

MILESTONE COMPLETION REPORT

CONTRACT NUMBER : 263-C-00-99-00017-00

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Date : August 21, 2001

Task Number : 1
Task Description : *Contraceptive Technologies and Services Expanded and More Widely Available*

Milestone No.: 1.5
Milestone Description: Inpatient PP services introduced to selected sites
Source of Verification: TA plan for inpatient methods
Planned End Date: July 31, 2000
Status : Completed
Submitted to USAID on August 21, 2001
(originally submitted to USAID on Sep. 19, 2000)

Comments:

STRENGTHENING INPATIENT POSTPARTUM SERVICES

I. INTRODUCTION

Task 1 has seven strategic goals, of which one is measured in part by Milestone 1.5:

- Strengthening inpatient postpartum services in selected sites.

In this context, postpartum services include cases of incomplete abortions admitted to the hospital.

II. BACKGROUND

In recent years, the health care needs of women during the postpartum period have become an increasingly important concern for providers, program administrators, and policy makers. A central component of these health care needs may be family planning services. In Egypt, the contraceptive needs of women during the postpartum period remain largely unmet. This has a negative impact on the health and quality of life for these women and their children.

Many women leave childbirth services without adequate information about contraception. A large number of these women who wish to delay or prevent future pregnancies receive little or no information on available, effective contraceptives that are safe for postpartum use. Accordingly, it is the objective of this program to increase the proportion of postpartum/post abortion women accepting a contraceptive method.

To address the need to increase postpartum contraception services, the Safe Reproductive Health (SRH) program was introduced in Egypt in 1993. Two key elements were to focus on perinatal counseling for family planning and high quality postpartum/post abortion contraceptive services. Postpartum IUD insertion services started in January 1999 as a joint initiative between the SDP and the curative sector of the MOHP. The service was initiated in eight selected governates. The plan of the SRH program was to introduce these services within 12 medical schools, 8 of the hospitals with the Teaching Hospitals Organization (THO), and over 100 MOHP hospitals. Key elements of this strategy were to:

- establish a comprehensive hospital-based service delivery package which included PPIUD insertion, minilaparotomy under local anesthesia, infection prevention, information and counseling for clients, an accurate record keeping system, a client referral system within the hospital, and a follow-up system for the patients,
- involve the medical schools,
- set norms and standards, and
- involve nurses.

By the end of 1999 there were four participating medical schools (Alexandria, Mansoura, Ain Shams, and Assuit Universities), one teaching hospital (El Galaa Teaching Hospital), and eight governate hospitals. Data from eight participating hospitals in the government's postpartum program are shown on the following page. Of these governate hospitals, only about 2.7% of the total deliveries hospitals received an IUD. Of the postpartum IUDs, 42% were inserted in the delivery room and 58% prior to hospital discharge.

Results from Safe Reproductive Health Program

Governate	Hospital	1999		2000 (first 6 months)	
		Total Deliveries	% IUD Insertions	Total Deliveries	% IUD Insertions
Alexandria	Dar Ismail*	8788	0.1	4095	0.8
Behera	Kafr El Dawar	5185	3.5	2571	3.1
Dakhaleya	Talkha	1504	16.8	644	31.5
Sharkia	Zagazig	5045	6.2	1559	15.0
Cairo	Helwan*	6386	1.7	3178	2.4
Giza	Boulak*	5840	2.0	1758	3.1
Minya	Minya*	2155	2.3	1039	1.8
Assuit	Asset*	2199	3.2	1224	6.5
TOTAL		37,102	2.7	16,061	4.9

* Tubal ligation introduced but only Assuit has reported any cases --four cases in 1999

In the first six months of 2000, the percentage of deliveries followed by an IUD insertion was only slightly improved (4.9%). Two governate hospitals (Talkha in Dakhaleya and Zagazig in Sharkia) showed significant gains over their 1999 results.

These results suggest that the postpartum program to date has not been successful. However, there have been some positive outcomes on which a more effective postpartum program can be developed. These are:

- establishment of inter-sector cooperation through central committees involving the Curative Sector and hospital committees (including relevant departments in the hospitals)
- establishment of standards for potential site selection
- design of a comprehensive service package
- availability of training criteria

A number of issues that appeared to have affected program performance are:

- a lack of quality assurance criteria
- poor physical conditions of some delivery rooms
- poor supervision
- inadequate infection control
- insufficient numbers of physicians trained to provide 24 hour coverage for a PPIUD insertion program
- nurses need more training relative to contraceptive options for the immediate postpartum period
- poor patient awareness of contraceptive options since women coming for delivery usually come in labor and time for counseling is usually short
- agreement of the husband is a requirement in some hospitals and the husband may not be available or the time to provide him with counseling may be too short
- most hospitals do not have routine antenatal care to counsel women on the potential for PPIUD
- physicians trained for PPIUD insertion are Ob/Gyn specialists while residents, who usually attend labor, are not included in the training program
- follow-up of the new mother is poor

- not all hospitals have a checklist to determine whether the woman meets the criteria for sterilization

III. THE APPROACH

Any successful program must address the primary issues affecting past performance. Accordingly, the program to strengthen inpatient postpartum services builds on the strengths of the SRH program and at the same time, includes activities to avoid past obstacles to success.

Elements of a Successful Postpartum Program

Successful postpartum programs share the following characteristics:

- the institution's leaders endorse and are committed to postpartum services.
- health care programs provide coordinated, and when possible, fully integrated, health services for women and children, including family planning information and services.
- health care providers at all levels receive training
- clients receive information and educational materials that are culturally appropriate, meet the clients needs and anticipate their questions.
- offer a variety of contraceptive methods
- impact evaluation is present

Pathfinder/POP IV Contractual Obligation

Under POP/FP IV there is a special focus on expanding the menu of methods available to postpartum women with a particular focus on improving inpatient method so for postpartum as well as post abortion clients. Expansion of PP/PA services will be coordinated with the HM/HC contractor. The Contractor's promotion of "Breastfeeding friendly" contraceptive methods includes:

- Counseling on PP wards regarding FP, including IUD, tubal ligation, progestin-only pills, and LAM;
- Identification and referral of appropriate candidates for PP/IUD and medically indicated tubal ligation;
- Performance of such procedures in the hospital setting, or provision of a contraceptive method or referral at hospital discharge;
- Coordination with prenatal and PP health services, in coordination with HM/HC, for educating clients about PP methods and providing appropriate PP methods and information around the 40th day PP visit;
- Expanding PP services offered by CSI and NGOs and improving referrals (see Task 4);
- Encouraging private sector involvement (Task 3); and
- Linked media campaigns and message promotion to improve demand and utilization (see Tasks 5 and 6)

To meet this contractual obligation and establish a strong inpatient program in Egypt, the steps to meet the following objective and strategy to achieve the objective are outlined.

Objective

The objective of this activity is to increase the proportion of postpartum/post abortion women accepting a contraceptive method.

Definitions

Postpartum Period: Traditionally, the postpartum period is defined as the interval between birth and six weeks. This definition is based on the time that it takes for the uterus to return to normal size. Pathfinder/POP IV program has two integrated postpartum initiatives, one for the immediate postpartum period (Milestone 1.5) and the second for the 40th day visit (Milestone 2.6). The program described in this document relates to immediate postpartum (including post abortion) which is defined as anytime during the hospital stay.

Post Abortion Period: For the purposes of this program, the post abortion period is defined as the interval between treatment of an incomplete abortion and the time of hospital discharge.

