



Healthy Mother/Healthy Child Results Package

Quarterly Performance Monitoring Report

Quarter Thirteen
April 1 – June 30, 2001



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)

July 31, 2001

BEST AVAILABLE

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
FIS	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/HIC 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
 MVA Manual Vacuum Aspiration
 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
 PII 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
SHIP Student Health 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 XIII) covers the period from April 1 through June 30, 2001, representing the thirteenth quarter of the Contract.

This QPMR is organized according to the eleven Tasks of the Contract, plus a section on contract administration. 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.

Two Performance Milestone Progress Reports due during the QPMR period were submitted:

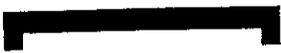
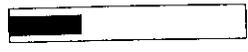
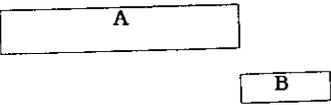
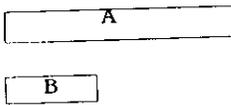
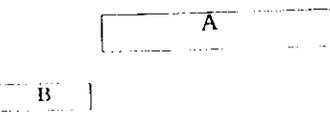
- ◆ *Assist MOHP to establish 65 MHIS centers (Task 4)*
- ◆ *FGM component integrated into overall HM/HC message package (Task 8)*

A comprehensive chart showing the end-of-quarter status of each of the 46 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 stars. Once a planned milestone has been achieved it is represented by a hollow star.	<p>◆ 11/15</p> <p>◇ 11/15</p>
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.	<p>◈ 11/15</p> <p>⊖ 11/15</p>
Benchmarks are interim accomplishments required to achieve milestones and targets; they are represented in the Gantt charts by solid diamonds. Once a planned benchmark has been achieved it is represented by a hollow diamond.	<p>★ 11/15</p> <p>☆ 11/15</p>
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.	

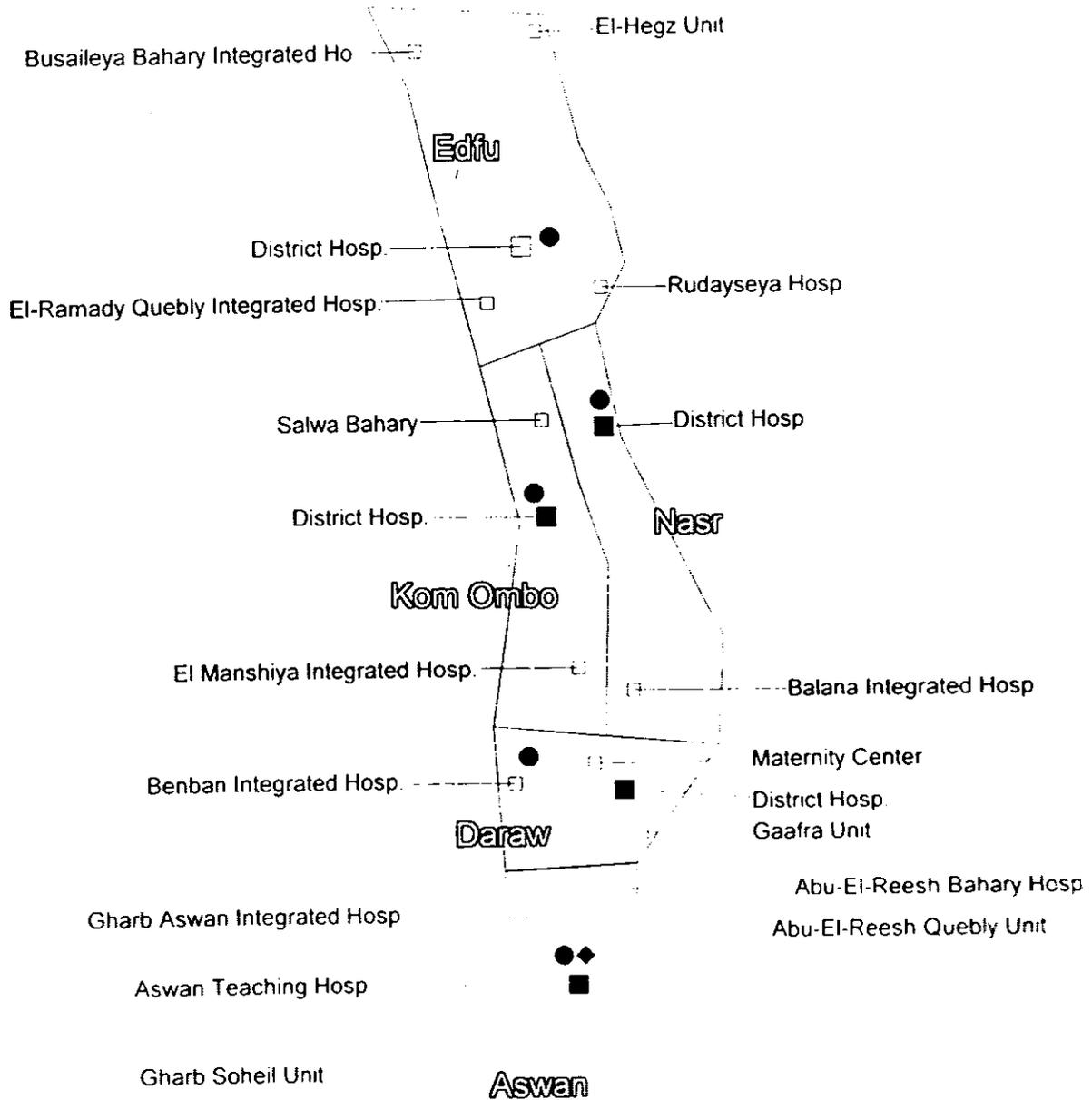
MAPS OF TARGET GOVERNORATES

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).

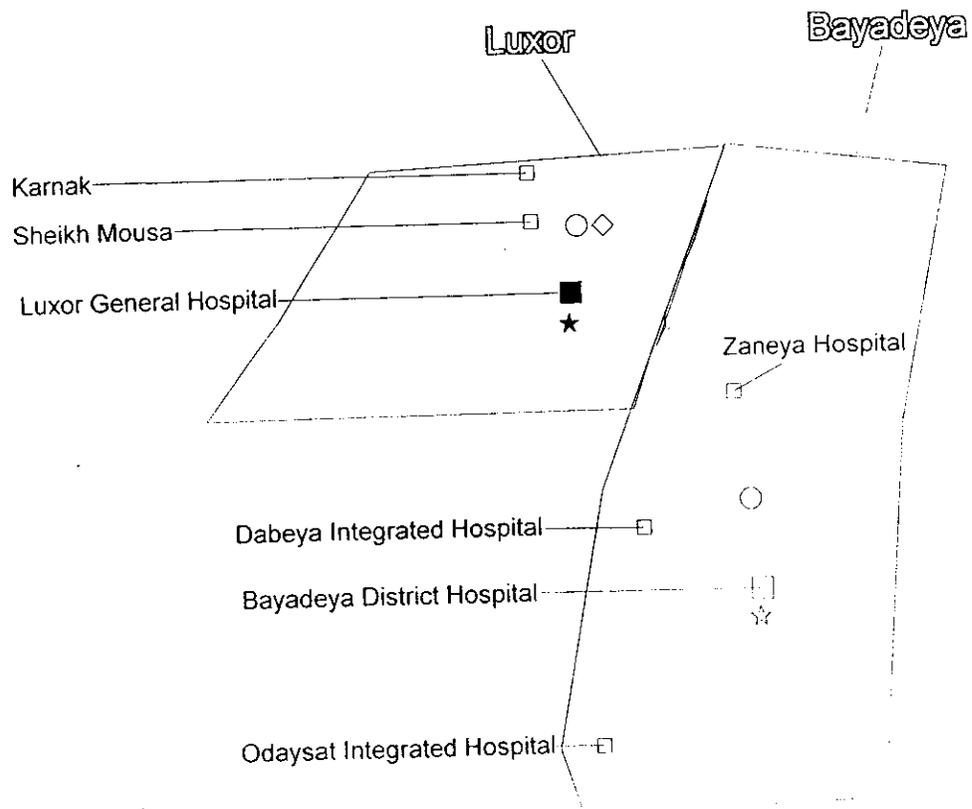
The Legend below pertains to the maps.

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

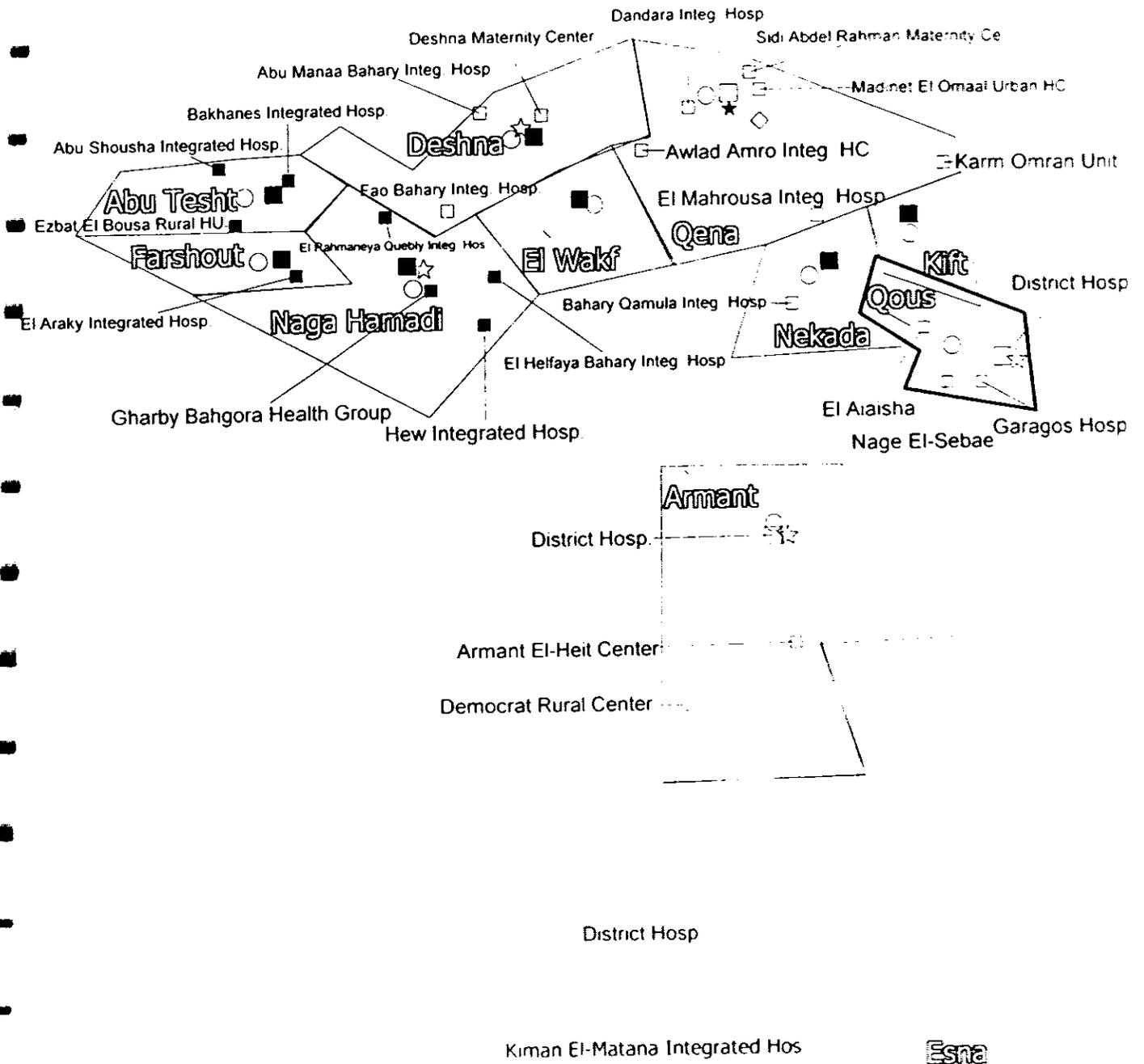
ASWAN



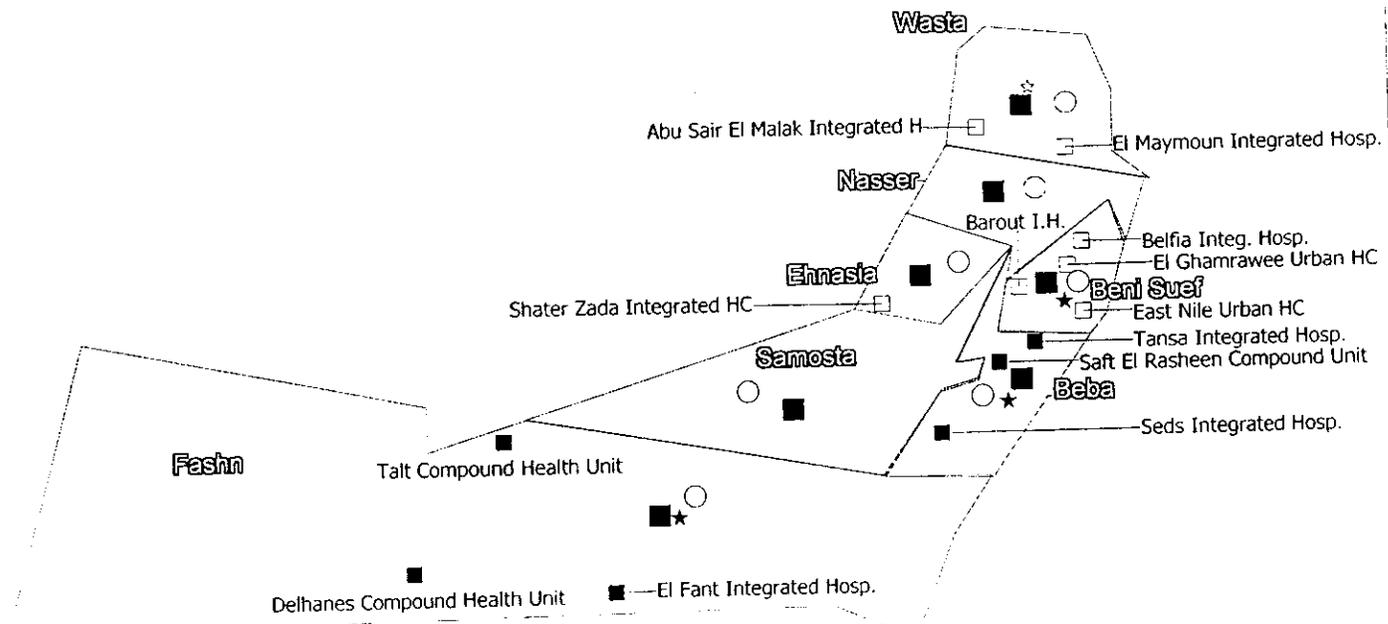
LUXOR



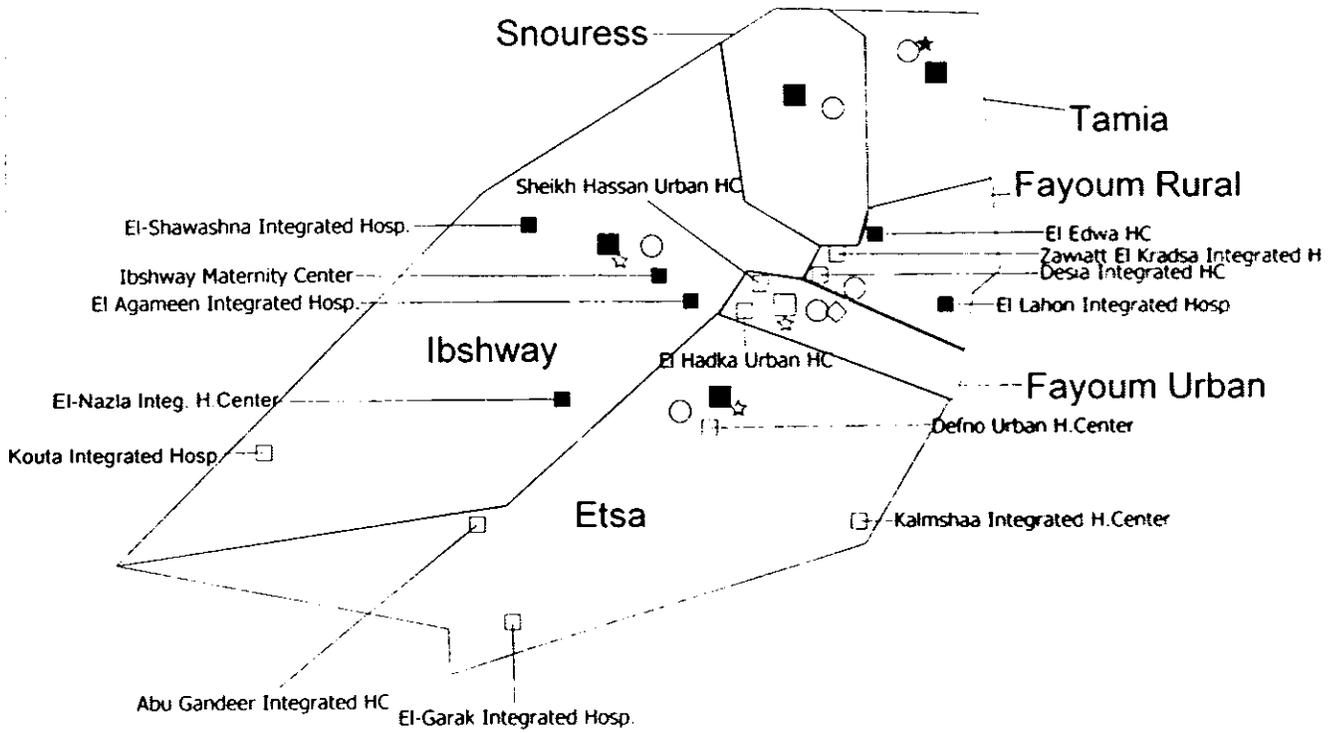
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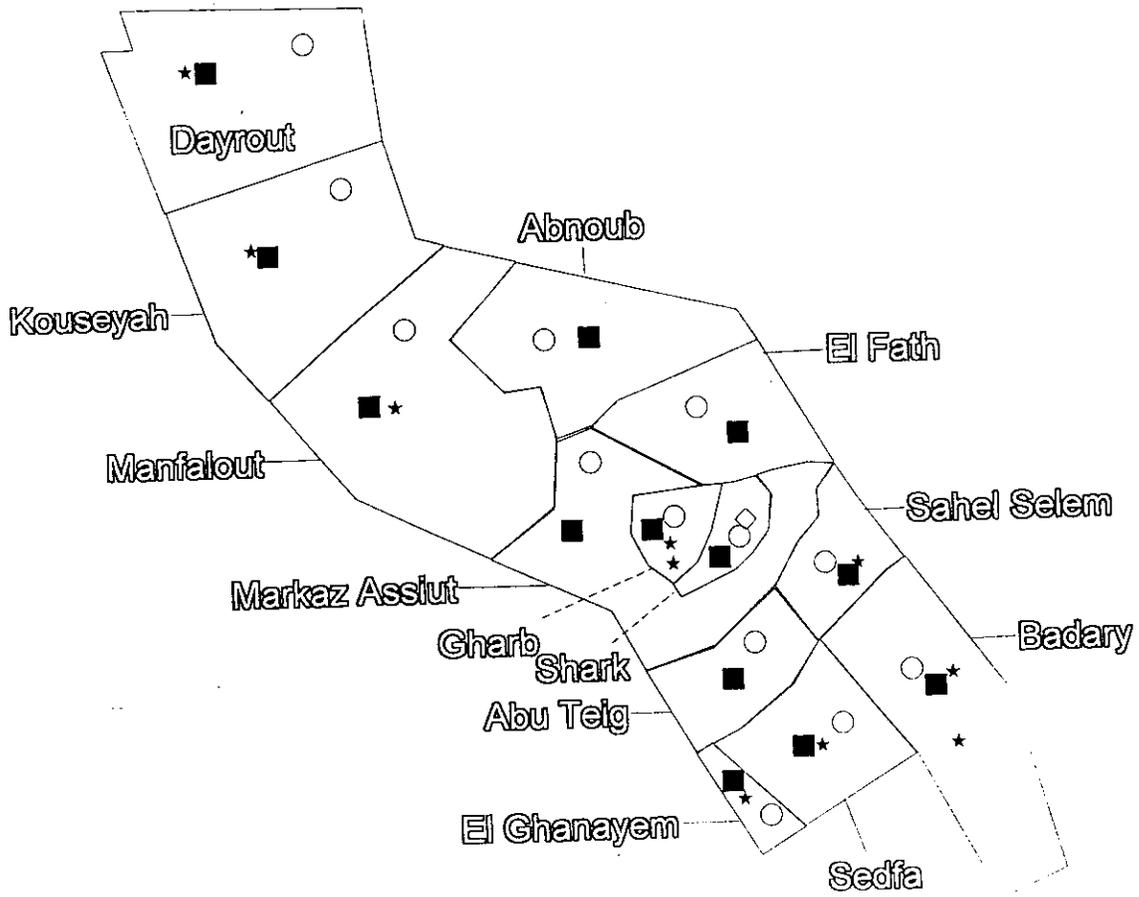
BENI SUEF



