



Healthy Mother/Healthy Child Results Package

Quarterly Performance Monitoring Report Option Period Quarter Three April 1 – June 30, 2002



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

In collaboration with
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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 the progress of major activities in process, 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 III) represents the third quarter of the Option Period contract and covers the period from April 1 through June 30, 2002.

This document is organized according to the twelve tasks of the contract along with a section on contract administration. Each task contains a narrative with the following sections:

- **Accomplishments**
- **Constraints**
- **Proposed Actions to Overcome Constraints**

The attached annexes document progress in the following aspects of the Project:

Annex A: Key Indicators of Completion/Phasing-Out

Annex B: Outline of Completion/Phase-Out Report

Annex C: List of Selected Twelve Districts and BEOCs in the Option Period - Phase I

Annex D: Status of the Option Period Performance Milestones in the Results Package

Annex E: Maps of Target Governorates

Annex F: Contract Staff List

Project Sustainability

- The design of the HM/HC Project takes into consideration the need for a phase out strategy to ensure the sustainability of activities after the completion of the project. Efforts have been made to build and improve local management capacity as a part of the design and implementation process.
- Indicators of completion and phase out have been defined in order to monitor progress towards Project sustainability (See Annex A for a list of key indicators). During this period, indicators were discussed and a phase out schedule was defined and agreed upon by the HM/HC Executive Director and USAID.
- Phase one of the phase out plan will begin in Luxor and Aswan Governorates. Phase out in these districts will be completed by 14 December 2002.
- The phase out plan consists of a three step process as follows:
 1. A two-day meeting for members of the Safe Motherhood Committee (SMC) from all the hospitals within the governorate will be conducted to review accomplishments and develop a plan of action to ensure that HM/HC activities will continue after the Project phases out.
 2. A one-day joint meeting of governorate and district level SMCs will be held to review a completion/phase-out report of the whole governorate (See Annex B for an outline of the Completion/Phase-Out Report). The output of the first meeting will serve as inputs to the report and the governorate/district meeting.
 3. The two previous events will take place before the phase out deadline to give time for the MOHP authorities at different levels to take the necessary steps to secure a smooth and gradual phase out. During the period from the end of the second meeting to the phase out deadline, JSI will continue coaching and providing critically needed support from a distance.
- The phase out process started in Luxor, where the SMCs at Luxor General Hospital and El Bayadeya District Hospital met on 23 and 24 June 2002. The Director General, representatives from Governorate MOHP Department and District Health Managers and their assistants participated in this meeting. Senior officials from the MOHP central level also participated in this event. The First Undersecretary for Curative Care led a team of three key officials from the sector and the Under Secretary of Primary Healthcare and Executive Director of HM/HC led another team of three key HM/HC Project officials. There were 30 participants in total. The first day of the two-day meeting focused on accomplishments over the last four years and policies, actions, roles and responsibilities to ensure sustainability after external assistance is phased out. On the second day of the meeting, each hospital SMC met to develop a detailed plan to sustain activities and define roles in accordance with the situation of each hospital.

- The governorate and district SMCs met in a joint one-day meeting on July 7, 2002. The two committees reviewed and compared MCH indicators over the years 1998 – 2001, which indicate a positive impact/outcome on the health status of women and children in the region and an increase in the knowledge and behavior of the community and households. Thirty-four participants attended this meeting including the Director General and the Deputy HM/HC Executive Director. Participants demonstrated a strong commitment and determination to continue progress and build on gains achieved so far.

C.10.1 TASK ONE: Basic Package of Essential Services Established and Standards Defined

Accomplishments

Activity No. 1.1 Develop District Health Profile

- A complete set of district profiles was prepared to provide baseline information for the 33 districts of the three governorates of El Menya, Assiut and Sohag. This information was sent to the MOHP Curative Sector, HM/HC and the relevant MOHP governorate departments. The data gathered will be used to monitor progress through the life cycle of the project against the baseline data collected.

Activity No. 1.2 Assess general/district hospital capacity to provide comprehensive essential obstetric/neonatal services

- A full report detailing the results of the assessment was completed. The self-improvement plans of action based on the assessment and an analytical description of the process and the plan were developed and submitted to HM/HC, Curative Care Sector-MOHP and USAID.
- Each of the 33 general and district hospitals in the three governorates received a copy of the results of the assessments and the self-improvement plans of action developed in the workshops. The JSI Task Manager also received copies to guide the prioritization of actions and technical assistance.
- The final results of assessment and self-improvement plans of all general and district hospitals were distributed to relevant Task managers at JSI. The assessment included obstetrics and neonatal services, OR, ER, CSSD, infection control, blood bank and the availability of essential equipment. Availability of supplies, key personnel and the application of key management systems and clinical practices in the management of life-threatening complications were also included.

Activity No. 1.3 Assess, select, and assist in upgrading BEOC facilities to provide basic essential obstetric services

- USAID and JSI met with the HM/HC Executive Director on May 8, 2002 to discuss and agree on criteria for the selection of BEOC facilities in the Option Period districts as well as the package of services to be provided at this level!
- Previous experience gained through the Base Period indicated that lead time required for renovation of BEOC facilities ranges between six to nine months and the level of utilization after the upgrading is low. Home deliveries by trained providers represent a significant percentage of normal deliveries in the catchment areas of the BEOC facilities.
- The participants reviewed and endorsed the criteria for the selection of BEOC that were applied in the Base Period. They agreed to add the following criteria:
Number of deliveries in this facility or at home by trained health care providers.
- Based on the review mentioned above, it was agreed that:

- Priority in selecting BEOC facilities will be given to the selection of BEOC/Maternity units which have already been renovated and have delivery rooms.
 - The renovation or construction of delivery rooms in BEOCs will be excluded from HM/HC activities. All facilities will be upgraded by the MOHP in the next two to three years. HM/HC will not be involved in any major renovation.
 - Minimum interim renovation activities will be implemented in units which have yet to be renovated.
 - MOHP PHC/HMHC will provide the EC/World Bank and other donors involved in upgrading health facilities teams working in Sohag, El Menya and Assiut governorates with specifications for renovating BEOC facilities.
- Participants confirmed the outcome of the Consensus Meeting regarding the MCH component of Basic Benefits Package to be provided by BEOC facilities (primary health care level).
 - HM/HC technical support includes the following:
 - Staff is to receive training in BEOC competencies and skills. Safe and clean home delivery skills will be addressed and disposable Clean Birth Kits provided. Training will be supplemented by a local supervisory support system through Lead Trainers.
 - BEOC materials have been adapted by JSI for the BEOC level. These materials are currently being printed. These materials will be used in training the teams at these facilities as well as for use in pre-service training of House Officers and the training of Family Physicians.
 - The BEOC facilities in the 12 districts represent Option Period - Phase I facilities (See Annex C for a list of selected districts and BEOC facilities).
 - Facility staff is to receive training to apply the MCH Quality Assurance (QA) system and supervision to monitor MCH performance service standards.

Activity No. 1.4 Signing of Memoranda of Cooperation

- The Memorandum of Cooperation for El Menya was signed. Three such agreements have been signed with El Menya, Assiut and Sohag Governorates.
- The Memorandum of Cooperation for Giza Governorate has been prepared and is ready to be signed.

Activity No. 1.5 Implement package of services in twelve districts (Option Period-Phase One)

- Renovation activities are complete at Nasser District Hospital/Beni Suef and at Tamia District Hospital/Fayoum. Renovation activities are in process for the following Hospitals: Wakf District Hospital, Qift District Hospital/Qena, Somosta District Hospital/Beni Suef, Sennoures District Hospital/Fayoum, El Menya General Hospital, Samalout District Hospital, El Fakreya District Hospital/El Menya, Assiut General Hospital, Specialized Hospital, Iman Hospital/Assiut, Sohag General Hospital, Tahta District Hospital, Gerga District Hospital/Sohag.

- A preliminary draft of the blueprints of the newly selected BEOC facilities is being developed.
- Commodities for Sennoures District Hospital/Fayoum, Somosta District Hospital/Beni Suef and Qift and El Wakf District Hospitals/Qena are available and will be delivered when the renovation is complete. For Tamia District Hospital, EOC and neonatal commodities were delivered. All commodities were delivered to Nasser District Hospital.
- Procurement plans are being developed for 38 BEOC facilities including four facilities in Beni Suef, four in Fayoum, 14 facilities in El Menya, six facilities in Assiut and ten facilities in Sohag. This activity is being coordinated with Task 11.
- Commodity guidelines for receipt, installation, training, maintenance and disposal of equipment along with the associated forms have been developed. Forms for tracking annual consumption and monthly balance of medications and medical supplies are being developed in collaboration with Task 3.
- A mini-workshop was conducted for Ob/Gyn clinical supervisors during their monthly meeting in June. The objective of this workshop was to identify the role of clinical supervisors in commodity management and to ensure that health providers in targeted facilities are using different forms for this purpose.
- The session on commodity management was provided for SMCs in Qena hospitals during the SMC workshop conducted by Task 3.

Activity No. 1.6 Integrate service standards, protocols and CBT curricula into MOHP policies and programs

- Efforts continued with the Human Resources Development and Family Medicine Departments to integrate services standards and protocols into the MOHP policies and programs. A complete set of publications and protocols has been delivered to the First Undersecretary of Curative Sector/MOHP to be used as a reference tool. In addition, a complete set of the training modules and their resources will be delivered to Curative sector to be used for training activities.

Activity No. 1.7 Implement integrated package of MCH-FP services in one pilot district

- USAID decided that El Menya Governorate would be a suitable place to conduct this pilot activity. The plan of action for this activity is being developed.

Activity No. 1.8 Assist the MOHP / Urban Health Development to pilot test adapted HM/HC interventions in 1-2 urban slum areas

- USAID and JSI met with the Urban Health Director General to discuss the criteria and process for selecting one or two urban slums to be targeted by HM/HC interventions.
- Dr. Henawy presented the situation of slum areas in Egypt and submitted a copy of a detailed report identifying these areas per governorate with basic information on population and nearest service facility. The presentation and the report indicate that Cairo, Alexandria and Dakahlia governorates host the highest population living in urban slum areas in Egypt. At the end of the presentation, it was agreed that the

slum areas selected for HM/HC interventions should be in Cairo and Giza governorates.

- An agreement has been reached to apply the following criteria to select the urban slum areas:
 - Population size
 - Availability of public utilities (water, sewage, electricity, etc.)
 - Accessibility to health facilities
 - Preparedness of these facilities
 - Level of community involvement and presence of local NGOs

(Note: Given the indicators above, the situation analysis presented and the selection criteria agreed upon do not support selecting Boulaq as one of the urban slums in Cairo).
- Dr. Henawy will select four potential slum areas in Cairo and Giza, taking into consideration the above mentioned criteria to select two out of the four potential areas. Dr. Henawy promised to prepare a profile of basic information for each of the four potential areas in accordance with the above mentioned criteria.
- A field visit to the four identified sites will be conducted for final selection of the two areas for HM/HC interventions.

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.2 TASK TWO: Pre/In-Service Training System Designed to Disseminate Standards to Public and Private Providers

Accomplishments

Activity No. 2.1 Disseminate standards and build MOHP training capacity

- Relevant training and other reference materials developed during the Base and Option Periods were field tested, refined and prepared for publication.
- Neonatal modules and neonatal checklists including all associated handouts and resources were prepared, revised and finalized.
- A complete set of Basic EOC training materials that include Basic EOC protocol, Modules and Flow Charts was developed. The set is to be used for training primary healthcare physicians and also for the pre-service training activities.
- An Essential Obstetric Care Booklet containing case studies from the Egypt NMMS 2000 as well as a clinical analysis of each case was developed. Each case study was analyzed using a standard set of indicators. This booklet is intended for use during OJT/clinical supervisory visits to help health providers in the field develop their facility improvement plans.
- A team approach to training and OJT/supervision was adopted and involved HM/HC counterparts in the MOHP and the EOC, IC and supportive services coordinators in response to comments and remarks recorded in trip reports.
- Lead trainers are given tasks to carry out in their facilities during the periods between clinical supervisory visits in addition to other tasks for completion during the visit itself. These tasks are monitored and checked by the clinical supervisors.
- Sixty participants attended three TOT workshops for Lead Trainers in Sohag, Assiut and El Menya (twenty participants from each governorate). Training and MCH Directors from each governorate Health Department participated in the training.

Activity No. 2.2 Sustain, organize and implement EOC training and clinical supervision

- Four CEOC workshops were conducted in the Option Period Governorates. Two workshops were held in Sohag, one in Assiut and one in El Menya, where 80 obstetricians from the facilities were trained on the aspects of Essential Obstetric Care directly related to maternal deaths. Avoidable factors, substandard care and improvements in clinical practices were addressed during these workshops. These workshops were co-facilitated by HM/HC staff.
- Technical assistance to Option Period facilities was provided through continuous OJT/clinical supervisory visits to 13 districts in Fayoum, Beni Suef, Sohag, Assiut and El Menya governorates. Each of these districts each month by the clinical supervisors to ensure implementation of the EOC protocols. Each visit lasts between 6-9 days.
- Fifteen newly trained Lead Trainers from Sohag, Assiut and El Menya Governorates participated in all training activities of the EOC workshops and OJT.

- Technical assistance to Base Period facilities was provided based on the results of maternal mortality surveillance activities in the 25 districts in Aswan, Luxor, Qena, Beni Suef and Fayoum governorates. Technical assistance concentrated on helping the health providers develop improvement plans that directly address the avoidable factors leading to maternal death.
- Technical support was provided to Task I in conducting the facility assessment, phase in and phase out workshops.

Activity No. 2.3 Sustain, organize and implement NC training and clinical supervision

- One basic and one advanced neonatal care course was conducted in Sohag. The basic course was conducted in April and the advanced course in May. Thirty-two healthcare providers attended these courses.
- In June, two basic neonatal care courses for physicians were conducted in Assiut and Sohag. Forty participants attended these courses.
- Sixteen physicians attended a basic and advanced neonatal training course at El Galaa Teaching Hospital in May.
- Three nurse training courses were conducted with 21 participants in Sohag, 14 in El Galaa Teaching Hospital and 16 in Assiut.
- In addition to the nine facilities in El Menya, Assiut and Sohag, supervisory visits and OJT were conducted in all 19 facilities in the five target governorates of the Base Period.
- Neonatal resuscitation training sessions were conducted in four EOC workshops with a total of 80 participants. Two workshops were in Sohag, and the others were held in Assiut and El Menya.
- Similar sessions were conducted in the three Anesthesia workshops organized in El Menya (9 participants) Assiut (12 participants) and Sohag (13 participants).
- As a part of the coordination program between MOHP, NAMRU3 and JSI, 10 training courses for infection control were conducted in MOHP neonatal intensive care units. The 10 courses were conducted in April and the 22 neonatal units in the program were covered. These units included: Qena General Hospital (18 physicians and four nurses), Luxor International Hospital (11 physicians and nine nurses), Luxor General Hospital (six physicians and five nurses), Assiut General Hospital (19 physicians and 17 nurses), Mashtoul El Sook Hospital (three physicians and nine nurses), El Nasr General Hospital (24 physicians and 16 nurses), Edfu District Hospital (nine physicians and four nurses), Mansoura General Hospital (12 physicians and 12 nurses), Menouf General Hospital (15 physicians and 13 nurses), Kafr El Sheikh (13 physicians and 15 nurses), in addition to three districts in the Option Period (Phase II). They are: Gerga District Hospital (nine physicians and three nurses), New Iman Hospital (six physicians and seven nurses), Samalout District Hospital (11 physicians and seven nurses).
- The remaining facilities and units will be completed gradually.

