurement Program		65%	[Gantt bar for 11 TASK ELEVEN: Commodity Procurement Program]																																						
996	11.1 Needs assessment and schedule to TCA		100%	[Gantt bar for 11.1 Needs assessment and schedule to TCA]																																						
997	11.2 Activity 1: Procurement of project equipment		64%	[Gantt bar for 11.2 Activity 1: Procurement of project equipment]																																						
998	11.2.1 Tranche 1: Procurement of equipment to be installed 31/3/99		100%	[Gantt bar for 11.2.1 Tranche 1: Procurement of equipment to be installed 31/3/99]																																						
999	11.2.1.1 Refine specifications (when needs assessment is received from JSI)		100%	[Gantt bar for 11.2.1.1 Refine specifications]																																						
1000	11.2.1.2 Solicit offers (when procurement plan is approved)		100%	[Gantt bar for 11.2.1.2 Solicit offers]																																						
1001	11.2.1.3 Analyze offers received (varies from 10 - 15 days)		100%	[Gantt bar for 11.2.1.3 Analyze offers received]																																						
1002	11.2.1.4 Place orders and request L/C (when analysis is approved)		100%	[Gantt bar for 11.2.1.4 Place orders and request L/C]																																						
1003	11.2.1.5 Consolidate goods at US freight forwarded warehouse (varies depending on suppliers lead time)		100%	[Gantt bar for 11.2.1.5 Consolidate goods at US freight forwarded warehouse]																																						
1004	11.2.1.6 Arrange for shipping		100%	[Gantt bar for 11.2.1.6 Arrange for shipping]																																						
1005	11.2.1.7 Handle customs clearance and delivery (delivery to districts might involve more time)		100%	[Gantt bar for 11.2.1.7 Handle customs clearance and delivery]																																						
1006	11.2.1.8 Coordinate installation and training if applicable and required		100%	[Gantt bar for 11.2.1.8 Coordinate installation and training]																																						
1007	11.2.2 Tranche 2: Procurement of equipment to be installed 30/6/99		100%	[Gantt bar for 11.2.2 Tranche 2: Procurement of equipment to be installed 30/6/99]																																						
1008	11.2.2.1 Refine specifications (when needs assessment is received from JSI)		100%	[Gantt bar for 11.2.2.1 Refine specifications]																																						
1009	11.2.2.2 Solicit offers (when procurement plan is approved)		100%	[Gantt bar for 11.2.2.2 Solicit offers]																																						
1010	11.2.2.3 Analyze offers received (varies from 10 - 15 days)		100%	[Gantt bar for 11.2.2.3 Analyze offers received]																																						
1011	11.2.2.4 Place orders and request L/C (when analysis is approved)		100%	[Gantt bar for 11.2.2.4 Place orders and request L/C]																																						
1012	11.2.2.5 Consolidate goods at US freight forwarded warehouse (varies depending on suppliers lead time)		100%	[Gantt bar for 11.2.2.5 Consolidate goods at US freight forwarded warehouse]																																						
1013	11.2.2.6 Arrange for shipping		100%	[Gantt bar for 11.2.2.6 Arrange for shipping]																																						
1014	11.2.2.7 Handle customs clearance and delivery (delivery to districts might involve more time)		100%	[Gantt bar for 11.2.2.7 Handle customs clearance and delivery]																																						
1015	11.2.2.8 Coordinate installation and training if applicable and required		100%	[Gantt bar for 11.2.2.8 Coordinate installation and training]																																						
1016	11.2.3 Tranche 3: Procurement of equipment to be installed 31/12/99		100%	[Gantt bar for 11.2.3 Tranche 3: Procurement of equipment to be installed 31/12/99]																																						
1017	11.2.3.1 Refine specifications (when needs assessment is received from JSI)		100%	[Gantt bar for 11.2.3.1 Refine specifications]																																						
1018	11.2.3.2 Solicit offers (when procurement plan is approved)		100%	[Gantt bar for 11.2.3.2 Solicit offers]																																						
1019	11.2.3.3 Analyze offers received (varies from 10 - 15 days)		100%	[Gantt bar for 11.2.3.3 Analyze offers received]																																						
1020	11.2.3.4 Place orders and request L/C (when analysis is approved)		100%	[Gantt bar for 11.2.3.4 Place orders and request L/C]																																						
1021	11.2.3.5 Consolidate goods at US freight forwarded warehouse (varies depending on suppliers lead time)		100%	[Gantt bar for 11.2.3.5 Consolidate goods at US freight forwarded warehouse]																																						
1022	11.2.3.6 Arrange for shipping		100%	[Gantt bar for 11.2.3.6 Arrange for shipping]																																						
1023	11.2.3.7 Handle customs clearance and delivery (delivery to districts might involve more time)		100%	[Gantt bar for 11.2.3.7 Handle customs clearance and delivery]																																						