FAYOUM

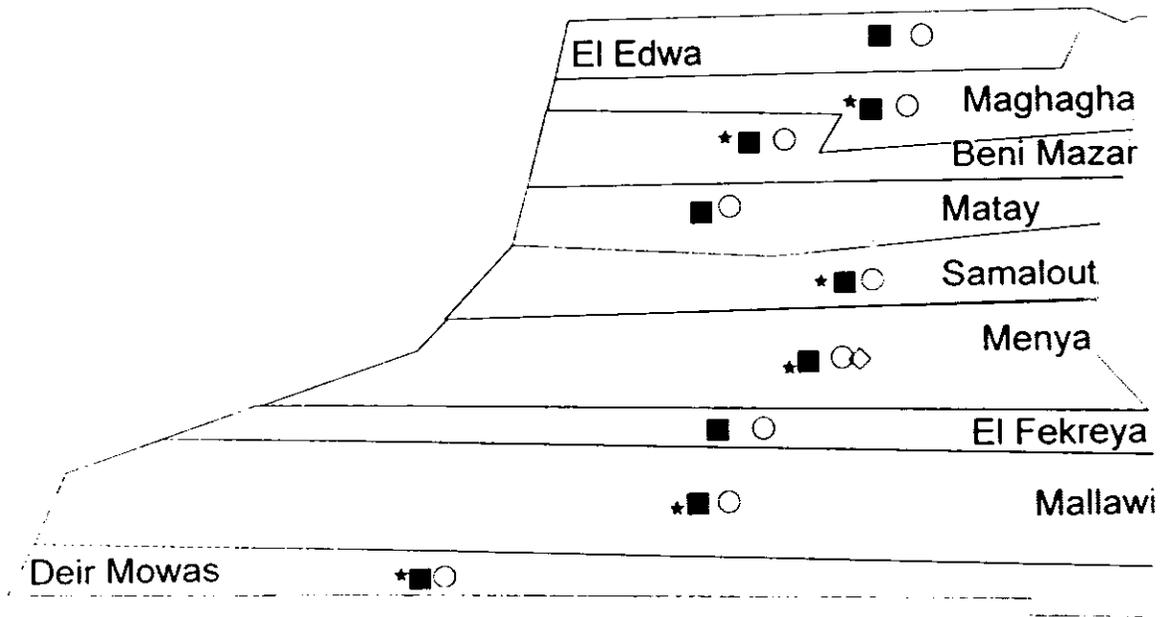


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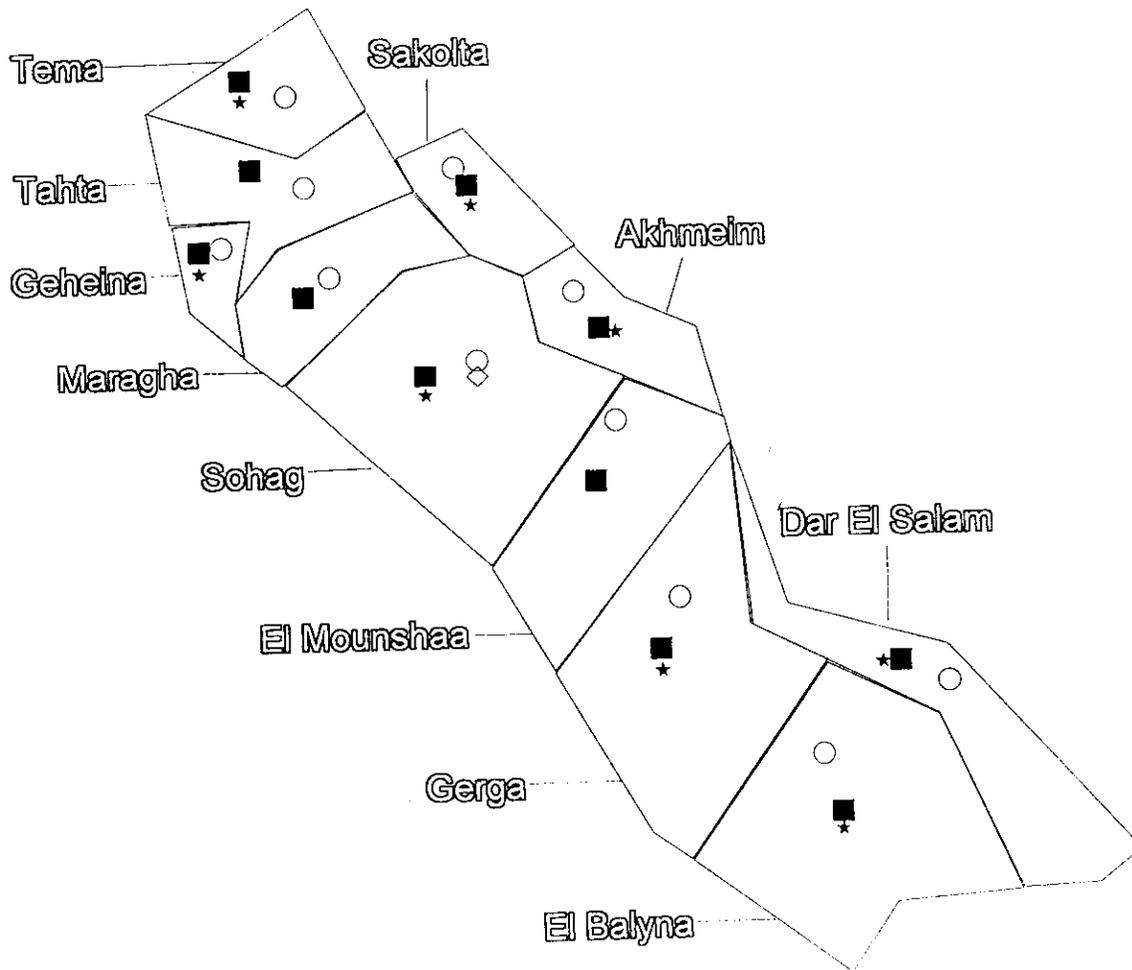


MENYA

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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:

- ◆ All EOC and Neonatal Clinical Modules have entered the final editorial/formatting process.
- ◆ CBT modules, resources and protocols were developed for the first Emergency Medical Services (EMS) Workshops in Qena.
- ◆ In collaboration with the Task 8 team two ICP modules were drafted (one for the workshop setting and one for follow-up OJT). The first module will be integrated into the last BEOC Workshop scheduled for North Qena, July 2-26, 2001. The second module will be integrated into on-the-job training (OJT) and supervisory activities of the Master Trainers, Clinical Supervisors and district level Lead Trainers/Supervisors.
- ◆ In collaboration with the Task 8 team and a consultant, the CBT Module for Female Genital Cutting (Mutilation) was drafted. This module is now ready for submission to the editors. This module is being integrated into on-the-job training (OJT) and supervisory activities of the Master Trainers, Clinical Supervisors and district level Lead Trainers/Supervisors.
- ◆ A meeting was facilitated by the DCOP for Technical Services with HM/HC representatives, Ob/Gyn and Nursing Clinical Supervisors to reach consensus on the final nurse/midwife assessment strategy for the students completing their training in Fayoum. The strategy was successfully implemented in Fayoum and will be replicated in Beni Suef when the nurse/midwifery course is initiated in mid-July.
- ◆ The CSSD Manual and Protocol (English and Arabic) was submitted for final editing, formatting and publication.
- ◆ The Arabic Nurse/Midwifery Curriculum was submitted for final editing, formatting and publication.
- ◆ A final review of the Anesthesiology Manual was completed and submitted for final editing, formatting and publication.
- ◆ The Central Supply and Sterilization Department Manual was finalized and ready for publication. The Manual has been also been translated into Arabic.
- ◆ The CSSD CBT Module and supporting Protocol, skill checklists, equipment and supply is ready for publication. The Protocol has been also been translated into Arabic.
- ◆ The package of Essential Obstetric Nursing Care (EONC) 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 are completing a technical review by nursing consultants so these materials can be finalized.

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

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 (CEOC) and four BEOC anchor facilities are all upgraded and providing services.
 - ◇ Daraw District (four facilities): Daraw District Hospital (CEOC) and three BEOC anchor facilities are all providing services.
 - ◇ Edfu District (five facilities): Edfu District Hospital (CEOC) and four BEOC anchor facilities are all providing services.
 - ◇ Kom Ombo District (three facilities): Kom Ombo District Hospital (CEOC) and two BEOC anchor facilities are providing services.
 - ◇ Nasr District (two facilities): Nasr District Hospital (CEOC) and one anchor facility. The facility assessment and selection of interim space for EOC services were completed for Nasr District Hospital, but full service delivery awaits extensive renovation/reconstruction of the hospital by the MOHP. The BEOC anchor facility is providing interim level services.
 - ◆ Luxor Governorate: Two Districts:
 - ◇ Luxor City (three facilities): Luxor General Hospital (CEOC) is providing services; assessment and training have been completed.
 - ◇ Bayadeya District (four facilities): Bayadeya District Hospital (CEOC) and three anchor facilities are all providing services. Minor renovation was completed for Bayadeya District Hospital in the OB/Gyn Dept., Neonatal Center and OR. Supplemental furniture, equipment and supplies were provided to Bayadeya District Hospital, as well as Bayadeya District anchor facilities.
- 1.2.2. Stages 1-2: Selection of Anchor Facilities in Qena, Beni Suef and Fayoum:
- ◆ Qena Governorate: Eleven district-level CEOC anchor facilities have been selected and the facility assessments completed. Three in South Qena are upgraded and providing services. Selection of interim space for EOC services was completed in the six district hospitals in Middle and North Qena.
 - ◆ South Qena (Esna, Armant and Qous Districts):
 - ◇ Esna District (two facilities): Esna District Hospital (CEOC) and one BEOC anchor facility.
 - ◇ Armant District (three facilities): District Hospital (CEOC) and two BEOC anchor facilities.
 - ◇ Qous District (four facilities): Qous District Hospital (CEOC) and three BEOC anchor facilities.

In the above facilities, renovation and provision of equipment/supplies were completed.
 - ◆ Middle Qena (Qena, Deshna and Nekada Districts):
 - ◇ Three district-level CEOC anchor facilities have been selected and the facility assessments completed. Selection of interim space for EOC services was accomplished.
 - ◇ Selection and assessment of 10 BEOC anchor facilities was completed.
 - ◆ North Qena (Naga Hammadi, Farshout and Abu Tesht Districts):
 - ◇ Three district-level CEOC anchor facilities have been selected and the facility assessments completed. Selection of interim space for EOC services was completed in the district hospitals.
 - ◇ Selection and assessment of eight of the nine BEOC anchor facilities was completed

- ◆ Beni Suef Governorate (Beni Suef, Ehnasia and Wasta Districts):
 - ◇ Seven district-level CEOC anchor facilities have been selected and facility assessments completed. Selection of interim space for EOC services was completed.
 - ◇ Selection and assessment of 14 BEOC anchor facilities was completed.
- ◆ Fayoum Governorate:
 - ◇ Five district-level CEOC anchor facilities were selected and facility assessments completed.
 - ◇ Selection and assessment of 15 BEOC anchor facilities was completed

1.2.3 Stage 6: TOT of District Level Trainers/Supervisors

1.2.3.1 TOT Lead Trainers/Supervisors in districts 11-20

- ◆ No TOT for the Lead Trainers/Supervisors in districts 21-25 was conducted this quarter. A TOT workshop of N. Qena is scheduled for July.

1.2.4 Stage 7: Train Service Providers

- ◆ Due to PIL constrains, all Task 1 EOC training interventions were reviewed, prioritized and the number of trainings reduced.

1.2.4.1 Train OB/Gyn in EOC skills

- ◆ A BEOC workshop was conducted in Middle Qena (13-22 January, 14 participants).
- ◆ A CEOC workshop was conducted in Beni Suef (20 January – 01 February, 14 participants).
- ◆ A CEOC workshop was conducted in Beni Suef (24 February – 15 March, 21 participants).
- ◆ A CEOC workshop was conducted in Fayoum (24 February – 15 March, 21 participants).
- ◆ A BEOC workshop was conducted in Beni Suef (10-19 March, 21 participants).
- ◆ A CEOC workshop was conducted in Beni Suef (9-21 June, 11 participants).
- ◆ A CEOC workshop was conducted in North Qena (16-28 June, 16 participants).
- ◆ A CEOC workshop was conducted in Giza (12-14 and 19-21 June, 14 participants) for participants in the “Family Doctor Mastery Program”.
- ◆ A CEOC workshop was conducted in North Qena (12-24 May, 12 participants).
- ◆ A CEOC workshop was conducted in Beni Suef (19-31 May, 16 participants).
- ◆ A CEOC workshop was conducted in Aswan (21-30 April, 13 participants).
- ◆ A CEOC workshop was conducted in Luxor/South Qena (21-30 April, 12 participants).
- ◆ A strategy was formulated with the Master Trainers concerning the appropriate utilization of Clinical Supervisors for the development and support of Lead Trainers/Supervisors for presentation during the May 3, 2001 Clinical Supervisor’s Meeting. The strategy was implemented this quarter.

1.2.4.2 Training nurses for midwifery skills

- ◆ Nurse training in midwifery skills was completed and all 24 participants scored high marks on their written, oral and practical examinations. The graduation ceremony was conducted on May 24.
- ◆ The Qena course for training nurses in midwifery skills is scheduled to start in mid-July.

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

- ◆ A CSSD workshop for nurses was conducted 4-6 June in North Qena (13 participants)
- ◆ A CSSD workshop for nurses was conducted 26-28 June in North Qena (12 participants)

- ◆ OJT for nurses in OR/CSSD skills continued in Fayoum, Beni Suef and Qena.
- ◆ An EONC Workshop was conducted in Fayoum (9-14 June, 19 participants).
- ◆ An EONC Workshop was conducted in Beni Suef (23-28 June, 26 participants).
- ◆ An EONC Workshop was conducted in Qena (23-28 June, 22 participants).
- ◆ OJT for nursing EOC skills continued this quarter in Fayoum, Beni Suef and North Qena.
- ◆ Two additional nursing Clinical Supervisors were recruited to assist with classroom instruction and clinical supervision.

1.2.4.4 Training in anesthesia skills

- ◆ OJT for a anesthesia skills continued this quarter in Fayoum, Beni Suef, and Qena.

1.2.4.5 Training in emergency medical services (EMS) skills

- ◆ A consultant/clinical supervisor for emergency services was recruited and teamed with one of the anesthesiology consultants.
- ◆ The assessment of the ER facilities at El-Wasta, Ehnaisia, Ibshway, Bayadaya District Hospitals and Fayoum and Qena General Hospitals was completed (April 17-18 and April 23-24, 2001) in preparation for selection of one Level I and one Level II ER to pilot the “emergency services strategy”.
- ◆ The “Pathway to Survival – Obstetrical and Emergency Services” was drafted.
- ◆ A task analysis of Emergency Services (Obstetric and Neonatal) was drafted.
- ◆ An Emergency Services (Obstetric and Neonatal) needs assessment instrument was drafted.
- ◆ Quality Assurance Service Standards and Monitoring Checklist for EMS services (Obstetric & Neonatal) at Levels I, II and III were defined.
- ◆ Meetings were held with Dr. Hashiem Ahmad Allem, Director of Emergency Services and his staff on May 13 and 21 to discuss his program and to review their training materials, protocols and service standards.
- ◆ It was decided that the emergency services system would be “field-tested” in Qena General Hospital (Level II) and Qous (Level I).
- ◆ The first EMS Workshop for Physicians was conducted at Qena General Hospital (19-21 June, 26 participants). Sessions were co-facilitated by representatives of the central and Qena governorate EMS staff and HM/HC staff.
- ◆ The second EMS Workshop for Physicians is scheduled for 2-5 July.
- ◆ The first EMS Workshop for Nurses is scheduled for 8-10 July.

1.2.4.6 Training in blood banking skills

- ◆ Strengthening the blood banking system will be linked/integrated with improving laboratory and emergency services.
- ◆ An EOC Clinical Supervisor had follow-up meetings with Dr. Salwa Yossef, head of the Egyptian Blood Transfusion Program.
- ◆ One of the EOC Clinical Supervisors was assigned the responsibility to assess the blood banking system and identify training needs. Any training will be done in collaboration with the Swiss government supported program.
- ◆ A Memorandum of Cooperation for the Prevision of Technical Assistance for the HM/HC Results Package between USAID (including contractor JSI) and the MOHP and the Egyptian Blood Transfusion Program will be drafted by the DCOP for Technical Services Development for review by Dr. Salwa Yossef.

1.2.4.7 Training in laboratory skills

- ◆ Strengthening the laboratory system will be linked with improving blood banking and emergency services.

1.2.4.8 Integrated (coordinated) training program for service providers

- ◆ The ARI, EPI and CDD skills will be integrated into the IMCI training.
- ◆ These training activities continued to be managed by the HM/HC Project staff in the target governorates and are being monitored by the Task 6 Manager.
- ◆ The Task 6 Manager submitted a summary report of IMCI activities to date.

1.2.5 Stage 8: Plan Implementation in Districts

- ◆ Governorate and District-Level management plans were implemented in the target governorates.
- ◆ In Aswan, Luxor and Middle Qena, monthly self-assessment by anchor facility staff, quarterly monitoring and evaluation visits by district management teams to anchor facilities, and monitoring and evaluation visits by governorate management teams to anchor facilities, took place regularly during the quarter.

1.2.6 Implement HM/HC Package of Essential Services in 20-25 Districts

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

- ◆ Qena Governorate: Nine districts:
 - ◇ Eleven district-level CEOC Anchor Facilities were selected and the facility assessment completed. Selection of interim space for EOC services was completed in the district hospitals.
 - ◇ Selection and assessment of 24 BEOC anchor facilities was completed.
 - ◇ South Qena (Esna, Armant and Qous):
 - Esna District (two facilities): Esna District Hospital (CEOC) and one BEOC anchor facility.
 - Armant District (three facilities): District Hospital (CEOC) and two BEOC anchor facilities.
 - Qous District (four facilities): Qous District Hospital (CEOC) and three BEOC anchor facilities.

In the above facilities, renovation and provision of equipment/supplies were completed and all are providing services

- ◇ Middle Qena (Qena, Deshna and Nekada Districts):
 - Three district-level CEOC anchor facilities were selected and the facility assessments completed. Selection of interim space for EOC services was accomplished.
 - Selection and assessment of 10 BEOC Anchor Facilities was completed.
 - Qena District (seven facilities): Qena General Hospital (CEOC) and six BEOC anchor facilities. The CEOC Hospital and four BEOC facilities were upgraded and are providing services.
 - Deshna District (four facilities): Deshna District Hospital (CEOC) and three BEOC anchor facilities. The CEOC Hospital is providing interim level services and the three BEOC anchor facilities are upgraded and providing services.
 - Nekada District (two facilities): Nekada District Hospital (CEOC) and one BEOC anchor facility. The CEOC is under major renovation/construction by MOHP, the hospital is providing only OPD services. Renovation of The OB/Gyn department is completed and commodities were provided. The BEOC anchor facility is upgraded and providing services.

- ◇ North Qena (Naga Hammadi, Farshout and Abu Tesht Districts):
 - Three district-level CEOC anchor facilities have been selected and the facility assessment completed. Selection of interim space for EOC services was completed in the district hospitals.
 - Selection and assessment of eight BEOC anchor facilities was completed.
- ◆ Beni Suef Governorate: Three Districts.
 - ◇ Seven district-level CEOC anchor facilities have been selected and facility assessments completed. The selection of interim space for EOC services was completed.
 - ◇ Assessment of 14 BEOC anchor facilities was completed, and selection of seven BEOC anchor facilities in three districts (phase 3). Assessment of nine BEOC anchor facilities in two districts (phase 4) also completed.
 - ◇ Beni Suef District (five facilities): Beni-Suef General Hospital (CEOC) and four BEOC anchor facilities. The CEOC Hospital is providing interim level services due to major renovation of Ob/Gyn Department. All BEOC anchor facilities upgraded and providing services.
 - ◇ Ehnasia District (three facilities): Ehnasia District Hospital (CEOC) and two BEOC anchor facility. All facilities upgraded, renovation completed and commodities are provided.
 - ◇ Wasta District (three facilities): Wasta District Hospital (CEOC) and two BEOC anchor facilities. All facilities upgraded, renovation completed and commodities are provided.
- ◆ Fayoum Governorate: Four Districts:
 - ◇ Five district-level CEOC anchor facilities were selected and facility assessments completed.
 - ◇ Selection and assessment of 15 BEOC anchor facilities completed.
 - ◇ Fayoum Urban District (three facilities): Fayoum General Hospital (CEOC) and two BEOC anchor facilities. The CEOC Hospital and two BEOC upgraded and providing services.
 - ◇ Fayoum Rural District (four facilities): There are four BEOC anchor facilities. Three facilities are providing services.
 - ◇ Etsa District (six facilities): Etsa District Hospital (CEOC) and five BEOC anchor facilities. The CEOC Hospital was renovated and commodities provided. The Hospital is providing interim level services. BEOC facilities are upgraded and providing services.
 - ◇ Ibshway District (five facilities): Ibshway District Hospital (CEOC) and four BEOC anchor facilities. The CEOC Hospital is providing interim level services. BEOC are upgraded and providing services.

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

- 1.3.1 The identification of the current referral system within the MOHP has been incorporated into the Facility Management Guidelines by the Task 3 team. These guidelines are being used to train Facility Management Teams (FMTs).

Activity 1.4 Promotion of Quality Services (the Gold Star Approach)

- ◆ Under the direction of the DCOP for Management Systems and in collaboration with the Task 3 team and Task One Clinical Supervisors, 180 EOC indicators were identified as required for the provision of "essential services". Three hundred and seventy two (372) EOC indicators were identified as required for "centers of excellence". The Task 6 team only used "essential services" indicators to assess Neonatal Care Units.

Once a facility reaches a score of 100% compliance with the “essential services” indicators, the facility will be qualified for “accreditation” and the staff qualified for “certification”. In the second phase, the “accreditation” and “certification” process will be repeated with the facility and team against the criteria stated for the “centers of excellence” indicators. A 90% compliance score for the “centers of excellence” indicators will be required for this second phase of “accreditation” and “certification”. Staff at facilities which meet the “centers of excellence” indicators will be eligible to receive 20 hours of credit towards post-graduate studies.