Activity No. 2.4 Sustain, organize and implement nursing training and clinical supervision

- Five nursing EOC workshops were conducted in the Option Period governorates: two in Sohag, two in Assiut and one in El Menya. One hundred and five nurses

were trained on nursing procedures in the obstetric department and delivery room during these workshops.

- Technical assistance to Option Period facilities was provided through continuous OJT/Clinical Supervisory visits to 13 districts in Fayoum, Beni Suef, Sohag, Assiut and El Menya governorates. Each of these districts was visited from 6-9 days each month by the nurse supervisor to ensure protocol implementation.

Activity No. 2.5 Sustain, organize and implement nurse midwifery training and clinical supervision

- Twenty-five nurses and midwives have started a midwifery training course in Assiut governorate. The classroom component of the course has been completed and course participants are currently being trained on conducting OJT and supervisory visits.

Activity No. 2.6 Strengthen other clinical support services

2.6.1 Anesthesia services

- Maternal mortality cases were investigated and appropriate actions were taken in the following facilities:
 1. Luxor Governorate (Bayadeya): Action was taken with the involvement of MOHP, Curative Care Representative Dr. Sayed Abdel-Hafez.
 2. Beni Suef General Hospital: The referral system was reviewed with the staff.
 3. Beni Suef Governorate: Two cases of 'near-misses' due to postpartum hemorrhage were presented by the Obstetric Staff at Nasser and Beni Suef Hospitals. Lives were saved by the introduction of the 'Management of Hypovolemia' technique by Clinical Supervisors.
 4. Fayoum General Hospital: Mismanagement of hypovolemia as the cause of mortality was revisited. Another presentation for management and use of blood and its substitutes was conducted for those who had not been previously trained.
 5. Naga Hamadi Hospital: Two cases involving improper monitoring post-operatively and postpartum hemorrhage were discussed and actions were taken to establish a post-Cesarean Section room with the help of JSI.
 6. Aswan: CBT workshops were conducted at Aswan for eight anesthetists.
 7. Qena, Fayoum and Beni Suef: OJT/ supervisory visits to hospitals at Qena, Fayoum and Beni Suef governorates were conducted.
 8. Given the shortage of anesthetists, an Anesthetist Lead Trainer was identified where possible.

2.6.2 Emergency Medical Services (EMS)

- EMS activities were conducted in partnership with a representative of the Central EMS Department of the MOHP.
- Service standards for EMS were completed and Clinical protocols for EMS were developed.

- An organizational structure for Emergency Departments (ED), compatible with the local context, was developed and set up in El Menya General Hospital, Assiut General Hospital and Sohag General Hospital.
- Sixty participants attended three workshops for ED physicians at El Menya, Assiut and Sohag governorates during the period from April to June 2002.
- Two EMS workshops were conducted in El Menya governorate, twenty participants attended the workshop for ED Nurses and twenty laboratory technicians attended laboratory workshop. Both workshops were conducted during the period from April to June 2002.
- OJT/Supervisory visits to two hospitals in each of the following districts began: El Menya, Assiut and Sohag.
- OJT on new 'Life Saving Equipment' supplied by JSI was conducted for Quos District Hospital, Beni Suef General Hospital and Fayoum General Hospital.
- Follow-up supervisory visits to Galaa Teaching Hospital were conducted.

2.6.3 Blood Bank services

- A consultant hematologist has started the revision of services standards.
- A Transfusion Committee will be established at each of the Option Period Facilities during the next quarter.
- Eighty-eight physicians received CEOC/BECC, ED and EOAC training on CBT of blood transfusion and use of plasma expanders to manage hypovolemic shock.

2.6.4 Laboratory services

- A Clinical Laboratory Manual is being developed.
- A Laboratory workshop on Clinical Aspects of Laboratory Services was developed and conducted at El Menya, Assiut and Sohag Governorates. The workshop was conducted in cooperation with a representative of Central Laboratories/MOHP.
- Laboratory Committees in pilot hospitals in the three new governorates of the Option Period are being established. The objectives of these committees are to:
 - Establish and monitor laboratory services at the hospital
 - Issue local guidelines
 - Solve local problems
 - Follow up the use of the laboratory manual
- A Laboratory Request Form will be reviewed in collaboration with Central MOHP Laboratories, using the guidelines of the laboratory manual.
- A CBT curriculum and modules on laboratory services are under preparation and will target the Laboratory Committee members. Arrangements are also under way to review these files and to ensure the proper use of laboratory services by clinicians.
- A list of areas for further study for district and general hospitals was developed and discussed with MOHP Central Laboratories.

Constraints and Proposed Actions

- A distinction between clinical and laboratory services should be emphasized to ensure a high standard of clinical services. This component will focus on

developing physician skills in requesting appropriate tests and interpreting test results, particularly in critical cases.

- Equipment and supply shortages remain a problem both at the district and general hospital levels. The link between hospitals, the Governorate Health Department and the MOHP Central Laboratory Department needs to be reestablished.
- Training of technicians on technical use of equipment will be the responsibility of the Central Laboratory Department at the MOHP as agreed.

Activity No. 2.7 Infection control activities

- Three training workshops on Infection Control were conducted for Local IC Committees:
 - Sohag Directorate 14 May 2002 (7 participants)
 - El Menya Directorate 21 May 2002 (8 participants)
 - Assiut Directorate 28 May 2002 (6 participants)
- Seven training workshops on Infection Control were conducted for Hospital Committees as follows:
 - Sohag General Hospital 15-16 May 2002 (10 participants)
 - El Menya General Hospital 22-23 May (11 participants)
 - Assiut General Hospital 29-30 May (10 participants)
 - Tahta District Hospital 5-6 June (10 participants)
 - Samalout District Hospital 12-13 June (10 participants)
 - Iman General Hospital 19-20 June (11 participants)
 - Gerga District Hospital 25-26 June (10 participants)
- During the above-mentioned training courses and during supervisory visits to the project hospitals, efforts were made to emphasize the importance of a comprehensive approach to infection control.
- The quarterly integrated infection control OJT/Supervisory follow-up visits were conducted at the following hospitals: Sohag General Hospital, El Menya General Hospital, Assiut General Hospital, Iman General Hospital, Tahta District Hospital, Samalout District Hospital, and Gerga District Hospital.
- The development of infection control indicators to be used by the Infection Control Team began in this quarter.
- Infection Control Sessions were conducted at the four CBT CEOC Workshops at:
 - Sohag Governorate 22 May,
 - Assiut Governorate 4 June,
 - El Menya Governorate 18 June, and
 - Sohag Governorate 29 June.
- The National Guidelines for Infection Control developed by MOHP and NAMRU were reviewed and a full report was submitted.

Activity No. 2.8 Involve Private Sector Services Provided by Physicians and Pharmacists in HM/HC

- A total of 65 participants attended three CEOC training courses for private physicians in Sohag, 23-24 May (20 participants), Assiut 5-6 June (20 Participants), and El Menya 19-20 June (25 participants).

Activity No. 2.9 Implement IMCI Program in New Governorates

Training activities:

- During April-May 2002 three IMCI case management training courses for physicians were conducted at Mattay District Hospital in El Menya governorate. The first course was conducted from April 5-11 with 24 participants from the districts of Samalout, and Mattay. The second course was conducted from April 19-25 with 25 participants from the districts of Mattay, and Beni-Mazar. The third was conducted from May 10-16 with 26 participants from the districts of Mattay, Beni-Mazar, and Maghagha.
- From June 2-13 an IMCI case management training course for 20 physicians was conducted for the districts of Akhmeim and Al-Maragha (Sohag). In addition, a physician from Sohag Faculty of Medicine and another from Sohag General Hospital also participated.
- During April-May 2002 three IMCI case management-training courses for nurses were conducted at Mattay District Hospital in El Menya governorate. The three courses were conducted for the nurses of the same health facilities where the physicians work. Twenty-five nurses attended the first course and second courses and 26 nurses attended the third course.
- From June 15-18, an IMCI case management training course for nurses was conducted for the districts of Akhmeim and Al-Maragha (Sohag). Twenty-four nurses attended the course, 11 from Akhmeim, 10 from Maragha, two from Sohag University Hospital and one from Sohag General Hospital.
- From June 28 to July 7, four IMCI case management training courses for physicians were conducted for the districts of Quos, Al-Wakf, Armant, and Qift, Qena governorate. Twenty-two physicians attended the course.

Follow-up after Training Activities:

- From April 6-9, IMCI follow-up activities were conducted for 24 health facilities in the districts of Armant, Quos, Al-Wakf, and Qift in Qena Governorate.
- From May 27-30, IMCI follow-up activities were conducted for physicians and nurses from Samalout, Mattay and Beni-Mazar Districts. Thirty-eight health facilities were involved, and 43 physicians and nurses participated in follow up activities.
- From June 22-24, IMCI follow up activities were conducted for 24 health facilities in the districts of Maghagha, Mattay, and Beni-Mazar, El Menya Governorate.

Situation analysis, orientation, and district planning activities:

- On June 11, a meeting was conducted to compile and analyze data for Somosta and Ehnasia Districts in Beni Suef Governorate.
- The IMCI orientation workshop was conducted in Beni Suef. Key officials from the Health Department of Beni Suef and target districts of Somosta and Ehnasia participated in this workshop. During this workshop, an introduction to IMCI including objectives, strategies, and implementation policies was presented. Twenty-two participants attended this meeting.

- A district planning workshop was conducted at Ras Sudr for the districts of Tamia, and Sonorous in Fayoum Governorate, Ehnasia and Somosta in Beni Suef governorate. Twenty-six participants from the two governorates attended this workshop. The main objective of this workshop was to prepare an operational plan for IMCI implementation for selected districts and health facilities.

Other activities:

- On April 16, specialists attended a health facility survey meeting held by the IMCI Program to discuss the health facility survey results.
- A workshop was conducted by the IMCI to discuss the IMCI supervisory package and how to incorporate it in the current supervisory system of the MOHP. Seventeen participants attended the workshop along with the CAH Director, WHO EMRO.

Activity No. 2.10 Conduct refresher courses for Dayas

- Two daya training courses were conducted during April 2002. The first course was conducted in Tamia District from April 13-17. The second course was conducted in Qift District from April 20-24. Fifteen dayas attended each of these courses.
- Two daya training courses were conducted in Beni Suef governorate. The first was conducted from May 11-15 in Nasser District, and the second from May 26-30 in Somosta District. Fourteen dayas attended each course.
- Two daya training courses were conducted during June-July 2002. The first course was conducted in Sennoures District, Fayoum governorate from June 29-July 3 with fifteen participants. The second course was conducted in Qift District during the period from June 29- July 3 with twelve participants.

Activity No. 2.11 Teleconferencing and Off-Shore Training

- Three teleconferencing sessions were conducted by June 2002 with the George Washington University team of consultants. The first session, entitled 'Preterm Labor', was held on March 25, 2002. The second was conducted on April 29 and was entitled 'Hypertensive Disorders with Pregnancy' and the third was conducted on June 27 and was entitled 'Obstetric Hemorrhage and Neonatal Shock'. There were marked improvements in the organization and facilitation of these sessions. These sessions were co-facilitated by HM/HC staff. Participant feedback was encouraging.
- From June 17-July 3, a group of 15 Ob/Gyn specialists were selected to attend a Maternal Fetal Observation Tour and workshop at GWU.

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.3 TASK THREE: Public and Private Provider Partnerships with Communities to Develop and Manage District Plans

Accomplishments

In order to reach a total of 15 districts, Task Three implementation started this quarter in nine districts in Sohag, Assiut and El Menya in addition to the six districts included in the previous quarter. In these nine districts, Safe Motherhood Committees (SMCs) were established and trained and BEOC facilities were selected. Community participation was also initiated through orientation meetings for CHCs, DHCs and GHCs.

Activity No. 3.1 Community level involvement

- SMCs were established in all district and general hospitals of Sohag, Assiut and El Menya (39) and informed of the strategies and objectives of the HM/HC Project.
- In coordination with Task One, three two-day workshops were conducted in Sohag, Assiut and El Menya for SMC members of 39 general/district hospitals to discuss the findings of the self-assessment conducted in each facility and to develop a facility improvement plan.
- Facility SMC members of the nine district hospitals received training on management/planning and quality assurance during the reporting period.
- Draft guidelines were developed to assist hospital staff to better manage their commodities (equipment, supplies and medications). These guidelines were introduced to JSI clinical supervisors and MCH specialists to ensure compliance during field visits to the hospitals. These guidelines were also incorporated in the management and planning training materials and integrated into the training plan for SMCs at all levels.
- Ninety-two participants attended two one-day workshops in Qena for SMC members of the district and general hospitals. The purpose of these workshops was to introduce the commodity management system and develop facility improvement plans.
- In coordination with Task One, a workshop was conducted in Luxor with SMC members from El Bayadeya and Luxor hospitals to discuss their phase out plans.
- In the nine districts where implementation will take place this year in Sohag, El Menya and Assiut, thirty BEOC facilities were selected according to criteria (district maps, population of local administrative units, utilization, distance, etc...).
- A needs assessment took place in these BEOC facilities to inform the development of improvement plans. The assessments included staffing, utilization, furniture, and equipment needs among others.
- Community Health Committees of elected councils (CHCs) in the nine districts received appropriate orientation to improve their capacity to carry out their role and mobilize local public and non-governmental resources. This activity is addressed in more detail under Task Seven.

Activity No. 3.2 District level interventions

- A series of nine three-day workshops on management and planning were conducted in April, May and June 2002. A total of 167 participants constituting the members of SMCs in the nine districts attended these workshops. Participants were asked to bring a situation analysis based on district data for MCH services for the practical training sessions of the workshops. The analysis was also used for developing district HM/HC plans based on the revised guidelines for district planning and monitoring. In an attempt to improve the Service Improvement Fund (SIF), successful case studies were presented during the workshops. A session on service provider sensitization was added to the workshop agenda and was conducted by Task 7 staff. A training report was developed that included the results of pre/post tests, participation and course evaluations.
- To address the community partnership with the health care delivery system, the DHCs of elected councils of the nine districts and GHCs of the three governorates have been contacted. Three one-day orientations were conducted and attended by 173 DHC and GHC members.
- Meetings were initiated for DSMC members of the 9 districts, and the drafts of district HM/HC plans were reviewed.
- Meetings of the 31 districts (25 base period plus 6 option period) continued to develop the annual HM/MC plans for 2002-2003.

Activity No. 3.3 Governorate level participation

- The GSMCs and GHCs of Sohag, Assiut and El Menya governorates were established and they are now meeting regularly as scheduled.
- The GSMC members received training on planning and management.
- Forty-eight participants attended four TOT workshops on planning, management and quality assurance. The workshops were conducted during April- June 2002 (one in Qena, one in Fayoum and two in Sohag).