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Contract Administration

Accomplishments

- ◆ Remaining staff positions were filled during this period. A Contract Staff List detailing employee names and positions can be found in Annex B.
- ◆ Field Office Management and Technical Training were held both in Cairo and in the field offices.
- ◆ All Field Offices renovations were completed and the remaining Field Offices (Beni-Suef and Qena) were furnished.
- ◆ JSI Technical and All-Staff Meetings were held.
- ◆ JSI received a proposed contract modification from USAID. Comments and budget were submitted and are being reviewed by USAID.
- ◆ The JSI HM/HC budget tracking tool was updated on a monthly basis to show actual and projected expenses.
- ◆ JSI provided monthly expenditure estimates to USAID as required.
- ◆ Personnel systems were further refined for full-time and part-time employees.
- ◆ JSI submitted TrainNet data to IIE/DT2 as required by USAID.
- ◆ Project inventory records were updated and reviewed for accuracy.
- ◆ Inventory reports were submitted to the HM/HC Project as requested.
- ◆ Several local subcontracts (PWC, League Technology, Concord, Nubar Press, and Metropole) were negotiated and required ones approved by USAID.
- ◆ Subcontract Management Files were maintained and updated. Subcontract obligations were processed as required.
- ◆ A waiver request was approved by USAID for subcontracts with advertising firms expected to exceed the maximum of \$250,00 for a local subcontractor.
- ◆ Subcontracting Plan reports (SF 294) were submitted to USAID as required.
- ◆ Approval was granted from USAID/Washington for Task Eight and Task Nine Communication Campaigns.
- ◆ An IL budget was submitted to the MOHP/USAID and approved.
- ◆ The IL funds disbursement system was further refined.
- ◆ JSI requests for IL funds were tracked.
- ◆ Travel concurrences were submitted to USAID and approved.
- ◆ A publication template and plan were developed and implementation began.

Constraints

- ◆ In order to continue Task Nine activities through the end of the project, JSI requires additional funds.
- ◆ The Commodity Procurement Budget (Task Eleven) is over 75% allocated. Additional funds are required.
- ◆ The IL fund budget was cut by over 50%.

Proposed Actions to Overcome Constraints

- ◆ A contract modification is in process.
- ◆ JSI's IL funds expenses will be tracked closely.