The above strategy was reviewed by Dr. Esmat Mansour. She will discuss this strategy with her team at the MCH Department, with the Curative Care Department and with representatives from the Minister’s Office, MOHP. If approved, this two phase strategy will be implemented through central level MOHP personnel and with the GMTs and DMTs

Other Related Activities

- ◆ The Performance Milestone Progress Report No. 32 “Implementation of basic health package in 20 districts” was approved by USAID.
- ◆ The Task 1 Manager assisted the JSI team prepare a response to draft NMMS Conclusions and Recommendations.
- ◆ The Task 2 Breastfeeding Protocol and CBT Module for private sector physicians was reviewed and commented on.
- ◆ The Monitoring and Evaluation Coordinator, Task 1 Manager and one of the Master Trainer Coordinators met and reviewed the Preliminary Reports on Obstetric Admissions for several of the CEOC facilities. Copies were distributed during the Clinical Supervisor’s Meeting on May 31.
- ◆ A CBT methodology review was completed for a sample of the Task 2 nursing curriculum CBT modules in preparation for editing.
- ◆ The Task 1 Manager worked with the DCOP for Management Systems to draft a paper entitled “Sustainability (A Master Plan for Operation)”.
- ◆ A “Lead Trainer/Supervisor Monthly Report, EOC Develop Basic Competency & Mastery” form was drafted. This was distributed to the Master Trainer Coordinators, for review and comment.
- ◆ The “Task One – Master Trainer’s Summary of Clinical Supervisors’ Recommendations” form was developed. This form is up-dated monthly by the Master Trainers assigned to each governorate, then reviewed by the Master Trainer Coordinators. Findings and issues are presented at the monthly Clinical Supervisor’s Meeting, Integrated Implementation Team (ITT) Meetings and shared with the Task 3 team.
- ◆ A presentation on competency-based curriculum development and CBT methodology was made during a Task 2 TOT for Ain Shams Medical School Ob/Gyn faculty.
- ◆ The Task 1 Manager attended a joint presentation by JSI and POP IV representatives to USAID on April 18 concerning medical faculty development and medical student training experiences to date.
- ◆ One additional EOC Clinical Supervisor was hired this quarter.
- ◆ To the Clinical Supervisor’s Trip Report: Follow-up visit to develop Basic Competency and Mastery, a section for Maternal Mortality Case Review was revised to include Morbidity “Near Misses”. Similar forms were developed by the Task 1 Manager for the Task 6 team for Neonatal Morbidity and Mortality.

Constraints

- ◆ Renovation of anchor facilities in districts 20-25 is behind schedule due to lack of funds available for renovations at the MOHP.
- ◆ The editorial/formatting process needs to be carefully monitored and the process streamlined.
- ◆ The MOHP immunization campaign interfered with the scheduling of nurse/midwifery course in Beni Suef.
- ◆ The finalization of the EOC Clinical Flow Charts is delayed.

Proposed Actions to Overcome Constraints

- ◆ The cost of renovation and blue prints for anchor facilities in 20-25 Districts was sent to HM/HC project. Minor renovations will be financed through the JSI contract.
- ◆ A Publications Coordinator was recruited to oversee and coordinate the editorial and publishing process.
- ◆ The nurse/midwifery course in Beni Suef was rescheduled for mid-July.
- ◆ The Task 1 Manager developed a “Clinical Flow Chart Questionnaire.” A Technical Committee was then formed, the committee meet, reviewed and approved each of the EOC Flow Charts against the criteria in the questionnaire.

QPMR XIII		Type	Phase	Improvement Status						Upgrade Status
Governorate	District			Facility	Assessment	Renovation	Commodities	Training	FMT	
Qena Governorate				100%	53%	64%	75%	51%	100%	27
Qous District			II	100%	83%	100%	83%	80%	100%	5
	Qous District Hospital	CEOC	II	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Qous District Hospital	NCU2	II	Complete	Complete	Complete	Complete	NA	NA	Upgraded
	El-Aiaisha Rural Health Center	BEOC	II	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Garagos Integrated Hospital	BEOC	II	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Nage El-Sebae Rural Health Unit	BEOC	II	Complete	Complete	Complete	In Process	Complete	Complete	Upgraded
Esna District			II	100%	75%	100%	75%	67%	100%	3
	Esna District Hospital	CEOC	II	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Esna District Hospital	NCU2	II	Complete	Complete	Complete	Complete	NA	NA	Upgraded
	Kirman El-Matana Integrated Hospital	BEOC	II	Complete	Complete	Complete	In Process	Complete	Complete	Upgraded
Armant District			II	100%	80%	100%	100%	75%	100%	4
	Armant District Hospital	CEOC	II	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Armant District Hospital	NCU2	II	Complete	Complete	Complete	Complete	NA	NA	Upgraded
	Armant El-Heit Urban Health Center	BEOC	II	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Democrat Health Center	BEOC	II	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Qena District			III	100%	78%	100%	100%	88%	100%	7
	Qena General Hospital	CEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Qena General Hospital	NCU2	III	Complete	Construction	Complete	Complete	NA	NA	Interim
	Qena Maternity Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Sidi Abdel Reheem Maternity Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Karm Omran Unit	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	El-Mahrousa Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Dandara Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Awlad Amro Integrated Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Deshna District			III	100%	67%	67%	100%	80%	100%	4
	Deshna District Hospital	CEOC	III	Complete	Construction	Partial	Complete	Complete	NA	Interim
	Deshna District Hospital	NCU2	III	Complete	Complete	Complete	Complete	NA	NA	Upgraded
	Deshna Maternity Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Fao Bahary Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Abu Manaa Bahary Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Nekada District			III	100%	67%	67%	100%	67%	100%	2
	Nekada District Hospital	CEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	Bahary Qamula Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Naga Hamadi District			IV	100%	29%	43%	43%		100%	2
	Naga Hamadi District Hospital	CEOC	IV	Complete	Construction	Complete	Complete		NA	Interim
	Naga Hamadi District Hospital	NCU2	IV	Complete	Complete	Complete	Complete	NA	NA	Upgraded
	El-Rahmaneya Quebly Integrated Hospital	BEOC	IV	Complete	Plans	On Order			Complete	
	Gharby Bahgora Health Group	BEOC	IV	Complete	Plans	On Order			Complete	
	Haw Integrated Hospital	BEOC	IV	Complete	Plans	On Order			Complete	
	El-Hellaya Bahry Integrated Hospital	BEOC	IV	Complete	Plans	On Order			Complete	
Abu Tesht District			IV	100%			40%		100%	
	Abu Tesht District Hospital	CEOC	IV	Complete	Plans	On Order	Complete		NA	
	Abu Shousha Integrated Hospital	BEOC	IV	Complete	Plans	On Order			Complete	
	Ezbal El-Bousa Rural Health Unit	BEOC	IV	Complete	Plans	On Order			Complete	
	Bakhanes Integrated Hospital	BEOC	IV	Complete	Plans	On Order			Complete	
Farshout District			IV	100%			33%		100%	
	Farshout District Hospital	CEOC	IV	Complete	Plans	On Order	Complete		NA	
	El-Araky Integrated Hospital	BEOC	IV	Complete	Plans	On Order			Complete	
Kift District			V	100%						
	Kift District Hospital	CEOC	V	Complete	Plans		In Process		NA	
El-Wakf District			V	100%						
	El-Wakf District Hospital	CEOC	V	Complete	Plans		In Process		NA	

QPMR XIII		Improvement Status							Upgrade Status
Governorate District Facility	Type	Phase	Assessment	Renovation	Commodities	Training	FMT	CHC	
Fayoum Governorate			100%	60%	94%	90%	86%	100%	13
Fayoum Urban District		III	100%	80%	100%	100%	75%	100%	4
Fayoum General Hospital	CEOC	III	Complete	Complete	Complete	Complete	NA	NA	Upgraded
Fayoum General Hospital	NCU2	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Sheikh Hassan Urban Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
El-Hadka Urban Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Fayoum Rural District		III	100%	50%	100%	100%	100%	100%	2
El-Edwa Health Center	BEOC	III	Complete	Construction	Complete	Complete	Complete	Complete	
El-Lahon Integrated Hospital	BEOC	III	Complete	Construction	Complete	Complete	Complete	Complete	Upgraded
Zawiati El-Kradsa Integrated Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Desia Integrated Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Ibshway District		III	100%	25%	75%	75%	86%	100%	2
Ibshway District Hospital	CEOC	III	Complete	Construction	Partial	Complete	Complete	NA	Interim
Ibshway District Hospital	NCU2	III	Complete	Construction	Complete	Complete	Complete	NA	Upgraded
Ibshway Maternity Center	BEOC	III	Complete	Construction	Complete	Complete	Complete	Complete	
El-Shwashna Integrated Hospital	BEOC	III	Complete	Construction	Complete	In Process	Complete	Complete	
El-Nazia Integrated Health Center	BEOC	III	Complete	Construction	Complete	Complete	Complete	Complete	
El-Agameen Integrated Health Center	BEOC	III	Complete	Construction	Complete	Complete	Complete	Complete	Upgraded
Kouta Integrated Hospital	BEOC	III	Complete	Complete	Complete	In Process	Complete	Complete	Upgraded
Etsa District		III	100%	86%	100%	86%	83%	100%	5
Etsa District Hospital	CEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Interim
Etsa District Hospital	NCU2	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Defno Urban Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
El-Garak Integrated Hospital	BEOC	III	Complete	Complete	Complete	In Process	Complete	Complete	Upgraded
Kalmshaa Integrated Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Abu Gandeer Integrated Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Snouress District		V	100%						
Snouress District Hospital	CEOC	V	Complete	Plans		In Process		NA	
Tamia District		V	100%		50%	50%			
Tamia District Hospital	CEOC	V	Complete	Plans		In Process		NA	
Tamia District Hospital	NCU2	V	Complete	Construction	Complete	Complete	NA	NA	

QPMR XIII		Type	Phase	Improvement Status					Upgrade Status	
Governorate	District			Facility	Assessment	Renovation	Commodities	Training		FMT
Beni Suef Governorate				93%	37%	54%	83%	45%	90%	8
Beni Suef District			III	100%	57%	86%	100%	83%	100%	4
	Beni Suef General Hospital	CEOC	III	Complete	Construction	Partial	Complete	Complete	NA	Interim
	Beni Suef General Hospital	NCU3	III	Complete	Construction	Complete	Complete	NA	NA	Interim
	Belfia Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Barout Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	East Nile Urban Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Upgraded
	El-Ghamrawee Urban Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
Ehnasia District			III	67%	67%	67%	67%	67%	50%	1
	Ehnasia District Hospital	CEOC	III	Complete	Complete	Complete	Complete	Complete	NA	Interim
	Shaler Zada Integrated Health Center	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
El Wasta District			III	100%	60%	100%	100%	75%	100%	3
	El-Wasta District Hospital	CEOC	III	Complete	Construction	Complete	Complete	Complete	NA	Interim
	El-Wasta District Hospital	NCU2	III	Complete	Complete	Complete	Complete	NA	NA	Upgraded
	El-Maymoun Integrated Hospital	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
	Abu Sair El-Malak Integrated Health Unit	BEOC	III	Complete	Complete	Complete	Complete	Complete	Complete	Upgraded
El Fashn District			IV	100%			83%		100%	
	El-Fashn District Hospital	CEOC	IV	Complete	Plans	Partial	In Process		NA	Interim
	El-Fashn District Hospital	NCU2	IV	Complete	Plans	Complete	Complete	NA	NA	Interim
	El-Fant Integrated Hospital	BEOC	IV	Complete	Plans	On Order	Complete		Complete	
	Delhanas Compound Health Unit	BEOC	IV	Complete	Plans	On Order	Complete		Complete	
	Tall Compound Health Unit	BEOC	IV	Complete	Plans	On Order	Complete		Complete	
Beba District			IV	100%			67%		100%	
	Beba District Hospital	CEOC	IV	Complete	Plans	Partial	In Process		NA	Interim
	Beba District Hospital	NCU2	IV	Complete	Plans	On Order	Complete	NA	NA	Interim
	Seds Integrated Hospital	BEOC	IV	Complete	Plans	On Order	Complete		Complete	
	Tansa Integrated Hospital	BEOC	IV	Complete	Plans	On Order	Complete		Complete	
	Salt El-Rasheen Compound Unit	BEOC	IV	Complete	Plans	On Order	In Process		Complete	
Nasser District			V	100%						
	Nasser District Hospital	CEOC	V	Complete	Plans				NA	
Samosta District			V	100%						
	Samosta District Hospital	CEOC	V	Complete	Plans				NA	

Facility Upgrade Status Definitions

(to be used with Upgrade Status tables)

Assessment:

Complete = Assessment completed and report available.

Renovation:

Complete = Construction work completed and facility turned over to MOHP.

Construction = Construction work in process.

Contract = Contract awarded

Bidding = Undergoing bidding process

Plans = Plans and Bills of Quantity drawn up, but construction not yet started

Commodities:

Complete = All critical commodities delivered to and installed in Facility.

Partial = Most critical commodities delivered to and installed in Facility.

Available = Most critical commodities procured and in storage in JSI

On Order = Commodities in process of being procured

Training:

Complete = Critical personnel at facility have been trained in EOC skills.

In Process = Critical personnel at facility are being trained.

Upgrade Status:

Upgraded = All required improvements made and facility offering upgraded service.

Interim = All required improvements not completed, but improved level of services being provided in temporary location in facility.

Facility Types:

G/DH = General/District Hospital

NCU = Neonatal Care Unit

Mat. Center = Maternity Center

MCH = Maternal Child Health Center

UHC = Urban Health Center

IRH = Integrated Rural Hospital

RHC = Rural Health Center

RHU = Rural Health Unit

HO = Health Office

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, three Memorandums of Cooperation were signed with Banha, Tanta and Suez Canal Medical Schools.
- ◆ Several workshops were conducted:
 - ◇ Orientation workshop for Sohag Medical School.
 - ◇ Orientation workshop for Tanta Medical School.
 - ◇ Orientation workshop for Suez Canal Medical School.
 - ◇ Second Part TOT workshop for Ain Shams Medical School.
 - ◇ TOT for Sohag Medical School.
 - ◇ TOT for Tanta Medical School.
- ◆ Task 2 facilitated, with a consultant from George Washington University, Ob/Gyn Department, three workshops with Cairo and Ain Shams Medical Schools Ob/Gyn Departments and the third workshop for MOHP Ob/Gyn specialists in Fayoum Governorate.
- ◆ Preparations were completed for a group of Ob/Gyn and Nursing Staff from selected Medical Schools and the MOHP to attend a workshop in Curriculum Development, Evaluation and Implementation in Irvine, California.
- ◆ Co- Related Sessions in two conferences for Ain Shams and Alexandria Medical Schools OB/GYN departments were co-sponsored.
- ◆ The Nursing Curriculum for faculties and secondary nursing schools is being reviewed by editing staff.
- ◆ HIS software (MEDQARM) was installed in Cairo University, Ob/Gyn Department. A workshop was also conducted by MEDQARM consultants to train staff at Cairo University on the software.

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

- ◆ A Memorandum of Cooperation was signed with the Faculty of Nursing, Suez Canal University.
- ◆ TOT workshops were completed for Assiut and Ain Shams Nursing Schools.

Activity 2.3 In-Service Clinical Training

- ◆ This activity is covered under Task 1.

Activity 2.4 Improve clinical training capabilities

- ◆ All the TOT Workshops for the Medical and Nursing Schools that were conducted this quarter are listed in Activities 2.1 and 2.2. The purpose of these workshops is to improve the clinical training capabilities for both nurses and physicians.

Activity 2.5 Training beyond the MOHP (Private Sector)

- ◆ *MIS:*
 - ◇ Work on the database listing trained private physicians and pharmacists was continued.
- ◆ *Training:*
 - ◇ Private Ob/Gyn specialists training courses continued in Fayoum and Beni Suef where two courses were held and 30 participants were trained.
 - ◇ Private pharmacists training seminars continued in Fayoum, Beni Suef, and Qena where three courses were held and 90 participants were trained.
 - ◇ A first draft of a Breast-feeding curriculum was developed for private physicians.
- ◆ *Research:*
 - ◇ The OR study for “Assessment of Standards of Care in the Private Sector” was completed and is being edited.
- ◆ *Quality Assurance:*
 - ◇ Orientation on the service standards and checklists of HMHC RP continue in the private physician training courses.
- ◆ *Credit Guarantee Company (CGC):*
 - ◇ Coordination activities continued with CGC by calls and faxes to share information about field activities.
 - ◇ CGC concerned staff attended and conducted sessions in all training courses for physicians and pharmacists to orient participants about how to apply for CGC loans to upgrade their private facilities.
- ◆ *Networking:*
 - ◇ Cooperation with the Egyptian Medical Syndicate and National Pharmacist Syndicate continued where both Syndicates consider private sector training for physicians and pharmacists as part of their CEMS.
 - ◇ Cooperation with local medical and pharmacist syndicates continued in the five targeted Governorates.
 - ◇ Work was completed with Task 3 to ensure that private sector representatives from the community and MOHP Private Sector Departments at governorates and district levels are included on the District and Governorate Health Committees and that district/governorate level plans include private sector activities.

Other Activities

- ◆ *Infection Control:*
 - ◇ Development of training curricula on infection control for doctors and nurses were completed.
 - ◇ Training of infection control hospital committees at Doshna District Hospital, Ehnasia District Hospital, Beni Suef General Hospital, Nagaa Hammady District Hospital, Farshout District Hospital, Abu Tesht District Hospital and El Wasta District Hospital were completed.
 - ◇ Training of infection control teams including doctors and nurses from the project hospitals and anchor facilities was completed in Beni Suef and North Qena.
 - ◇ Work with Task 5 on the development of outlines of infection control research in the selection of hospitals where this research would take place.

Constraints

- ◆ None.

Proposed Actions

- ◆ None.

Activity	Resp.	% Complete	Start	Duration	Finish	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
2 TASK TWO: Design of Training System and inclusion of ES Package/Standards in School Curricula		49%	Wed 7/15/98	861 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1 Activity 1: Revision of med. school curricula & upgrade faculty training skills to incorporate HMHC Package		46%	Thu 4/15/99	665 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1.1 Revision of 8 medical schools curricula & upgrade faculty training skills		81%	Thu 4/15/99	665 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1.1.1 Signing of Memorandum of Cooperation with 8 Medical Schools		90%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.2 Training of faculty members in CBT methodology		90%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.3 Curricula Development Committee (CDC)		92%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.3.1 Establishment of committee		90%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.3.2 Gathering of input from department faculty		90%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.3.3 Finalization HMHC medical school curricula design		100%	Thu 4/15/99	247 days	Wed 3/15/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.3.4 Development of HMHC medical school curricula implementation plan		90%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.4 Improve the pre-service training period		90%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.4.1 Incorporation of HMHC package into pre-service training program		90%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.5 Train high-level faculty members out-of-country in new medical technologies		81%	Wed 9/1/99	563 days	Thu 9/13/01	[Gantt chart bars for 1999-2001]																																				
2.1.1.5.1 Identify high-level faculty members		100%	Wed 9/1/99	22 days	Thu 9/30/99	[Gantt chart bars for 1999-2001]																																				
2.1.1.5.2 Train high-level faculty members		100%	Sun 10/3/99	114 days	Tue 2/29/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.5.3 Newly trained high level faculty members disseminate and utilize new knowledge to in-country trainees		75%	Wed 3/1/00	405 days	Thu 9/13/01	[Gantt chart bars for 1999-2001]																																				
2.1.1.6 Establishment of HIS in medical schools		41%	Thu 4/15/99	665 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1.1.6.1 Reviewing the present HIS system		100%	Sun 4/2/00	116 days	Thu 8/31/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.6.2 Identify HIS faculty members		50%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.6.3 Train selected HIS faculty members		0%	Mon 9/18/00	57 days	Thu 11/30/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.6.4 Follow up for HIS and its impact on services		0%	Wed 1/17/01	168 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1.1.7 Establishment of maternal and child health library		97%	Thu 4/15/99	397 days	Sat 9/30/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.7.1 Select proper sources and reference materials		100%	Thu 4/15/99	385 days	Thu 9/14/00	[Gantt chart bars for 1999-2001]																																				
2.1.1.7.2 Distribution of reference to all medical schools		90%	Thu 4/15/99	199 days	Sat 9/30/00	[Gantt chart bars for 1999-2001]																																				
2.1.2 Revision of remaining 5 medical schools curricula & upgrade faculty training skills		0%	Wed 10/4/00	265 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1.2.1 Signing of Memorandum of Cooperation with 8 Medical Schools		0%	Wed 10/4/00	265 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1.2.2 Training of faculty members in CBT methodology		0%	Wed 10/4/00	265 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				
2.1.2.3 Curricula Development Committee (CDC)		0%	Wed 10/4/00	265 days	Sun 9/16/01	[Gantt chart bars for 1999-2001]																																				

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

Twenty-five new district health plans for the fiscal year 2001/2002 were developed by the District Management Teams in the five Target Governorates. Integration of the MCH and 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. Training of new Governorate and District Management Teams members in all target Governorates, in Management/Planning and Quality Assurance was finished during this quarter.

Activity 3.1. Facility/Community-level Involvement

- ◆ A total of 78 Facility Management Teams (FMT) are now established in 78 anchor facilities in Fayoum, Beni Suef, Aswan, Luxor, south and middle Qena districts. During this quarter FMT's will be established in phase IV facilities (North Qena districts: Naga Hamadi, Abu Tesht, and Farshout Districts and Beni Suef Districts: Beba and El Fashn Districts). Moreover, a facility filing system was installed to enable facility staff to store and retrieve HM/HC related protocols, training manuals, self-assessment forms and similar materials. Establishment of Community Health Committees (CHC) is addressed under Task Seven. Selection and orientation of the CHC members was accomplished. Community needs assessments were conducted in the catchment areas and the results were incorporated into the district health plans for this year. The CHC and the facility management teams meet quarterly to discuss/follow-up with the implementation of the plans.

Activity 3.2. District-level Interventions (see the table at the end of the Task Three section)

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 25 districts within Aswan, Luxor, Fayoum, Beni Suef and Qena Governorates have been meeting regularly on a monthly basis. The DMTs conducted 67 meetings during this quarter, seven of which were joint meetings with District Health Committees. During the meetings the teams reviewed/discussed the activities during the month, the accomplishments and problems/constraints. Also, teams reviewed reports, discussed QA reports and solved problems of non-compliance with the standards.
- ◆ Each Management Team maintains a file to store and retrieve meeting attendance sheets, agendas and meeting minutes.

3.2.3 District Teams/Committees Training

- ◆ Management/Planning and Quality Assurance training was finished for the new members of the District Management Teams during this quarter.