Activity No. 3.4 National level oversight

- Joint meetings were held with the HM/HC Project management and quality assurance departments to ensure national level participation in the revision of the management and planning guidelines.
- To ensure the sustainability of the planning process, counterparts from the national level representing HM/HC participated with Task 3 members in conducting the training workshops. They also participated in several field visits to oversee and support the project activities at governorate and district levels.
- JSI hired a consultant to assess and provide recommendations for better utilization of SIF and design a financial management system.

Activity No. 3.5 Quality assurance

Revise/update service standards, monitoring checklists

- A manual for QA systems was developed to assist district hospital staff better manage these activities. The manual was introduced to management and MCH specialists to facilitate quarterly QA reports production.

- A series of fifteen three-day workshops on quality assurance was conducted during this quarter and attended by a total number of about 254 participants constituting the members of SMCs from 15 districts. As part of the workshop activities, participants were introduced to the monitoring system designed to be used at the facility level.

Facilitate the implementation of QA system

- CEOC QA quarterly reports for district hospitals were produced for the first quarter of 2002. Facility staff helped collect and analyze data to help in decision-making. In general, it was noticed that most managerial problems could be solved on site using the monitoring checklists while scores for clinical performance could be used to identify areas of weaknesses for subsequent analysis and improvement.
- In an effort to support the institutionalization of the QA system, the service standards and monitoring checklists for BEOC facilities have been initiated in three districts in Sohag governorate with close coordination with the HM/HC project Quality Assurance Unit. This was done through a one-day orientation for each district conducted by director of the QA Unit.
- A one-day meeting was held on June 16, 2002 in Cairo for participants of the Offshore Training Course on Leadership and Total Quality Management that started on February 11, 2002. Each participant was asked to select a problem or opportunity for improvement in coordination with SMC members to be used as a model during the course.

Governorate	Management & Planning		Quality Assurance		TOT	
	Date	No. of part	Date	No. of part	Date	No. of part
Fayoum	April 13-15	16	April 13-15	12	June 9-13	12
	April 28-30	14	April 16-18	12		
Beni Suef	February 26-28	18	April 20-22	15	May 12-16	12
	February 12-14	12	April 28-30	10		
Qena	January 21-23	15	March 30- April 1	17		
Sohag	January 14-16	16	April 7-9	17	June 16-20	11
	April 14-16	18	May 7-9	15		
	April 21-23	20	May 12-14	18	June 23-27	13
Assiut	April 11-13	20	May 18-20	19		
	May 21-23	21	May 25-27	23		
	June 4-6	17	June 9-11	15		
El Menya	June 16-18	20	June 25-27	21		
	May 27-29	16	June 1-3	19		
	June 9-11	18	June 18-20	21		

	June 22-24	17	July 2-4	20		
TOTAL		258		254		48

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.4 TASK FOUR: Monitoring System in place to Track Utilization and Impact and Provide Feedback

Accomplishments

Activity No. 4.1 Assist the MOHP to set up MHIS centers at district level in coordination with Family Planning

- Coordination plans between the HM/HC Project and the Family Planning Project are being implemented for the establishment of 55 district MHIS centers in Giza, Alexandria, Claudia, Gharbia, and Sharkia.
- Training activities were completed for 110 statistical technicians and 110 district managers and deputy district managers for MCH in the five target governorates, including Giza, in coordination with IIE/DT2.
- Computer basic skills training was completed for each of the MCH departments in the eight governorates of Upper Egypt. The training took place in June 2002.
- Computer trouble shooting and technical support training for directorates MHIS Center staff members in Upper Egypt began. The training will end for 24 staff members in August.
- Renovation activities in the following six districts in Giza are underway: Markaz Giza, El Badrashein, El Ayat, Menshaat El Qanater, Boulaq El Dakrou, and El Wahat El Bahareya. Renovations are expected to end in August, 2002.
- Procurement and distribution of equipment is in process. The procurement plan includes computers for the directorate MHIS center, furniture, air conditioner units, and photocopy and fax machines for district and directorate MHIS centers.

Activity No. 4.2 Design and upgrade user friendly software for MHIS

- The MHIS upgrade needs assessment was completed. A report was prepared and presented to NICHP as part of the coordination process. According to the assessment results, NICHP agreed to take responsibility for:
 - Conducting a needs assessment to conclude the changes required in the MHIS Data Input Forms.
 - Establishing a Health Coding System Maintenance Unit, the function of this unit is to maintain all types of codes used in MOHP.
 - Develop HIS Technical and Administration Manual to document an HIS data dictionary, job descriptions, data flow system, and supervision and monitoring.
- A model of the new HIS Application was developed. The prototype is currently under extensive testing to ensure quality.
- The Planning and Monitoring System has been completed. A new application was developed that acts as a decision support system for district and directorate officers. The system allows managers to set up targets for selected monitoring indicators and allow managers to monitor achievements quarterly, annually, and seasonally. The system produces a health service profile for each catchment area and produces the geographical distribution pattern of each health indicator. The system presents a new tool to simulate a Data Use Environment.

Activity No. 4.3 Develop and implement a Quality Assurance Monitoring Checklist for the district MHIS centers

- NICHP, in coordination with HM/HC Project, will start establishing a National Health Informatics Resources Database. It is suggested that the MHIS quality assurance monitoring checklist will serve as a basic data collection form for informatic resources.

Activity No. 4.4 Establish monitoring mechanisms at facility and community levels

- Coordination meetings between Task 4, Task 3, and Task 7 have been conducted to enhance and improve workshop design. Software application has been developed and will be used as a tool in the Data Use workshops. Material for these workshops is based on the Planning and Monitoring System.
- The objective of the software application is to create a database in each district that includes target based annual plans and actual achievements calculated from the HIS database. The application will focus on MCH indicators, quality assurance checklists, and community needs assessment results. District managers will have a tool to monitor annual plans using tables and graphs. Geographic maps will be used for MCH managers at the directorate level.
- Curriculum for two workshops was developed. One for health officers for data use, and the other for MHIS Center staff members to provide technical support for health officers in using the system. The workshops are planned to start on July 21, 2002.

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.5 TASK FIVE: Research Activities

Accomplishments

Activity No. 5.1 Assist in the development of policy/procedure guidelines for the Maternal Mortality Surveillance System (MMSS)

- A review of the section on data flow and scheduling of the policy and procedure guidelines of the MMSS has been carried out by JSI in cooperation with HM/HC Project counterparts at MOHP.

Activity No. 5.2 Training on the Maternal Mortality Surveillance System

- Twenty-five participants from each of the nine Upper Egyptian governorates attended the two-day training course that was conducted between April and June 2002. Participants included the Undersecretary, MCH Director, Preventive Health Director, Curative Health Care Director, PHC Director, HIS Director, District Assistant Managers (MCH) and selected obstetricians from the governorate level. HM/HC counterparts from the MOHP participated actively as facilitators for these sessions.
- By the end of this training, Lead Trainers were chosen from among participants to assist in the training of health office directors and clerks in all health districts of these governorates.
- To date, lead trainers have conducted training courses for 2,783 participants from eight governorates (Giza has not started yet) and requested support from JSI for this process. The HM/HC Executive Director agreed to provide the required technical assistance and Giza will bear all the cost of the training.

El Menya Governorate

District Name	Number of trained health officers	Number of trained clerks
1. El Menya	42	42
2. Beni Mazar	10	10
3. Matai	19	19
4. Samalout	0	0
5. Deir Mowas	19	19
6. Maghagha	34	34
7. El Fakreya	0	0
8. Mallawi	0	0
9. El Edwa	0	0
Total	124	124
Grand Total	248	

Sohag Governorate

District Name	Number of trained health officers	Number of trained clerks
Directorate	14	21

1. Tema	24	24
2. Tahta	19	34
3. Geheina	12	16
4. El Maragha	19	18
5. Sohag	33	36
6. El Mounshaa	27	33
7. Gerga	20	24
8. El Balyana	21	23
9. Saqolta	13	14
10. Akmeim	10	15
11. Dar El Salam	19	22
Total	231	280
Grand Total	511	

Luxor Governorate

District Name	Number of trained health officers	Number of trained clerks
1. El Bayadeya	15	15
2. Markaz Luxor	30	30
Total	45	45
Grand Total	90	

Fayoum Governorate

District Name	Number of trained health officers	Number of trained clerks
1. Ebshway	36	36
2. Sennoures	16	16
3. Etsa	26	26
4. Tamia	16	16
5. Fayoum Markaz	26	26
6. Fayoum Bandar	6	8
Total	126	128
Grand Total	254	

Aswan Governorate

District Name	Number of trained health officers	Number of trained clerks
1. Aswan	20	18
2. Daraw	15	16
3. Nasr	7	19
4. Kom Ombo	0	0
5. Edfu	35	45
Total	77	98
Grand Total	175	

Beni Suef Governorate

District Name	Number of trained health officers	Number of trained clerks
1. El Wasta	20	18
2. Nasser	15	16
3. Beni Suef	7	19
4. Ehnasia	7	19
5. Beba	7	19
6. Somosta	7	19
7. El Fashn	35	45
Total	77	98
Grand Total	177	

Qena Governorate

District Name	Number of trained health officers	Number of trained clerks
1. Abu Tesht	37	37
2. Farshout	11	11
3. Naga Hamadi	32	32
4. Deshna	20	21
5. El Wakf	17	17
6. Qena	20	20
7. Qift	13	13
8. Qous	27	28
9. Naqada	7	9
10. Armant	14	14
11. Esna	37	37
Total	235	239
Grand Total	474	

Assiut Governorate

District Name	Number of trained health officers	Number of trained clerks
1. Shark Assiut	4	5
2. Gharb Assiut	4	5
3. Markaz Assiut	29	24
4. Manfalout	19	19
5. El Kouseyah	19	27
6. Dayrout	23	22
7. Abnoub	12	14
8. El Fath	11	14
9. Sahel Selem	11	11
10. El Badary	14	15
11. El Ghanayem	4	4
12. Sedfa	7	9

13. Abu Teig	15	13
Total	172	182
Grand Total	354	

Activity No. 5.3 Implement the Maternal Mortality Surveillance System in Nine Upper Egypt Governorates

- The Maternal Mortality Surveillance Questionnaire will be ready for automation through the HIS at the governorate level within a month. This form will be linked to the Death Notification Form which was already automated through the HIS.

Other Activities

- A meeting with Dr. Esmat Mansour, HM/HC Executive Director was held on 26 June, 2002. During this meeting, all MMSS activities were reviewed. Dr. Esmat requested technical support from JSI to train five Lower Egyptian governorates in MMSS activities. This activity is to be funded by the Family Medicine Project as agreed with HM/HC Project.
- Dr. Oona Campbell visited Egypt from 28 March to 4 April, 2002 to work on final draft for the National Perinatal/Neonatal Mortality Study report.

Activity No. 5.4 Identify and conduct operation research studies

As a first step in the process of developing a comprehensive operation research plan, a meeting was held with USAID to review a list of seven research pre-proposals. Pre-proposals were developed by JSI and MOHP during a number of meetings and are based on issues that emerged during the Base-Period. The highlights of the review and the discussion are as follows:

- Development of a comprehensive research plan with limited resources requires good preparation and careful selection of research topics that add value to the implementation of the interventions.
- A balance of clinical and non-clinical issues should be addressed by the new plan.
- New ideas and topics for operation research are being solicited from all partners, particularly members of the NMMS Advisory Group who should be involved in the conceptualization and the development of this plan. It is also necessary to revisit the conclusions and recommendations of the NMMS to furnish some critical research topics and ideas.
- Proposal development will be a continuous process. Approved pre-proposals will be developed into full proposals while other pre-proposals are developed or modified.
- Achieving the above will require intensive and extensive efforts. Dr. Nahed has expressed her willingness to negotiate with the USAID Contracting Officer to extend the due date for this milestone in case JSI is unable to finalize the plan in time.

The following are the results of the discussion/review process:

- **Pre-proposal 1: Premixed Intravenous Fluid Formulae for Neonates for the Prevention of Nosocomial Infections**

This proposal has been previously discussed and approved and is now being implemented.

- **Pre-proposal 2: Cost Analysis and Efficiency Indicators of Three Neonatal Intensive Care Units in Upper Egypt**

The following concerns were raised with this proposal:

- The study is not a full comparison of facilities.
- It was not clear which efficiency indicators would be measured.
- It was not clear how the findings will be used, especially as facilities in Upper Egypt have already been upgraded and services are being provided without the costing figures, which the study would determine.

As mentioned in the meeting, this pre-proposal was generated by Dr. Ayman El-Mohandes and Dr. Reginald Gipson. Dr. Nahed advised that she will discuss it with Dr. El-Mohandes during her forthcoming visit to the USA and further discuss it with Dr. Gipson upon their return.

- **Pre-proposal 3: Client Satisfaction Indicators**

Dr. Nahed was concerned that other efforts are addressing client satisfaction, including SPA, and that this could lead to a duplication of efforts. Mr. Sobhi clarified the different purposes of each of the SPA and the client satisfaction components of the quality assurance system. He stated that the first is a survey with all the advantages and disadvantages of surveys, the later involves systematic team problem solving to address issues related to the relationship between the providers and the client that lead to low clinic utilization.

The project intends to develop indicators of client satisfaction to be used by SMCs as a third component of quality assurance. This idea was originally put forward by the Change Project Team and further developed by Manoff's consultant Pam Putney.

It was decided that, before the final approval of this topic, JSI will conduct an inventory to identify similar work that has been done or is ongoing by other organizations to avoid a duplication of efforts.

- **Pre-proposal 4: Cost-effectiveness of Premixed IV Fluid Formulae for Neonates for Prevention of Nosocomial Infection**

The distinction between this study and the intervention study was found to be unclear. It was explained that use of premixed IV formulae is expected to decrease staff time and costs related to nosocomial infection (mean hospital stay, costs of antibiotics, lab work, etc.) but costs for supplies will increase due to the cost of semi-closed IV systems containing premixed formulae. It is important that the costs of the intervention be compared to the costs of current practice to determine how sustainable the intervention would be.

Based on the explanation and clarification presented in the meeting, it was decided that this topic is worthy of being developed into a full proposal.

- **Pre-proposal 5: Identification of the Reasons for the Gap between Feeding Advice given to Child Caretakers and their Behavior**

This topic was the one selected by JSI technical team from among four topics proposed by IMCI after thorough discussion and analysis. Dr. Nahed mentioned that she discussed this topic with Dr. Susan Farhoud at WHO/IMCI, and that this subject is perhaps not the most important one to address within IMCI. Dr. Nahed advised that Dr. Fraud informed her that WHO has funds for research and would be interested in a partnership on IMCI topics for operation research.

It was decided that a meeting should be conducted to discuss the topics submitted by IMCI as well as other potential areas that need research. This would also be a good opportunity to discuss the role of the WHO in funding IMCI operation research. Dr. Said Madkour and IMCI Team, USAID, WHO and JSI will participate in the meeting. JSI will meet with and Dr. Farhoud to discuss potential research topics and research collaboration in IMCI.