ID	Activity	Resp.	% Complete	1999												2000												2001																							
				M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S					
1096	12 Management and Administration Activities		58%	[Gantt bar for 1096: starts at start of 1999, ends at end of 2000]																																															
1097	12.1 JSI HM/HC Orientation Meeting	KK	100%	[Gantt bar for 1097: starts at start of 1999, ends at start of 1999]																																															
1098	12.2 Benchmark: Orientation meeting held	KK	100%	[Gantt bar for 1098: starts at start of 1999, ends at start of 1999]																																															
1099	12.3 JSI HM/HC Planning Retreat	KK	100%	[Gantt bar for 1099: starts at start of 1999, ends at start of 1999]																																															
1100	12.4 Benchmark: Planning Retreat held	KK	100%	[Gantt bar for 1100: starts at start of 1999, ends at start of 1999]																																															
1101	12.5 Inventory Submission	KK	100%	[Gantt bar for 1101: starts at start of 1999, ends at start of 1999]																																															
1102	12.6 Benchmark: Inventory submitted	KK	100%	[Gantt bar for 1102: starts at start of 1999, ends at start of 1999]																																															
1103	12.7 Quarterly Performance Monitoring Report		62%	[Gantt bar for 1103: starts at start of 1999, ends at end of 2000]																																															
1104	12.7.1 Quarterly Performance Monitoring Report 1	RA	100%	[Gantt bar for 1104: starts at start of 1999, ends at start of 1999]																																															
1105	12.7.2 Quarterly Performance Monitoring Report 2	RA	100%	[Gantt bar for 1105: starts at start of 1999, ends at start of 1999]																																															
1106	12.7.3 Quarterly Performance Monitoring Report 3	RA	100%	[Gantt bar for 1106: starts at start of 1999, ends at start of 1999]																																															
1107	12.7.4 Quarterly Performance Monitoring Report 4	RA	100%	[Gantt bar for 1107: starts at start of 1999, ends at start of 1999]																																															
1108	12.7.5 Quarterly Performance Monitoring Report 5	RA	100%	[Gantt bar for 1108: starts at start of 1999, ends at start of 1999]																																															
1109	12.7.6 Quarterly Performance Monitoring Report 6	RA	100%	[Gantt bar for 1109: starts at start of 1999, ends at start of 1999]																																															
1110	12.7.7 Quarterly Performance Monitoring Report 7	RA	100%	[Gantt bar for 1110: starts at start of 1999, ends at start of 1999]																																															
1111	12.7.8 Quarterly Performance Monitoring Report 8	RA	100%	[Gantt bar for 1111: starts at start of 1999, ends at start of 1999]																																															
1112	12.7.9 Quarterly Performance Monitoring Report 9	RA	0%	[Gantt bar for 1112: starts at start of 1999, ends at start of 1999]																																															
1113	12.7.10 Quarterly Performance Monitoring Report 10	RA	0%	[Gantt bar for 1113: starts at start of 1999, ends at start of 1999]																																															
1114	12.7.11 Quarterly Performance Monitoring Report 11	RA	0%	[Gantt bar for 1114: starts at start of 1999, ends at start of 1999]																																															
1115	12.7.12 Quarterly Performance Monitoring Report 12	RA	0%	[Gantt bar for 1115: starts at start of 1999, ends at start of 1999]																																															
1116	12.7.13 Quarterly Performance Monitoring Report 13	RA	0%	[Gantt bar for 1116: starts at start of 1999, ends at start of 1999]																																															
1117	12.8 Annual Workplan Submission		100%	[Gantt bar for 1117: starts at start of 1999, ends at end of 2000]																																															
1118	12.8.1 Annual Workplan Submission 1	RA	100%	[Gantt bar for 1118: starts at start of 1999, ends at start of 1999]																																															
1119	12.8.2 Annual Workplan Submission 2 & 3	RA	100%	[Gantt bar for 1119: starts at start of 1999, ends at start of 1999]																																															
1120	12.9 Annual Report Submission		33%	[Gantt bar for 1120: starts at start of 1999, ends at end of 2000]																																															
1121	12.9.1 Annual Report 1	RA	100%	[Gantt bar for 1121: starts at start of 1999, ends at start of 1999]																																															
1122	12.9.2 Annual Report 2	RA	0%	[Gantt bar for 1122: starts at start of 1999, ends at start of 1999]																																															
1123	12.9.3 Annual Report 3	RA	0%	[Gantt bar for 1123: starts at start of 1999, ends at start of 1999]																																															
1124	12.9.4 Annual Report 4	RA	0%	[Gantt bar for 1124: starts at start of 1999, ends at start of 1999]																																															

55A

55B

Project: JSI HM/HC Results Package
Date: Mon 8/7/00

Task



Milestone



Completed Milestone



Progress Summary



Progress



Summary



Benchmark



Completed Benchmark



Coordination

As USAID's prime contractor for HM/HC RP, JSI facilitates and encourages coordination with USAID-funded projects and agencies involved in the health and population sectors especially focussing on areas that impact on the health of women and children. JSI submits a semi-annual Coordination report documenting achievements and activities.