3.2.4 District Planning

- ◆ During this quarter 25 new district health plans for the fiscal year 2001/2002 were developed, reviewed and submitted to the Governorate Management Teams in the five target governorates for their approval. Integration of the MCH and reproductive health plans took place during the development of these district health plans for this year. Accordingly, the district health plans include all HM/HC and reproductive health activities, which should be accomplished, and the service targets for the facility and district levels. The district health plans incorporated the results of the Community Needs Assessment performed by the CHCs.

3.2.5 District Supervision

- ◆ The Computerized Quality Assurance Monitoring Program was installed in all the district information centers after finalization.
- ◆ Eight workshops about data use were conducted in the five target governorates in coordination with Tasks 4, 5 and 7 in the period from May 6 to June 25/ 2001. These workshops were attended by 147 participants, all of them members of established DMT's and GMT's. The main objective of the workshops was to help management team members to bridge the gap between data availability and data use in the monitoring of MCH service utilization, MCH service quality and meeting community targets.
- ◆ The Quality Assurance monitoring data are being entered on a routine basis in all JSI field offices in the five target governorates. Next quarter the data will be entered in the District HIS offices. Quarterly QA reports are being produced and submitted to district and governorate management teams in all governorates to be used for purposes of monitoring and evaluation. Teams reviewed the reports and used them to improve performance through problem solving methods to correct problems of non-compliance.

Activity 3.3. Governorate-level Participation (see the table at the end of the Task Three section)

3.3.1 Establishment of Governorate Teams/Committees

- ◆ Management Teams in Aswan, Luxor, Beni Suef, Fayoum and Qena Governorates met at least once quarterly to monitor the implementation process. Governorate Management Teams in the target Governorates conducted 12 meetings during this quarter, one of which was a joint meeting with the Governorate Health Committee.

3.3.2 Governorate Team/Committee Training

- ◆ None.

3.3.3 Governorate Participation

- ◆ The Governorate Management Teams of Luxor, Aswan, Qena, Beni Suef and Fayoum met at least once every quarter to monitor the implementation of District plans / activities. In their regular meetings, they reviewed district team meeting minutes and reports to assess performance, provide guidance and to help in solving problems, if any. During the meetings, Governorate Management Teams also reviewed reports and discussed QA reports, using the problem-solving methodology to correct the problems of non-compliance with standards.

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 Project and JSI Cairo Office for review
- ◆ Data interpretation workshops were facilitated by staff from the MOHP Project including: Dr. Nabih Ismael, Director of the Quality Assurance Unit, HM/HC Project, Dr. Mohamed El-Nagar and Dr. Magdy Sharaf.

Activity 3.5. Establishment of JSI Regional Field Offices

- ◆ None.

Activity 3.6. Other Activities**3.6.1 Coordination**

- ◆ Three monthly meetings were conducted with all JSI field office management specialists to coordinate the activities. Such meetings will continue on a monthly basis for more coordination between the field offices and Cairo office.
- ◆ Task 3 members facilitated and coordinated the Leadership & Total Quality Management Course conducted by the International Health Programs, Santa Cruz, California during the period May 3-26, 2001. The course was attended by 15 MOHP officials. The overall objective of the workshop was to improve the management skills of the participants by learning Total Quality Management (TQM) process in order to implement the total quality management and effective leadership methodology in the districts, governorates and central health systems.
- ◆ The Task 3 Manager attended several meetings with Pathfinder International (POP IV) for on going coordination and integration of the relevant activities.
- ◆ Task 3 members, in coordination with Task 2, conducted sessions on quality assurance and management for university staff.

Constraints

- ◆ None.

Proposed Actions

- ◆ None.

QPMR XIII	No. of Districts	GMT Established & Trained	GHC Established & Oriented	GMT Meetings	Joint GMT/GHC Meetings	GMT Members Trained	GHC Members Oriented	Governorate Information Center Upgraded
Governorate								
Totals	81	5	5	33	13	76	47	6
Aswan	5	Yes	Yes	9	3	17	8	Yes
Luxor	2	Yes	Yes	9	5	19	13	Yes
Qena	11	Yes	Yes	8	2	14	7	Yes
Fayoum	6	Yes	Yes	5	2	16	16	Yes
Beni Suef	7	Yes	Yes	2	1	10	10	Yes
Assiut	13							Yes
Sohag	11							Yes
Menya	9							
Giza	17							

Facility Upgrade Status Definitions

(to be used with Upgrade Status tables)

Assessment:

Complete = Assessment completed and report available.

Renovation:

Complete = Construction work completed and facility turned over to MOHP.
Construction = Construction work in process.
Contract = Contract awarded
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Commodities:

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Partial = Most critical commodities delivered to and installed in Facility.
Available = Most critical commodities procured and in storage in JSI
On Order = Commodities in process of being procured

Training:

Complete = Critical personnel at facility have been trained in EOC skills.
In Process = Critical personnel at facility are being trained.

Upgrade Status:

Upgraded = All required improvements made and facility offering upgraded service.
Interim = All required improvements not completed, but improved level of services being provided in temporary location in facility.

Facility Types:

G/DH = General/District Hospital
NCU = Neonatal Care Unit
Mat. Center = Maternity Center
MCH = Maternal Child Health Center
UHC = Urban Health Center
IRH = Integrated Rural Hospital
RHC = Rural Health Center
RHU = Rural Health Unit
HO = Health Office

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

- ◆ Assessed all district MHIS centers in Aswan, Luxor, Qena, Assuit, Fayoum, Benisuef, Menya and Sohag.

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

- ◆ Launched data management activities in 64 District MHIS centers and eight directorate MHIS centers in Aswan, Luxor, Qena, Assiut, Beni Suef, Fayoum, Menya and Sohag.
- ◆ Training for all statistical technicians, district managers, district deputy mangers in computer basic skills and MHIS application was completed.
- ◆ Renovations for MHIS centers in Sohag was Completed.
- ◆ Coordination with POP/FP in using FP information center rooms in all districts in Menya was completed.
- ◆ Memorandum of Cooperation between HM/HC and POP/FP was drafted and discussed by both teams.
- ◆ A dial-up connection between MHIS centers in districts and MHIS center in the directorate was completed in Aswan, Luxor, Qena, Fayoum, and Beni-Suef.

The following table presents the MHIS Training Courses delivered in Menya and Sohag:

Course ID	Name of Course	Type of Participants	No. of Days	No. of Participant
MHIS 1	Basic Computer Training & Arabic Keyboard	Statistical Technicians	12	43
MHS 1.1	Basic Computer Training	District & Deputy District Managers	10	38
MHIS 4	MHIS Application End User Training	Statistical Technicians who completed MHIS 1	2	43
MHIS 6	MHIS Application Management User Training	District & Deputy District Managers	2	38
MHIS 7	PC Support Technician Training	Governorate Statistical Technicians	17	20

Activity 4.3 Design User-friendly Software for MHIS

- ◆ The final version of the HM/HC Monitoring System application was completed. It includes the service quality standards checklist, district planning, and HM/HC results package monitoring indicators. Complete documentation for the application was developed. Training material for the monitoring software was designed, developed and finalized.
- ◆ Training for District MHIS centers and DMT on the implementation of the computer-based system was completed.

- ◆ The software is installed in all 25 districts running this program.

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

- ◆ Coordination between Task 3, 4, 5, 7 and the HM/HC Project – HIS unit led to the development of comprehensive materials for workshops on data interpretation and activity monitoring. The aim of these workshops was to review with District Managers the objectives and how to interpret the HM/HC monitoring indicators. The purpose of the workshop was to expand the skills of the district level in data collection from different sources and improve skills in data analysis of HM/HC activities. The curriculum focuses on important indicators related to the HM/HC package of services and indicators that support the district managers to develop district health plans.
- ◆ Task 5 (Operations Research) participated in the workshop to introduce the role of operation research in data collection from the community, identify problems, and proposing solutions.
- ◆ Task 7, also, participated in the workshop to present the results of the community needs assessment.

The following table presents the eight Data Use Workshops:

Date	Governorate	Participants From	No. of Participants		Status
			Planned	Actual	
May 6-7, 2001	Aswan – Group 1	Directorate, Aswan, Daraw	15	13	Completed
May 8-9, 2001	Aswan – Group 2	Edfu, Nasr, Kom Ombo	15	14	Completed
May 13-14, 2001	Luxor & South Qena	Luxor Directorate, Bayadeya, Esna, Armant, Qous	30	30	Completed
June 10-11, 2001	Qena – Group 1	Directorate, Qena, Nekada, Deshna	20	20	Completed
June 12-13, 2001	Qena – Group 2	Farshout, Abu Tesht, Naga Hamadi	15	16	Completed
June 5-6, 2001	Fayoum	Fayoum (Urban and Rural), Ibshway, Etsa, directorate	25	25	Completed
April 29-30, 2001	Beni Suef – Group 1	Beni Suef, Ehnasia and Directorate	15	13	Completed
June 24, 25, 2001	Beni Suef – Group 2	Wasta, Fashn, Beba	15	16	Completed

Activity 4.5 Upgrading of Governorate MHIS Centers

- ◆ Upgraded all eight governorate MHIS centers in Aswan, Luxor, Qena, Assiut, Beni Suef, Fayoum, Menya and Sohag. In addition to equipment, furniture, photocopier, and fax machine, the MHIS center staff members were trained on PC support to be able to supervise and support the district MHIS centers and help in improving procedures of data management

at the district level. The number of participants from Sohag was five and from Menya was five.

Constraints

- ◆ A Memorandum of Cooperation and Coordination between MCH and Family Planning should be signed during next month to make effective arrangements for having one MHIS center for both departments in each district.

Proposed Actions to Overcome Constraints

- ◆ Meetings with the Family Planning Director and MCH Director are planned during July.

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RHC = Rural Health Center
RHU = Rural Health Unit
HO = Health Office

ID	Activity	Resp.	% Complete	Start	Duration	Finish	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
609	4 TASK FOUR: Monitoring System in Place to Track Utilization and Impact and Provide Feedback		99%	Sun 5/17/98	833 days	Thu 6/14/01	[Progress bar spanning from May 1998 to June 2001]																																			
610	4.1 Activity 1 Assess and create an integrated and standardized nationwide MHIS system		100%	Sun 5/17/98	236 days	Sun 4/11/99	[Progress bar from May 1998 to April 1999]																																			
611	4.1.1 Assessment of existing MHIS		100%	Sun 6/21/98	42 days	Mon 8/17/98	[Progress bar from June 1998 to August 1998]																																			
618	4.1.2 Mobilization of Assessor Assistants		100%	Sun 5/17/98	77 days	Mon 8/31/98	[Progress bar from May 1998 to August 1998]																																			
622	4.1.3 Conduct MHIS assessment		100%	Mon 8/31/98	95 days	Sun 1/10/99	[Progress bar from August 1998 to January 1999]																																			
631	4.1.4 Develop Assessment Reports		100%	Mon 1/11/99	15 days	Sun 1/31/99	[Progress bar from January 1999 to January 1999]																																			
646	4.1.5 Design for monitoring system		100%	Mon 2/1/99	25 days	Sun 3/7/99	[Progress bar from February 1999 to March 1999]																																			
649	4.1.6 Develop procedures of HM/HC monitoring		100%	Mon 3/8/99	25 days	Sun 4/11/99	[Progress bar from March 1999 to April 1999]																																			
652	4.2 Assist MOHP to set-up 65 MHIS centers at district level		99%	Mon 8/17/98	767 days	Thu 6/14/01	[Progress bar spanning from August 1998 to June 2001]																																			
653	4.2.1 Conduct start-up workshop	KAF	100%	Mon 8/31/98	7 days	Tue 9/8/98	[Progress bar from August 1998 to August 1998]																																			
654	4.2.2 Establish 10 MHIS centers at district level		100%	Mon 8/17/98	236 days	Wed 7/14/99	[Progress bar from August 1998 to July 1999]																																			
670	4.2.3 Establish 30 district MHIS centers and Upgrade 3 directorate MHIS Centers in Qena, Fayoum and Assiut		100%	Tue 2/15/00	93 days	Thu 6/15/00	[Progress bar from February 2000 to June 2000]																																			
678	4.2.4 Establish 20 district MHIS centers and upgrade 2 directorate MHIS centers in Menya and Sohag		100%	Sun 9/3/00	172 days	Sun 4/15/01	[Progress bar from September 2000 to April 2001]																																			
688	4.2.5 Benchmark: Supervise training activities for year four		0%	Thu 3/1/01	0 days	Thu 3/1/01	[Star icon at 3/1]																																			
689	4.2.5 Milestone: Assist MOHP to establish 65 MHIS centers		100%	Thu 6/14/01	0 days	Thu 6/14/01	[Diamond icon at 6/14]																																			
690	4.3 Design user friendly monitoring system software		100%	Mon 4/12/99	436 days	Wed 11/15/00	[Progress bar from April 1999 to November 2000]																																			
703	4.4 Establish monitoring data collection mechanisms at facility and community level		100%	Sun 2/4/01	43 days	Wed 3/28/01	[Progress bar from February 2001 to March 2001]																																			
704	4.4.1 Conduct Monitoring System Workshop for District Management Teams - Data Interpretation		100%	Sun 2/4/01	43 days	Wed 3/28/01	[Progress bar from February 2001 to March 2001]																																			

TASK FIVE

Research Activities

Accomplishments

Activity 5.1 Assessment of Current Research Needs

- ◆ Research needs were identified and suggestions were made to complete the required twelve 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 report was completed and is in the final editing stage.
- ◆ *Rapid assessment for clean delivery in a district in Beni-Suef Governorate: A Descriptive Study*: The report is in the final editing stage.
- ◆ *Study of emollient application for pre-terms during their stay in the NCU*: The decision was made not to test the neocream in this trial. The focus of the investigation is the high rate of infection in newborns in the NCU (60%). Data collection was completed and an interim report written.
- ◆ *Study on infection control practice in the facilities*: Field work started in May, and included four hospitals; Quos, Bayadeya, Edfu and Kom Ombo.
- ◆ *Birth kit as a promotion for infection control practice during delivery*: Field work ended on July 15th. Data analysis and preparation for reporting has started.
- ◆ *Taxonomy Study*: This qualitative study based on focus group discussions is taking place in rural areas of the five governorates. The objective of the study is to identify colloquial terminology, to understand women's perception/recognition of pre-danger signs of bleeding, and to assess the use of drugs for accelerating labor and stopping bleeding by birth attendants. The report is in the final stages now.
- ◆ *An investigation of needs and barriers and pilot test of behavioral changes tools to improve providers' performance*: The study will be implemented in Qena and Fayoum General Hospitals in July.

Activity 5.3 Train appropriate staff in "applied research" methodologies

- ◆ A series of lectures were given about the role of operations research in decision making in the five governorates for District Managers. This was included in the Data Use Workshop during the months of May and June.
- ◆ Preparations were completed to hold two workshops in late July in Fayoum and Luxor governorates for managers. The course materials, provided by the Population Council, cover research protocol development, statistical methods for researchers and research write-ups. The training will focus on problem identification and problem solving techniques.

Activity 5.4 Create research findings dissemination strategy

- ◆ Preparations were completed to hold the first Dissemination Workshop in July in Fayoum Governorate. Two research studies will be presented to HM/HC Project staff, MOHIP Health Directors, MCH Directors from the five governorates and representatives from USAID.

Other Dissemination Workshops will take place during August.

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

- ◆ All maternal mortality data was reviewed and the data sent on diskette to Dr. Oona Campbell for final analysis at London School of Hygiene and Tropical Medicine. A preliminary draft of the report has been completed and is being revised and edited.
- ◆ The CAPMAS 2000 data on live births was obtained. This data will be used for calculating the national maternal mortality ratio.
- ◆ The preliminary figures for the NMM ratio were reviewed in meetings with the MOHP Undersecretary and with Dr. Nahed Matta of USAID.
- ◆ Data analysis was completed for the National Perinatal/ Neonatal Mortality Study (NPNMS, 2000) and a final report is being drafted.

5.5.1 Technical activities for the National Maternal Mortality Study

- ◆ A consultancy visit occurred by Dr. Oona Campbell from London School of Hygiene and Tropical Medicine from 4/17/2001 to 4/24/2001.

5.5.2 Future activities for the National Maternal Mortality Study

- ◆ A dissemination seminar for NMMS 2000 and NPNMS 2000 is being planned.
- ◆ A second meeting will be held with the technical committee for the surveillance study at the MOHP. Dr. Adel Hakim, Task 5 Manager for the NPNMS 2000, will represent JSI. During the meeting, the surveillance study instrument will be reviewed, revised and updated for use in the future National Maternal Mortality Surveillance. The system actual start of surveillance will be decided by MOHP.
- ◆ A training workshop on Operations Research for District Managers in Fayoum and Beni Suef will be held in July 2001 in collaboration with Task 5 Operations Research Manager.

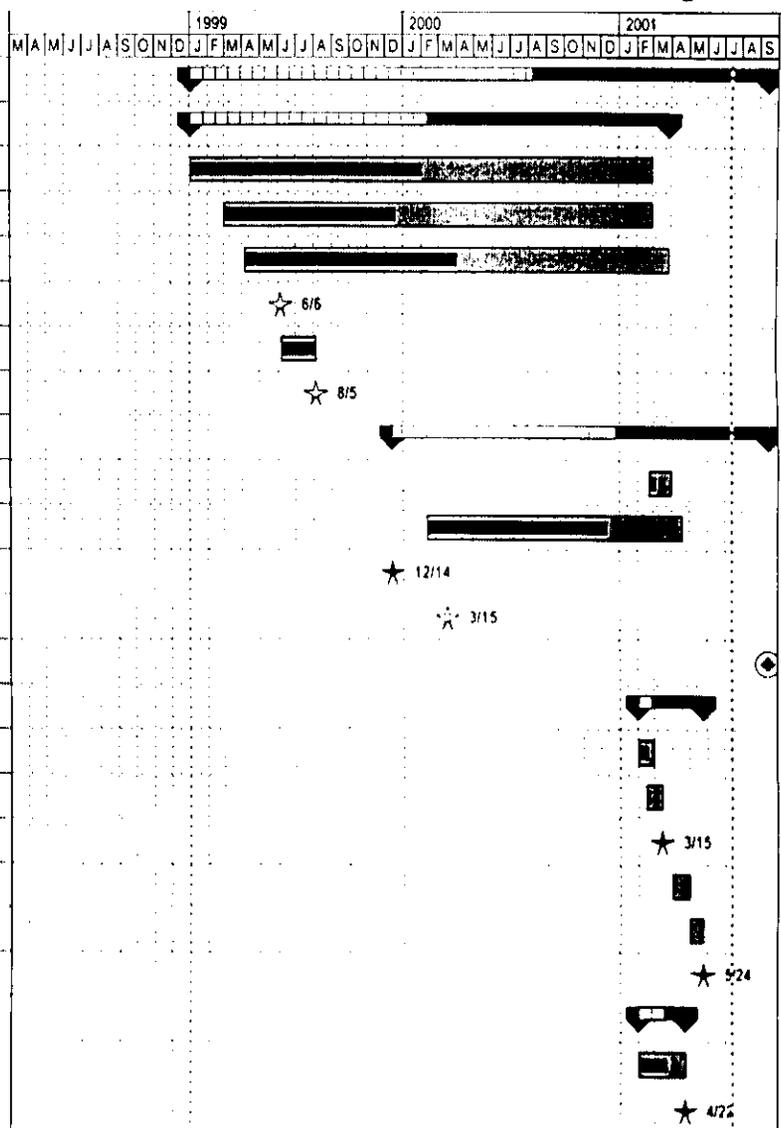
Constraints

- ◆ The submission of Milestone 38 (2000/2001 Maternal Mortality Survey completed) is delayed because the data analysis process has taken longer than originally estimated.

Proposed Actions to Overcome the Constraints

- ◆ Data analysis is in process and the Milestones should be completed by September 15, 2001.

ID	Activity	Resp	% Complete	Start	Duration	Finish
710	5 TASK FIVE: Research Activities		69%	Sun 1/3/99	738 days	Sun 9/16/01
711	5.1 Activity 1: Assessment of current research needs: gaps in available clinical and operational information		48%	Sun 1/3/99	607 days	Wed 3/28/01
712	5.1.1 Determine information needs	JHU	50%	Sun 1/3/99	584 days	Wed 2/28/01
713	5.1.2 Compare the needs to available information to identify gaps	JHU	40%	Mon 3/1/99	543 days	Wed 2/28/01
714	5.1.3 Reach consensus on research to be pursued	JHU, RG	50%	Tue 4/6/99	540 days	Wed 3/28/01
715	5.1.4 Benchmark: Research consensus meeting held with the output being a draft Research Agenda		100%	Sun 6/6/99	0 days	Sun 6/6/99
716	5.1.5 Determine research agenda for next 3.5 years	JHU	100%	Mon 6/7/99	44 days	Thu 8/5/99
717	5.1.6 Benchmark: Research Agenda finalized		100%	Thu 8/5/99	0 days	Thu 8/5/99
718	5.2 Activity 2: Development of research proposals and identify departments and/or institutions to conduct the research		67%	Tue 12/14/99	490 days	Sun 9/16/01
719	5.2.1 Identify appropriate researchers and technical counterparts	JHU	30%	Wed 2/21/01	30 days	Sat 3/31/01
720	5.2.2 Develop research protocols	JHU	70%	Thu 2/10/00	328 days	Thu 4/19/01
721	5.2.3 Benchmark: Research protocols developed		0%	Tue 12/14/99	0 days	Tue 12/14/99
722	5.2.4 Milestone: Three operations research studies completed		100%	Wed 3/15/00	0 days	Wed 3/15/00
723	5.2.5 Target: Twelve operations research studies completed		0%	Sun 9/16/01	0 days	Sun 9/16/01
724	5.3 Activity 3: Train appropriate staff in "applied research" methodologies		26%	Thu 2/1/01	91 days	Thu 5/24/01
725	5.3.1 Identify appropriate community assessment methods and training materials	JHU	60%	Thu 2/1/01	22 days	Wed 2/28/01
726	5.3.2 Adapt materials to local needs	JHU	20%	Thu 2/15/01	22 days	Thu 3/15/01
727	5.3.3 Benchmark: Materials produced		0%	Thu 3/15/01	0 days	Thu 3/15/01
728	5.3.4 Identify trainers and participants	JHU	20%	Sun 4/1/01	22 days	Mon 4/30/01
729	5.3.5 Conduct training	JHU	0%	Tue 5/1/01	20 days	Thu 5/24/01
730	5.3.6 Benchmark: Participants trained and utilizing new applied methodologies		0%	Thu 5/24/01	0 days	Thu 5/24/01
731	5.4 Activity 4: Create findings dissemination strategy		60%	Thu 2/1/01	65 days	Sun 4/22/01
732	5.4.1 Develop strategy with policy makers and researchers to disseminate research results to affect public health decision making	JHU	60%	Thu 2/1/01	61 days	Sun 4/22/01
733	5.4.2 Benchmark: Dissemination workshops held to present research findings		0%	Sun 4/22/01	0 days	Sun 4/22/01



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

- ◆ There were no activities this quarter.