- **Pre-proposal 6: Taxonomy of Maternal and Child Health Terms**

Dr. Nahed asked JSI to ensure that this research builds on previous related work to rule out duplication of efforts before the final approval of the topic.

- **Pre-proposal 7: Reasons for Poor Availability of Blood for Emergency Obstetric Care in Upper Egypt**

It was decided that this topic is interesting and should be pursued. An implementation component should be added to the study and tested to allow the project to serve as a pilot study for wider implementation.

Other Topics Proposed During The Meeting:

The following two pre-proposals were submitted to Dr. Nahed during the meeting. A brief description of each was presented followed by a preliminary discussion about the justification of these pre-proposals. Dr. Nahed promised to provide feedback to JSI.

The two pre-proposals are:

- **Pre-proposal 8: Reasons for Low Utilization of Manual Vacuum Aspiration**

It was felt that research into MVA could be an important area. It was suggested that the study include both public and private sector providers in the assessment of use of MVA and reasons behind use/non-use.

- **Pre-proposal 9: Under-utilization of delivery facilities**

Determining the reasons for underutilization of facilities for delivery would help in the design of strategies for encouraging the utilization of these services. It was agreed that research in this area should focus on delivery facilities only (not ANC or other services).

Directions for Potential Areas of Research:

Eclampsia:

The high rate of eclampsia in Upper Egypt is an area of concern. Research in this area could be of interest.

Partograph:

This was also felt to be an area of interest (i.e., Do providers find partographs useful? What are the reasons for low utilization?).

Infection Control:

It was felt that while infection control is an important issue, several donors are working in this area. In addition, it has already been shown that infection control practices are poor and behavior change is difficult to achieve. Any new research in infection control should be based on new ideas.

The following activities were conducted in support of the development of the research plan:

- Meetings were conducted with representatives of other institutions for collaboration in operations research.
- Biweekly meetings were conducted with Prof. Dr. Nadia Badrawi and Prof. Dr. Iman Seoud, professors of pediatrics at Cairo University on the implementation of the IV fluids study.
- Several contracts with IMCI staff Dr. Ahmed Nagati and Dr. Saeed Madkour for research topics related to IMCI were drawn up.
- A meeting with Dr. Salwa Youssef (of the Blood Bank – Swiss Project) was conducted on June 5, 2002 to explore new ideas for research related to availability of blood for obstetric emergencies.
- Contacts were made with qualitative research firms including El Zanaty and associates, SPAAC, Rada research, and Population Council, MOHP quality department, and other institutions were made to assess research activities in HM/HC taxonomy and client satisfaction and to avoid duplication of effort.
- Previous research and studies related to the scope of work were reviewed (i.e. NMMS 2000, EDHS 2000 and operation research from the Base Period).

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.7 TASK SEVEN: Better Social Community Services

Accomplishments

Activity No. 7.1 MCH Community Needs Identification and Decision-Making

- Three workshops were held in Assiut, Sohag and El Menya to create one Community Health Committee in each governorate. One hundred and seventy-three participants attended these workshops; 57 in Assiut on June 19, 54 in Sohag on June 20 and, 62 in El Menya on June 25, 2002. Workshop participants represented Health Committee members of the Elected Councils in these communities, the Head of the Elected Councils and the Head of the Local Units. By the end of these workshops, participants demonstrated an interest in collaborating with the Project as community leaders to better involve their communities and to raise community awareness on problems/needs related to MCH.
- Twenty-seven Community Health Committees at the local level in Assiut, Sohag and El Menya Governorates were formed with a membership of 243. The following is a list of the communities that participated in these activities.

Governorate	District	Community
Assiut	Assiut District	Musha, El-Matea, El-Arbaeen, El-Waleedia, Elwan and Nagaa Sabaa
	Shark Assiut	
Sohag	Gharb Assiut	El-Berba, Beit Daoud & El-MaJabra
	Gerga	
	Tahta	Shatoura, El-Sawamaa and, El-Sofeiha
El Menya	Sohag	Shandaweel, Idfa and, Balasfoura
	Samalout	Qoulosna, Daqouf, El-Saleba, Manshet El-Sheraai and, El-Baiaho
	Menya	Talaa, Tahnasha and Tahnasha El Gabal
		Bani Ebeid, Asmant and, Etleidam
	Fakreya	

- Twenty-seven workshops were held for orientation on the HM/HC goals, strategies, activities, and their expected roles in facilitating the implementation of HM/HC-RP. These committees were then oriented on the MCH Community Needs Identification and Decision-making Tool (CNI-DMT) (CNI-DMT). The workshops were attended by 243 participants including members of the Health Committee of the Elected Council in these communities, the Head of the Elected Councils and the

Head of the Local Units in these communities as per the above table. The following is a list of the outcomes of these workshops:

- Participants were oriented on the CNI-DMT process that will take place in their communities.
- Community barriers to access the HM/HC-RP services were identified according to the circumstances of these communities.
- Samples to be used in conducting the CNI-DMT were selected from the health facility records of these communities and an agreement was reached on the dates for conducting the Maternal Household Survey.
- Community Outreach Workers who will conduct the Maternal Household Survey were selected.

Activity No. 7.2 Community health education

7.2.1 Health care provider sensitization

- Nine orientation workshops were conducted for healthcare providers and decision-makers in the MOHP at the district level on community perceptions, beliefs and attitudes related to MCH issues and services. The main objective of these workshops was to raise the awareness of participants about how community members perceive the HM/HC services and the barriers that could hinder them from accessing the service. One hundred and sixty-six health providers attended the workshops.
- The workshops were conducted in the following governorates and districts:

Governorate	District	# of workshops	Participants	Dates
Assiut	Markaz Assiut Shark Assiut Gharb Assiut	3	58	May – June 2002
Sohag	Gerga Tahta Sohag	3	58	April – May 2002
Menya	Samalout Menya Fakreya	3	51	May – June 2002

7.2.2. Integrating HM/HC messages in the literacy curricula of General Authority for Literacy and Adult Education (GALAE)

- The memorandum of cooperation that was developed to replicate the Literacy Experiment in Cairo and Giza and work with the GALAE central level trainers was shared with the GALAE high officials during a meeting attended by a representative of World Education. During that meeting it was agreed that GALAE

would review the memorandum and make any necessary adjustments. The last step will be signing the memorandum and starting the implementation in August 2002.

7.2.3 Literacy and Adult Education (GALAE) 7.2.3 Outreach workers health education

- Two Manoff consultants visited JSI and provided two consultancies. One focused on developing a client/community satisfaction check list and an applicable system to measure the community satisfaction related to the services provided. The consultant interviewed JSI staff members and MOHP Physicians and reviewed the literature on the issues. The outcome of the consultancy was the development of a draft client/community satisfaction checklist and a proposed system for its application. The second consultancy focused on developing tools to assess the impact of the outreach workers on household health education. To do this, the consultant interviewed some of JSI staff members and made field visits to discuss the issue with the ENGO outreach workers. The outcome of the consultancy was the development of monitoring tools to assess the impact of the outreach work.

Activity No. 7.3 Training of Health Educators

- A Health Education Consultant was hired to review the Health Education Curriculum and to conduct a TOT Workshop.

Activity No. 7.4 Female Genital Cutting

- A FGC Training of Trainers Curriculum was developed and tested in the TOT workshop in El Menya Governorate.
- An FGC Training of Trainers workshop was conducted in El Menya Governorate on May 20-23, 2002. Twenty-nine participants attended the workshop from the Health Social Workers and Health Education NGOs. These participants were from El Menya, Sohag, Assiut, Aswan, Luxor, Qena, Fayoum, and Beni Suef.
- A guide to facilitate the use of the FGC TOT curriculum was developed and will be tested during the next quarter FGC training workshops.
- An FGC Curriculum was developed and is being tested during the FGC training workshops.
- An FGC workshop was conducted in Aswan Governorate on June 10-12, 2002. Twenty-five participants from Aswan Governorate attended the workshop from the Health Social Workers and Health Education NGOs. The Directors of the Health Education Department and Social Workers Department led some of the sessions.

Activity 7.5 Engaging the Private Sector

- A strategy for public/private partnership was developed and shared with the USAID and the HM/HC.
- A list of potential private sector companies interested in MCH was developed.
- Colgate Palmolive, WYETH, Johnson & Johnson and Proctor & Gamble were approached. The outcome was positive and willingness to collaborate was expressed from these companies.

- The ABOTT Company donated 1,000 Solusets to be used in the intervention study of the Infection control in Neonatal Care Units (NICUs).
- Proctor & Gamble provided 600 copies of their Health Education Booklet to be used in the Anemia Prevention Campaign.

Activity 7.6 Testing of training videos for nurses

- An evaluation sheet for the Nurses Training Video was developed and will be integrated into Advanced and Basic Neonatal Trainings Courses in the next quarter.
- A report will be drafted to highlight the importance of the training videos as a training tool.

Activity 7.7 Continuing community activities

- The following IEC Materials were distributed:
 - The Newborn Screening Materials
 - The Iodized Salt Materials
 - The FGC Low Literate Materials
- Efforts continue on integrating the Birth Preparedness Guide into the Women's Health Card.
- The Counseling Cards are being designed and will be introduced next quarter.

Activity 7.8 Strengthen IPC training for physicians and nurses

- An IPC TOT curriculum was developed.
- An IPC Manoff consultant conducted two three-day IPC TOT workshops for Clinical Supervisors and Master Trainers from JSI and HM/HC. Twenty-four participants attended the first IPC TOT workshop which was conducted on May 25-27, 2002. Seventeen participants attended the second IPC TOT workshop which was conducted from June 2-4, 2002. Seventeen HM/HC EOC and neonatology consultants attended.
- An IPC one day training module was developed to be a part of EOC training courses.
- Work continued to finalize the implementation plan for the IPC training.
- Draft cases scenarios for Emergency cases and Anesthesia cases have been developed and will be finalized early next quarter.
- Taxonomy of terms lists for Ob/Gyn, Neonatology, Anesthesia, and Emergency, have been finalized.

Activity 7.9 Behavior change

- A Behavior Change Plan was developed and finalized after integrating the inputs of CHANGE Project and USAID comments.
- The Behavior Change tools were collected to be used in the development of the Behavior Change Protocol.

- Efforts continued to come up with a draft for the Behavior Change Module and a plan to implement it.

Activity 7.10 Gold Star

- A final design of the Gold Star Sign for health facility and hospital MCH departments was produced and made available.

Activity 7.11 Health Education activities to support SHIP in Schools**Sohag HE Pilot**

- Implementation of the pilot HE program in Gerga continued during the months of April and May. The Health Education activities were conducted by science teachers in MOE schools. Two sessions for each class were conducted, addressing anemia and smoking prevention. Video tapes, posters and flyers were delivered to MOE schools to be used during the campaign.
- A rapid assessment of HE Pilot in Gerga, Sohag, was conducted through meetings with science technical supervisors, science teachers, preparatory students and secondary students. The results of the assessment will be used in developing the final HE curriculum to be implemented in the new governorates.

Refresher Training of Health Educators (DT2):

- Five training courses were conducted by Regional Center for Training in Family Planning and Reproductive Health (RCT). In total, 96 individuals from five governorates were trained. A curriculum for refresher training of the health educators in the five old governorates was developed. A four-day course was conducted for each governorate. Training courses started in June 2, 2002 to be completed by July 3, 2002. The curriculum was developed according to the needs of the trainees that were assessed before.
- In the first day, topics related to anemia were discussed including the most common questions that the health educators receive by the students. The following three days focused on smoking prevention. During this part of the course, all participants had the chance to practice conducting smoking prevention activities to help prepare them for implementing these activities in the schools.

Activity 7.12 Iron supplementation program**Orientation and planning for SHIP in Assiut and El Menya:**

- Meetings with the central MOE and Al Azhar in Cairo were conducted to orient them with the start of SHIP in Assiut and El Menya governorates. Meetings with MOHP, HIO, MOE and Al Azhar in Assiut and El Menya were conducted at the governorate and district levels. The purpose of these meetings was to orient and plan with the senior managers for launching SHIP/Adolescent Anemia Prevention Program in these districts.

Monitor Iron Supplementation and the Pilot Health Education in Sohag:

- Monitoring visits were conducted in April to observe Iron Supplementation and Health Education in the schools.

Phasing out Luxor governorate:

- A phase out plan was drafted and agreed on with HIO/ SHIP and MOHP at both the central and governorate levels. GOE is confident that it is able to continue conducting the activities after the completion of the program.

Basic Management Skills Training (DT2):

- The training workshop was conducted by GETRAC. It was a fourteen-day workshop that was completed in April 1, 2002. Fourteen senior managers from HIO, MOHP, MOE and Al Azhar participated in the training. The purpose of the training was to enhance the management skills among senior managers working in the SHIP/Adolescent Anemia Prevention Program.

Activity 7.13 Pilot testing of IEC for smoking prevention

Developing a protocol for the Smoking Prevention campaign:

- In the five Base Period governorates, smoking prevention campaigns will be implemented as part of the HE campaign. The health educator guide has been developed and will be printed and distributed to each health educator in the Base Period governorates.
- The curriculum for the Option Period governorates is still under development. The final curriculum will be developed based on the results of the pilot that was implemented in Sohag.

Developing Smoking Prevention flyers:

- Smoking prevention flyers, which were distributed during the pilot campaign, were tested and many changes were made to make it more readable and accessible to the students. New flyers will be printed and distributed to the students throughout the next coming school year, 2002-2003.

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.10 TASK TEN: Small Grants Program

Accomplishments

Activity No. 10.1 Management and Monitoring of the Base Period awarded 102 Grants

- A tool to assess quality of home visits of NGO outreach workers was prepared. After testing the tool in three NGOs in Fayoum, it was adjusted and has been finalized and ready for use in the Option Period Awarded NGOs.
- Partial payments were advanced to NGOs totaling LE 312,040 for ongoing grant activities.

Activity No. 10.2 Modify the existing IFA and the structure of the Review Panel

This activity was completed and approved by USAID.

Activity No. 10.3 Provide Grants to capable local NGOs through standardized mechanism

- One successful proposal was reviewed and selected out of the eight proposals received in response to the RFP issued for professional agencies and organizations to design and conduct training workshops on proposal writing for NGOs. The successful agency was Institute of Cultural Affairs (ICA).
- The Proposal Writing Training Curriculum and Session Plans were finalized in cooperation with the successful training agency.
- A one-day orientation was conducted in each of the target Governorates for 63 NGOs in Qena, Fayoum and Beni Suef.
- A Financial and Institutional Capacity Assessment was conducted for 56 interested NGOs including 16 in Qena, 16 in Fayoum and 24 in Beni Suef. Out of the 56 NGOs, 30 were qualified including 10 in Qena, 7 in Fayoum and 13 in Beni Suef.
- Three workshops were conducted to train 28 NGOs in proposal writing including 9 in Qena, 7 in Fayoum and 11 in Beni Suef.

Activity No. 10.4 Training Awarded NGOs (Technically and Financially)

- No activities were carried out this quarter.