- ◆ During this quarter a semi-annual coordination report was completed covering the period November 17, 1999 to May 15, 2000. Major highlights from this report related to this quarter are summarized below and supplemented by any additional activities in the subsequent period until end of June 2000.
- ◆ Early in this quarter, through consultation with and guidance from USAID, priorities for cross and multi-agency collaboration were identified in the following areas:
 - ◇ Establish program linkages between family planning (FP), reproductive health (RH) and maternal and child health (MCH);
 - ◇ Review and refine the cross-referral system between FP, MCH and RH;
 - ◇ Develop a standardized package of services for the "40th Day" postpartum visit;
 - ◇ Review existing systems and work on a system to integrate service standards, checklists, and supervisory teams for MCH (including RH and FP);
 - ◇ Review, revise, standardize and integrate curricula and training interventions for MCH, RH, and FP which can be transitioned from the vertical programs to the integrated model;
 - ◇ Implement the use of competency based training methodology in all training;
 - ◇ Promote open exchange of operations research instruments and data among USAID-funded agencies working in MCH; and
 - ◇ Share existing standards for facility renovation, equipment and supplies.
- ◆ These priorities acknowledge the evolving policy environment at national level within GOE and donor orientation, which provide opportunities and challenges in integrating MCH, Reproductive Health (RH) and FP systems, services and inputs/processes at various levels of the MOHP.
- ◆ Table 1 summarizes progress during this quarter on priority areas jointly identified with USAID. Participation by USAID in key coordination activities was critical to initiation and progress on coordination during this period:

Table 1: Progress on Priority Coordination Areas

Priority Coordination Areas	HM/HC RP Coordination Partners	Summary of Progress November 1999 – May 2000
1. Establish program linkages between family planning (FP), reproductive health (RH) and maternal and child health (MCH).	HM/HC Project; USAID; MOHP/SDP; Pathfinder/ POPIV	<ul style="list-style-type: none"> ▪ High level representation from FP/RH and MCH within MOHP and USAID initiated the process of establishing linkages for supervision, quality assurance through use of integrated checklists and supervisory visits. During this quarter the integrated checklist was further developed. ▪ Participation in presentation of FP District Management Plans initiated by Pathfinder/POPIV with the aim for integration with overall HM/HC District Plans. ▪ HM/HC, USAID and HM/HC RP jointly hosted “Consensus Workshop to Finalize Postpartum Guidelines” involving partners from MCH, FP/RH and academic institutions. The workshop developed integrated guidelines for MCH, RH, and FP postpartum schedule of visits including the 40th Day Visit. ▪ Series of meetings with active partners including UNICEF, UNFPA, MOHP RH, on the development of HM/HC RP approach and activities against FGC.
2. Review and refine the cross-referral system between FP, MCH and RH.	HM/HC Project; USAID; MOHP/SDP; MOHP/SRH; MOHP/Curative Department; MOHP/Nursing Department; Academic institutions, Pathfinder; UNFPA; UNICEF	<ul style="list-style-type: none"> ▪ Consensus Workshop on Postpartum Care described above.