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

During this quarter the following sub-activities were achieved:

- ◆ Ten IMCI training courses were conducted for chief supervisors, physicians and nurses from the following governorates: Beni-Suef, Fayoum, Assiut and Qena. A summary of the courses is presented below:

Course Title	Governorate	No. of Trainees	Date
IMCI - Training Data Collection	Beni-Suef	8	April 2, 2001
IMCI - Training Orientation	Beni-Suef	44	April 3, 2001
IMCI - National Training For Physicians - Bab El Sheriaa Hospital	Alexandria	1	April 8-19, 2001
	Ismailia	2	
	Giza	1	
	Gharbia	3	
	Fayoum	2	
	Cairo	3	
	Menya	3	
	Damietta	1	
IMCI - Case Management Training for Physicians	Beni-Suef	24	May 19-30, 2001
	Qena	24	June 30 - July 12, 2001
IMCI - Case Management Training for Nurses	Beni-Suef	26	June 2-5, 2001
IMCI - District Planning Workshop in Alex	JSI	2	May 8-11, 2001
	Beni-Suef	19	
	Assiut	17	
	JSI	4	June 6-9, 2001
	Fayoum	14	
Qena	16		
IMCI - Facilitators Course	JSI	1	May 1-5, 2001
	Alexandria	1	
	Gharbia	1	
	Cairo	3	
	Menya	2	
	Qena	3	
IMCI - Supervisors Follow Up Training	Menoufia	2	June 23-24, 2001
	Cairo	5	
	Menya	2	
	Qena	2	
	Fayoum	1	
	Alexandria	1	
	Gharbia	1	

- ◆ Task 6 Manager briefed the JSI field offices management specialists about the IMCI strategy on June 21.
- ◆ An IMCI follow-up and supervision training course was conducted in Menya for 13 participants. The first two days of the course included classroom training at the Suzan Mubarak Health Center and the last two days were practical training in Samalout District.

Activity 6.3 Support the Neonatal Program

During this quarter the following sub-activities were achieved:

- ◆ Twenty training courses were conducted in basic and advanced neonatal care for physicians and nurses. A summary of the courses is presented below:

Course Title	Governorate	No. of Trainees	Date
Basic Neonatal Care for Physicians	Menya I	20	April 17-20, 2001
	Menya II	24	May 13-16, 2001
	Assiut II	20	May 6-9, 2001
	Sohag II	20	May 27-30, 2001
Advanced Neonatal Care for Physicians	Giza I	16	April 22-26, 2001
	Giza II	25	June 10-14, 2001
	Menya I	17	June 10-14, 2001
	Menya II	24	June 17-21, 2001
	Assiut I	15	May 6-10, 2001
	Assiut II	22	June 17-21, 2001
	Sohag I	17	April 22-26, 2001
	Sohag II	22	June 24-28, 2001
	Assiut I	22	April 21-26, 2001
	Assiut II	25	June 16-21, 2001
Neonatal Care for Nurses	Luxor	2	April 7-13, 2001
	Qena	9	
	Aswan	4	
	Giza I	20	May 12-17, 2001
	Giza II	22	May 26-31, 2001
	Giza III	24	June 9-14, 2001
	Menya	17	May 12-17, 2001
	Sohag	24	May 26-31, 2001

- ◆ Three monthly meetings were held at the JSI office with the neonatal clinical supervisors to discuss plans for the quarter.
- ◆ 20 neonatologists traveled to GWU on April 12 to attend the Advanced Neonatal Training course and the International Pediatric Conference in Baltimore. Dr. Lamia Mohsen and Dr. Ismail El-Hawary, JSI neonatal consultants, accompanied the group.
- ◆ In April 4, new neonatal consultants were recruited through the Curative Care Department and were assigned to some of the neonatal units to provide clinical supervision.
- ◆ A meeting was held with Dr. Esmat Mansour to discuss the neonatal baseline assessment report, the neonatal supervision system and the establishment of a neonatal surveillance system and the revision and updating of the NCU Service Statistics.
- ◆ A meeting was held on May 22 with Dr. Esmat Mansour and Dr. Nahed Fahmy to discuss the Integrated Perinatal Workplan, achievements and constraints, the supervision plan and involvement of The Curative Care Department. It was agreed to have regular meetings with Dr. Esmat to keep her informed about the progress of work and any problems.
- ◆ Trips were made in the districts of Menya to Suzan Mubarak, Magaga, and Bani-Mazar neonatal units to assess the units for renovation and equipment needs.

- ◆ Dr. Dalia El-Sebai, Neonatal Clinical Supervisor, conducted a session on resuscitation of the newborn in the Emergency Services Workshop conducted in Qena.
- ◆ In collaboration with Task 2, Task 6 revised the Neonatal Section of the Nursing Schools Curriculum.

Activity 6.4 Strengthen the Daya Training Program

During this quarter the following activities were conducted:

- ◆ A daya training course was conducted in Beni-Suef district from April 29-May 3, 2001. The course was attended by 15 dayas.
- ◆ A daya training course was conducted in El Wasta district from May 20 – 24, 2001. The course was attended by 15 dayas.

Other Activities

- ◆ Dr. Lamia, neonatal consultant, attended a meeting on the development of a national infection control program at VACSERA Institute on May 16.
- ◆ Dr. Lamia attended Task 2 TOT workshop for Tanta University Medical School during the period from June 23-25 where she conducted a resuscitation session and microteaching.
- ◆ A meeting was held on May 22 with Dr. Esmat Mansour to brief her about the IEC postpartum campaign, including newborn care. Drafts of TV spots, posters and flyers were presented and feedback obtained. The COP, Task 8 Staff, and PROMOSEVEN Group attended the meeting.

Coordination

Coordination with HM/HC Project

- ◆ Coordination with HM/HC Project Maternal Unit on conducting daya and MCH training courses.
- ◆ Coordination with HM/HC Project Perinatal Unit on coordination of integrated neonatal workplan.

Coordination with IMCI Program

- ◆ Implementation of IMCI activities in target governorates as planned.

Constraints

- ◆ None.

Proposed actions to overcome constraint

- ◆ None.

QPMR XIII Governorate District	Phase	Physicians			Nurses			Lead Trainers		
		EOC Training	Neonatal Training	Total	EOC Training	Neonatal Training	Total	EOC Training	Neonatal Training	Total
Assiut Governorate			29	29		30	30			
Gharb Assiut District	VI		12	12		11	11			
Shark Assiut District	VI									
Markaz Assiut District	VI					4	4			
Manfalout District	VI		1	1		2	2			
Kouseyah District	VI		4	4		5	5			
Dayrout District	VI		2	2						
Abu Teig District	VI					2	2			
Sedfa District	VI		2	2						
Ghanayem District	VI									
Abnoub District	VI									
Fath District	VI		2	2		2	2			
Sahel Seleem District	VI		6	6		4	4			
Badary District	VI									
Sohag Governorate			35	35		20	20			
Sohag District	V		10	10		5	5			
Tema District	V									
Tahta District	V					3	3			
Geheina District	V		4	4						
Maragha District	V		9	9		3	3			
Akhmeim District	V									
El-Mounshaa District	V		6	6		3	3			
Gerga District	V									
Balyana District	V		3	3		3	3			
Dar El-Salam District	V		3	3		3	3			
Sakolta District	V									
Menya Governorate			43	43		21	21			
Menya District	VII		14	14		5	5			
Maghagha District	VII		3	3		3	3			
Edwa District	VII					2	2			
Beni Mazar District	VII		5	5						
Mattay District	VII		6	6		2	2			
Samalout District	VII									
Fekreya District	VII		3	3		3	3			
Malawy District	VII		12	12		6	6			
Deir Mowas District	VII									
Giza Governorate			28	28		44	44			
North Giza District	VI		5	5		10	10			
Agouza District	VI		8	8		15	15			
Omrania District	VI									
South Giza District	VI		8	8		11	11			
El-Haram District	VI									
Markaz Giza District	VI		7	7		8	8			
Warak District	VI									
Oseem District	VI									
Hawamdia District	VI									
Badrasheen District	VI									
Ayat District	VI									
Saff District	VI									
Otfeeh District	VI									
Wahat Baharia District	VI					2	2			
Menshat El Qanater District	VI									
Dokki District	VI								2	2
Boulak District	VI		6	6		7	7			

Facility Upgrade Status Definitions

(to be used with Upgrade Status tables)

Assessment:

Complete = Assessment completed and report available.

Renovation:

Complete = Construction work completed and facility turned over to MOHP.
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Facility Types:

G/DH = General/District Hospital
NCU = Neonatal Care Unit
Mat. Center = Maternity Center
MCH = Maternal Child Health Center
UHC = Urban Health Center
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HO = Health Office

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 in Talt, Delhaness and El-Fant in El-Fashn District (Beni Suef Governorate); Gharbi Bahjora, El-Rahmania, Heo and El-Halfaia in Naga Hammady District (Qena Governorate). Approximately 215 community leader participants were introduced to the project and oriented to services provided by the newly upgraded EOC services. A free listing of key problems and barriers to access health care were put forward by the participants and discussion of the means to alleviate these problems and remove barriers took place. The participants selected their representatives to the new CHCs.

Activity 7.2 Inventory of Partners

- ◆ An inventory was completed in the five target governorates identifying and assessing community-based organizations.

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

- ◆ *CHC Training on Community Needs Assessment (CNA) and conducting community interviews:* 64 community leader members of 7 CHCs were trained on CNA. These CHCs are:

Governorate	District	Community
Qena	Naga Hammady	Heo Gharbi Bahjora El-Halfaia El-Rahmania
Beni-Suef	El-Fashn	Talt Delhaness El-Fant

- ◆ *Recruitment and training of Community Outreach Workers to conduct the rapid household survey:*
Survey teams of 120 female Community Outreach Workers from seven communities were selected and trained on the Rapid Household Survey and manual tabulation of the results.

- ◆ *Conduct the Assessment:*
After training the community outreach workers, a CNA was conducted in the seven communities mentioned above.
- ◆ *Develop Community Action Plans:*
CHCs in eight communities held meetings to review the results of the CNA. Based on the results, Community Action Plans were developed to meet those prioritized problems/needs that were within the capacity and control of the community organizations. The community outreach workers who conducted the rapid household survey presented the results to the CHCs and participated in the discussions. A total of 199 CHCs and community outreach workers participated in these meetings.
- ◆ *Review Progress of Implementation of Community Action Plans:*
Twenty-one CHCs met to review progress achieved in implementing the Community Action Plans. The CHC's included:
 - El-Manshia in Kom Ombo District (Aswan Governorate),
 - Benban in Daraw District (Aswan Governorate),
 - Ballana in Nasr El-Noba District (Aswan Governorate),
 - El-Ramady in Idfu District (Aswan Governorate);
 - El-Odysat, El-Karnak, El-Zeinya in Bayadeya District (Luxor Governorate);
 - Desia, El-Lahoun, El-Edwa, Zaweit El-Karadsa in Fayoum District (Fayoum Governorate),
 - Kouta, El-Nazla, El-Agameen in Ebshway District (Fayoum Governorate),
 - Kalamsha in Itsa District (Fayoum Governorate);
 - El-Aiaisha in Qous District (Qena Governorate);
 - El-Ghamrawy, Barout in Beni Suef District (Beni Suef Governorate);
 - El-maymoun, Abu Seir El-Malaq in El-Wasta District (Beni Suef Governorate),
 - Shatter Zada in Ihnasia District (Beni Suef Governorate).
- ◆ *Conduct the second round of the Community Needs Assessment:*
Data collection for the second round of the rapid household survey was completed in selected communities in Luxor and Aswan. The objective is to measure the changes in the knowledge and behaviors of these communities representatives that may be attributed to HM/HC, IEC and other activities. A CHC meeting was called in Aswan to orient the CHCs members on the process and to prepare for the survey. Eleven CHC members attended the meeting.

Activity 7.4 Health Provider Sensitization

- ◆ A second round of health provider sensitization that will focus on changing behaviors and attitudes of health providers is under development in cooperation with Task 8.

Activity 7.5 Testing Different Partnership Schemes

- ◆ Implementation of the Community Needs Identification and Decision-Making tool yielded a number of partnership schemes at the community and district levels. A number of the grants were based on problems and needs identified by the communities through the process.

Activity 7.6 Implementation of the Most Promising Partnerships

- ◆ Monitoring the progress and activities of these partnership schemes is being carried out by the JSI field offices Community Specialist to see that what has been agreed upon is implemented.

Activity 7.7 Community Education*Literacy and Health:*

- ◆ The literacy materials were printed for use in selected women classes in Luxor.
- ◆ A plan of action has been developed for implementation in 30 classrooms:
 - ◇ 10 classrooms in Women Clubs.
 - ◇ 10 classrooms managed by General Authority for Literacy and Adult Education (GALAE).
 - ◇ 10 classrooms managed by NGOs.
- ◆ The plan entails training of class facilitators to effectively deliver integrated health and literacy lessons, to provide them with necessary support materials and to train five supervisors to assist literacy lessons. The training will be based on a facilitator's guide and a checklist for field monitoring will be used by supervisors.

Developed action plans for granted NGOs:

- ◆ Action plans were prepared for 23 NGOs with grants. The action plans were reviewed and technically approved by JSI.

Training Community/NGOs Outreach Workers:

- ◆ A community outreach workers training manual and trainer manual were developed, tested, refined and consolidated. The table below shows the number of community outreach workers trained during this quarter and topics on which they were trained.

Subject	Outreach Workers	NGOs involved
Breastfeeding	64	5
Reproductive Health	14	1
Antenatal Care	186	9
Total	264	15

Home Visits and Community Health Seminars:

- ◆ During this reporting period, NGOs conducted health awareness activities such as home visits through the trained outreach workers and health seminars. The following table summarizes the number and location of "events" to conducted date:

Home Visits / Seminars	Aswan		Luxor		Qena	
	No. of Events	No. of Beneficiaries	No. of Events	No. of Beneficiaries	No. of Events	No. of Beneficiaries
Household home visits for health education	29,462	47,425	13,851	30,650	50,090	66,513
Community Health Seminars	173	9,283	72	2,699	247	10,348

Finalization of the Outreach Workers Manual and discussion cards:

- ◆ The Outreach Manual was finalized, field -tested and is now in the process of translation and adaptation into the Egyptian commonly used terminology.
- ◆ Observation check- lists were developed and finalized for use by Outreach Workers.
- ◆ Discussion cards were developed and finalized and will be translated and adapted into the Egyptian commonly used terminology. The Outreach Workers will use these cards in their health education visits.

Constraints

- ◆ None.

Proposed Actions to Overcome Constraints

- ◆ None.

QPMR XIII		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed	Community Action Plan Revised
Governorate	District Facility							
Target Governorates Total				96	66	66	66	38
Aswan Governorate				19	13	13	13	13
Aswan District				5	4	4	4	4
	Aswan Teaching Hospital	CEOC	I	Yes	NA	NA	NA	NA
	Aswan Teaching Hospital	NCU3		NA	NA	NA	NA	NA
	Abu El-Reesh Bahary Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes
	Abu El-Reesh Quebly Rural Health Unit	BEOC	I	Yes	Yes	Yes	Yes	Yes
	Gharb Aswan Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes
	Gharb Sohail Rural Health Unit	BEOC	I	Yes	Yes	Yes	Yes	Yes
Daraw District				4	2	2	2	2
	Daraw District Hospital	CEOC	I	Yes	NA	NA	NA	NA
	Daraw Maternity Center	BEOC	I	Yes	NA	NA	NA	NA
	Gaatra Rural Health Unit	BEOC	I	Yes	Yes	Yes	Yes	Yes
	Benban Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes
Kom Ombo District				3	2	2	2	2
	Kom Ombo District Hospital	CEOC	I	Yes	NA	NA	NA	NA
	Kom Ombo District Hospital	NCU2		NA	NA	NA	NA	NA
	El-Manshiya Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes
	Sahwa Bahary Integrated Health Center	BEOC	I	Yes	Yes	Yes	Yes	Yes
Edfu District				5	4	4	4	4
	Edfu District Hospital	CEOC	I	Yes	NA	NA	NA	NA
	Edfu District Hospital	NCU2		NA	NA	NA	NA	NA
	Busaileya Bahary Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes
	Rudayseya Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes
	El-Ramady Quebly Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes
	El-Hegz Bahary Rural Health Unit	BEOC	I	Yes	Yes	Yes	Yes	Yes
Nasr District				2	1	1	1	1
	Nasr District Hospital	CEOC	I	Yes	NA	NA	NA	NA
	Balana Integrated Hospital	BEOC	I	Yes	Yes	Yes	Yes	Yes

QPMR XIII		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed	Community Action Plan Revised
Governorate	District Facility							
Luxor Governorate				7	5	5	5	5
Luxor District				3	2	2	2	2
Luxor General Hospital		CEOC	I	Yes	NA	NA	NA	NA
Luxor General Hospital		NCU2		NA	NA	NA	NA	NA
New Kamak Rural Health Unit		BEOC	I	Yes	Yes	Yes	Yes	Yes
Sheikh Mousa Urban Health Center		BEOC	I	Yes	Yes	Yes	Yes	Yes
Bayadeya District				4	3	3	3	3
Bayadeya District Hospital		CEOC	I	Yes	NA	NA	NA	NA
Bayadeya District Hospital		NCU2		NA	NA	NA	NA	NA
Dabeya Integrated Hospital		BEOC	I	Yes	Yes	Yes	Yes	Yes
Odaysat Bahary Integrated Hospital		BEOC	I	Yes	Yes	Yes	Yes	Yes
Zaneya Rural Health Group		BEOC	I	Yes	Yes	Yes	Yes	Yes

QPMR XIII		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed	Community Action Plan Revised
Governorate	District Facility							
Qena Governorate				34	22	22	22	5
Qous District			II	4	3	3	3	1
	Qous District Hospital	CEOC	II	Yes	NA	NA	NA	NA
	Qous District Hospital	NCU2	II	NA	NA	NA	NA	NA
	El-Aaisha Rural Health Center	BEOC	II	Yes	Yes	Yes	Yes	Yes
	Garagos Integrated Hospital	BEOC	II	Yes	Yes	Yes	Yes	
	Nage El-Sebae Rural Health Unit	BEOC	II	Yes	Yes	Yes	Yes	
Esna District			II	2	1	1	1	
	Esna District Hospital	CEOC	II	Yes	NA	NA	NA	NA
	Esna District Hospital	NCU2	II	NA	NA	NA	NA	NA
	Kiman El-Matana Integrated Hospital	BEOC	II	Yes	Yes	Yes	Yes	NA
Armant District			II	3	2	2	2	
	Armant District Hospital	CEOC	II	Yes	NA	NA	NA	NA
	Armant District Hospital	NCU2	II	NA	NA	NA	NA	NA
	Armant El-Heit Urban Health Center	BEOC	II	Yes	Yes	Yes	Yes	
	Democrat Health Center	BEOC	II	Yes	Yes	Yes	Yes	
Qena District			III	7	4	4	4	
	Qena General Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Qena General Hospital	NCU2	III	NA	NA	NA	NA	NA
	Qena Maternity Center	BEOC	III	Yes	NA	NA	NA	NA
	Sidi Abdel Reheem Maternity Center	BEOC	III	Yes	NA	NA	NA	NA
	Karm Omran Unit	BEOC	III	Yes	Yes	Yes	Yes	
	El-Mahrousa Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	
	Dandara Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	
	Awlad Amro Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	
Deshna District			III	4	2	2	2	2
	Deshna District Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Deshna District Hospital	NCU2	III	NA	NA	NA	NA	NA
	Deshna Maternity Center	BEOC	III	Yes	NA	NA	NA	NA
	Fao Bahary Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Abu Manaa Bahary Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
Nekada District			III	2	1	1	1	1
	Nekada District Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Bahary Qamula Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
Naga Hamadi District			IV	6	5	5	5	1
	Naga Hamadi District Hospital	CEOC	IV	Yes	NA	NA	NA	NA
	Naga Hamadi District Hospital	NCU2	IV	NA	NA	NA	NA	NA
	El-Rahmaneya Quebly Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
	Gharby Bahgora Health Group	BEOC	IV	Yes	Yes	Yes	Yes	
	Hew Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
	El-Hellaya Bahry Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
Abu Tesht District			IV	4	3	3	3	
	Abu Tesht District Hospital	CEOC	IV	Yes	NA	NA	NA	NA
	Abu Shousha Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
	Ezbat El-Bousa Rural Health Unit	BEOC	IV	Yes	Yes	Yes	Yes	
	Bakhanes Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
Farshout District			IV	2	1	1	1	
	Farshout District Hospital	CEOC	IV	Yes	NA	NA	NA	NA
	El-Araky Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
Kift District			V					
	Kift District Hospital	CEOC	V		NA	NA	NA	NA
El-Wakf District			V					
	El-Wakf District Hospital	CEOC	V		NA	NA	NA	NA