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.11 TASK ELEVEN: Commodity Procurement Program

Accomplishments

Activity 11.1 Commodities

- The Life of Contract Procurement Plan was reviewed and approved by USAID.
- The Vehicle Procurement Plan was approved by USAID.
- JSI/TCA has started the procurement process and issued Purchase Orders for a total value of \$886,039.00.
- JSI/TCA has procured the following items this quarter under the Option Period:
 - Washers/Dryers
 - Supplies for the IV research study
 - Supplies for the Blood Gas Analyzer
 - Computers, software and printers for the conversion of the MHIS
 - Ultrasound machines, humidifiers, oxygen cylinders, centrifuge, autoclaves and electronic balance
 - Air conditioning units and telephone systems
 - Projection screens
 - Copying and fax machines
 - Hospital and office furniture
- The vehicle IFB was advertised and released to interested bidders. Bids were received at the end of the quarter and are currently being analyzed.
- An offshore medical commodity IFB was released and bids are due in mid-July.
- A local RFQ for air conditioners was released and bids were received. The bid recommendation was approved by USAID and the Contract is presently being finalized.
- Other procurements currently in process include:
 - Audio-visual equipment
 - Computing equipment
 - Office furniture
 - Medical Commodities (automatic autoclaves and soap dispensers)
- Waiver requests for the purchase of local commodities were submitted to USAID for review and approval. The waiver requests included medical commodities, file cabinets and fax machines.
- JSI/TCA has accepted delivery and installed the following items for Base Period and Option Period recipient locations this quarter:
 - Medical equipment, furniture, and supplies in the CEOC and BEOC Centers for Phase IV facilities (Beni Suef, Fayoum, and Qena)
 - Medical equipment, furniture and supplies for the Phase IV CSSD Departments and select ORs and ERs
 - CPAPs, humidifiers and compressors in select Neonatal Centers in the five target governorates
 - Computing equipment and audio-visual equipment for MCH centers in Giza Governorate per the request of USAID

- Medical equipment, instruments, tools and supplies for the three new Governorates (Assiut, Sohag and El Menya) Neonatal Units
- Office furniture and equipment, communication equipment, computers and photocopiers for the JSI Field offices in the three new Governorates
- Various Neonatal requirements such as incubators, suction and phototherapy units as well as radiant warmers for diverse Upper and Lower Egypt facilities
- Inventory in the warehouse was maintained and a physical inventory was completed.
- The computerized Commodity Procurement Database was maintained and produced required reports. The system was revised to include additional functions.
- Distribution reports were provided to the GOE Customs Representative as required.

Activity 11.2 Renovations

- Nine Contracts totaling LE 872,782.00 were issued for the performance of renovation works to the following locations:
 - Tamia District Hospital, Wakf District Hospital, Qift District Hospital, El Menya GH, Samalout DH, Assiut GH, OB/GYN Hospital, Ghanayem DH, Sohag GH, Gerga DH, Beni Mazar DH, Abou Korkas DH, Eman Hospital, Tema DH and Tahta DH
 - Ongoing activities are renovations for Information Centers and El Menya and Sohag Field Offices

Activity 11.3 Publications

- Ongoing activities include printing of the Newborn Screening flyer, Women Health card and Birth Preparedness Guide.
- An RFP was sent out to seven print shops for printing of a series of HM/HC publications. The Review Committee reviewed the technical and cost proposals and selected two print shops. Contracts were signed and the publications will be delivered to JSI early next quarter.
- The following materials were printed for a total of L.E. 613,095.00
 - The HM/HC Low Literacy Book and Teachers Guide
 - The Outreach Workers Manual (Arabic & English Version)
 - The Nurses Curricula (Arabic Version): this consists of printing five Modules and five Protocols for the 1st, 2nd, 3rd Secondary Year Nursing Schools
 - The Midwifery Package
 - The Neonatal Protocol
 - The EOC Flow Chart

Constraints

- None

Proposed Actions to Overcome Constraints

- None

C.10.12 TASK TWELVE: Coordination Activities

Accomplishments

HM/HC Project

- A meeting was held on June 31, 2002 to brief the Executive Director, HM/HC, MOHP on the clinical support services to the essential obstetric care (EOC) and neonatal care (NC) and the actions necessary to strengthen the work relationships with the relevant departments in charge of these services within the MOHP structure.
- JSI support service interventions were presented to the Executive Directors. This presentation was followed by discussions. The main highlights of the presentations and discussion are as follows:

Laboratory Services

- Cooperation with the Central Laboratories Department is focusing on filling the gap between the clinicians and the laboratory results, particularly in critical cases. It is also focusing on the relationships between the facility, governorate and the ministry. The Central Laboratory Department will train laboratory technicians.

Blood Bank

- The briefing on this activity concluded with a request to the Executive Director to set up a meeting with key officials (Dr. Ahmed Fayed) responsible for blood activities in MOHP to jointly review the service standards and monitoring checklists in this area.

Anesthesia

- A briefing was given on the ongoing activities in the newly selected districts (Phase I – Option Period). Due to the problem of shortage of anesthetists in Upper Egyptian hospitals, an effort is being made to select lead trainers whenever possible.

Emergency

- The HM/HC Executive Director was briefed about activities/accomplishments in emergency treatment services, particularly in terms of the organizational structure created for this section within the hospitals of the training of the emergency team.

Infection Control

- A briefing was given on accomplishments in this area which include incorporating and integrating an infection control component to all clinical CBT and OJT for physicians, nurses and other members of the facility team. Structure and functions of governorate and hospital infection control committees were presented in this meeting. The Executive Director also was briefed on the activities of infection control at 22 NICUs, and requested

a draft letter to be prepared under her signature to Dr. Magda Rakha, Head of the Central Laboratories, MOHP to ask her to assign a number of her staff to work with JSI team in collecting and analyzing samples of intravenous fluids.

El Galaa Hospital

- During the same meeting, JSI staff briefed the Executive Director and provided the latest information on activities accomplished, ongoing or planned to be implemented in El Galaa Hospital.

Curative Care Sector

- HM/HC Executive Director, USAID CTO and the JSI team met with Dr. Magda El Sherbini, the newly appointed Head of the Curative Care Sector, MOHP. The purpose of this meeting was to orient Dr. El Sherbini on the objectives, strategies, components and activities of HM/HC Project and to pin point areas of cooperation and coordination between the Curative Sector and Primary Health Care/MCH General Directorate required to successfully implement the Project.
- The Executive Director and USAID representative highlighted the ongoing inter-sectoral cooperation and encouraged more involvement from the Curative Sector in the process of phasing in the new governorates and taking necessary steps to sustain gains achieved upon phasing out. JSI presented the phase out plan for Luxor Governorate. Dr. Esmat invited Dr. Magda El Sherbini and her staff to participate in a two day workshop on 19-20 June 2002 to facilitate the phase out from Luxor Hospital.
- By the end of the meeting a complete set of Project publications as well as the report of the assessment and improvement plans of El Menya, Assiut and Sohag hospitals was delivered to Head of the Curative Sector.

NGO Service Center

- JSI recommended a list of consultants to help potential committee NGOs in preparing their proposal prior to the final submission and grants agreement. The areas of action of these organizations include clinical and non-clinical services in the areas of MCH and RH.

MOHP, Pre-Service Training for Physicians

- USAID and the JSI team met with Dr. Ahmed El Henawy, Director General of Urban Health Department, MOHP on 29 April, 2002 as he is responsible for the Pre-Service Training of the newly graduated physicians from medical schools. The meeting was initiated by the fact that HM/HC sees this training as an opportunity not to be missed to orient and train the newly graduates on the service standards and EOC/ Neonatal Care Protocols by using CBT method and approach.
- The meeting concluded by revealing the following agreement:
 - JSI will adapt CEOC and flow charts to suit the level the newly graduates as well as adapt the EOC and neonatal 'Physician Training' Booklet (Passport) to suit the BEOC/ PHC level.

- JSI identify package of materials to be distributed among trainees as reference material.
- JSI involvement in the classroom and practical training, particularly training in target HM/HC governorates is encouraged and welcomed by the Director General.

National Information Center for Health and Population (NICHHP)

- JSI completed its technical input to upgrade the MHIS application from DOS and Windows. The newly upgraded system includes Quality Assurance System and in the process of developing the automation of the maternal surveillance system to be an integral part of the system.

Family Planning:

- The statisticians, MCH Managers and Family Planning Managers of the five Lower Egypt Governorates of Alexandria, Sharkia, Gharbia and Qualubia were jointly trained to man five newly established District Information Centers in these governorates.
- The same joint training was conducted in Giza Governorate.
- JSI faced some obstacles in coordinating MCH/FP activities in Giza Governorate. These constraints were submitted to HM/HC Executive Director and copied to USAID for information and action. Follow-up by the Executive director, Dr. Yehia El Hadidi, FP, Director General, successfully addressed the main issues.

Health Sector Perform Project (HSRP)

- Dr. Pierre Mazars, Technical Advisor (Public Health) of the Technical Support Office met with JSI staff to exchange information on the recent developments and discuss the ways and means of integrating and implementing the MCH component of the Basic Benefit Package (BBP).
- JSI staff attended a meeting called by the Central Department for Technical Support and Projects on June 18, 2002 to discuss and agree on the BBP after the addition of new benefits to the basic package. Most donors participated in this meeting.

NAMURU3

- USAID took the initiative of setting up a meeting between the National Program for Infection Control and Safe Injection and JSI Community Health team to share information and to exchange experience. The focus of the discussion was how to build on the community work that has been done and is still ongoing to reach households and committees with messages on safe injection. JSI expressed their willingness to share one or two messages on this issue in its training program for Community Outreach Workers and add these messages to the routine work of home visits and community meetings organized by Community Outreach Workers.
- The NAMRU3 team shared with JSI the Qualitative Baseline Assessment of the Neonatal Program for the promotion of Infection Control and Safe Injection in Egypt. This assessment was conducted in 2001 targeting general population and Health Care Workers.

- In a meeting held in USAID in May 9, 2002, NAMRU3 staff presented their work on promotion of infection control and safe injection during last months. Relevant initiatives included research, a development strategy for the infection control program, and the implementation of this program at pilot governorates (Qena and Sharkia). In addition they presented the work they achieved in area of IE&C field as well as the infection control activities implemented at 22 NICU/MOHP hospitals.

WHO-EMRO (IMCI)

- JSI participated in a two day workshop organized by IMCI National Program and WHO-EMRO to review an IMCI Supervisory Package and discuss ways and means to incorporate this package in the MOHP Supervisory System. IT officials from concerned departments of MOHP participated in this workshop.

Ford Foundation/ World Education / GALAE

- JSI attended a number of meetings between Ford Foundation in Cairo and World Education which were organized in response to Ford Foundation's interest to support and expand the cooperation between HM/HC and GALAE in integrating health messages in GALAE curriculum for low literacy classes. The meetings yielded an agreement between Ford Foundation and World Education to add ten new lessons to the five lessons developed, tested and now are being taught to learners in Luxor.
- A Memo of Cooperation between HM/HC-MOHP-GALAE, World Education and JSI was prepared and ready to be signed by the concerned parties. The purpose of this memo is identifying roles and responsibilities in building the capacity of GALAE to train governorate facilitators and teachers to integrate health messages in literacy Program. The Memo of Cooperation stipulated the full coverage of all Luxor classrooms with the program.

IIE/DT2

- Follow up on the process of selecting candidates and training occurred along with regular monitoring of training quality.
- As a result of monitoring the training provided by IIE/DT2 contractors, some concerns regarding the quality of the training were reported by JSI Cairo and filed offices as well as some logistic issues.
- A meeting was held at USAID, IIE/DT2 and JSI to discuss these issues which was followed by a meeting in IIE/DT2 with the training providers to bring these concerns to the attention of the training contractors to see ways and means to address them. The meeting was constructive and actions were taken by the providers to improve quality and address other issues raised.
- A meeting was held at USAID with IIE/DT2 representatives to discuss the possibility of utilizing savings from the allocated budget for teleconferencing to hire a production house to assist in the development of self instruction video tapes for the teleconferences. It was agreed that this activity is of vital importance and a useful endeavor. JSI helped IIE/DT2 in developing the Scope of Work, issuing the request for quotation and selecting the production house.

Local TV (Channel 7)

- A meeting with local TV Channel 7 (North Upper Egypt) was held to discuss the possibility of re-airing IEC campaign materials. As a result of the meeting, a letter from His Excellency the Minister of Health and Population to the Minister of Information was drafted to request free airing as public service announcements.
- A meeting with officials from Channel 8 (Southern Upper Egypt) was held for the same purpose and work is ongoing with them.

USAID

- Dr. Douglas Heisler, from the USAID office of Near East and Asia, visited Cairo in June 2002 to meet with JSI and Urban Health Directorate General-MOHP. This meeting was called to discuss the implementation of the second phase of the 'Urban Child Health' project in the most deprived area of Cairo. Areas of exploration and coordination with HM/HC and JSI in the urban slum areas selected for HM/HC interventions were discussed and need further exploration and collaboration.
- Service Provision Assessment (SPA) team, MOHP, USAID and JSI held a joint meeting to final review and refine the SPA questionnaire and indicators.

Contract Administration

Accomplishments

- Full and part time staff positions were filled for the Option Period. A Contract Staff List detailing employee names and positions can be found in Annex F.
- All field office staff positions were filled.
- Field offices in Assiut, El Menya, and Sohag were opened and equipped.
- An orientation workshop was held in Cairo for all new field office staff.
- JSI PIL fund requests for individual workshops were drafted and submitted to the MOHP for processing.
- JSI use of PIL funds is being tracked daily and reconciled with the Project on a monthly basis.
- The revised subcontract for TransCentury Associates (TCA) including both procurement and delivery was approved by USAID.
- The ArabSoft amendment was approved by USAID.
- Other subcontracts including a subcontract for NGO trainings, printing contracts, etc. were negotiated and finalized.
- The Organizational Development (OD) exercise led by PricewaterhouseCoopers (PWC) was conducted and finalized. Final products included revised job descriptions for all staff, a revised organizational chart, and recommended changes to the performance evaluation system.
- The financial audit reports for the Cairo office and the field offices were finalized.
- The JSI HM/HC budget tracking tool was updated for the Option Period and actual and projected expenses were entered.
- JSI provided monthly expenditure estimates to USAID as required.
- A request for incremental funding was submitted to USAID and is pending approval.
- Project inventory records were updated and reviewed for accuracy.