Priority Coordination Areas	HM/HC RP Coordination Partners	Summary of Progress November 1999 – May 2000
<p>3. Develop a standardized package of services for the "40th Day" postpartum visit.</p>	<p>HM/HC Project; USAID; MOHP/SDP; MOHP/SRH; MOHP/Curative Department; MOHP/Nursing Department; Academic institutions, Pathfinder; UNFPA; UNICEF</p>	<ul style="list-style-type: none"> ▪ HM/HC, USAID and HM/HC RP joint "Consensus Workshop to Finalize Postpartum Guidelines" described above involving partners from MCH, FP/RH and academic institutions. The workshop developed integrated guidelines for MCH, RH, FP 40th Day Visit.
<p>4. Review existing systems and work on a system to integrate service standards, checklists, and supervisory teams for MCH (including RH and FP).</p>	<p>HM/HC Project USAID SDP/MOHP Pathfinder</p>	<ul style="list-style-type: none"> ▪ Series of joint meetings between MCH, FP/RH partners and MOHP to develop joint supervision, quality assurance and development of integrated supervisory and quality assurance checklists and supervisory visits. During this quarter the integrated QA checklist was further developed. ▪ Series of joint meetings and workshops with FP/RH partners, including Pathfinder/POPIV and other donors, to integrate district planning activities including integration of MHIS development activities initiated in Fayoum Governorate. An integrated plan involving donors in Fayoum and MCH and RH/FP was jointly developed during this quarter. ▪ Series of meetings with CGC to discuss Standards of Service for the private sector. ▪ Group meeting with CGC-Consult-agency to discuss monitoring and evaluation system being developed and how to ensure quality standards at private sector facilities; and share information and integrate certain training activities.
<p>5. Review, revise, standardize and integrate curricula and training interventions for MCH, RH, and FP, which can be transitioned from the vertical programs to the integrated model.</p>	<p>HM/HC Project USAID SDP/MOHP Pathfinder</p>	<ul style="list-style-type: none"> ▪ Meeting with Pathfinder/POP/IV on private sector initiative for rolling out progesterone-only pill and Depo-Provera and integrated into training for public sector physicians, nurses and dayas. ▪ Series of meetings with Wellstart to integrate achievements and products into HM/HC activities and materials.

Priority Coordination Areas	HM/HC RP Coordination Partners	Summary of Progress November 1999 – May 2000
6. Implement the use of competency based training methodology in all training.	HM/HC Project USAID Pathfinder Wellstart UNICEF	<ul style="list-style-type: none"> ▪ Development of process to integrate Wellstart training activities and materials into HM/HC competency-based training materials. ▪ Coordinate with UNICEF, HM/HC the development of competency-based modules for physicians and for neonatal nurses. ▪ Meetings with UNICEF for Daya Training Development. ▪ Finalization for publication of selected EOC competency-based modules for sharing with partners.
7. Promote open exchange of operations research instruments and data among USAID-funded agencies working in MCH.	HM/HC Project USAID Pathfinder CAPMAS	<ul style="list-style-type: none"> ▪ Series of regular meetings with CAPMAS. ▪ Agreement with HM/HC on joint development of database on district profiles on the MCH part of the Basic Benefits Package. ▪ Cross orientation of Pathfinder/ POP IV's Private Sector Initiative and Private Sector Activities by HM/HC and decision to include exchange of pharmacist training and to integrate module on questions about MCH issues into POPIV questionnaire for pharmacists.
8. Share existing standards for facility renovation, equipment and supplies.	HM/HC Project USAID	<ul style="list-style-type: none"> ▪ Finalization for publication of obstetric and neonatal standards, commodity catalogues and physical facility specifications for sharing with partners
9. Other		<ul style="list-style-type: none"> ▪ Meeting with NGO Service Center to share program objectives and plans for NGO support activities. ▪ Meeting with NGO Service Center to plan coordination of activities for June-December 2000.