QPMR XIII		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed	Community Action Plan Revised
Governorate	District Facility							
Fayoum Governorate				18	14	14	14	9
Fayoum Urban District			III	3	2	2	2	
	Fayoum General Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Fayoum General Hospital	NCU2	III	NA	NA	NA	NA	NA
	Sheikh Hassan Urban Health Center	BEOC	III	Yes	Yes	Yes	Yes	
	El-Hadka Urban Health Center	BEOC	III	Yes	Yes	Yes	Yes	
Fayoum Rural District			III	4	4	4	4	4
	El-Edwa Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
	El-Lahon Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Zawiatt El-Kradsa Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Desia Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
Ibshway District			III	6	4	4	4	3
	Ibshway District Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Ibshway District Hospital	NCU2	III	NA	NA	NA	NA	NA
	Ibshway Maternity Center	BEOC	III	Yes	NA	NA	NA	NA
	El-Shwashna Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	
	El-Nazla Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
	El-Agameen Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Kouta Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
Etsa District			III	5	4	4	4	2
	Etsa District Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Etsa District Hospital	NCU2	III	NA	NA	NA	NA	NA
	Defno Urban Health Center	BEOC	III	Yes	Yes	Yes	Yes	
	El-Garak Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Kalmshaa Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Abu Gandeer Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
Snouress District			V					
	Snouress District Hospital	CEOC	V		NA	NA	NA	NA
Tamia District			V					
	Tamia District Hospital	CEOC	V		NA	NA	NA	NA
	Tamia District Hospital	NCU2	V	NA	NA	NA	NA	NA

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Governorate	District Facility							
Beni Suef Governorate				18	12	12	12	6
Beni Suef District			III	5	3	3	3	3
	Beni Suef General Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Beni Suef General Hospital	NCU3	III	NA	NA	NA	NA	NA
	Belfia Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Barout Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
	East Nile Urban Health Center	BEOC	III	Yes	NA	NA	NA	NA
	EI-Ghamrawee Urban Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
Ehnasia District			III	2	1	1	1	1
	Ehnasia District Hospital	CEOC	III	Yes	NA	NA	NA	NA
	Shater Zada Integrated Health Center	BEOC	III	Yes	Yes	Yes	Yes	Yes
EI Wasta District			III	3	2	2	2	2
	EI-Wasta District Hospital	CEOC	III	Yes	NA	NA	NA	NA
	EI-Wasta District Hospital	NCU2	III	NA			NA	NA
	EI-Maymoun Integrated Hospital	BEOC	III	Yes	Yes	Yes	Yes	Yes
	Abu Sair EI-Malak Integrated Health Unit	BEOC	III	Yes	Yes	Yes	Yes	Yes
EI Fashn District			IV	4	3	3	3	
	EI-Fashn District Hospital	CEOC	IV	Yes	NA	NA	NA	NA
	EI-Fashn District Hospital	NCU2	IV	NA	NA	NA	NA	NA
	Tait Compound Health Unit	BEOC	IV	Yes	Yes	Yes	Yes	
Beba District			IV	4	3	3	3	
	Beba District Hospital	CEOC	IV	Yes	NA	NA	NA	NA
	Beba District Hospital	NCU2	IV	NA	NA	NA	NA	NA
	Seds Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
	Tansa Integrated Hospital	BEOC	IV	Yes	Yes	Yes	Yes	
	Saft EI-Rasheen Compound Unit	BEOC	IV	Yes	Yes	Yes	Yes	
Nasser District			V					
	Nasser District Hospital	CEOC	V		NA	NA	NA	NA
Samosta District			V					
	Samosta District Hospital	CEOC	V		NA	NA	NA	NA

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RHU = Rural Health Unit
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ID	Activity	Resp	% Complete	Start	Duration	Finish	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
877	7 TASK SEVEN: Better Social Community Services		99%	Sun 7/12/98	862 days	Sat 9/15/01	[Gantt bar from Sun 7/12/98 to Sat 9/15/01]																																						
878	7.1 Activity 1: Establish community "interest" groups		99%	Sun 7/12/98	862 days	Sat 9/15/01	[Gantt bar from Sun 7/12/98 to Sat 9/15/01]																																						
879	7.1.1 Phase I: Aswan, Luxor & Beni-Sueif		100%	Sun 7/12/98	54 days	Wed 9/23/98	[Gantt bar from Sun 7/12/98 to Wed 9/23/98]																																						
886	7.1.2 Phase II: Qena & Fayoum		100%	Sun 3/21/99	581 days	Thu 5/3/01	[Gantt bar from Sun 3/21/99 to Thu 5/3/01]																																						
893	7.1.3 Milestone: Community Action Plans developed and implemented in 20 districts		100%	Thu 12/14/00	0 days	Thu 12/14/00	[Milestone diamond at Thu 12/14/00]																																						
894	7.1.4 Target: Community Action Plans developed and implemented in 20 districts by the end of Year 3		100%	Thu 3/15/01	0 days	Thu 3/15/01	[Milestone diamond at Thu 3/15/01]																																						
895	7.1.5 Milestone: Community Action Plans developed and implemented in 25 districts		0%	Sat 9/15/01	0 days	Sat 9/15/01	[Milestone diamond at Sat 9/15/01]																																						
896	7.1.6 Target: Community Action Plans developed and implemented in 25 districts by the end of Year 4		0%	Sat 9/15/01	0 days	Sat 9/15/01	[Milestone diamond at Sat 9/15/01]																																						
897	7.2 Activity 2: Inventory of partners		100%	Sun 8/9/98	229 days	Tue 6/22/99	[Gantt bar from Sun 8/9/98 to Tue 6/22/99]																																						
907	7.3 Activity 3: Development of a community needs identification and decision making tool		100%	Sun 3/21/99	194 days	Wed 12/15/99	[Gantt bar from Sun 3/21/99 to Wed 12/15/99]																																						
916	7.4 Activity 4: Health Care Provider Sensitization		100%	Sun 12/13/98	752 days	Sat 9/15/01	[Gantt bar from Sun 12/13/98 to Sat 9/15/01]																																						
927	7.5 Activity 5: Testing different partnership schemes		99%	Sun 12/20/98	747 days	Sat 9/15/01	[Gantt bar from Sun 12/20/98 to Sat 9/15/01]																																						
928	7.5.1 Review previous experience: collect and analyze donors and government experience with partnership schemes	SM	100%	Sun 12/20/98	10 days	Thu 12/31/98	[Gantt bar from Sun 12/20/98 to Thu 12/31/98]																																						
929	7.5.2 Implement and monitor several different partnership schemes to provide health services at the community level	SM	100%	Sun 1/3/99	50 days	Thu 3/11/99	[Gantt bar from Sun 1/3/99 to Thu 3/11/99]																																						
930	7.5.3 Benchmark (CI): 25 community-provider partnerships established and functioning with health care providers who work in community as needed	SM	100%	Thu 3/11/99	0 days	Thu 3/11/99	[Milestone star at Thu 3/11/99]																																						
931	7.5.4 Benchmark (CI): 25 areas where emergency obstetrical transport is available for women	SM	100%	Mon 3/15/99	0 days	Mon 3/15/99	[Milestone star at Mon 3/15/99]																																						
932	7.5.5 Benchmark (CI): 25 communities where key child survival actions including nutrition actions are available	SM	100%	Mon 3/15/99	0 days	Mon 3/15/99	[Milestone star at Mon 3/15/99]																																						
933	7.5.6 Target: community-provider partnership services offered in 5 districts by end of Year 1	SM	100%	Mon 3/15/99	0 days	Mon 3/15/99	[Milestone diamond at Mon 3/15/99]																																						
934	7.5.7 Implement and monitor partnerships schemes in other districts	SM	100%	Wed 1/5/00	50 days	Tue 3/7/00	[Gantt bar from Wed 1/5/00 to Tue 3/7/00]																																						
935	7.5.8 Benchmark (CI): 66 community-provider partnerships established and functioning with health care		100%	Tue 3/14/00	0 days	Tue 3/14/00	[Milestone star at Tue 3/14/00]																																						
936	7.5.9 Benchmark (CI): 66 areas where emergency obstetrical transport is available	SM	100%	Tue 3/14/00	0 days	Tue 3/14/00	[Milestone star at Tue 3/14/00]																																						
937	7.5.10 Benchmark (CI): 66 communities where key child survival actions including nutrition action are available	SM	100%	Tue 3/14/00	0 days	Tue 3/14/00	[Milestone star at Tue 3/14/00]																																						
938	7.5.11 Target: community-provider partnership services offered in 10 districts by the end of Year 2	SM	100%	Tue 3/14/00	0 days	Tue 3/14/00	[Milestone diamond at Tue 3/14/00]																																						
939	7.5.12 Conduct workshops with the "interest" community groups to review partnerships schemes established so far	SM	100%	Sun 3/26/00	5 days	Thu 3/30/00	[Gantt bar from Sun 3/26/00 to Thu 3/30/00]																																						
940	7.5.13 Identify 2 or 3 models that address the majority of community situations for application and replication	SM	100%	Sun 4/16/00	10 days	Wed 4/26/00	[Gantt bar from Sun 4/16/00 to Wed 4/26/00]																																						
941	7.5.14 Conduct a cost-benefit analysis for each model	SM	100%	Sun 4/30/00	22 days	Mon 5/29/00	[Gantt bar from Sun 4/30/00 to Mon 5/29/00]																																						
942	7.5.15 Benchmark: 75 Community provider partnerships established and functioning with health care		0%	Sat 9/15/01	0 days	Sat 9/15/01	[Milestone star at Sat 9/15/01]																																						
943	7.5.16 Benchmark: 75 areas where emergency obstetrical transport is available		0%	Sat 9/15/01	0 days	Sat 9/15/01	[Milestone star at Sat 9/15/01]																																						

TASK EIGHT

IEC Campaign

Accomplishments

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

- ◆ Deleted from the contract.

Activity 8.2 Inventory of Existing IEC Resources

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

Activity 8.3 Investigation of Behavioral Information

- ◆ The application of the 'communication for behavior change' (CBC) approach led to the identification of the ideal main behaviors and sub-behaviors for each HM/HC priority theme. Existing research was used to identify gaps between these ideal behaviors and practices at the household and community levels.
- ◆ A final report of the qualitative research carried out in Qena, Fayoum, and Beni Suef has been finalized and available.
- ◆ During the last quarter, a consultant was contracted to carry out a detailed behavioral analysis that will be used for the development of evidence-based behavior change strategies and materials for the HM/HC campaign on postpartum and newborn care. Matrices were developed and are available. The main findings in this research were used as baseline information and indicators for the development of the second campaign on Caring for Mother and Baby.

Activity 8.4 Strategic Design for Health Communication

- ◆ A strategic IEC campaign on Birth Preparedness based on the IEC Strategy was developed through partnerships between the public and private sectors with 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 were shared with Governorate facilitators and participants during the training of health educators and field workers. Through IEC training, personnel from districts and NGOs were oriented to the HM/HC priority behaviors and messages from the IEC Strategy and Birth Preparedness campaign.
- ◆ A presentation on the Caring for Mother and Baby campaign summarizing the aim, objective and plan of the campaign was developed and presented to the MOHP and USAID for discussion.

Activity 8.5 IEC Training of Health Providers and Field Workers

- ◆ The IEC/Interpersonal Communication (IPC) protocol, relevant sessions from the competency-based module, and the protocol for physicians continued to be used for training workshops for nurses and physicians during:
 - ◇ EOC workshops to train seventy three newly assigned Ob/Gyn personnel with the following details:
 - 13 participants in Aswan from 21-30 April 2001.
 - 12 participants in Nagh Hammadi from 12-24 May 2001.
 - 11 participants in Beni Suef from 19-31 May 2001.

- 11 participants in Beni Suef from 9-21 June 2001.
- 18 participants in Nagh Hammadi from 16-28 June 2001.
- ◊ TOT for nurses in infection control and interpersonal communication skills were conducted with the following details:
 - 8-11 May 2001 in Assuit University, 19 nurses
 - 16-18 May 2001 in Ain Shams University, 22 participants
 - 10-15 July 2001 in Suez Canal University, 25 nurses in school
- ◆ During this quarter IEC training for health educators and field workers were conducted in Fayoum, Beni Suef, Qena and Aswan. The IEC training includes participants from the MOHP, SIS/LICs and NGOs. A total number of 114 persons have been trained as follows:
 - Aswan 28-30 April, 16 participants.
 - Qena from 6-8 May 2001, 22 participants.
 - Beni Suef from 13-15 May, 17 participants.
 - Fayoum from 28-30 May, 21 participants.
 - Qena 4 Part 2 from 5-6 May, 18 participants.
 - Beni Suef part 2 from 16-17 May, 20 participants.

The modified version of Health Educators Curriculum was finalized and is available. Supporting materials and the tools such as transparencies and the planning guide are available. The Health Educator Manuals are being edited for publication

The primary aim of these workshops is for health educators and field workers to develop their competencies and abilities to plan, organize and implement HM/HC IEC activities; in particular, the 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

- ◆ Priority materials and infection control materials have been printed and distributed. Copies available.
- ◆ Breastfeeding materials developed under Wellstart were reprinted. Copies available.
- ◆ An FGM short video and facilitator guide is available.
- ◆ Media and other materials were also developed during last quarter as part of each of the HM/HC campaigns (also see Activity 8.8 below).
- ◆ Design of an EOC Flow Charts covering "Diabetes Mellitus with Pregnancy" to be placed in Medical and Nursing schools available. The pre-testing plan for this chart is available.
- ◆ An RFP for production of training video on nurses' skills for neonatal care was developed and sent out to six production houses. The proposals were received and evaluated. This activity has been modified to a different scope of work. The script is under development. A RFQ will be sent out early August 2001.

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

- ◆ An integrated (MCH/RH) QA checklist was further developed in partnership with POPIV and RH program (more details are included under Task 1 activities).

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

IEC Campaign 1: Birth Preparedness

- ◆ The theme for the first campaign, Birth Preparedness, also covers elements of other behavioral themes, such as 'Patterns of Antenatal Care' and 'Clean Chain' as described in the

HM/IC IEC Strategy. These themes were chosen together for the first campaign as they help to:

- ◊ Emphasize the family's responsibility and role in protecting the life of the mother and baby;
- ◊ Encourage planning for a safe birth as well as 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.

- ◆ The Birth Preparedness campaign was finalized, campaign print materials, TV and radio spots and song are available. The media campaign started on the 17th of September and ended the 26th of November 2000.
- ◆ The evaluation report monitoring the TV and Radio spots for the Birth Preparedness Campaign is available.
- ◆ The campaign received public recognition form the Annual Advertising Award held at the AUC. Two gold awards were received for the public service TV & radio spot.
- ◆ Community activities for the campaign were conducted in 15 districts in the five target governorates. Reports and videotapes recording the events are available.
- ◆ The *effectiveness* of the Birth Preparedness campaign was measured through baseline and post campaign surveys conducted by El-Zanaty and Associates.
- ◆ The Snap Shot Survey report is available.
- ◆ The post survey report is available.

Caring for Mother and Baby Campaign:

- ◆ The aim of this campaign is to influence and promote healthy behaviors of primary audience groups related to postpartum and newborn care and encourage them to take the necessary actions to ensure the mother and baby are healthy. An RFP for the second campaign on Caring for Mother and Baby was developed and sent out to 15 different advertisement agencies. Six out of 15 submitted the proposals on January 22, 2001. Promoseven was selected to conduct the second campaign on Caring for Mother and Baby. Intensive work was carried out between JSI and Promoseven. Media and materials were reviewed and approved by the JSI technical team, USAID, MOHP and Pathfinder.
- ◆ Shooting of the four TV spots were finalized, and media plan is under way.
- ◆ An RFP for pre-testing of Campaign two communication materials was sent out to nine research agencies. Two proposals were received and evaluated. AC Nilsen AMER was selected. The pre-testing survey has been finalized for Part I. A report will be available in the next quarter.
- ◆ An RFP for a Baseline and Post Survey for the second campaign was sent out to nine research agencies. Four proposals were received and evaluated. El-Zanaty and Associates was selected. A site selection and sample frame guide was submitted and is available. The implementation of the research study will be conducted in early July 2001.
- ◆ An RFP for printing IEC materials was sent out to 10 print houses. Three print shops were selected for each category; printing of these materials is under process.

Activity 8.9 Female Genital Mutilation

During this quarter:

- ◆ A short version of the FGM video produced by Media House, UNICEF, Ford Foundation and the facilitator guide that has been developed to accompany it are available.
- ◆ A workshop was held in collaboration with the FGM Task Force in Alexandria from March 19-21, 2001 to develop low literate materials related to FGM.
- ◆ Development of the Low Literate Materials was finalized. Pre-testing of these materials will be conducted in early July.
- ◆ An FGM section was developed and integrated in the Health Education Training Curriculum.
- ◆ An FGM session also included in the health education training implemented during this quarter in Aswan and Nagh Hammadi.
- ◆ An update of the FGM section in the Daya Training Curriculum is available.
- ◆ A draft FGM EOC Module has been developed to be incorporated into the EOC training.

Other Activities

- ◆ *Provider Behavior:*
A strategy was developed to improve and sustain provider behavior and for application to the project overall. A review of this strategy is ongoing.
- ◆ *Literacy Materials:*
During last quarter, Task 8 participated in the finalization of the literacy materials developed under Task 7 with the help of World Education. They have been printed and are available.
- ◆ *NGO Grants:*
During this quarter, Task 8 participated in monitoring a training workshop conducted for NGOs in Aswan.
- ◆ *Publications:*
On-going work is being carried out to turn the 36 different publications produced under the HM/HC RP and partners from interim editions to final publications.
Fifteen publications are available:
 1. EOC Protocol
 2. Comprehensive Essential Obstetric Care Service Standards
 3. Basic Essential Obstetric Service Standards
 4. Neonatal Care Service Standards
 5. Neonatal Commodity Catalog
 6. EOC Commodity Catalog
 7. Surgical Physical Structural Specifications (Arabic)
 8. EOC Physical Structural Specifications (Arabic)
 9. Neonatal Physical Structural Specifications (Arabic)
 10. Nurses Manual (Arabic)
 11. Midwifery Manual
 12. Neonatal Protocol
 13. Surgical Physical Structural Specifications
 14. EOC Physical Structural Specifications
 15. Neonatal Physical Structural Specifications
 Work is on-going to finalize the remaining publications.

Constraints

- ◆ None.

Proposed Actions to Overcome Constraints

- ◆ None.

TASK NINE

Student Health Insurance Program (SHIP)

Accomplishments

Cross-cutting activities

- ◆ Surveillance teams in Fayoum, Beni Suef, Luxor, Qena and Aswan (six people) were retrained and post-implementation data collection conducted on approximately 700 students per governorate.
- ◆ Surveillance consultants entered data, conducted analysis and are preparing summary reports under the guidance and supervision of Task 9 staff.
- ◆ Monthly district management meetings and supervision were conducted by field staff in Aswan, Luxor, Qena, Beni Suef and Fayoum.
- ◆ Task Nine staff conducted field visits in Qena, Luxor, Fayoum, Beni Suef and Aswan to observe implementation of health education and iron supplementation. Feedback was provided to SHIP governorate level staff.
- ◆ Data was collected on the new governorates to start planning for implementation during school year 2001-2002.
- ◆ Charts and tables that document program implementation were created that utilize reported data of the Adolescent Anemia Control Program.
- ◆ A Task 9 field staff meeting was held in Cairo to discuss governorate level reporting meetings and implementation plans for next year and to address individual governorate concerns.

Activity 9.1 Preventive Services, Especially Health Education

- ◆ JSI conducted meetings with health educators in Aswan and Qena to receive feedback on program implementation. Meetings were also held with all five governorates to prepare for summer programming.
- ◆ JSI guided a DT2 translator on producing final training and trainer materials for the Health Educator training.
- ◆ In all five governorates during April, 210,656 students completed health education programs. There were 6,421 activities and over 44,000 booklets distributed to students and almost 25,000 booklets to mothers. In May 262,630 students completed almost 5000 activities. 57,000 booklets were distributed to students and over 25,000 to mothers.
- ◆ Over the school year, over 1.3 million students attended almost 36,000 health education activities and over 250,000 booklets were distributed to students and another 133,000 to mothers.

Activity 9.2 Anemia Control Program

- ◆ During April, 1,020,326 students participated in weekly iron supplementation in 1,597 schools and 3,442,053 tablets were distributed. In May, a partial month due to exams, 522,335 students participated.
- ◆ During the entire school year 19,668,034 tablets were distributed to an average of 867,381 students each month. This figure reflects the fact that the program was phased in over many months.
- ◆ Two staff attended the Emory University meeting on anemia

Activity 9.3 Tetanus Toxoid (TT) Immunizations

- ◆ No activities completed during this quarter.

Activity 9.4 Anti Smoking Program Development for School Attending Adolescents

- ◆ Smoking prevention data collection was completed in Qena, Fayoum, Cairo and Lower Egypt with students, parents and teachers. Data analysis and reporting were conducted by SPAAC and reanalyzed and reported by JSI.
- ◆ Consultants spent time in Egypt working on the analysis of the data, development of a creative strategy and development of a school-based curriculum. Work continued in the US to produce draft and final documents for JSI approval.
- ◆ A full-day smoking prevention strategy meeting was conducted at the Cairo Marriott on May 20, 2001 under the auspices of the Ministry of Health and Population and Healthy Egyptians 2001. Approximately 40 key individuals attended the meeting.
- ◆ An RFP was let and awarded to Amer Nielsen for the concept and pretesting of the anti smoking strategies and materials. Concept testing was completed and work on the TV spots and print materials has begun.