Constraints

- None

Proposed Actions to Overcome Constraints

- None

**ANNEX A - KEY INDICATORS OF COMPLETION/ PHASING-
OUT**

Annex A
Luxor and Aswan completion/ phasing out
Key Indicators and Activities

	Key Indicators	Key activities	Required Support	Focal Person (s)	MOHP
A - Facility	A.1. Monthly QA assessment conducted with improvement plan developed	QA reports submitted to FSMC defining problems with improvement plan and suggesting solutions	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	W. El Sakkary, F MCH S. Hamza L. Mohsen, F Mgmt.	Facility SMC/ section heads
		FSMC and BOD take necessary actions concerning reported issues	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	W. El Sakkary S. Hamza L. Mohsen	Facility SMC/ BOD
	A.2. Quarterly QA assessment conducted and improvement plan developed and submitted to governorate SMC	QA report with improvement plansubmitted to GSMC defining problems and suggesting solutions	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	W. El Sakkary, F MCH S. Hamza L. Mohsen, F Mgmt.	Governorate SMC& MCH& Curative Directors
		GSMC takes necessary actions concerning reported issues	Observing and coaching at a distance during the rest of this project year (Tasks II & III)	W. El Sakkary, F MCH S. Hamza L. Mohsen, F Mgmt.	Governorate SMC
	A.3. SMC regularity of meetings and level of participation	Invitation and meeting agenda prepared	No support required	G. Sanad F Mgmt.	Facility SMC
	A.4. Follow on SMC decisions and recommendations	Minutes and action plan based on the meeting agenda developed and implemented	Observing and coaching at a distance during the rest of this project year (Task III)	G. Sanad F Mgmt.	Facility SMC
	A. 5. Service Improvement Fund is established and balance is less than 25% of revenues	Facility improvement requirements funded by Service Improvement Fund	Observing and coaching at a distance during the rest of this project year (Task III)	G. Sanad F Mgmt.	Facility SMC
	A.6. Lead trainers trained and take over clinical supervision and training	A List of lead trainers by facility and governorate plus protocols of training curricula/ manuals are provided	JSI to provide data feeding the list, protocols and training curricula and a one year training plan (Task II)	M. Mustafa S. Hamza L. Mohsen	Facility/Governo rate SMC

L • v • I	Key Indicators	Key activities	Required Support	Focal Person (s)	MOHP
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SMC= Safe Motherhood Committee, BOD= Board Of Directors

	Key Indicators	Key activities	Required Support	Focal Person (s)	MOHP
B - Community	B.1. A phase-out CNA is conducted and compared to base CNA	Data collectors to conduct post implementation CNA, tabulate, compare and report findings.	Coaching during implementation (Task VII)	K. El Sayed FCDS	Health Educators & Social Workers
	B.2. A cadre of trained Community Outreach Workers by community/Governorate	A list to be provided	JSI to provide a list with tool, training curricula, (Tasks VII & X) and IEC materials	K. El Sayed S. Khalil FCDS	MOHP Social workers
	B.3. 75% of school students receive iron supplementation timely	HIO procure program supplies, coordinate with MOHP, MOE and Al Azhar, training personnel and supervise implementation	JSI to provide the program database, protocols and training curricula (Task VII)	H. Samir F SHIP	PHCD/ SHIP Coordinators
	B.4. A cadre of SHIP Health educators/ Master Trainers trained and continue to communicate messages	A list of Health Educators and Master Trainers by district/ governorate	Provide names of trained personnel and one year plan (Task VII)	H. Samir F SHIP	HIO Regional and central office

	Key Indicators	Key activities	Required Support	Focal Person (s)	MOHP
C - District	C.1. An annual plan is developed and implemented.	Situation analysis performed, targets identified, recourses recognized , workplan developed and implemented.	Provide planning and management guidelines. Use previous year plan as a template (Task III)	G. Sanad F Mgmt.	District SMC
	C.2. SMC regularity of meetings and level of participation	Regular periodic meeting invitations issued and minutes developed	A template invitation and minutes to be provided with completion instructions (Task III)	G. Sanad F Mgmt.	District SMC
	C.3. Follow on SMC decisions and recommendations	Workplans monitored and corrective actions taken.	Observing and coaching at a distance during the rest of this project year (Task III)	G. Sanad F Mgmt.	District SMC
	C.4. Monthly QA assessment of MHIS conducted and improvement plan developed	Monthly QA report completed, gaps identified and corrective actions planned	Observing and coaching at a distance during the rest of this project year (Task III)	K. Abdel Fattah F Mgmt.	DIC
	C. 5. Quarterly QA assessment of MHIS conducted and improved plan implemented	Quarterly QA report completed, gaps identified and corrective actions planned	Observing and coaching at a distance during the rest of this project year (Task III)	K. Abdel Fattah F Mgmt.	GIC
	C.6. Cadre of skilled Health planning, management and QA Trainers by district and governorate.	A list of Health planning, management and QA trainers by district and governorate	JSI to provide data feeding the list, protocols and training curricula (Task III)	G. Sanad W. El Sakkary F Mgmt.	District/ Governorate SMC

	Key Indicators	Key activities	Required Support	Focal Person (s)	MOHP
D - Governorate	D.1. SMC regularity of meetings and level of participation	Review district plans and integrate them in a governorate plan. Monitor implementation and provide technical support and guidance.	A template invitation and minutes to be provided with completion instructions (Task III)	G. Sanad F Mgmt.	Governorate SMC
	D.2. Supervisory visit schedules to district/facilities prepared and conducted	Field supervision schedule developed and implemented.	No support required	G. Sanad F Mgmt.	Governorate SMC
E - Central	E.1. A core of clinical supervisors/ trainers made available to conduct Supervision/ OJT	Skilled Clinical Supervisors/ trainers assigned and coached	High involvement with JSI counterparts to Hand over the skills (Task II)	R. Gipson T. Coles M. Mustafa	Central SMC
	E.2. Management, Quality, Community and MHIS counterpart central level staff took over responsibilities	Close collaboration JSI and MOHP counterparts	Provide all the documents, protocols, training manuals, tools, guides and reports (Tasks III, IV, VII and X)	SMT	Central SMC
	E.3. Annual review of MCH governorate/district plans and QA reports.	Plans and QA reports collected at the central level, review schedule and responsibilities defined and feedback provided	Observing and coaching at a distance during the rest of this project year (Tasks II, IV, VII and X)	SMT	MCH Dept. Curative Care Dept.
	E.4. Supervisory visit schedules to governorates, districts/facilities prepared and conducted	Field supervision schedule developed, implemented and action taken.	No support required	SMT G. Sanad	MCH Dept. Curative Care Dept.

**ANNEX B - AN OUTLINE OF COMPLETION/ PHASE-OUT
REPORT**

Annex B
An Outline of Completion/Phase-Out Report
1998 – 2002

Luxor Profile

Population

Health Facilities

Project Background and Strategy

Brief Summary

Accomplishments

MCH Indicators over years 1998 – 2001

QA Monitoring Checklists Results (last quarter)

1. Facilities upgraded
2. Health provider skills improved
3. District wide management and monitoring systems implemented
4. Knowledge increased and health behavior improved
5. School nutrition health program strengthened
6. Small grants awarded

Annexes

1. List of facilities renovated
2. List of commodities and supplies provided
3. List of health providers trained and clinical lead trainers
4. List of health teams and trainers trained on planning, management and QA
5. List of trained health teams on MIS and data use
6. List of trained community outreach workers
7. List of awarded NGOs
8. List of SHIP and health educators Master Trainers, Supervisors and trained staff

**ANNEX C - LIST OF SELECTED TWELVE DISTRICT AND
BEOCS IN THE OPTION PERIOD - PHASE I**

Districts, CEOC and BEOC
Option Period - Phase I

Qena Governorate	
<i>Qift District</i>	
	Qift District Hospital
<i>El Wakf District</i>	
	El Wakf District Hospital
Fayoum Governorate	
<i>Sennoures District</i>	
	Sennoures District Hospital
	Maternity Center
	Fedmin District Hospital
<i>Tamia District</i>	
	Tamia District Hospital
	Maternity Center
	Sersena I.H.U
Beni Suef Governorate	
<i>Nasser District</i>	
	Nasser District Hospital
	Maternity Center
	Ashmant I.H.U
<i>Somosta District</i>	
	Somosta District Hospital
	Shantur I.H.U
	Dshtut I.H.U
Assiut Governorate	
<i>Gharb Assiut District</i>	
	El Iman El Gadida
	Urban Health Center Alarbaeen
<i>Shark Assiut District</i>	
	Assiut General Hospital
	Maternity center Alwalidia
<i>Markaz Assiut District</i>	
	Ob/Gyn Hospital
	Elwan I.H.
	Nag-Sabee I.H.
	Munshaa I.H.
	El-Moteaa I.H.
Sohag Governorate	
<i>Sohag District</i>	
	Sohag General Hospital
	Gezerat Shanaweel I. H.
	Edfa I.H.U.
	Balsofora I. H.

El Menya Governorate	
<i>El Menya District</i>	
	El Menya General Hospital
	Suzan Moubark Medical Center
	Damsheer I.H.U.
	Talaa I.H.
	Tahnash I.H.
	Tahna Algabal I.H.
<i>Samalout District</i>	
	Samalout District Hospital
	Qulosna I. H.
	Daqoof I. H.
	El Saleba I. H. U.
	Mansheat El Sheraai I. H.
	El Baiaho I. H.

(*) Qift and El Wakf Districts – Qena Governorate, no BEOCs were selected there as the population of the two districts is less than 100,000.

ANNEX D - PERFORMANCE MILESTONES CHART

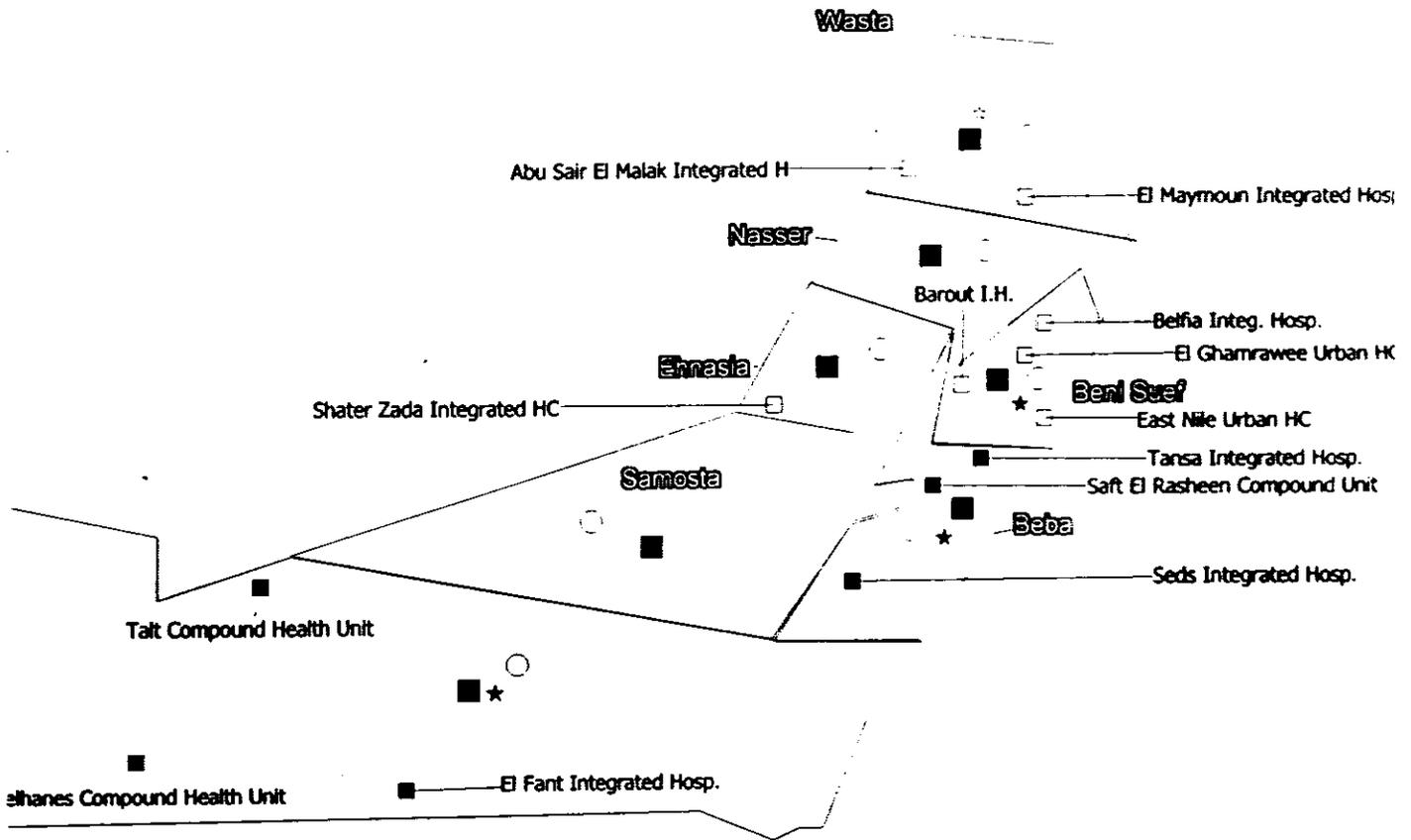
No.	Date Due	Task No.	Milestone	Submitted	Validated	Approved	Comments
						USAID	
1	3/15/2002	1	Development of IMCI training materials for 12 additional districts for a cumulative total of 37 districts.	4/14/2002	v	6/2/2002	Completed
2	9/15/2002	1	Implementation of basic package in 12 additional districts for a cumulative total of 37				
3	9/15/2002	2	Assist in the coordinated implementation of IMCI training in at least one additional target governorate.				
4	9/15/2002	3	12 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 37 districts.				
5	9/15/2002	4	Assist MOHP to establish 70 district MHS centers.				
6	9/15/2002	5	Comprehensive research plan developed				
7	9/15/2002	7	Community Action Plans developed and implemented in 12 additional districts for a cumulative total of 37 districts.				
8	9/15/2002	10	A cumulative total of 120 small grants awarded to NGOs in target districts.				
9	9/15/2002	11	Procurement of \$ 1.5 Million of Project commodities.				
10	3/15/2003	11	Procurement of \$ 3 Million of Project commodities.				
11	9/15/2003	1	Implementation of basic package in 16 additional districts for a cumulative total of 53				
12	9/15/2003	2	Monitor QA scores of neonatal centers in target governorates.				
13	9/15/2003	3	16 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 53 districts.				
14	9/15/2003	4	Assist MOHP to establish 75 district MHS centers.				
15	9/15/2003	5	5 operations research studies completed.				
16	9/15/2003	7	Community Action Plans developed and implemented in 16 additional districts for a cumulative total of 53 districts.				
17	9/15/2003	7	Assist the MOHP and HIO to maintain the Adolescent Anaemia Prevention Program in the five original UE governorates and phase into the new target governorates.				
18	9/15/2003	10	A cumulative total of 140 small grants awarded to NGOs in target districts.				
19	9/15/2003	11	Procurement of \$ 5.5 Million of Project commodities.				
20	9/15/2004	1	Implementation of basic package in 17 additional districts for a cumulative total of 70				
21	9/15/2004	2	Complete implementation of MCH-FP integrated package of services in one pilot district including Health Sector Reform.				
22	9/15/2004	3	17 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 70 districts.				
23	9/15/2004	4	Assist MOHP to establish 80 district MHS centers.				
24	9/15/2004	5	Assist MOHP in the development and pilot test of a national maternal mortality surveillance system.				
25	9/15/2004	7	Community Action Plans developed and implemented in 17 additional districts for a cumulative total of 70 districts.				
26	9/15/2004	10	A cumulative total of 160 small grants awarded to NGOs in target districts.				
27	9/15/2004	11	Procurement of \$ 7.5 Million of Project commodities.				
28	3/15/2005	1	Implementation of basic package in 5 additional districts for a cumulative total of 75				
29	3/15/2005	2	Assist the MOHP/Urban Health Department to pilot test adapted IIM/IIC interventions in 1-2 urban slum areas.				
30	3/15/2005	3	5 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 75 districts.				
31	3/15/2005	4	Assist MOHP to establish 89 district MHS centers.				
32	3/15/2005	5	12 operations research studies completed.				
33	3/15/2005	5	Monitor implementation of surveillance system in target governorates of Upper Egypt.				
34	3/15/2005	7	Community Action Plans developed and implemented in 5 additional districts for a cumulative total of 75 districts.				
35	3/15/2005	10	A cumulative total of 170 small grants awarded to NGOs in target districts.				
36	3/15/2005	11	Procurement of \$ 9 Million of Project commodities.				