Strategy

The primary strategy of the Postpartum/Post Abortion program is to utilize the public sector inpatient clinical program to increase contraception acceptance among Egyptian women completing a pregnancy (See Attachment 1 for 2001-2002 MOHP Plan for Postpartum/Post Abortion Contraception Program). A secondary strategy is to capitalize on the presence of private sector physicians within the MOHP system to encourage extension of this service to the private clinic program.

In implementing this strategy, the following outlines how each of the elements of a successful postpartum family planning program are to be addressed.

A. Institution's leaders endorse and are committed to postpartum services

An important issue for the success of a postpartum program is the leaders' commitment and support in delivering postpartum services. In the previous program, field visits to some of the hospitals providing PP/PA IUD services demonstrated the importance of this commitment. In the MOHP's postpartum/post abortion program, visits with the leadership of a candidate governate hospital will be conducted to determine their interest in such a program. Once their support and commitment is secured, a seminar will be held to introduce staff to the overall program. Special attention will be given to the staff in terms of outlining the benefits of the program to the staff and the families they serve. Hospitals in which there is a demonstrated commitment will be given priority in terms of training.

To ensure an ongoing commitment, Pathfinder/POP IV will offer financial support for a research/monitoring program. This program will allow the internal team to meet on a bimonthly basis to assess progress as well as quality within the postpartum/post abortion program.

B. Health care programs provide coordinated health services for women and children, including family planning information and services

This program will work to provide linkages across health services in which a woman either delivers or is treated for an incomplete abortion in the hospital or emergency room. This linkage will be made primarily within the training program that will involve physicians, nurses, residents, and personnel in supporting facilities such as the Primary Health Care Unit (PHC). In the inpatient postpartum/post abortion program, each of these health professionals comes into direct contact with the patient.

C. Health care providers at all levels receive training

The special needs of the post abortion program will be contained within the inpatient postpartum program as outlined in this plan. The training program outlined below will be managed through the Regional Center for Training in Reproductive Health (RCT). Training in the university and other established training centers will be conducted by the RCT.

1. Training Needs

To meet the training needs essential for successful introduction and expansion of postpartum contraceptive services in the MOHP system, a series of training activities to support the objectives of the MOHP are to be implemented through the RCT. These activities are:

- Postpartum/post abortion contraception training course for physician service providers
- Counseling (basic and postpartum/post abortion) training course for nurse and physician service providers.
- Postpartum/Post Abortion Contraception training course for nurses and physicians working in PHC units
- Creation of awareness of the Postpartum/Post Abortion Program for staff workers in other departments of the service provision sites or in other facilities in the catchment area. Special attention is to be given emergency room departments in each of these facilities.

There are many materials outlining training needs and procedures for a postpartum program. During the development of the different training course, Pathfinder's Training Advisor will provide training materials from the following:

- Postpartum Contraception (FHI)
- PPIUD Insertion (AVSC)
- Counseling training courses (basic and postpartum) (MOHP and AVSC International)
- Standards of Practice (AVSC)

After completion of training, RCT will also be responsible for followup of the training participants at their working sites. The purpose of this follow-up is to ensure that participants are providing postpartum contraceptive services based on their training. RCT, working with Pathfinder's training Advisor, will provide a follow-up protocol.

2. Postpartum Contraception Training Course

This course includes both skills and counseling elements. By the end of the course, each participant should be able to:

- provide postpartum IUD insertions
- provide information on other postpartum contraceptive options
- provide information on options at 40 days postpartum
- provide post abortion IUD insertions
- provide information on other post abortion contraceptive options

RCT will compile training materials from the following three sources:

- Postpartum contraception training course developed by FHI
- Postpartum IUD insertion training course developed by AVSC International
- Standards of Practice for PPIUD insertion developed by AVSC International

Participants: Ob/Gyn specialists, assistant specialists, and residents working at the OB/Gyn departments at service provision sites.

Duration of Training Program: 5 days

Language of Training: English

3a. Counseling Training Course for Ob/Gyn Department Staff

This course includes counseling skills only. By the end of the course, each participant should be able to:

- provide clients with the needed information, education, and counseling for different immediate postpartum contraceptive methods
- provide clients with the needed information, education, and counseling for different contraceptive methods at the 40 day postpartum period.
- provide clients with the needed information, education, and counseling for different contraceptive methods immediate postabortion

RCT will compile training materials from training materials currently available in the MOHP/PS. These materials cover basic and postpartum counseling skills.

Participants: Ob/Gyn nurses and physicians working at the OB/Gyn departments and ANC Outpatient clinics of the service provision sites.

Duration of Training Program: 4 days

Language of Training: Arabic

3b. Infection Prevention Training Course

This course includes skills training only. By the end of the course, each participant should be able to:

- apply appropriate infection prevention practices with different postpartum contraceptive options including postpartum IUD insertions.
- apply appropriate infection prevention practices with different post abortion contraceptive options including post abortion IUD insertions.

RCT will compile training materials from training materials currently available in the MOHP/PS. These materials cover basic and postpartum infection prevention skills.

Participants: Ob/Gyn nurses and physicians working in the OB/Gyn departments at service provision sites.

Duration of Training Program: 2 days

Language of Training: Arabic

Note: As the types of participants for the counseling and infection prevention training courses are the same, the two courses will be combined into one training event for six days.

4. Counseling Training Course for PHC Unit Staff

This course includes counseling skills training only. By the end of the course, each participant should be able to:

- provide clients with the needed antenatal and postpartum information, education, counseling, follow-up, and different options for postpartum contraceptive options including postpartum IUD insertions.
- provide clients with the needed antenatal and postpartum information, education, counseling, follow-up, and different options for postpartum contraceptive options including post abortion IUD insertions.

RCT will compile training materials from training materials currently available in the MOHP/PS. These materials cover the needed antenatal care and postpartum information, education, counseling, follow-up skills, and knowledge for different postpartum and post abortion contraceptive methods that are to be included in the training course.

Participants: Physicians and nurses working in Primary Health Care Units in the catchment areas of the service provision sites

Duration of Training Program: 2 days

Language of Training: Arabic

5. Orientation Workshop for the Postpartum/Post Abortion Contraception Program

This course will be under the management of the MOHP and includes information and education only. By the end of the course, each participant should be able to:

- understand the importance of the Postpartum/Post Abortion contraception program to both maternal and child health
- understand their role in ensuring the success of the Postpartum/Post Abortion contraception program.

The MOHP will compile training materials. The training materials should cover:

- the importance of the Postpartum/Post Abortion contraception program.
- the program plan through September 2002
- the role of the medical staff in ensuring the success of the Postpartum/Post Abortion contraception program.

Participants: Medical staff working in other departments of the service provision sites and/or other facilities in the catchment areas

Duration of Training Program: 2 days

Language of Training: Arabic

6. Suggested Plan for Expansion

Suggested sites for expansion of the postpartum program are provided on the following page. Naturally, the MOHP working with the RCT has the overall responsibility for selecting sites in which personnel will be trained. Nevertheless, Pathfinder's Training Advisor will work in an advisory role to ensure that the program is rolled out in the most effective manner.

Current Centers Participating in the Postpartum Program

A first priority is to strengthen the existing network of eight governate hospitals currently involved in the postpartum program. A first step in strengthening this existing network will be to determine the commitment of their leadership to expand their existing program.