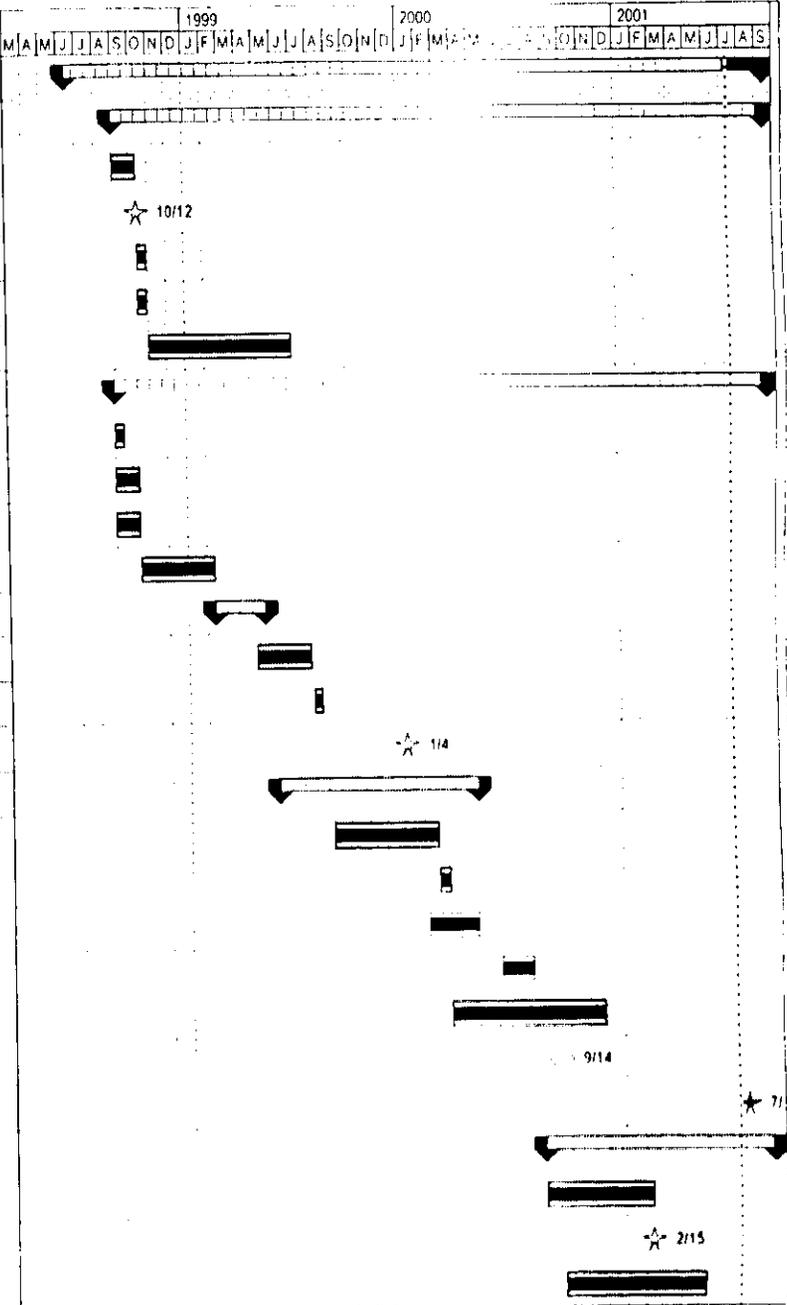
Constraints

- ◆ SHIP Chairman's retirement and new appointment resulted in key decisions being delayed until proper briefings could be accomplished.
- ◆ Due to funding constraints in HIO the incentives have been decreased. Some newly hired and trained health education staff are quitting because of this reduction.

Proposed Actions to Overcome Constraints

- ◆ A five-governorate recruitment is underway to identify and train replacement health educators.
- ◆ A document has been signed with the new Chairman of the HIO that lists responsibilities and all key activities. Plans for next year were agreed upon.

Activity	Resp	% Complete	Start	Duration	Finish
9 TASK NINE: Student Medical Insurance Program (SMIP)		96%	Mon 6/15/98	882 days	Sun 9/16/01
9.1 Preventive Services, especially Health Education		99%	Tue 9/1/98	826 days	Sun 9/16/01
9.1.1 In collaboration with SMIP, develop workplan, select pilot areas, identify coordinators, define activities and enumerate budgets	JR	100%	Tue 9/1/98	30 days	Mon 10/12/98
9.1.2 Benchmark, Workplan developed	JR	100%	Mon 10/12/98	0 days	Mon 10/12/98
9.1.3 Disseminate and obtain approval for revised workplan	JR	100%	Tue 10/13/98	13 days	Thu 10/29/98
9.1.4 Coordinate Task 9 activities with Tasks 2, 5, 7 and 8 to identify opportunities for collaboration on research, community involvement, and IEC	JR	100%	Tue 10/13/98	13 days	Thu 10/29/98
9.1.5 Assess HIO's MIS as related to HMHC activities	JR	100%	Sun 11/1/98	175 days	Thu 7/1/99
9.1.6 Health & Nutrition education program initiated to support anemia control and immunization activities		99%	Tue 9/1/98	826 days	Sun 9/16/01
9.1.6.1 Assess and analyze SMIP policies and programs related to health education	JR	100%	Tue 9/1/98	13 days	Thu 9/17/98
9.1.6.2 Review educational programs and materials targeted at adolescents world wide	JR	100%	Tue 9/1/98	30 days	Mon 10/12/98
9.1.6.3 Review research on adolescent women and men and their parents	JR	100%	Tue 9/1/98	30 days	Mon 10/12/98
9.1.6.4 Establish a coordination mechanism with USAID, HMHC, HIO, MHR, MOE and NGOs	JR	100%	Tue 10/13/98	90 days	Mon 2/15/99
9.1.6.5 Undertake a qualitative research to fill gaps in the understanding of priority issues		100%	Tue 2/16/99	61 days	Tue 5/11/99
9.1.6.6 Analysis of research and development of strategies for behavior modification and perception changes	JR	100%	Tue 4/27/99	68 days	Wed 7/28/99
9.1.6.7 Strategy submitted for approval	JR	100%	Sun 8/1/99	11 days	Sun 8/15/99
9.1.6.8 Benchmark, Strategy approved	JR	100%	Tue 1/4/00	0 days	Tue 1/4/00
9.1.6.9 Materials development		100%	Tue 6/1/99	251 days	Mon 5/1/00
9.1.6.10 Develop training for health educators	DT2	100%	Wed 9/1/99	132 days	Thu 2/24/00
9.1.6.11 Complete training of pilot users	JR	100%	Sat 2/26/00	15 days	Wed 3/15/00
9.1.6.12 Monitor pilot implementation	JR, DT2	100%	Mon 2/7/00	68 days	Mon 5/1/00
9.1.6.13 Revise, print and duplicate educational materials	JR	100%	Thu 6/8/00	40 days	Mon 7/31/00
9.1.6.14 Develop operational plans, protocols and training material for 5 governorates	JR	100%	Tue 3/14/00	197 days	Tue 11/28/00
9.1.6.15 Milestone, Health Educator's Guide and education materials for use in schools developed	JR	100%	Thu 9/14/00	0 days	Thu 9/14/00
9.1.6.16 Benchmark, Final education materials, training manual and educator's guide ready for publication		0%	Tue 7/31/01	0 days	Tue 7/31/01
9.1.6.17 Conduct implementation in 5 governorates		99%	Thu 8/17/00	299 days	Thu 9/13/01
9.1.6.18 Train staff	JR	100%	Thu 8/17/00	133 days	Thu 2/15/01
9.1.6.19 Benchmark, Staff trained	JR	100%	Thu 2/15/01	0 days	Thu 2/15/01
9.1.6.20 Monitor implementation	JR	100%	Tue 5/19/00	174 days	Tue 5/15/01



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

- ◆ Accomplished.

Activity 10.2 Grants provided to capable organizations through standardized mechanism

- ◆ Reviewed and scored 85 proposals received from Fayoum and North Qena Districts.
- ◆ Conducted field visits to 56 NGOs (14 in Beni-Suef, 19 in Fayoum and 23 in North Qena) for pre-award assessment and further refinement of their proposals.
- ◆ Submitted recommendation to USAID for awarding the 23 successful NGOs (8 in Beni-Suef and 15 in Fayoum). Received USAID approval on all the 23 recommended grants and signed contracts with the approved NGOs.
- ◆ Conducted one Orientation and Proposal Writing workshop to 15 NGOs in Fayoum.
- ◆ Conducted Financial Management and Reporting workshops for the 15 grant recipient NGOs of Middle Qena Districts.
- ◆ Conducted technical training (in conjunction with Task 7) for the 15 grant recipient NGOs of Middle Qena Districts on the topic of their proposals. The training also included communication skills, as well as training on completing the activity progress reports required by JSI.
- ◆ Conducted Financial Monitoring Field Visits to 25 recipient NGOs in Aswan, Luxor and Qena South.

Constraints

- ◆ None.

Proposed Actions to Overcome Constraints

- ◆ None.

LIST OF AWARDED GRANTS

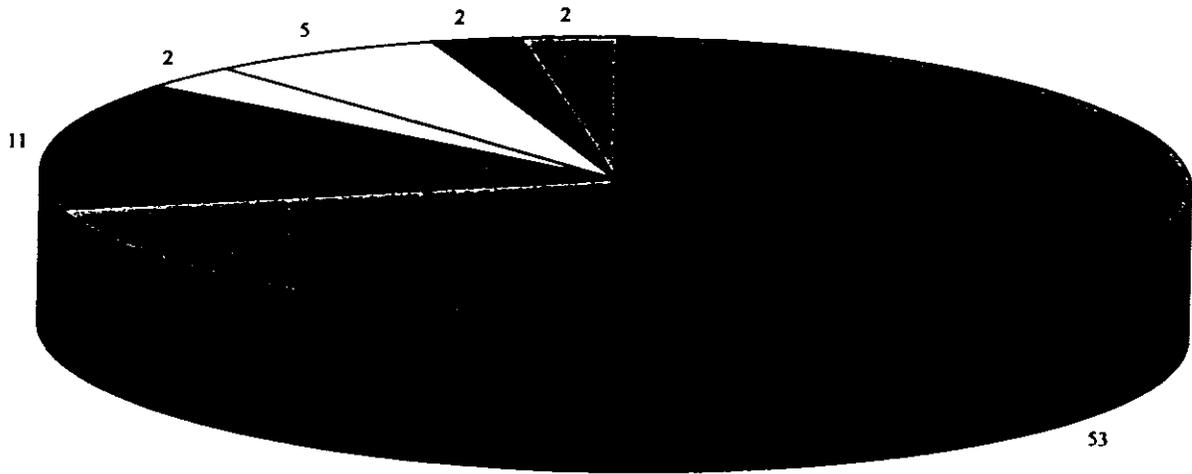
Grant No.	Governorate	District	NGO Name	Grant Topic	Amount in LE
1	Luxor	Luxor	El-Toad CDA	Female Genital Cutting	32,450
2	Luxor	Luxor	Odaysat Quebly, Naga Elwan CDA	Prenatal care	18,540
3	Luxor	Luxor	El-Aqalta CDA	Diarrhea control	11,340
4	Luxor	Luxor	El-Aqarba CDA	Prenatal / Delivery	18,210
5	Luxor	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	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 Care/ Breast-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
23	Aswan	Edfu	Naga Helal CDA	Prenatal / Nutrition/ Breast-feeding	21,400
24	Aswan	Edfu	Wadi Ebadi CDA	Prenatal care	15,435
25	Aswan	Edfu	Ezbet El-Masry CDA	Pre- Postnatal care / Breast-feeding	11,470
26	Aswan	Edfu	El Kanadelah CDA	Pre- Postnatal care	28,695
27	Aswan	Edfu	El-Gam'aweya CDA	Prenatal Care	6,525
28	Aswan	Edfu	El-Mahameed CDA	Prenatal Care	7,975
29	Aswan	Edfu	El-Atwani CDA	Prenatal Care	24,950
30	Aswan	Edfu	El-Dakdik CDA	Prenatal Care	16,955
31	Qena	Armant	Social Welfare Charitable Association Armant	Prenatal Care	12,225
32	Qena	Armant	St. Mansour Association - Armant	Neonatal Care	15,625
33	Qena	Armant	Key of Life Association - Al-Marees	Child Care (3-5 Years)	20,695
34	Qena	Armant	Al-Rayania CDA	Prenatal Care	11,290
35	Qena	Armant	Awlad El-Sheikh CDA	Prenatal Care	12,350
36	Qena	Armant	Moslem Youth Association - Armant	Child Care (3-5 Years)	19,520

Grant No.	Governorate	District	NGO Name	Grant Topic	Amount in LE
37	Qena	Qous	Social Services Association - Naga Quebly - Garagous	Pre- Postnatal Safe Delivery	14,490
38	Qena	Qous	Al-Shaarani CDA	Prenatal Care	21,420
39	Qena	Qous	Hagaza Quebly CDA	Prenatal Care	16,695
40	Qena	Qous	Al-Makrabia CDA	Prenatal Care / Safe Delivery	22,510
41	Qena	Qous	Al-Hegazeya Charity Association	Pre- Postnatal Care Safe Delivery	28,265
42	Qena	Qous	Women Development Association - Hagaza Quebly	Prenatal Care / Breastfeeding	15,665
43	Qena	Qous	El-Kalalsa CDA	Breastfeeding	13,990
44	Qena	Qous	Al-Amal Charity Association	Prenatal Care	13,480
45	Qena	Qous	Hagaza Bahary Women Development Association	Prenatal Care	18,875
46	Qena	Esna	Abna' Mahiga Charity Association	Pre-post natal Care Safe Delivery	23,735
47	Qena	Esna	El-Deir CDA	Prenatal Care / Safe Delivery	48,900
48	Qena	Esna	Ezbet El-Borg CDA	Female Genital Cutting	36,320
49	Qena	Esna	El-Deir Islamic Charity Association	Pre-Postnatal Care Safe Delivery	27,280
50	Qena	Esna	Adayma CDA	Pre- Postnatal Care	25,860
51	Qena	Esna	Naga Abu Hemeid CDA	Prenatal Care	12,695
52	Qena	Esna	Esna CDA	Prenatal Care	13,355
53	Qena	Nagada	Naga ElKarya CDA	Pre/post natal Care	19,200
54	Qena	Nagada	Kom El Daba CDA	Child care	18,250
55	Qena	Nagada	Nahdet AlShabiba AlKebtia Association	Breast-feeding	29,120
56	Qena	Nagada	El-Nahda Al-Islamia - El Zawayda	Prenatal care	50,140
57	Qena	Qena	El-Sheikh Eissa Women Development Association	Breast feeding	25,000
58	Qena	Qena	El-Sheikh Eissa CDA	Prenatal care	25,000
59	Qena	Qena	Rural & Urban Women CDA	Pre/post natal care	88,155
60	Qena	Qena	El Towayrat CDA	Prenatal care	61,690
61	Qena	Qena	Al-Ashraf Al-Keblia CDA	Breast Feeding	40,880
62	Qena	Qena	El-Taramsa CDA	Pre natal care	53,270
63	Qena	Qena	Tahfiz AlKoran AlKareem - Al-Mahrousa	Pre post natal care	18,120
64	Qena	Qena	Dandara CDA	Pre natal care	62,230
65	Qena	Dishna	Al-Ragaa Coptic Charity Association - Dshna	Breast Feeding	39,960
66	Qena	Dishna	Al Zahraa Charity Association - Dshna	Family Planning	36,880
67	Qena	Dishna	Virgin Mary coptic Association	Prenatal care	38,530
68	Beni-Suef	El-Wasta	Maasaret Abou Seer El-Mala CDA	Pre postnatal	33,950

Grant No.	Governorate	District	NGO Name	Grant Topic	Amount in LE
69	Beni-Suef	Beni-Suef	Beni Soliman El Sharkia CDA	Pre/postnatal care	32,520
70	Beni-Suef	Beni-Suef	Enviro. Protection Assoc. -Beni Soliman El Sharkia	Pre/post natal care	39,520
71	Beni-Suef	Beni-Suef	Coptic Organization for Services and Training	Pre/post natal care - Nutrition - FGC	84,920
72	Beni-Suef	Beni-Suef	Family Care and Development Association	Pre/post natal care	74,780
73	Beni-Suef	Beba	Beba Island CDA	Prenatal care	17,520
74	Beni-Suef	Beba	Scientific Foundation for Envir. Protec. & CD Beba	Safe Delivery - Breast-Feeding	25,430
75	Beni-Suef	El-Fashn	Menshat Nasser CDA	Pre/postnatal care	50,170
GRAND TOTAL in LE:					2,202,633
GRAND TOTAL in USD:					572,112

A graphic analysis of the grants awarded by topic is displayed below:

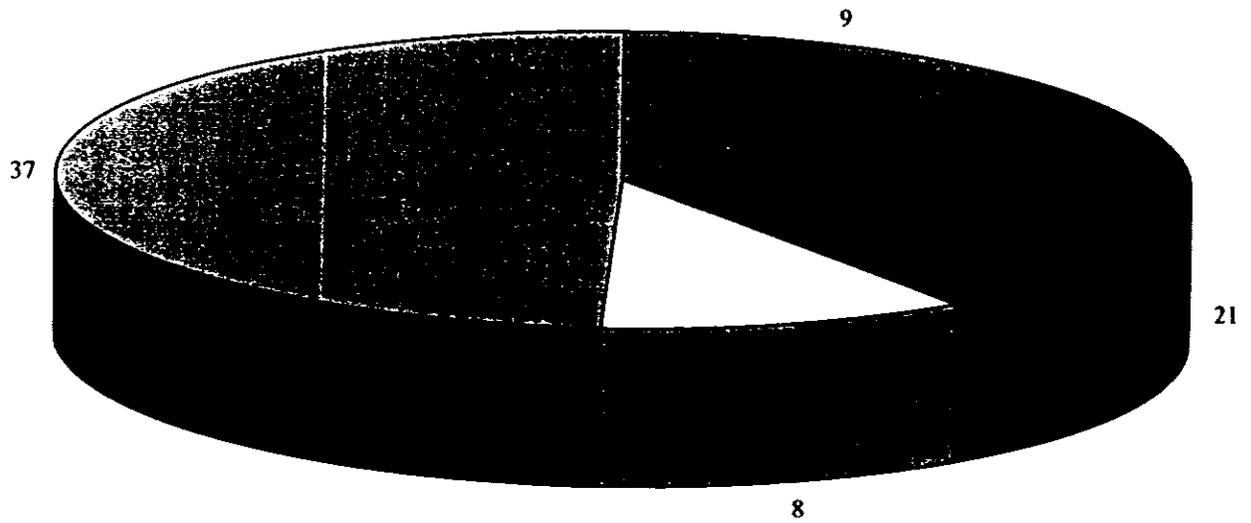
Awarded Grants by Topic/Theme



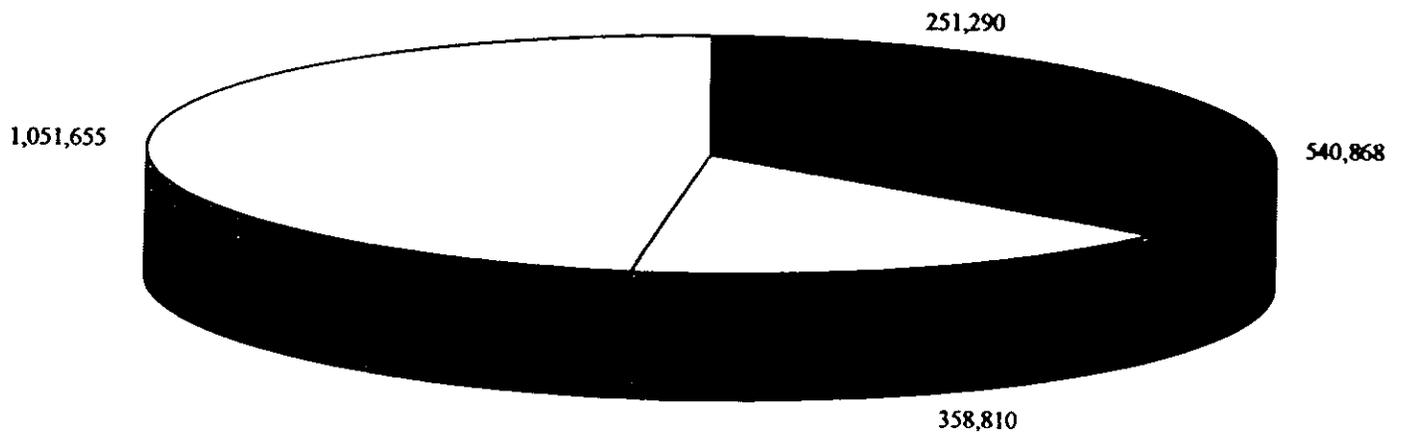
■ Pre/Post Natal Care (53)	■ Breast Feeding (11)	□ Nutrition (2)
□ Child Health Care (5)	■ Female Genital Cutting (2)	■ Reproductive Health (2)

A graphic analysis of the Number of grants awarded over the 10 districts is displayed below:

Awarded Grants by Governorate



Funds Distributed by Governorate in LE



Activity	Resp	% Complete	Start	Duration	Finish	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
10 TASK TEN Small Grant Program		80%	Sun 3/15/98	950 days	Mon 9/17/01	[Gantt bar spanning from Sun 3/15/98 to Mon 9/17/01]																																							
10.1 Create Grants Agreement between JSI and USAID finalized		100%	Sun 3/15/98	260 days	Thu 3/11/99	[Gantt bar from Sun 3/15/98 to Thu 3/11/99]																																							
10.2 Develop Training Curricula for NGOs on USAID Financial Management and reporting		100%	Sun 7/12/98	60 days	Thu 10/1/98	[Gantt bar from Sun 7/12/98 to Thu 10/1/98]																																							
10.3 Identification and Assessment of potential NGO partners in Target Districts		100%	Sun 8/9/98	241 days	Thu 7/8/99	[Gantt bar from Sun 8/9/98 to Thu 7/8/99]																																							
10.4 Obtain Official Approval and consent form MOHP and MOSA to approach NGOs for grant giving		100%	Thu 4/15/99	1 day	Thu 4/15/99	[Gantt bar from Thu 4/15/99 to Thu 4/15/99]																																							
10.5 Assessment of work currently being done and potential for future grants in the target areas		100%	Mon 11/16/98	195 days	Thu 8/12/99	[Gantt bar from Mon 11/16/98 to Thu 8/12/99]																																							
10.6 Nominate a Review & Evaluation Panel Committee that will be in charge of Reviewing and Evaluating the NGOs Proposals		100%	Mon 11/2/98	108 days	Thu 4/1/99	[Gantt bar from Mon 11/2/98 to Thu 4/1/99]																																							
10.7 Develop the grant award Contract and Annexes template		100%	Sun 8/9/98	40 days	Thu 10/1/98	[Gantt bar from Sun 8/9/98 to Thu 10/1/98]																																							
10.8 Establish Eligibility Qualifications and Selection Criteria for NGOs to Receive Grants		100%	Sun 11/1/98	130 days	Thu 4/29/99	[Gantt bar from Sun 11/1/98 to Thu 4/29/99]																																							
10.9 Prepare and Approve the "Invitation for Application"		100%	Tue 9/1/98	168 days	Thu 4/22/99	[Gantt bar from Tue 9/1/98 to Thu 4/22/99]																																							
10.10 Provide Grants to Capable Local NGOs through a standardized Mechanism		98%	Sun 11/7/99	516 days	Sat 9/15/01	[Gantt bar from Sun 11/7/99 to Sat 9/15/01]																																							
10.10.1 Luxor		100%	Sun 11/7/99	171 days	Thu 6/15/00	[Gantt bar from Sun 11/7/99 to Thu 6/15/00]																																							
10.10.2 Aswan		100%	Sat 1/1/00	197 days	Thu 9/14/00	[Gantt bar from Sat 1/1/00 to Thu 9/14/00]																																							
10.10.3 Beni Suef and Middle Qena		99%	Sat 10/21/00	111 days	Thu 3/15/01	[Gantt bar from Sat 10/21/00 to Thu 3/15/01]																																							
10.10.3.1 Advertise the Program and distribute the IFA		100%	Sat 10/21/00	11 days	Thu 11/2/00	[Gantt bar from Sat 10/21/00 to Thu 11/2/00]																																							
10.10.3.2 Receive Letters of Intent to submit a proposal		100%	Thu 11/2/00	1 day	Thu 11/2/00	[Gantt bar from Thu 11/2/00 to Thu 11/2/00]																																							
10.10.3.3 Conduct Orientation and Proposal Writing Workshop for interested NGOs		100%	Sat 11/11/00	28 days	Mon 12/18/00	[Gantt bar from Sat 11/11/00 to Mon 12/18/00]																																							
10.10.3.4 Benchmark Conduct Orientation and Proposal Writing Workshops for interested NGOs		100%	Mon 12/18/00	0 days	Mon 12/18/00	[Gantt bar from Mon 12/18/00 to Mon 12/18/00]																																							
10.10.3.5 Receive proposals from NGOs		100%	Thu 12/7/00	31 days	Thu 1/18/01	[Gantt bar from Thu 12/7/00 to Thu 1/18/01]																																							
10.10.3.6 Evaluate Proposals and submit recommendations to USAID		100%	Wed 12/20/00	53 days	Wed 2/28/01	[Gantt bar from Wed 12/20/00 to Wed 2/28/01]																																							
10.10.3.7 USAID approves recommendations		100%	Thu 3/1/01	7 days	Thu 3/8/01	[Gantt bar from Thu 3/1/01 to Thu 3/8/01]																																							
10.10.3.8 Sign approva. 40 Contracts with approved NGOs		100%	Sun 3/11/01	5 days	Thu 3/15/01	[Gantt bar from Sun 3/11/01 to Thu 3/15/01]																																							
10.10.3.9 Milestone: 90 small grants awarded to NGOs in target districts		0%	Thu 3/15/01	0 days	Thu 3/15/01	[Gantt bar from Thu 3/15/01 to Thu 3/15/01]																																							
10.10.4 Fayoum and North Qena		82%	Sun 1/21/01	184 days	Sat 9/15/01	[Gantt bar from Sun 1/21/01 to Sat 9/15/01]																																							
10.10.4.1 Advertise the Program and distribute the IFA		100%	Sun 1/21/01	19 days	Thu 2/1/01	[Gantt bar from Sun 1/21/01 to Thu 2/1/01]																																							
10.10.4.2 Receive Letters of Intent to submit a proposal		100%	Thu 2/1/01	1 day	Thu 2/1/01	[Gantt bar from Thu 2/1/01 to Thu 2/1/01]																																							
10.10.4.3 Conduct Orientation and Proposal Writing Workshop for interested NGOs		100%	Sat 2/24/01	6 days	Thu 3/1/01	[Gantt bar from Sat 2/24/01 to Thu 3/1/01]																																							
10.10.4.4 Benchmark Conduct Orientation and Proposal Writing Workshops for interested NGOs		100%	Thu 5/17/01	0 days	Thu 5/17/01	[Gantt bar from Thu 5/17/01 to Thu 5/17/01]																																							

TASK ELEVEN

Commodity Procurement Program

Accomplishments

- ◆ JSI/TCA completed the procurement process and issued Purchase Orders for 90% of the total procurement budget. The total amount committed to date is \$8,410,625.
- ◆ TCA has procured the following items this quarter per the Life of Contract Procurement Plan:
 - ◇ Neonatal CPAP Machines and related accessories.
 - ◇ Remaining CSSD medical commodities for Phase III and IV facilities.
 - ◇ Offshore medical equipment, furniture, and supplies for Ob-Gyn, Neonatal, and Operating Room Departments (IFB 8 and 9).
 - ◇ Local Ob-Gyn medical equipment, furniture, and supplies for Phase III facilities.
 - ◇ Audio-visual equipment.
 - ◇ Furniture and equipment for Qena GH Residents Quarters.
 - ◇ Air conditioners for MHIS Centers and Medical Schools.
- ◆ JSI/TCA has accepted delivery and installed the following items in recipient locations this quarter:
 - ◇ Medical equipment, furniture, and supplies in the CEOC and BEOC Centers for Phase III facilities (Beni-Suef, Fayoum, and Qena).
 - ◇ Medical equipment, furniture, and supplies for the Phase III CSSD Departments.
 - ◇ Medical equipment, furniture, and supplies in remaining Neonatal Centers of the five target governorates.
 - ◇ Office furniture, computing equipment, and office equipment for the MHIS Centers in Menya and Sohag.
 - ◇ Training furniture, computing equipment, audio-visual equipment, and air conditioners for the remaining Medical and Nursing Schools.
- ◆ The proposed procurement awards related to IFB 8 and IFB 9 (Offshore Medical) were reviewed and approved by USAID. Contracts were issued and delivery is in process.
- ◆ Other procurements currently in process include:
 - ◇ Local medical commodities for the neonatal centers.
 - ◇ Local medical commodities for the Operating Rooms.
 - ◇ Local medical commodities for Phase IV facilities.
 - ◇ Humidifiers/Compressors for the Neonatal Centers.
 - ◇ Air conditioners.
- ◆ Bids for Medical IFB #10 were received and are being analyzed.
- ◆ A waiver for the purchase of local medical commodities was approved by USAID.
- ◆ Inventory in the warehouse was maintained and a physical inventory was completed.
- ◆ Intensive effort has been dedicated to finalizing all of the government required delivery forms and receipts (Forms 111 and 112).
- ◆ The computerized Commodity Procurement Database was maintained and produced required reports.

Renovations

- ◆ JSI-funded renovations occurred in the following facilities during this quarter:
 - ◇ Sohag Health Information Centers.
 - ◇ Neonatal Centers in Assuit, Sohag, and Menya
 - ◇ CSSD Departments in Phase III facilities.

- ◇ Ihnassia DH Delivery Room.
- ◇ El Sheikh Hassan Emergency Room.

Constraints

- ◆ None.

Proposed Actions to Overcome Constraints

- ◆ None.

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	\$92,357	\$157,055	170%
Computing	\$444,660	\$323,119	73%
Medical	\$4,104,071	\$4,663,183	114%
Office Equipment	\$408,800	\$539,357	132%
Office Furniture	\$364,100	\$239,459	66%
Vehicles	\$2,587,500	\$1,966,485	76%
Renovations	\$300,000	\$73,004	24%
Other	\$1,061,026	\$448,963	42%
TOTAL	\$9,362,514	\$8,410,625	90%

Contract Administration

Accomplishments

- ◆ Remaining full and part time staff positions were filled during this period. A Contract Staff List detailing employee names and positions can be found in Annex B.
- ◆ JSI Technical and All-Staff Meetings were held.
- ◆ The JSI HM/IC 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.
- ◆ Project inventory records were updated and reviewed for accuracy.
- ◆ Subcontract Management Files were maintained and updated. Subcontract obligations and amendments were processed as required.
- ◆ Subcontracting Plan reports (SF 294) were submitted to USAID as required.
- ◆ Subcontracts were issued and submitted to USAID for approval when required.
- ◆ Shipping documents were submitted to USAID as required.
- ◆ JSI requests for IL funds were tracked. A final budget was drafted to ensure that all required trainings could be implemented with the remaining funds. A request to move funds between IL line items was also approved by the MOHP and USAID.
- ◆ Meetings were held between JSI, DT2, and USAID to discuss trainings to be funded by DT2.
- ◆ Travel concurrences were submitted to USAID and approved.
- ◆ Publications were printed and distributed.

Constraints

- ◆ None.

Proposed Actions to Overcome Constraints

- ◆ None.

ANNEXES

ANNEX A

Performance Milestone Status Report

No.	Date Due	Milestone	Task No.	Submitted	Validated	Approved		Comments
						USAID	MOHP	
1	15/06/98	Commencement of HMIS Assessment						
2	15/06/98	Rapid Assessment of existing print and mass media conducted	4	25/06/98	16/09/98	20/09/98	30/08/98	Completed
3	15/09/98	One HM/HC Consensus Meeting held and Essential Services Package finalized	8	13/08/98	N/A	04/10/98	09/09/98	Completed
4	15/09/98	Assessment of neonatal centers conducted	1	30/09/98	08/03/99	16/03/99	15/10/98	Completed
5	15/09/98	Development of HM/HC Project Procurement Plan	6	15/10/98	04/03/99	17/02/99	24/10/98	Completed
6	15/12/98	Completion of HM/HC management guidelines for district planning	11	22/04/99	N/A	26/04/99	N/A	Completed
7	15/12/98	Field test of protocol for linking community groups with providers completed	3	15/12/98	N/A	16/03/99	05/10/00	Completed
8	15/03/99	Lead Trainers trained & basic health package implemented in 5 districts	7	15/12/98	04/03/99	17/02/99	05/10/00	Completed
9	15/03/99	Completion of Egypt-specific Integrated Sick Child Management Plan	1 & 2	15/03/99	27/12/99	31/12/99	N/A	Completed
10	15/06/99	Assist MOHP to establish 10 district MHIS	6	15/03/99	N/A	07/04/99	05/10/00	Completed
11	15/06/99	National IEC Strategy to support HM/HC developed	4	15/06/99	27/12/99	31/12/99	N/A	Completed
12	15/09/99	Days training program modified and ready for implementation	8	15/06/99	N/A	28/06/99	05/10/00	Completed
13	15/09/99	Procurement of \$900,000 of Project commodities	6	15/09/99	✓	28/10/99	15/10/99	Completed
14	15/12/99	8 District health plans and monitoring systems developed and implemented	11	15/09/99	✓	28/10/99	N/A	Completed
15	15/12/99	Needs identification tool implemented in 5 communities	3	15/12/99	✓	15/11/00	✓	Completed
16	15/03/00	Three operations research studies completed	7	15/12/99	✓	29/02/00	28/02/00	Completed
17	15/06/00	20 small grants awarded to NGOs in target districts	5	15/03/00	01/09/00	12/09/00	N/A	Completed
18	15/06/00	Assist MOHP to establish 30 district MHIS centers	10	14/06/00	✓	06/07/00	N/A	Completed
19	15/06/00	National IEC campaign developed	4	14/06/00	✓	20/12/00	N/A	Completed
20	15/07/00	HM/HC Curricula taught in 2 medical and 2 nursing schools	8	18/06/00	13/12/00	21/01/01	N/A	Completed
21	15/09/00	Procurement of \$3,000,000 of Project commodities	2	16/07/00	✓	13/12/00	N/A	Completed
22	15/09/00	Health Education Guide and education materials for use in schools developed	11	07/09/00	✓	04/12/00	N/A	Completed
23	15/10/00	HM/HC Curricula taught in 6 medical and 6 nursing schools	9	15/10/00	N/A	05/12/00	N/A	Completed
24	15/10/00	SMIP nutrition education and anemia supplementation program implemented in one governorate	2	15/10/00	08/02/01	04/04/01	N/A	Completed
25	15/11/00	Development of HM/HC Procurement Plan for additional \$3,362,000 in commodities	9	15/10/00	✓	10/12/00	N/A	Completed
26	15/11/00	Implementation of basic health package in 10 districts	11	27/11/00	N/A	10/12/00	N/A	Completed
27	15/11/00	50 small grants awarded to NGOs in target districts	1	15/11/00	✓	26/02/01	N/A	Completed
28	15/12/00	20 District health plans and monitoring systems developed and implemented	10	15/11/00	✓	20/12/00	N/A	Completed
29	15/12/00	Community Action Plans developed and implemented in 20 districts	3	18/12/00	✓	29/04/01	✓	Completed
30	15/12/00	Neonatal centers linked with comprehensive perinatal programs in 25 target districts	7	12/12/00	✓	26/02/01	N/A	Completed
31	15/12/00	Procurement of \$4,500,000 of Project commodities	6	13/12/00			N/A	
32	15/03/01	Implementation of basic health package in 20 districts	11	07/09/00	✓	04/12/00	N/A	Completed
33	15/03/01	HM/HC Curricula taught in 10 medical and 10 nursing schools	1	01/04/01	21/05/01	06/06/01	N/A	Completed
34	15/03/01	Procurement of \$6,181,000 of Project commodities	2	15/03/01	✓	13/05/01	N/A	Completed
36	15/06/01	Assist MOHP to establish 65 MHIS centers	11	17/04/01	✓	10/05/01	N/A	Completed
37	15/06/01	FGM component integrated into overall HM/HC message package	4	17/06/01	✓	26/07/01	N/A	Completed
38	15/06/01	2000/2001 Maternal Mortality Survey completed	8	14/06/01			N/A	
35	15/07/01	90 small grants awarded to NGOs in target districts	5				N/A	
39	15/09/01	Services improved in 100 neonatal centers	10	15/07/01			N/A	
40	15/09/01	Implementation of basic health package in 25 districts	6				N/A	
41	15/09/01	HM/HC Curricula taught in 13 medical and 13 nursing schools	1				N/A	
42	15/09/01	25 District health plans and monitoring systems developed and implemented	2				N/A	
43	15/09/01	Community Action Plans developed and implemented in 25 districts	3				N/A	
44	15/09/01	100 small grants awarded to NGOs in 25 target districts	7				N/A	
45	15/09/01	Procurement of \$9,362,000 of Project commodities	10				N/A	
46	15/09/01	SMIP nutrition education and anemia supplementation program implemented in 5 governorate & national SMIP plan deve	11				N/A	
			9				N/A	

ANNEX B

Contract Staff List

JSI HM/HC Results Package
Staff Roles and Titles
June 30, 2001

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
Sobhi Moharam Abdel Hai	Deputy Chief of Party for Management Services: Coordinator for Tasks 3, 4, 7 and 10
Sunil Mehra	Coordinator for Community Health Development: Coordinator for Task 8
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
Dalia Raafat Abdel Hady	Quantity Surveyor 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
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 (Research)
Adel Hakim Issa	Senior Obstetrical & Neonatal Researcher Task Team Member: Task 5 (NMMS)
Mariam Samir Fahmi	Program Designer and Data Entry Specialist Task Team Member: Task 5
Mohsen Aly El Said	Child Survival Program Manager Task Manager: Task 6
Lamia Mohamed Mohsen	Neonatal Specialist Task Team Member: Task 6
Nahed Fahmy Helal	Neonatal Specialist Task Team Member: Task 6
Khaled El-Sayed Abdel-Salam	Community Development Specialist Task Team Co-Manager: Task 7

Name	Roles and Titles
Ala'a El-Din Fathi Ali	Community Based Activity Coordinator Task Team Member: Tasks 7 & 10
Marwa Osama Kamel	Media and Communication Specialist, The Manoff Group Task Manager: Task 8
Mohamed Hussam Rajab	Marketing and Communication Specialist, The Manoff Group Task Team Member: Task 8
Heba Mohamed Rafik	Communication Assistant, The Manoff Group Task Team Member: Task 8
Sherif Said El-Kamhawi	Communication Assistant, 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
Joan Mahoney	Anti-smoking & Surveillance Coordinator, 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
Marion Charobim	Procurement Specialist Task Team Member: Task 11
Hazem Mohamed Mansour	Financial Manager
Bassem Reda Boulos	Senior Accountant
Amr Abdel Halim Obid	Accountant
Menna Alla Medhat Moheeb	Accountant
Naglaa Ahmed El Bakry	Office Manager
Rami Bahgat	Network Administrator (League Technology)
Rami Maher	Network Administrator (League Technology)
Ola Zakaria	Administrative Assistant
Manar Adel El-Beih	Administrative Assistant
Gihan Ahmed Ismail	Design Support Assistant
Dalia Hassan Hemeid	Monitoring and Evaluation Program Assistant
Ola Hussein Fahim	Training Assistant
Gehan Raouf Iskander	Senior Executive Secretary
Yvette Bahr	Executive Secretary
Amel Abdel-Kader Amer	Senior Secretary
Laila Mohamed Abdel Wahab	Senior Secretary
Nesrin Sobhy Ahmed	Senior Secretary
Nevine Sami Guirguis	Secretary
Dina Galal Khairy	Secretary
Amira Mohamed Zaki	Secretary
Soha Hassan Abdel Aziz	Secretary
Roaa Ibrahim El Sharkawy	Receptionist
Iris Guerges Soliman	Data Entry Specialist
Tarek Sayed El Nadi	Senior Driver
Ali Yassin Ali	Driver
Mervat El-Masry	Driver

Name	Roles and Titles
Ayman Mohamed	Expediter
Ahmed Hassan Moawad	Junior Messenger
Aid Sayed Bahr Qenany	Photocopy Clerk
Hassan Fawzi Hassan	Porter
Khaled Mohamed El Ghoneimy	Porter
Abdel Razek Mohamed Abdel Razek	Porter

Part-Time Employees

Name	Roles and Titles
Hussein Samy Abdo	Part-time Anesthesiology Specialist
Ashraf Mohamed El Shawat	Part-time Anesthesiology Specialist
Hussein Samy Khamis	Part-time Emergency Room Team Trainer Supervisor Consultant
Mohamed Rashad El-Said	Part-time Architectural & Engineering Specialist
Ahmed Samir Fahmy	Part-time Biomedical Engineer
Mohamed Helmy Ahmed	Part-time Electrical Engineer
Mahmoud Samy Ismail	Part-time Medical School Coordinator
Dahlia Bayoumi El Sebaie	Part-time Neonatal Clinical Supervisor
Hanan Mohamed Abdel Moneim	Part-time Neonatal Clinical Supervisor
Hisham Ahmed Mahmoud Aly	Part-time Neonatal Clinical Supervisor
Hisham El-Sayed Abdel Hady	Part-time Neonatal Clinical Supervisor
Ahmed Reda Afifi	Part-time Neonatal Clinical Supervisor
Ahmed Farag Hassanein	Part-time Neonatal Clinical Supervisor
Ismail Mohamed El Hawary	Part-time Neonatal Consultant
Assem Anwar Mousa	Part-time Clinical Supervisor
Magdy Tawfik Zain	Part-time Clinical Supervisor
Magdy Abel Aziz Sweed	Part-time Clinical Supervisor
Mahmoud Rizk Fayed	Part-time Clinical Supervisor
Mohamed Ismail Sabry	Part-time Clinical Supervisor
Sayed Ahmed Mohamed Moustafa	Part-time Clinical Supervisor
Abdel Ghaffar Mohamed Ahmed	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
Ahmed Ashraf Wegdan	Part-time Infection Control Consultant
Safaa Abdel Raouf Hashim	Part-time Infection Control Consultant
Said El-Dib	Part-time Management Consultant
Mohamed Abdel-Aziz Mostafa	Part-time Training Management Consultant
Yasser Abou Talib	Part-time Master Trainer/Clinical Supervisor
Amr Fathy Abdel Karim	Part-time Master Trainer/Clinical Supervisor
Sabry Mahmoud Hamza	Part-time Master Trainer
Mohamed Abou Gabal	Part-time Master Trainer
Nevine Hassanein	Part-time Master Trainer
Rosario Raz Mationg	Part-time Nurse Consultant
Sahar Nagieb Abdel Samad	Part-time Senior Nursing Supervisor
Madiha Mohamed Toson	Part-time Senior Nursing Supervisor
Mariamme Haggag	Part-time Nursing Trainer
Abeer El-Kotb	Part-time Nursing Trainer
Sahar younis Othman	Part-time Nursing Trainer
Nagwa Mohamed Salem	Part-time Nursing Trainer

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
Amal Abdel Wahab Nour El-Din	Community Development Specialist
Ahmed Mohamed Abdel Gelil	Implementation Specialist
Manal Mohamed Abdel-Gelil	Administrative Assistant
Mohamed Othman Omar	Driver
Sayed Fahmy	Porter
Luxor	
Abdel-Moniem Hamed	Maternal and Child Health Specialist
Ola Mohamed Hamdy	Community Development Specialist
Ashraf Moustafa Mohamed	Implementation 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
Mohamed Youssef Taha	Implementation Specialist
Sahar Mohamed Abdel Aziz	Administrative Assistant
Mohamed Korani El Sayed	Driver
Fatheya Korani Ahmed	Porter
Fayoum	
Marwan Abdel Fattah Mohamed	Maternal and Child Health Specialist
Amgad George Habib	Management Specialist
Hala El Sayed Ahmed	Community Development Specialist
Sameh Sabry Gerges	Implementation Specialist
Ashraf Saad Abdel Hamid	Administrative Assistant
Gamal Abdel Azeem Mohamed	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
Hussein Kamel Mohamadein Ali	Implementation Specialist
Essam El-Sayed Abdel Salam	Administrative Assistant
Khaled Mohamed Hussein Hamdan	Driver
Mohamed Fawzi Moussa	Porter