ANNEXES

ANNEX A

Performance Milestone Status Report

No.	Date Due	Milestone	Task No.	Submitted	Validated	Approved		Comments
						USAID	MOHP	
1	6/15/98	Commencement of HMIS Assessment	4	6/25/98	9/16/98	9/20/98	8/30/98	Completed
2	6/15/98	Rapid Assessment of existing print and mass media conducted	8	8/13/98	NA	10/4/98	9/9/98	Completed
3	9/15/98	One HM/HC Consensus Meeting held and Essential Services Package finalized	1	9/30/98	3/8/99	3/16/99	10/15/98	Completed
4	9/15/98	Assessment of neonatal centers conducted	6	10/15/98	3/4/99	2/17/99	10/24/98	Completed
5	9/15/98	Development of HM/HC Project Procurement Plan	11	4/22/99	NA	4/26/99	N/A	Completed
6	12/15/98	Completion of HM/HC management guidelines for district planning	3	12/15/98	NA	3/16/99	3/16/99	Completed
7	12/15/98	Field test of protocol for linking community groups with providers completed	7	12/15/98	3/4/99	2/17/99	2/17/99	Completed
8	3/15/99	Lead Trainers trained & basic health package implemented in 5 districts	1 & 2	3/15/99	12/27/99	12/31/99	N/A	Completed
9	3/15/99	Completion of Egypt-specific Integrated Sick Child Management Plan	6	3/15/99	NA	4/7/99	4/7/99	Completed
11	6/15/99	Assist MOHP to establish 10 district MHIS	4	6/15/99	12/27/99	12/31/99	N/A	Completed
12	6/15/99	National IEC Strategy to support HM/HC developed	8	6/15/99	NA	06/28/99	6/28/99	Completed
14	9/15/99	Daya training program modified and ready for implementation	6	9/15/99	1/4/00	10/28/99	10/5/99	Completed
15	9/15/99	Procurement of 15% of Project commodities	11	9/15/99	1/4/00	10/28/99	N/A	Completed
16	12/15/99	8 District health plans and monitoring systems developed and implemented	3	12/15/99				
17	12/15/99	Needs identification tool implemented in 5 communities	7	12/15/99	1/4/00	2/29/00	2/28/00	Completed
19	3/15/00	Three operations research studies completed	5	3/15/00			N/A	
10	6/15/00	20 small grants awarded to NGOs in target districts	10	6/14/00	1/4/00	7/6/00	N/A	Completed (Rescheduled)
21	6/15/00	Assist MOHP to establish 30 district MHIS centers	4	6/14/00			N/A	
22	6/15/00	National IEC campaign developed	8	6/18/00			N/A	
13	7/15/00	HM/HC Curricula taught in 2 medical and 2 nursing schools	2	7/16/00				Rescheduled
18	7/31/00	Implementation of basic health package in 10 districts	1				N/A	Rescheduled
20	9/15/00	50 small grants awarded to NGOs in target districts	10				N/A	Rescheduled
23	9/15/00	HM/HC Curricula taught in 6 medical and 6 nursing schools	2				N/A	
24	9/15/00	1999/2000 Maternal Mortality Survey completed	5				N/A	
25	9/15/00	Procurement of 50% of Project commodities	11				N/A	
26	12/15/00	20 District health plans and monitoring systems developed and implemented	3					
27	12/15/00	Social Community Services offered in 20 districts	7				N/A	
28	3/15/01	Implementation of basic health package in 20 districts by end of Year 3	1				N/A	
29	3/15/01	100 neonatal centers linked with comprehensive perinatal programs in target districts	6				N/A	
30	3/15/01	75 small grants awarded to NGOs in target districts	10				N/A	
31	6/15/01	Assist MOHP to establish 65 MHIS centers	4				N/A	
32	6/15/01	FCM component integrated into overall HM/HC message package	8				N/A	
33	9/15/01	Implementation of basic health package in 25 districts by end of Year 4	1				N/A	
34	9/15/01	HM/HC Curricula taught in 13 medical and 13 nursing schools	2				N/A	
35	9/15/01	25 District health plans and monitoring systems developed and implemented	3					
36	9/15/01	Social Community Services offered in 25 districts	7				N/A	
37	9/15/01	100 small grants awarded to NGOs in 25 target districts	10				N/A	
38	9/15/01	Procurement of 100% of Project commodities	11				N/A	
39	9/15/01	ARI MIS in place in 27 governorates	6				N/A	
40	9/15/01	EPI coverage rates above 90% in 25 districts for all 7 vaccines	6				N/A	

ANNEX B

Contract Staff List

JSI HM/HC Results Package
Staff Roles and Titles
July 1, 2000

Cairo Office Staff:

Name	Roles and Titles
Reginald Gipson	Chief of Party
Ali Abdel Megeid	Deputy Chief of Party for Technical Services Development; Coordinator for Tasks 1, 2, 5 and 6
Richard Ainsworth	Deputy Chief of Party for Management Services, Coordinator for Tasks 3, 4, QA and M&E activities
Sunil Mehra	Coordinator for Community Health Development; Coordinator for Task 8
Sobhi Moharram Abdel-Hai	Community Development Specialist Coordinator for Tasks 7 and 10 Task Manager: Task 7
Katrina Kruhm	Project Administrator Coordinator for Task 11
Rebecca Copeland	Monitoring and Evaluation Coordinator Task Team Member: All Tasks
Tom Coles	Training Advisor, CAU Task Manager: Task 1
Said Khalil Mansour	Implementation Specialist Task Team Member: Task 1
Mohamed Moustafa Kamal	Medical Curricula Specialist Task Manager: Task 2
Hassan Kamal El Sheikh	Private Sector Specialist Task Team Member: Task 2
Ahmed Heshmat	Health Management and Quality Assurance Specialist Task Manager: Task 3
George Sanad	Management Systems Specialist Assistant Task Manager: Task 3
Wafaei Hassan El-Sakkary	Quality Assurance Specialist Task Team Member: Task 1 and 3
Khaled Abdel Fattah Mohammed	ArabSoft Team Leader Task Manager: Task 4
Sameh Gamil Masood	ArabSoft Programmer Task Team Member: Task 4
Mohamed Hassan	Research Associate Task Manager: Task 5
Adel Hakim Issa	Senior Obstetrical & Neonatal Researcher Task Team Member: Task 5
Dalida Samir Fahmi	Program Assistant Task Team Member: Task 5
Mariam Samir Fahmi	Program Designer and Data Entry Specialist Task Team Member: Task 5
Mohsen Aly El Said	Child Survival Specialist Task Manager: Task 6
Khaled El-Sayed Abdel-Salam	Community Development Specialist Task Team Member: Task 7

Name	Roles and Titles
Mohamed Hussam Rajab	Marketing and Communication Specialist, The Manoff Group Task Team Member: Task 8
Marwa Osama Kamel	Media and Communication Specialist, The Manoff Group Task Team Member: Task 8
Jill Randell	Nutrition & Health Education Advisor, The Manoff Group Task Manager: Task 9
Hani Samir Riad	Implementation Specialist, The Manoff Group Task Team Member: Task 9
Maha Magdy Anis	Training Supervisor, The Manoff Group Task Team Member: Task 9
Mohamed Mansour Hassan	Small Grants Assistant Task Manager: Task 10
Osama Boushra Kamel	Small Grants Assistant Task Team Member: Task 10
Yousri Aclimandos	Procurement Activities Team Leader, TCA Task Manager: Task 11
Marion Charobim	Procurement Specialist Task Team Member: Task 11
Omaima Mohamed Abdel-Akher	Field Office Coordinator
Hazem Mohamed Mansour	Financial Manager
Bassem Reda Boulos	Senior Accountant
Amr Abdel Halim Obid	Accountant
Naglaa Ahmed El Bakry	Office Manager
Ahmed Sakr	Network Administrator (League Technology)
Mayy Hassan El Haiway	Human Resources Manager
Ola Zakaria	Administrative Assistant
Gehan Raouf Iskander	Senior Executive Secretary
Yvette Bahr	Executive Secretary
Laila Mohamed Abdel Wahab	Senior Secretary
Aya Mahmoud Rashwan	Secretary
Amel Abdel-Kader Amer	Secretary
Dalia El Khodairy	Monitoring and Evaluation Program Assistant
Dina Galal Khairy	Secretary
Nevine Sami Guirguis	Secretary
Amira Mohamed Zaki	Receptionist
Iris Guerges Soliman	Data Entry Specialist
Tarek Sayed El Nadi	Senior Driver
Ali Yassin Ali	Driver
Hasaballah Moustafa Mohamed	Driver
Ayman Mohamed	Expediter
Ahmed Hassan Moawad	Junior Messenger
Aid Sayed Bahr Qenany	Photocopy Clerk
Hassan Fawzi Hassan	Porter
Khaled Mohamed El Ghoneimy	Porter