Healthy Mother/Healthy Child

For new centers, high priority will be given to MOHP facilities in Upper Egypt where renovations have taken place with the support of the Healthy Mother/Healthy Child project. This includes 17 General and District MOHP hospitals including 17 in Aswan, 2 in Luxor, and 11 in Qena. All PHC Units in the catchment areas of these 17 hospitals will be trained to provide ANC counseling for potential clients and to refer them to service provision sites. Counseling will also include counseling information for follow-up of acceptors who accept a method of contraception prior to hospital discharge. For those women who do not accept a method of contraception before discharge from the hospital, follow-up will be encouraged at the 40th day postpartum.

University Hospitals

In the five universities that have been trained in postpartum care, the postpartum and post abortion training will be provided through these hospitals (Tanta, Zagazig, Suez, Menya, and Sohag). These university hospitals will be supplied with PPIUD insertion instruments.

HIO/THO Hospitals

Twelve HIO hospitals and eight THO hospitals will be included in the postpartum program training including the skills training course in postpartum/post abortion insertions. HIO hospitals serve a large sector of the population likely to accept a contraceptive method postpartum. THO hospitals may be used as training sites.

Potential Sites for Postpartum/Post Abortion Program

	MOHP G&D hosp.	MCH Renovated. Delivery rooms	HM/HC Renovation	THO	HIO	Univ. Hosp
Cairo	13	8		4	3	4
Alexandria	8	6			2	1
Port Said	3	2				
Suez	2	1				
Ismailia	7	2				1
Damietta	10	5				
Dakahleya	19	1				1
Sharkia	17	2			1	1
Kalubeya	10	3		1	1	1
Kafr El Sheikh	9	2				
Gharbeya	9	4			1	1
Menofeya	9	2		1		1
Behera	16	6		1	1	
Giza	13	3			1	
Beni Suef	7	2	21(S3-4)			1
Fayoum	6	4	20(S3)			1
Menya	9	2	UNICEF?			1
Assuit	11	2	UNICEF?		1	1
Sohag	11	2	UNICEF?	1	1	1
Qena	11*	12*	35(S2-4)*			
Luxor	3*	6*	7(S1)*			
Aswan	4*	20*	19(S1)*	1*		
Matrouh	7	1				
New Valley	3					
Red Sea	4					
N. Sinai	4	2				
S. Sinai	3					

G&D= General & District hospitals, total 228, including Ob.Gyn hospital in Alexandria

THO= Teaching Hospital Organization, total 9

HIO= Health Insurance Organization, total 12

S1= Stage one completed renovation

S2= Stage two almost finished renovation

S3= Stage three ongoing

S4= Stage four planned

* = Overlap in hospitals and delivery rooms

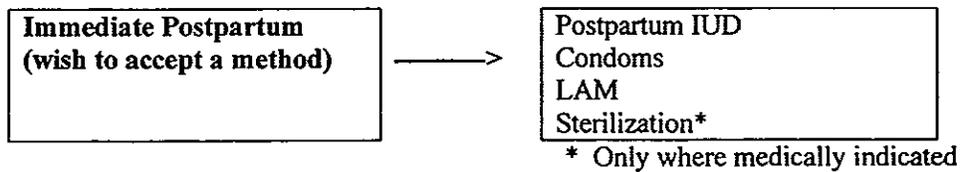
D. Clients receive information and educational materials

Within the counseling and information as outlined in the training course, women will be given the following contraceptive options. A patient-oriented postpartum brochure will be made available to all sites in which training has taken place. This brochure is patient-oriented and provides information concerning the availability of postpartum IUD insertion as a contraceptive option.

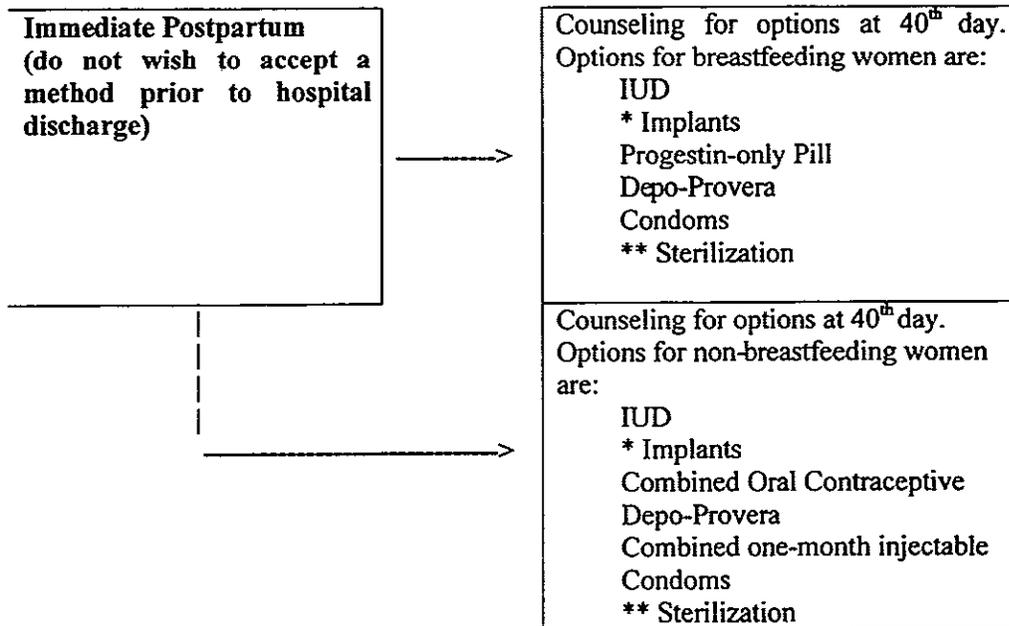
1. Counseling Activities

Immediate Postpartum

The first step is to encourage full breastfeeding for all women who deliver a full term live birth. Thus the selected contraceptive must not adversely affect breastfeeding for this group. Thus choices for immediate postpartum women who intend to breastfeed are as follows:

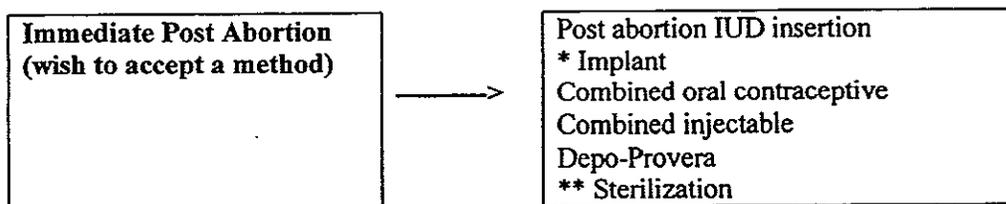


Some immediate postpartum women who intend to breastfeeding may not wish to accept an IUD or do not have a medical indication for sterilization. In these cases, each woman should be given contraceptive information as to her options at the 40th postpartum day. The options for the woman are also outlined in the 40th day postpartum program (See Milestone 2.6). Their choices are as follows:



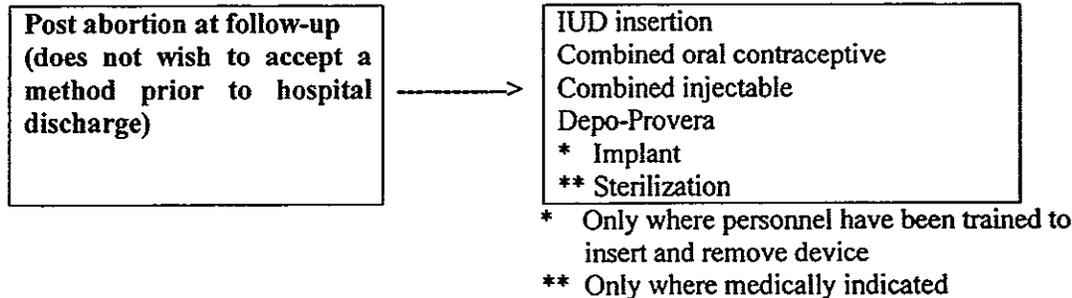
- * Only where personnel are trained to insert and remove device
- ** Only where medically indicated

Immediate Post Abortion



- * Only where personnel have been trained to insert and remove device
- ** Only where medically indicated

Some immediate post abortion women may not wish to accept a contraceptive method or do not have a medical indication for sterilization. In these cases, each woman should be given contraceptive information as to her options and asked to return on the normal followup schedule of the clinic for the treatment of these women. Their choices are as follows:



2. Information and Education

Present Activities/Public Sector

Popular Meetings: Numbers of attendees range from 20 to 200, mostly in health units, social units, military camps, factories and companies. Selected meetings will be used to stimulate discussion of availability of postpartum contraceptive services (including 40th day visit) within the hospital or the PHC.

Audio Visual Meetings: These homogenous, small group meetings (maximum 30) are very focused and selected meetings will be used to stimulate discussion of availability of postpartum contraceptive services (including 40th day visit) within the hospital or the PHC.

Educational Meetings: These meetings are for small group leaders of not more than 20 (community leaders, officials, local council members, school press supervisors, Raidat Rifiyat, social workers). They are held in an equipped facility for three days in the form of an orientation workshop. Selected meetings could include information concerning the availability of postpartum contraceptive services (including 40th day visit) within the hospital or the PHC.

Planned Activities/Private Sector

Public Relations Campaign: Pathfinder/POP IV will implement a series of health articles describing the value of spacing between children and the role of contraception in helping couples do this. As part of this campaign, selected articles will describe the options for a woman when she has delivered in hospital or at the 40 day postpartum visit.

Speaker's Programs: With the support of the pharmaceutical sector, selected postpartum contraception speaker's programs to private sector physicians will be implemented in the first quarter of 2002. The objective of these programs will be to explain the health reasons for using contraception after the birth of a child.

Private Sector Project Promotion: The Private Sector Project (PSP) will implement an ad campaign for the 40th postpartum day. This campaign will extend the early postpartum period health advertising program of Healthy Mother/Healthy Child and provide information about

contraceptive options information to parents when they return to their health care provider for the 40 day follow-up of their infant.

Private Commercial Sector Promotion to Physicians Companies with postpartum contraceptive options will be encouraged to promote their methods to physicians. Names of private sector physicians with private hospitals or inpatient facilities, and who have been trained in the public sector postpartum program as part of their MOHP responsibilities, will be identified for special medical detailing by the pharmaceutical companies.

Private Commercial Sector Promotion to Pharmacists: Companies with postpartum contraceptive options will be encouraged to promote their methods to clients who visit pharmacies through special posters and pamphlets.

Private Sector Project (PSP) Promotion to Physicians: The PSP will provide postpartum information to physicians through its medical detailing to physicians. Special message pamphlets reminding physicians of the importance of counseling their clients on the importance of contraception for spacing for the health of their child and their own health will be disseminated through the PSP network of physicians.

Private Sector Project (PSP) Promotion to Pharmacists The PSP will provide postpartum information to pharmacists via the pharmacist newsletter and through special pamphlet reminders of their contraceptive options while they are breastfeeding.

CSI and NGOs

Clinical Services Improvement (CSI) will be encouraged to increase their focus on postpartum contraception by providing information using informational materials and pamphlets developed for private sector physicians and pharmacists. At the same time, other NGOs will be visited by the PSP sales force. During this visit they will receive provide information concerning the availability of postpartum contraceptive options for a woman at the 40th day postpartum.

E. Impact Evaluation is Present

In cooperation with Pathfinder's Training Advisor, the MOHP Population Sector will have responsibility for monitoring and evaluating the various training activities. In addition, monitoring the quality of the provision of the postpartum services at each site using the QIP checklist will be done by the MOHP Population Sector with the advice of the Pathfinder Training Advisor.

After training, it is expected that all participating centers will achieve a 10% increase in contraceptive method acceptance rates. While there are no incentives to achieve this increase, counseling and providing information to inpatient postpartum patients is expected to increase the overall acceptance rate of contraception within each participating center.

After training, each hospital center will be offered a monitoring and research tool to follow the first five hundred postpartum cases to assess the effectiveness of their program. Those accepting this program will be asked to review their data at one month after the first element of the training program has been completed and then every two months thereafter.

ATTACHMENT 1
Plan for Postpartum/Post-Abortion Contraception Program
Ministry of Health and Population
Population Sector
July 2001-September 2002

**Ministry of Health & Population
Population Sector
(MOHP/PS)**

**Plan For
Postpartum / Post-Abortion Contraception
Program**

July 2001 – September 2002

USAID Project # 263-98-P-005

July 2001

Plan for Postpartum / Post Abortion Contraception Program

July 1, 2001 – September 30, 2002

BACKGROUND

The most popular contraceptive method in Egypt is the interval IUD, followed by oral contraceptives, injectables, and other methods. However, postpartum and post-abortion contraceptive services have not been widely available and represent a missed opportunity for the Egyptian family planning program. Although postpartum/post-abortion contraception services (including immediate insertion of IUDs) can begin safely following delivery or abortion, these services have not been made widely available in Egypt. Women wishing to use a contraceptive method have been required to return to a family planning clinic 40 days after delivery or termination of pregnancy. Some women become pregnant again during this period, and others fail to return to the clinic after the 40-day period. Thus, postpartum/post-abortion inpatient contraceptive services offer potential opportunities to serve women who may otherwise have limited access to FP services at a time that is convenient to them and which makes efficient and economical use of health delivery system resources.

Potential sites for introducing PPIUD include MOHP general and district hospitals, Teaching Hospital Organization (THO) hospitals, and Health Insurance Organization (HIO) hospitals. The HIO is included because they serve a large sector of the population who are more prone to accept the service. THO hospitals are included because they are potential training sites. Both HIO and THO hospitals have delivery rooms in good shape, and may need only minor equipment and instruments. University hospitals can also provide PPIUD services, in addition to their role in education and training (Table 1).

Introduction of services in delivery rooms renovated by the Maternal and Child Health (MCH) Directorate or by Helathy Mother/Healthy Child (HM/HC) project through JSI or UNICEF in Upper Egypt is considered the priority (Table 1). Where hospitals are already renovated and equipped to provide essential obstetric care, the cost for renovation for PPIUD is thus saved. The only item that will be needed for such hospitals is the packet for inserting PPIUD, which includes Kelley's Forceps.

Because the present target of service providers training on PPIUD is Ob/Gyn specialists, renovated delivery rooms in Primary Health Care services could be considered later, with a change in policy to train general practitioners GPs as well.

Potential clients for PPIUD are mothers having their delivery in public health facilities. According to the 1995 EDHS, 17.9% of mothers delivered in public health system. This percentage increased in the 2000 survey to 22.2%, most of which were in public hospitals. In the year 2000, home deliveries accounted for 51.7% of all deliveries. Although these are not eligible for PPIUD, they should be approached for other appropriate contraceptive methods.