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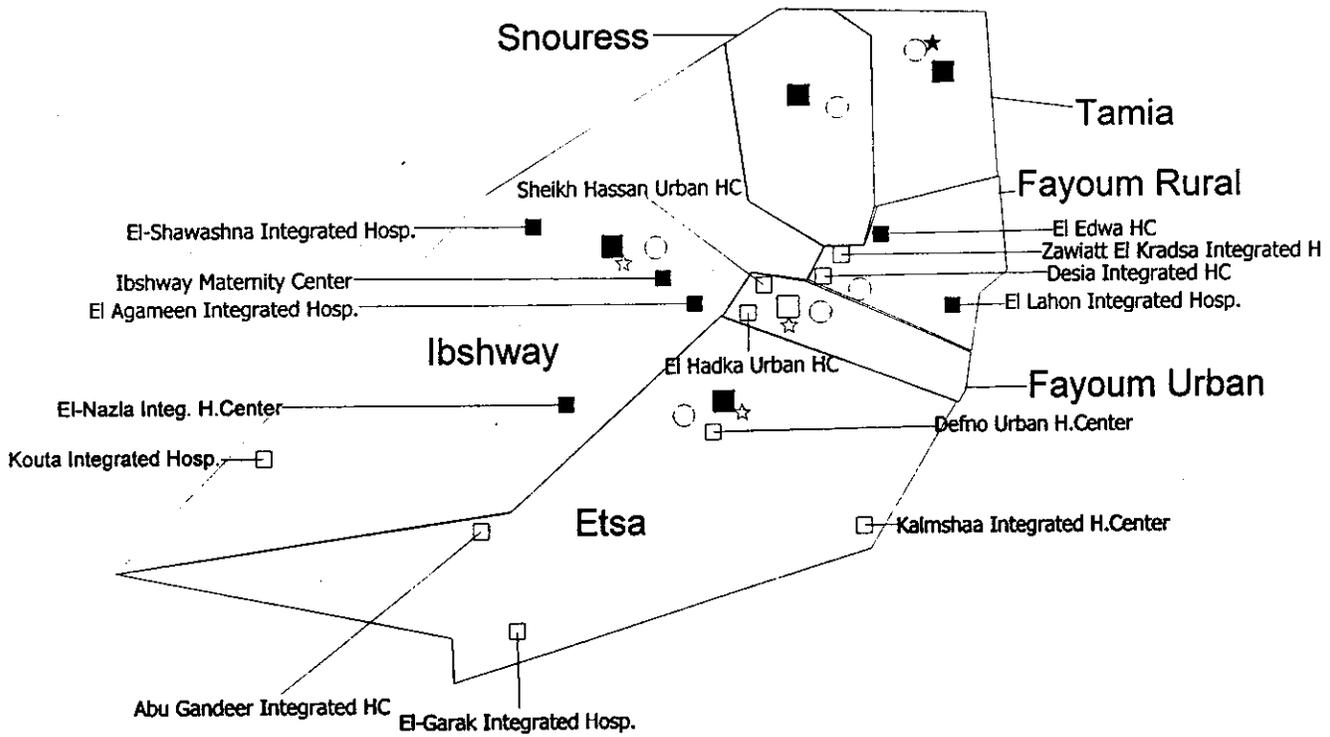
ANNEX E - MAPS OF TARGET GOVERNORATES