Part-Time Employees

Name	Roles and Titles
Hussein Samy Abdo	Part-time Anesthesiology Specialist
Wael Mohamed Abdel Rahman	Part-time Anesthesiology Specialist
Mohamed Rashad El-Said	Part-time Architectural & Engineering Specialist
Abdel Ghaffar Mohamed Ahmed	Part-time Clinical Supervisor
Amr Fathi	Part-time Clinical Supervisor
Assem Anwar Mousa	Part-time Clinical Supervisor
Ezzat Hamed Sayed	Part-time Clinical Supervisor
Magdy Tawfik Zain	Part-time Clinical Supervisor
Mahmoud Rizk Fayed	Part-time Clinical Supervisor
Mohamed Ismail Sabry	Part-time Clinical Supervisor
Sabry Mahmoud Hamza	Part-time Clinical Supervisor
Sayed Ahmed Mohamed Moustafa	Part-time Clinical Supervisor
Tarek Ibrahim El-Dessouky	Part-time Clinical Supervisor
Maaly Kamal Guimie	Part-time Curriculum Development Nursing Specialist
Ossama Shams Eldin Raslan	Part-time Infection Control Specialist
Said El-Dib	Part-time Management Systems Specialist
Mohamed Abdel-Aziz Mostafa	Part-time Training Management Specialist
Yasser Abou Talib	Part-time Trainer
Mohamed Abou Gabal	Part-time Master Trainer
Nehad El Gohary	Part-time Master Trainer
Nevine Hassanein	Part-time Master Trainer
Yousria El Sayed	Part-time Master Trainer / Midwifery Specialist
Abla Ahmed Ali	Part-time Neonatal Consultant
Lamia Mohamed Mohsen	Part-time Neonatal Specialist
Rosario Raz Mationg	Part-time Nurse Consultant
Mohamed Mohamed Fayad	Part-time Obstetrician Specialist
Mohamed Fawaz Anwar Halbouni	Part-time Emergency Care Consultant

Field Office Staff

Name	Roles and Titles
Aswan	
Emad Eldin Sayed Helal	Maternal and Child Health Specialist
Olivia Riad Iskander	Health Planning & Management Specialist
Basma Farouk Abbass	Community Development/NGO Specialist
Ahmed Mohamed Abdel Gelil	Implementation Specialist
Manal Mohamed Abdel-Gelil	Administrative Assistant
Manal Sobhi Youssef	Secretary
Mohamed Othman Omar	Driver
Sayed Fahmy	Porter
Luxor	
Abdel-Moniem Hamed	Maternal and Child Health Specialist
Khaled Sayed Mohamed	Health Planning & Management Specialist
Ola Mohamed Hamdy	Community Development Specialist
Nagwa Atef	Administrative Assistant
Abdel-Rehim Hanafi	Driver
Hassouna Tabea Hassouna	Porter
Beni Suef	
Beshir Mohamed Ali	Maternal and Child Health Specialist
Mohamed Hassan Serry	Health Planning & Management Specialist
Ahmed Mahmoud Assran	Community Development Specialist
Sahar Mohamed Abdel Aziz	Administrative Assistant
Essam Eldin Gaber Rajab	Driver
Fayoum	
Marwan Abdel Fattah Mohamed	Maternal and Child Health Specialist
Amgad George Habib	Management Specialist
Hala El Sayed Ahmed	Community Development Specialist
Ashraf Saad Abdel Hamid	Administrative Assistant
Gamal Abdel Azeem Mahmoud	Driver
Rabie Abdel Nabi Khamis	Porter
Qena	
Mamdouh Abou El Kassem	Maternal and Child Health Specialist
Michel Salah Atallah Youwakim	Health Planning and Management Specialist
Adel Ghazali Ahmed	Community Development Specialist
Essam El-Sayed Abdel Salam	Administrative Assistant
Khaled Mohamed Hussein Hamdan	Driver