Table 1: Potential Sites for PPIUD Program

	MOHP G&D hosp.	MCH Renovated. Delivery rooms	HM/HC Renovation	THO	HIO	Univ. Hosp
Cairo	13	8		4	3	4
Alexandria	8	6			2	1
Port Said	3	2				
Suez	2	1				
Ismaileya	7	2				1
Damietta	10	5				
Dakahleya	19	1				1
Sharkeya	17	2			1	1
Kalubeya	10	3		1	1	1
K El Sheikh	9	2				
Gharbeya	9	4			1	1
Menofeya	9	2		1		1
Behera	16	6		1	1	
Giza	13	3			1	
Benisuef	7	2	21			1
Fayoum	6	4	20			1
Minya	9	2	UNICEF?			1
Assiut	11	2	UNICEF?		1	1
Sohag	11	2	UNICEF?	1	1	1
Qena	11*	12*	35*			
Luxor	3*	6*	7*			
Aswan	4*	20*	19*	1*		
Matrouh	7	1				
New Valley	3					
Red Sea	4					
N. Sinai	4	2				
S. Sinai	3					

G&D= General & District hospitals, total 228, including Ob.Gyn hospital in Alexandria

THO= Teaching Hospital Organization, total 9

HIO= Health Insurance Organization, total 12

* = Overlap in hospitals and delivery rooms

The Safe Reproductive Health Program

The safe reproductive health (SRH) program started in Egypt in the 1993. The purpose of this program was to improve maternal and child health in Egypt by increasing access to contraceptives and expand options for Egyptian women. The strategy was to focus on the needs of high-risk women through a perinatal service model. The two key elements of the model are perinatal counseling for family planning and high quality postpartum contraceptive services. The main components of the program are postpartum IUD (PPIUD) and post-abortion IUD (PAIUD) insertion, in addition to tubal ligation for medical indications. The success of the perinatal model rests on developing systems for informing and referring clients from different service points within the institution (in reach) and from external service sites (outreach).

The key elements of the strategy were:

- Comprehensive hospital-based service delivery package including:
 - PPIUD technologies,
 - minilaparotomy under local anesthesia,
 - infection prevention,
 - information and counseling for clients,
 - a thorough record-keeping system,
 - a client referral system inside the hospital, and
 - follow-up systems.
- Involvement of university medical schools.
- Setting of norms and standards.
- Involvement of nurses.
- Whole-site orientation and training.
- Management committees.
- Quality improvement approaches and tools
- Emphasis on sustainability.

The situation at the end of POP III (1999)

The program was part of the MOHP-SDP funded by USAID. An SRH program coordinator ran the program. A Technical Assistance Committee (TAC) was in action and met every three months, headed by the First Undersecretary of the Population Sector. Members of the committee included Ob/Gyn professors from several universities, the First Undersecretary for the Curative Health Sector, representatives from THO, HIO, USAID, the MOHP/SDP project director, the SRH program coordinator, and a technical advisor.

The SRH program was introduced in four medical schools, Alexandria, Mansoura, Ain Shams, and Assiut universities. Physicians were sent to Mexico for orientation and training on PPIUD, and to Kenya and the Dominican Republic for training on tubal ligation. These four universities and El Galaa Teaching Hospital were considered training sites for PPIUD.

The postpartum program was introduced in eight governorate hospitals: Dar Ismail Maternity Hospital in Alexandria, Kafr El Dawar District Hospital in Behera, Zagazig General Hospital in Sharkeya, Talkha District Hospital in Dakahleya, Boulak El Dakrour General Hospital in Giza, Helwan General Hospital in Cairo, El Minya General Hospital in El Minya, and Assiut General Hospital in Assiut.

Tubal ligation (minilaparotomy/local anesthesia, ML/LA) was introduced in five out of the eight hospitals; namely, Helwan in Cairo, Boulak El Dakrour in Giza, Dar Ismail in Alexandria, El Minya General Hospital, and Assiut General Hospital.

In addition, a comprehensive training curricula had been developed for Egypt; a 'whole-site' systems orientation and training approach had been established; and a collegial working relationship had been forged between the university medical schools and MOHP. The comprehensive curricula is at the MOHP. The MOHP will coordinate with RCT to ensure that RCT utilizes this existing curricula. RCT can review the material and make minor updates.

The situation at the end of 2000

The eight hospitals that have been renovated and equipped under the SRH unit have had staff trained and are providing the service. (The service output for PP/PA IUD insertion is presented in table 2.) However, records and site visits revealed that the renovated SRH rooms are not efficiently utilized. Records show that 41.9% of PPIUD insertions took place before discharge; the remaining 58.1% was conducted in the delivery room.

Since 1999, five more universities have been trained in PPIUD: Tanta, Zagazig, Suez Canal, Minya, and Sohag. These universities are waiting for limited equipment to start providing these services. They can also work as training sites through RCT.

Short-term technical assistance from POP IV developed a quality improvement program checklist (QIP) based on the standards of service. However, it will not be finalized until the program becomes well established under the new strategy. The MOHP team and Pathfinder revised the record system. A new system has been developed. Again it may need to be revisited before finalization.

Table 2: Results from Safe Reproductive Health Program

Governorate	Hospital	1999		2000 (first 6 months)	
		Total Deliveries	% IUD Insertions	Total Deliveries	% IUD Insertions
Alexandria	Dar Ismail*	8788	0.1	4095	0.8
Behera	Kafr El Dawar	5185	3.5	2571	3.1
Dakhaleya	Talkha	1504	16.8	644	31.5
Sharkia	Zagazig	5045	6.2	1559	15.0
Cairo	Helwan*	6386	1.7	3178	2.4
Giza	Boulak*	5840	2.0	1758	3.1
Minya	Minya*	2155	2.3	1039	1.8
Assuit	Assut*	2199	3.2	1224	6.5
TOTAL		37,102	2.7	16,061	4.9

* Tubal ligation introduced, but only Assuit has reported four cases

SWOT Analysis

This analysis applies to the program now being implemented in eight hospitals.

Strengths

The program has many points of strength including:

- Inter-sector cooperation took place through Central Committees involving the Curative Sector, and Hospital committees including relevant departments at the hospital.
- Criteria for potential site selection are established.
- Standards for facilities and equipments are available.
- A comprehensive service package has been designed.
- Training curricula are available.
- Training opportunities are provided through selected university hospitals.
- Human resources in renovated sites have been trained.
- IEC material has been updated (now in development).

Weaknesses

Certain issues need to be considered:

- Management systems are only partly in place.
- Management committees at central and local levels do not hold regular meetings.
- Insufficient system of data collection and analysis on PP activities.
- Poor physical conditions of some delivery rooms, which do provide immediate PPIUD.
- No supervisory checklist is yet designed.
- Supervision is not regular.
- Infection control needs more training.
- The number of trained physicians is not enough to provide 24 hour service.
- Nurses need more on-the-job training.
- IEC material, though updated, is not yet available.
- The existing IEC material is not properly distributed and used.
- No community-based or other marketing activities regarding the availability and advantages of PPIUD.
- Deficiency in the follow-up activities of PPIUD clients.

Opportunities

Potential opportunities for the PPIUD program are:

- Involvement of the primary health care services for counseling and referral during the antenatal period.
- Coordination with MCH activities, and HM/HC project making use of their renovated sites.
- Involvement of medical schools.

Threats

The program may be jeopardized by:

- The Population Sector implements the program, but has no authority over the hospitals (which are affiliated to the Curative Sector).

- Repeated changes in central office staff responsible for the program.
- Lack of leadership and staff commitment by the hospital management and PP/PA service delivery level.
- Low staff morale and lack of teamwork and harmony between hospital management, Ob/Gyn and PPIUD staff.
- The general environment does not support PPIUD; many of the Ob/Gyn specialists and physicians do not support this practice.
- The physicians trained for PPIUD are Ob/Gyn specialists, but residents, who usually attend labor, are not included in the training program.
- Mothers coming for delivery in the hospital usually come in labor. The time available for counseling is usually very short. Mothers may not stay in the hospital for an enough period to receive counseling, accept IUD insertion, and receive the service. There is a need to have mothers prepared before coming to the hospital.
- The agreement of the husband is a requirement. He may not always be available at the time of labor. On the other hand, to provide the husband with counseling and convince him to approve PP/PA IUD, will need time and human resources, which are not always available in the hospital setting.
- Most hospitals do not have routine antenatal care service to support PPIUD.

GOAL

The goal for the postpartum/post-abortion contraception program is to improve maternal and child health in Egypt through providing high quality postpartum/post-abortion contraception service delivered in selected Public Sector hospitals.

OBJECTIVES

- To increase availability and provide postpartum / post-abortion contraceptive services in selected areas.
- To increase utilization of lactation friendly contraceptive methods during the postpartum period in selected areas.
- To improve / create appropriate knowledge, attitude, and skills among service providers
- To create the demand for PP/PA IUD in the selected areas.
- To assure the high quality of the service provided.
- To develop a supportive managerial system and an MIS for supervision, monitoring and evaluation.
- To provide the basis for replicability and sustainability.

[Fulfilling all the criteria for SMART objectives may not be an easy or practical task at this stage of the program planning. There is no appropriate base-line information to build upon. At this point of time we will depend on input, process and output indicators. For future plans numerical, time bound objectives will be developed, based on the experience gained.]

INDICATORS

- Number of hospitals in which the service is introduced
- Number of trained personnel from each category
- Number of IEC activities implemented
- Percent women provided with PPIUD in relation to total deliveries
- Percent women provided with PAIUD in relation to total treated

STRATEGY

1. Program Expansion

The program will revitalize existing services in the eight MOHP hospitals. It will introduce postpartum contraception services in selected MOHP and university hospitals, all THO and most HIO hospitals. A total of 17 General and District MOHP hospitals renovated by HM/HC-JSI in Aswan (4 Hospitals), Luxor (2 Hospitals) and Qena (11 Hospitals) Governorates will be included to provide PP/PA inpatient contraceptives. All PHC units in the catchment areas of these 17 hospitals (including those renovated by HM/HC-JSI) will be prepared to provide antenatal care counseling for potential clients, refer them to service provision sites, as well as follow-up and postpartum counseling for women after PP/PAIUD insertion.

Phasing in of MOHP facilities will start in Upper Egypt governorates where HM/HC project renovations are taking place. In these governorates, all general and district hospitals renovated by the project will have service providers trained and will be supplied with the packet for introducing PPIUD, including Kelley's forceps.

In the MOHP, the program will team-up with MCH department and the HM/HC project to make full use of their renovated hospitals and delivery rooms. This will maximize the use of available resources. Mothers referred to the comprehensive essential obstetric care (CEOC) are usually at-risk women who are in most need for contraceptive use. CEOC are present in general and district hospitals. On the other hand basic essential obstetric care (BESC) rooms renovated in the PHC facilities have the advantage of being in the same site where ANC services are provided. This could facilitate the education and counseling of women during pregnancy and the follow-up after insertion of PPIUD. Priority would be given to hospitals, where later on training for PHC staff could take place in the form of attachment to local general or teaching hospitals providing the service through apprenticeship.

In sites where ANC services are not already provided, the Technical Advisory Committee (described below) can negotiate inclusion of this service through meetings of the TAC. If the service already exists within the hospital, involvement of service providers will take place through the hospital team building committee.

In the university hospitals, postpartum contraceptive services including postpartum and post-abortion insertion of IUDs will be provided through the five universities that have been trained: Tanta, Zagazig, Suez Canal, Minya, and Sohag. These university hospitals will be supplied with PPIUD insertion instruments.

Twelve HIO and eight THO Hospitals will be included to provide postpartum contraceptive services including postpartum and post-abortion insertion of IUDs. (See Appendix 1 for selected hospitals)

The main site for service delivery of PPIUD will be the labor room, but the program will emphasize all appropriate postpartum and postabortion contraceptive services--not only postpartum and post-abortion insertion of IUDs. These include LAM, POP, IUD, injectables, Norplant, condoms, and tubal ligation for medical indications. In this respect the program will work with PHC (MCH and RH/FP services) for antenatal / postnatal education and counseling and for the 40th day postpartum services. The 40th day program will provide an opportunity for closer coordination and integration of FP and MCH services and programs.

2. Emphasize High Quality PP Contraceptive Services

The program aims to strengthen and standardize postpartum contraception clinical practices. As part of this process, documentation and supervision systems will be reviewed, revised and strengthened. During this process the MOHP/SDP will:

- Review and revise the Standards of Practice and Standards of Service. Protocols and SOP for PP/PA contraception are add-ons to the present protocols and are provided in a separate training course. Establishing protocols for the service and for coordination between the Population Sector, the MCH Sector, and the Curative Sector will be facilitated through the TAC.
- Finalize and test the already-developed quality improvement checklist.
- Develop the supervisory system.
- Develop client forms, clinic records, and MIS.

The proposed supervision system will be designed as a supportive system which serves as a tool to improve involvement and responsiveness to the program, and to counteract the low-morale which in some sites.

3. Human Resource Development

Human resource development will focus not only on increasing skills in already-trained service providers, but in expanding training to more service providers as well as new categories of service providers (residents, etc.). Hospital Ob/Gyn physicians and nurses will receive training on client counseling and infection control. Physicians will also receive technical training on IUD insertion.

Program-related training will be conducted by the RCT. RCT typically contracts out training of this nature to medical universities. Five universities have already received training of trainers (TOT) and are resources that RCT can utilize in its selection of training sites.

Hospitals with high case loads will also be recognized as potential training centers where service providers can be attached to receive training through apprenticeship. The trained staff at sites will be asked to train their residents to be able to deliver the service under their supervision.

The basic training courses for primary health care providers, which includes FP physicians, nurses and Raeda Rifeyat, will emphasize counseling for lactation-friendly contraception and PP / PA IUD.

4. Demand Creation

Client information, education and counseling is established at selected inpatient and outpatient service points. The education and counseling will start during pregnancy through antenatal care wherever available. This necessitates close cooperation between the MCH services provided at the PHC level on one side and between the different health facilities providing postpartum contraceptive services on the other side. The message will cover all appropriate postpartum contraceptive services including postpartum and post-abortion insertion of IUDs. This will take place within the catchment area of any health facility providing the postpartum contraceptive services. In case of acceptance of PPIUD insertion, the message will emphasize the need for hospital delivery.

Development and distribution of client education brochures, flipcharts and posters to be used for clients' education and counseling. The program will also develop IEC activities through mass media to create awareness. The primary audience will be the public; the secondary audience is service providers, especially physicians.

The program will make use of existing IEC activities in the form popular meetings, audiovisual meetings, and educational meetings to propagate relevant messages and create demand.

5. Support program management

To address the challenge of developing effective links and working relationships among the various institutions, sectors, departments, and services that would need to participate, and to establish consensus around program policies, procedures and standards, the program needs to support the establishment of three committees at the central and local level. Each of the committees will have clear responsibilities. For each meeting a well defined Agenda will be prepared and followed. Decisions taken has to be followed-up and reported to higher levels, and discussed in the next meeting. The following committees are recommended:

- A Technical Advisory Committee (TAC) that provides policy direction and oversight to the overall Program. Chaired by the Head for the Family Planning and Population Sector, MOHP, it includes representatives from the SDP staff and consultant, the Curative Sector, the MCH Sector, the participating Universities, Teaching Hospital Organization and Health Insurance Organization.

The committee is concerned with technical aspects related to introduction of new contraceptives or new techniques; establishing protocols of work for the different departments / organizations and mechanisms for cooperation and exchange of experience; periodic revisions of standards of practice, and training material; monitoring and evaluating training activities; review and approving IEC material, and plan...etc.

- The Central Management Committee within the MOHP brings together the key persons working in the hospital services (curative) and Family Planning Sectors of the MOHP. The committee is chaired by the Undersecretary for the Family Planning and Population Sector.

Members of this committee work very collaboratively to guide the introduction of the program into the selected hospitals and expansion of the program in new hospitals. They approve the selection of different participants for each training activity. As services are established, this committee will be used to help monitor and evaluate the services.

- A Management Committee at each service provision site. Chaired by the hospital director it includes FP directors at the Governorate and the District levels, Heads of OB/GYN, internal Medicine, pediatrics and Nursing services at the selected hospital.

This Management Committee is critical in generating support within the hospital for the introduction of the service within the hospital. They select the trainees from the hospital; define internal referral systems; and establish quality control mechanisms and systems for continuous quality improvement (CQI). As services are established, this committee will be used to help monitor the services, implement CQI techniques, and help solve problems as they arise.

(See Appendix 3 for the suggested members for each committee).

6. Program Evaluation

Evaluation activities will include the review of the existing MIS system to support data collection and timely calculation of indicators (see page 7). PPIUD data collection forms and an MIS are in place at the MOHP, but these need to be reviewed and upgraded in conjunction with the MIS unit. The indicators will be used for monitoring and decision making.

Service statistics will be collected on quarterly basis by the FP director of the governorate. Indicators will be calculated on the local and central level. Results will be disseminated and used by the different committees for decision making.

7. Program Sustainability

Leadership commitment is a critical issue. This is needed at all levels. On the central level assigning a responsible, stable program coordinator is essential to support the program and assure continuity. On the service delivery sites, the program will involve hospital directors and Ob/Gyn department director.

Other key activities include establishing protocols for the service and for coordination between the Population Sector, the MCH Sector, and the Curative Sector. Key to the long-term success is the involvement of universities to serve as education and training centers, and to introduce the concepts, the knowledge, attitude and skills to both undergraduate and postgraduate students.

APPROACH

It is well understood that not all the above-mentioned strategies could be fulfilled in one year. However, strategies are formulated for an extended program implementation. There are some

critical needs that are essential for the successful introduction and expansion of postpartum contraceptive services. These critical needs are:

- Competent and able service providers in the service provision sites.
- Appropriate and meticulously practiced infection prevention practices consistently applied.
- Clients are well counseled and providers assure and pay special attention to informed and voluntary decision-making.
- Implementation of the baby-friendly hospital initiative to promote appropriate breast feeding practices in support of LAM.
- Service providers in the catchments areas of service provision sites are aware of the importance of the postpartum contraceptive services and Postpartum Program, they provide ANC counseling, refer clients to service provision sites, as well as, follow-up of women after PP/PAIUD insertion,
- Medical staff working in other departments at the service provision sites, or in other facilities in the catchment area are oriented to the importance of the postpartum contraceptive services, aware, accept and support the program and refer clients to receive the service.
- The central and governorate staff provide supportive supervision to keep-up staff morale and commitment, to provide on site problem solving and training, and to keep the quality and quantity of work.

The MOHP program manager will work in close cooperation with Pathfinder International technical assistance to establish and maintain program activities.

Training Component

To meet the above critical needs that are essential for the successful introduction and expansion of postpartum contraceptive services, the following training activities need to be implemented:

- Postpartum contraception training for physicians.
- Counseling (basic and postpartum) training for nurses and physicians.
- Infection prevention training for nurses and physicians.
- Postpartum contraception counseling training for PHC nurses and physicians.
- Awareness of the postpartum contraception program for staff working in other departments of the service provision sites and in other facilities in the catchment area.

Responsibility for the above-mentioned training activities (except the last activity) will be taken by Regional Center for Training in Reproductive Health (RCT). RCT will be responsible for preparation, implementation, and evaluation of training activities. Selection of participants will be the responsibility of both RCT and the Central Management Committee. During development of training courses, RCT needs to make use of the following available materials:

- Postpartum Contraception (FHI),
- PPIUD insertion (AVSC International),
- Counseling training courses, basic and postpartum (MOHP & AVSC International),

- Infection Prevention training courses (MOHP & AVSC International),
- Standards of Practice (AVSC International).

The RCT will implement the training courses in the most effective and efficient way. Participants will attend the short two days courses in sequence to optimize the use of their time and of the resources.

After training is completed, RCT will also be responsible for follow-up of participants at their work sites. The purpose of the follow-up is to ensure that participants are properly providing postpartum contraceptive services including postpartum and post-abortion insertion of IUDs.

MOHP/PS will take the responsibility of monitoring the development of different training curricula, as well as monitoring and evaluating these different training activities. MOHP/PS will also be responsible for monitoring the provision of postpartum contraceptive services at the service provision sites.

As for the last training activity (awareness of the postpartum contraception program) this will be the responsibility of MOHP/SDP program coordinator with the Governorate FP director at each selected hospital.

Postpartum Contraception Training course:

- By the end of this training course, each participant should be able to:
 - Apply/provide different postpartum contraceptive methods including postpartum and post-abortion insertion of IUDs.
- Participants are OB/GYN specialists, assistant specialists and residents working at the OB/GYN departments of the service provision sites.
- Duration of training: five days.
- Language of training: English language
- The training materials are already available in the following sources:
 - Postpartum contraception training course developed by FHI,
 - Postpartum IUD insertion training course developed by AVSC International,
 - Standards of Practice for PPIUD insertion developed by AVSC International.

RCT needs to compile the training materials from the above three sources so as to include the technicalities of provision of different postpartum contraceptive methods including postpartum and post-abortion insertion of IUDs.

Counseling Training Course for Ob/Gyn Departments Staff:

- By the end of this training course, each participant should be able to:
 - Provide clients with the needed information, education and counseling for different postpartum contraceptive methods including postpartum and post-abortion insertion of IUDs.

- Participants are OB/GYN nurses and physicians working at the OB/GYN departments and ANC Outpatient clinics of the service provision sites.
- Duration of training: Four days.
- Language of training: Arabic language
- The training materials are already available in the MOHP/PS. These materials cover both basic and postpartum counseling skills and knowledge that need to be included in the training course.

Infection Prevention Training Course:

- By the end of this training course, each participant should be able to:
 - Apply appropriate infection prevention practices with different postpartum contraceptive methods including postpartum and post-abortion insertion of IUDs.
- Participants are OB/GYN nurses and physicians working at the OB/GYN departments of the service provision sites.
- Duration of training: Two days.
- Language of training: Arabic language
- The training materials are already available in the MOHP/PS. These materials cover both basic and postpartum Infection Prevention skills and knowledge that need to be included in the training course.

NB. As the types of the participants of counseling training course and the infection prevention training course are the same, and each participant attends one course needs to attend the other, so both training courses will be combined in one training event for six days.

Counseling Training Course for PHC Units Staff:

- By the end of this training course, each participant should be able to:
 - Provide clients with the needed antenatal and postpartum information, education, counseling and follow-up for different postpartum contraceptive methods including postpartum and post-abortion insertion of IUDs.
- Participants are physicians and nurses working at the PHC units in the catchments area of the service provision sites (37 catchments area covering the 42 selected service provision sites).
- Duration of training: Two days.
- Language of training: Arabic language
- The training materials are already available in the MOHP/PS. These materials cover the needed antenatal and postpartum information, education, counseling and follow-up skills and knowledge for different postpartum contraceptive methods that need to be included in the training course.

Orientation Workshop to the Postpartum / Post-abortion Contraception Program:

- By the end of this workshop, each participant should be able to:
 - Appreciate the importance of the PP/PA contraception program to both maternal and child health in Egypt and her/his role in the success of this program.

- Participants are medical staff working in other departments of the service provision sites, and/or in other facilities in the catchment area
- Duration of training: One day.
- Language of training: Arabic language
- The training materials will be developed by RCT who will make use of the existing material at the MOHP. These materials cover:
 - The importance of the Program,
 - The Program plan till September 2002,
 - Role of each participant in the success of this program.

ACTIVITIES

Increase availability of the service in selected Governorates

1. Provide the 42 new selected hospitals with equipment and packets for PPIUD insertion according to assessed needs. To initiate work with the selected sites. (See appendix 1 & 2 for the selected hospitals and equipments needed)

Responsibility: Program Coordinator, TA

Timing: The last 2 quarters of year 2001

Cost: Total: 1,019,550 L.E

Cost of equipment = Cost of equipment of each site (15475 L.E) x 42 hospitals = L.E 649,950

Cost of postpartum IUD packet = L.E 780 x 10 packets / hospital x 42 hospitals = L.E 327,600

Total cost = 649,950 + 369,600 = L.E 977,550

2. Revitalize the activities in the 8 MOHP hospitals. This is done through re-intensifying supervisory visits. Some of these hospitals could be recognized as training sites. This would mobilize the staff to do better work.

Responsibility: Program Coordinator, TA, Governorate FP directors

Timing: Monthly

Cost: Part of the regular cost of supervision

Support Human Resource Development

3. Conduct training courses for physicians and nurses in the selected hospitals (see the training needs and the training plan of the postpartum contraception program)

Responsibility: RCT, Training Coordinator, TA

Timing: The last 2 quarters of year 2001 and first 2 quarters of year 2002

Cost: RCT Budget

Increase Demand for service & increase service utilization

4. District monthly meeting for areas where the service is available to emphasize the implementation of counseling for pregnant women on lactation friendly CC & PPIUD

Responsibility:Program Coordinator, TA, Governorate District Director, FP Director

Timing: Monthly through the whole life of the plan

Cost: SDP regular district monthly meetings

5. Hospital launching seminar for initiation of service (42 hospitals)

Responsibility: Program Coordinator, TA, Governorate FP Directors

Timing: The last 2 quarters of year 2001 and first 2 quarters of year 2002

Cost:

2 trainers/seminar x L.E 100 = L.E 200

50 participants/seminar x L.E 50 = L.E 2500

L.E 20 printing material/participant x 50 participants = L.E 1000

Total cost/seminar = 200 + 2500 + 1000 = L.E 3700

Total cost of seminars = 3700 x 42 = L.E 155,400

6. Follow the reprinting of modified pamphlets and posters submitted to the IEC unit

Responsibility:IEC Coordinator , Program Coordinator,TA

Timing: The last 2 quarters of year 2001

Cost: SDP/IEC Unit

7. Include postpartum education in all IEC activities provided by PHC through ANC or PNC, or in the community.

Responsibility:IEC Coordinator , Program Coordinator, TA

Timing: Continuous

Cost: SDP

8. Develop Mass media messages / spots / talks, etc. to support the postpartum contraception

Responsibility:IEC Coordinator , Program Coordinator, TA

Timing: Q 2 – Q5

Cost: SIS

Improve quality of service

9. Revise SOP, print, and distribute to all hospitals providing service. In the first year, the project will print 100 copies only, If proved to be useful more copies will be printed after testing.

Responsibility: Program Coordinator, TA, Training Coordinator

Timing: The last 2 quarters of year 2001

Cost: SDP/IEC Unit

10. Develop the QIP checklist for postpartum contraception services that has been designed by a STTA. This checklist will be revised by the TAC committee, and pilot tested in two of the

actively working hospitals before being finalized. Finalization will be implemented through a task force group meeting for one day. Members of the task force include providers, and QIG team members

Responsibility: Program Coordinator, TA.

Timing: The last 2 quarters of year 2001

Cost: Total 2000

Task force members $15 \times \text{L.E.}100 = 1500$

Breaks: $20 \times \text{L.E.} 25 = 500$

11. Conduct supervisory visits

Responsibility: Program Coordinator, TA

Timing: Through the whole life of the plan

Cost: SDP regular supervisory visits

Support Program Management

12. Hold Quarterly meetings for Program/Curative Sector Coordinator Committee

Responsibility: Program Coordinator, TA

Timing: Each quarter through the whole of the plan

Cost: $8 \text{ persons} \times \text{L.E} 100 \times 5 \text{ meetings} = \text{L.E} 4000$

13. Hold TAC meeting every 6 months

Responsibility: Program Coordinator, TA

Timing: Once every 6 month

Cost: $30 \text{ persons} \times \text{L.E} 150 \times 2 \text{ meetings} = \text{L.E} 9000$

14. Hold bi-monthly meetings for hospital team building committee in the MOHP, HIO, and THO hospitals. These meetings will be used to review the program implementation, achievements, difficulties, and to boost program activities in the hospital.

Responsibility: Program Coordinator, Governorate FP director

Timing: Every 2 months through the whole life of the plan

Cost: $7 \text{ persons} \times \text{L.E} 50 \times 6 \text{ meetings} \times 46 \text{ hospitals} = \text{L.E} 96,600$

15. Finalize review of records and print the new records

16. Develop the MIS

17. Calculate indicators for evaluation

Postpartum/Post-Abortion Contraception Program Plan

Responsibility: Program Coordinator, TA
Timing: Last 2 quarters of year 2001
Cost: SDP/IEC Unit

Expand the Program

- 18. Identify Governorates for next year plan
- 19. Assess the situation in the selected Governorates
- 20. Develop 2001/2002 annual implementation plan

Responsibility: Program Coordinator, TA.
Timing: Third quarter of year 2002
Cost: Regular SDP staff work

BUDGET SUMMARY

Activity	Total L.E.	Q1	Q2	Q3	Q4	Q5
Equipments & Packets for 42 hospitals	977,550	488,750	488,750			
Hospital Launching Seminar	155,400		51,800	51,800	51,800	
Task force for finalizing QIP	2,000		2,000			
Program/Curative Sector Coordination Committee	4,000	800	800	800	800	800
TAC meeting	9,000		4,500		4,500	
Hospital Team Building Committee	96,600		24,150	24,150	24,150	241,150
Total	1,244,500	489,550	572,000	76,750	81,250	24,950