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

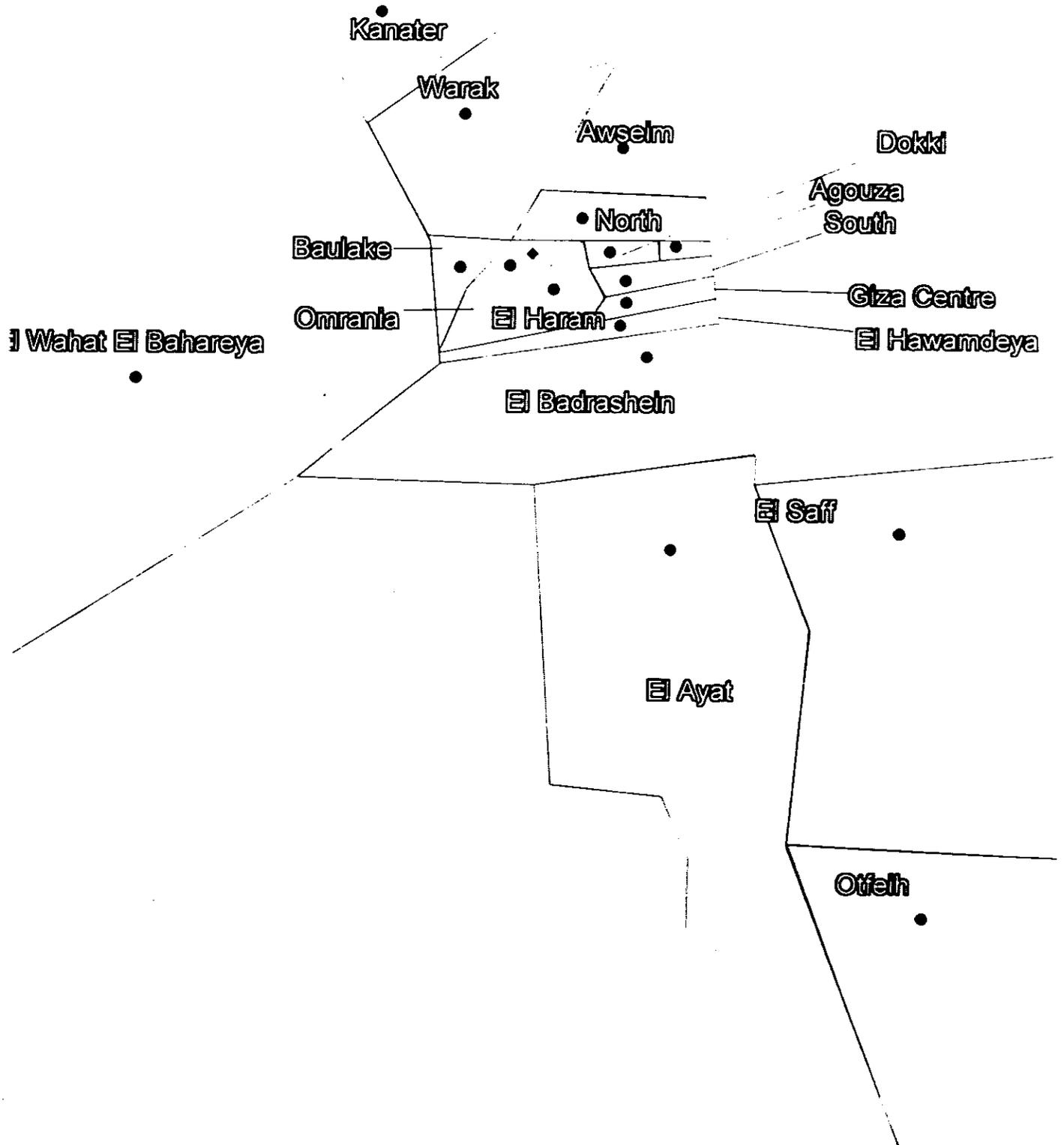
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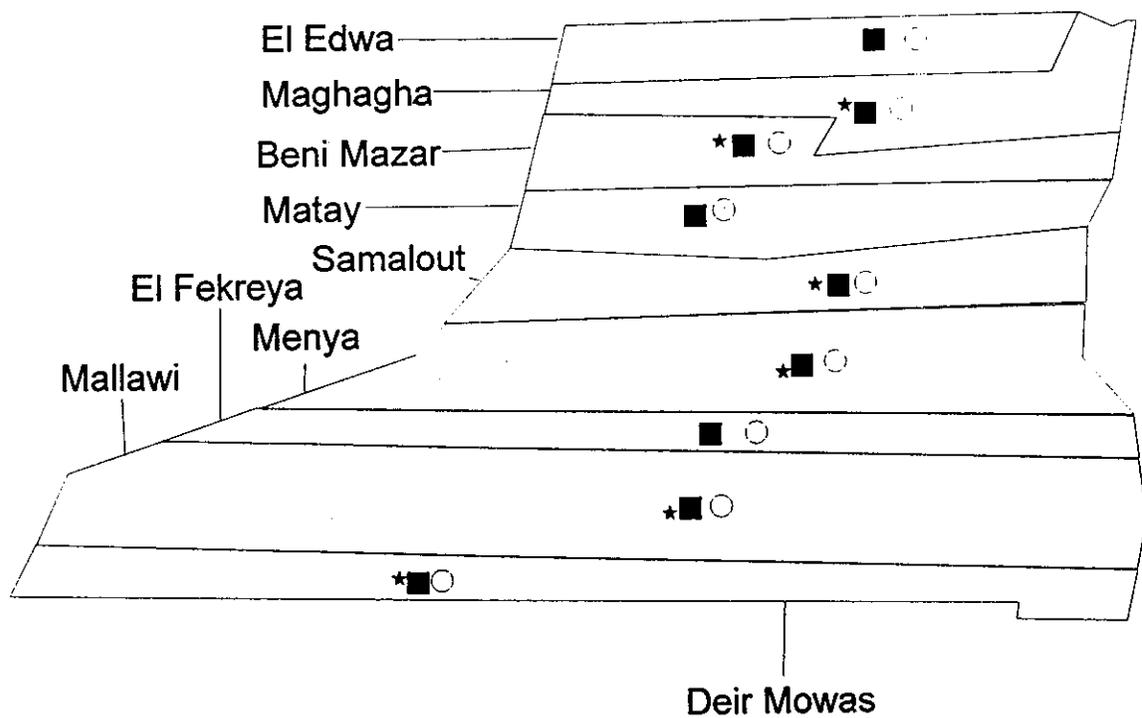
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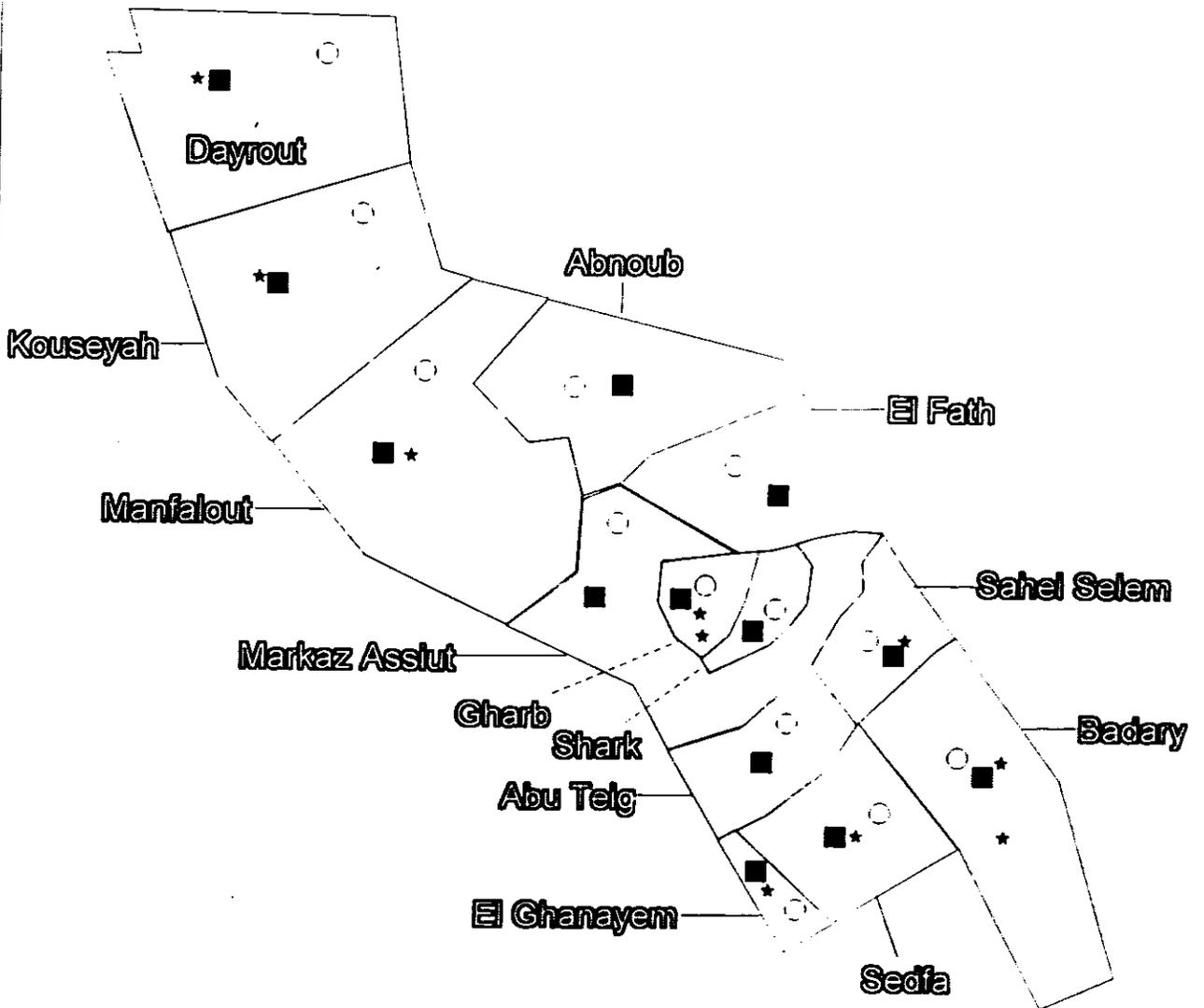
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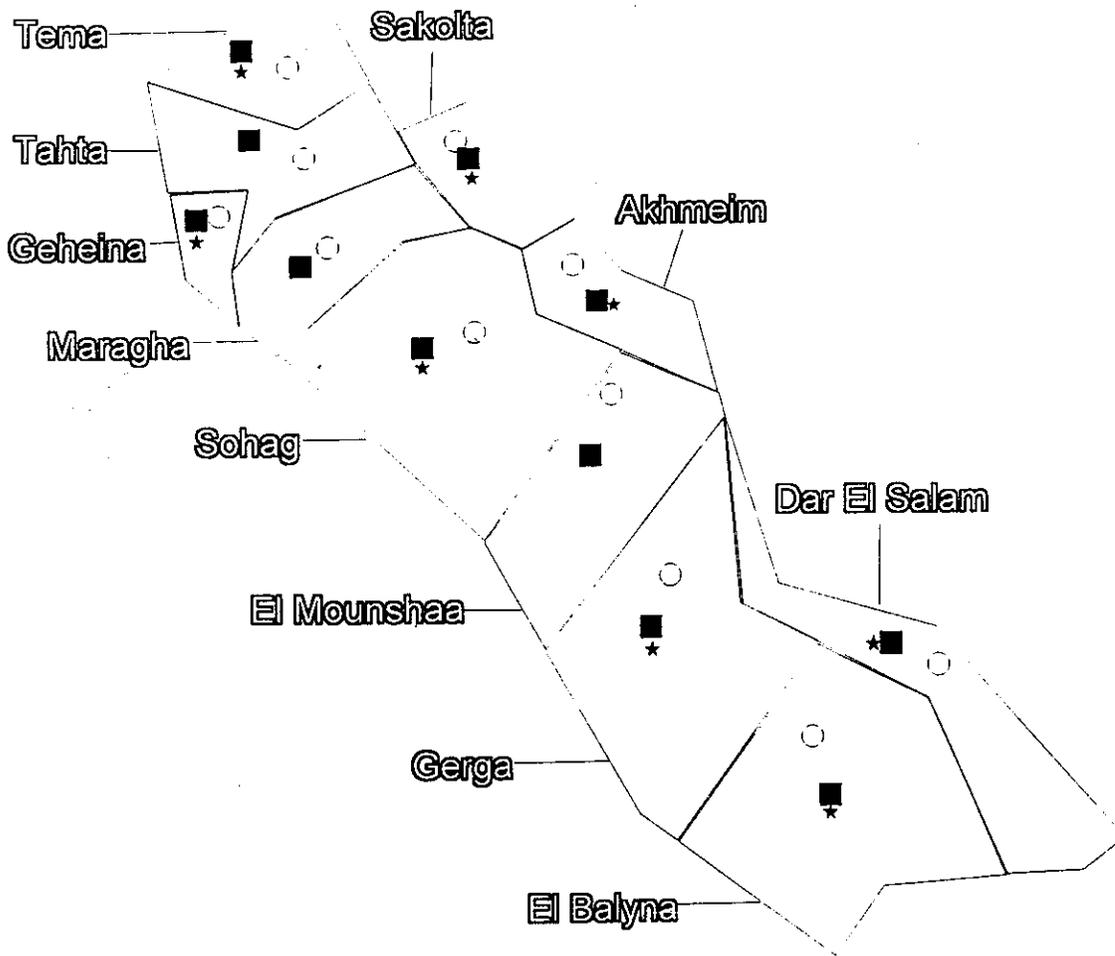
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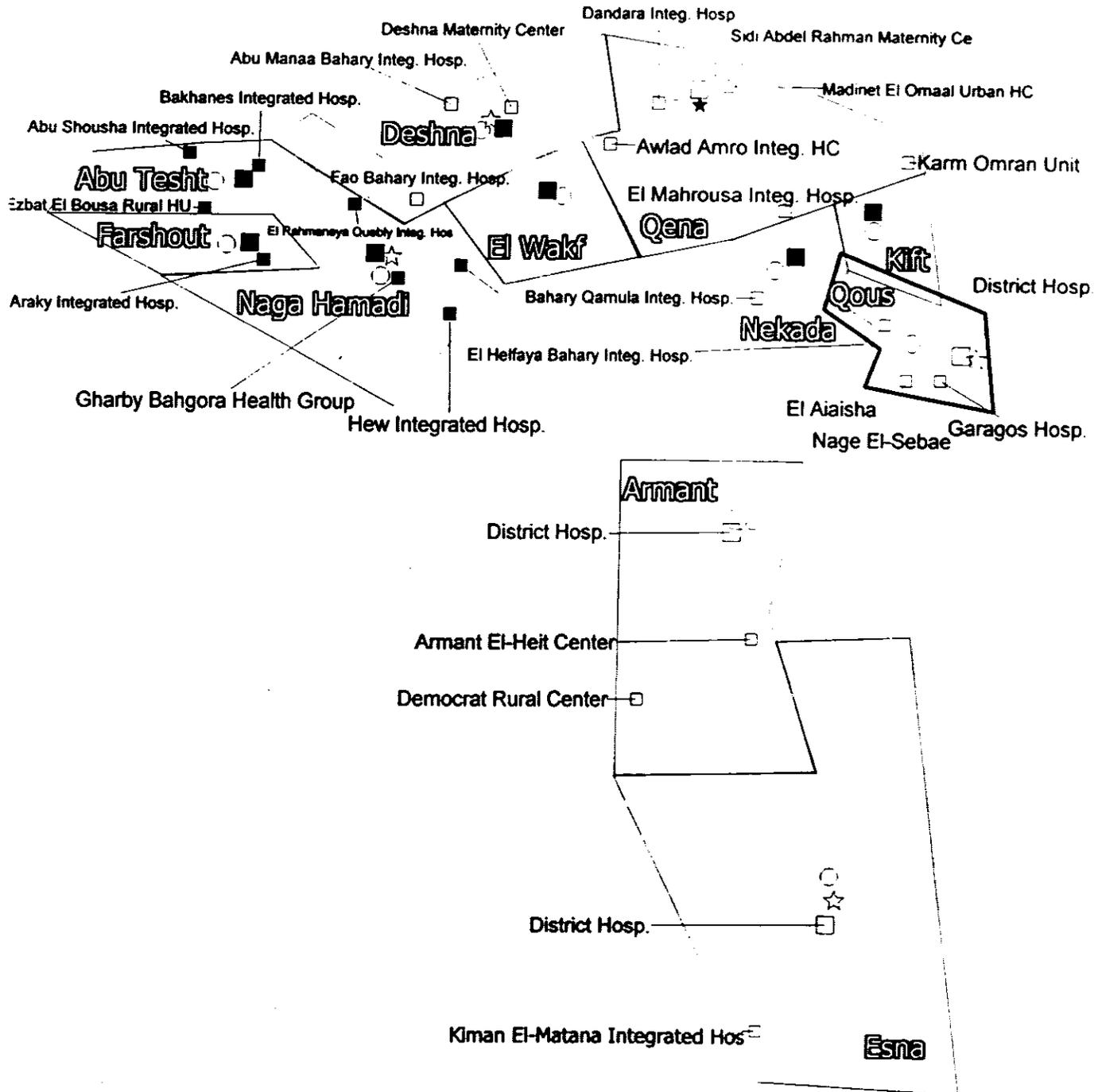
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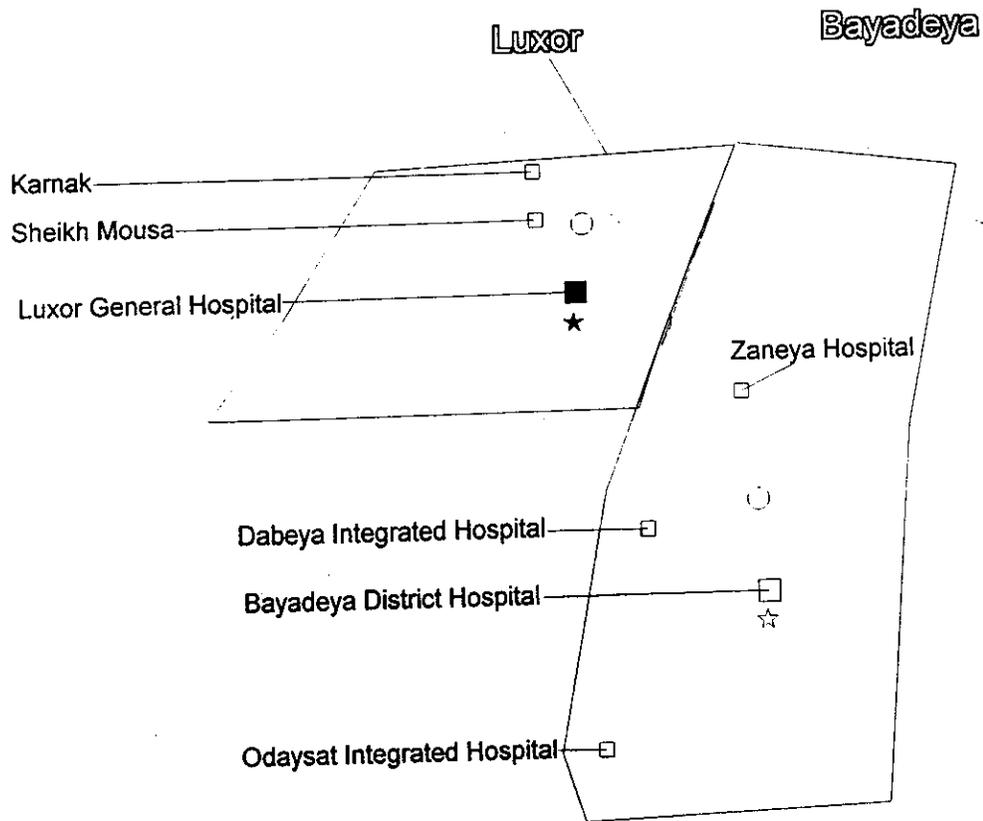
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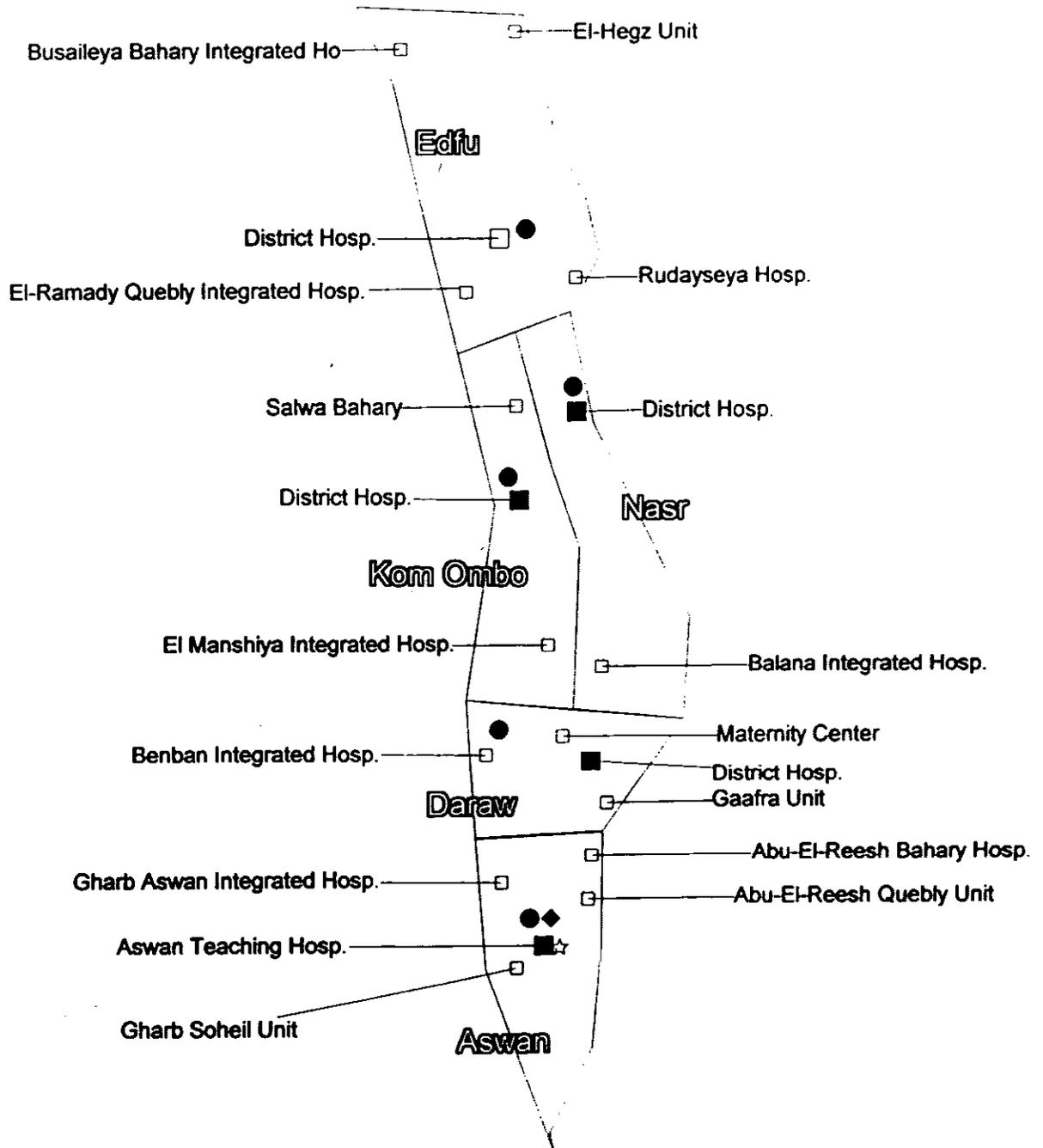
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ANNEX F - JSI CONTRACT STAFF LIST

**John Snow, Inc. HM/HC
Staff Names and Titles
Option Period - June 2002**

Names	Titles
JSI / Cairo office Full-Time Employees	
Reginald Gipson	Chief of Party
Ali Abdel-Megeid	Deputy Chief of Party for Service Development and Delivery Coordinator for Task 1
Sobhi Moharram	Deputy Chief of Party for Management Services and Utilization Coordinator for Tasks 3, 4, 5, 7 & 10
Tom Coles	Health Providers Training Supervisor Coordinator for Task 2
Katrina Kruhm	Project Administrator Coordinator for Task 11
Dalia Raafat	Quantity Surveyor Task Team Member: Task 1
Said Khalil	Implementation Specialist Task Team Member: Task 1
Mostafa Taher	Field Civil Engineer Task Team Member: Task 1
Hassan El Sheikh	Private Sector/Infection Control Specialist Task Team Member: Task 1 & 2
Ghada Sherif	Infection Control Specialist Task Team Member: Task 2
Lamiaa Mohsen	Neonatal Care Coordinator Task Team Member: Task 2
Mohamed Moustafa	Training Specialist Task Team Member: Task 2
Mohsen El-Said	IMCI Specialist Task Team Member: Task 2
Gihan Ismail	Audio-Visual Designer Task Team Member: Task 2
George Sanad	Health Management Specialist Task Team Member: Task 3
Wafaei El-Sakkary	Quality Assurance Specialist Task Team Member: Task 3
Khaled Abdel Fattah	Senior Systems Analyst (Arabsoft) Task Team Member: Task 4
Sameh Gamil	Senior Systems Engineer (Arabsoft) Task Team Member: Task 4
Adel Hakim	Maternal Mortality Surveillance System Specialist Task Team Member: Task 5
Khaled Nada	Operation Research Specialist Task Team Member: Task 5
El-Sayed Kishta	Community Outreach Worker Specialist Task Team Member: Task 10
Hani Samir Riad	Implementation Specialist (SHIP) / Community Health Coordinator Task Team Member: Task 7
Heba Rafik	Communications & Contracting Specialist Task Team Member: Task 7

Names	Titles
Khaled El-Sayed	Community Mobilization Specialist Task Team Member: Task 7
Maha Anis	Training Specialist Task Team Member: Task 7
Marwa Kamel	Public Relations & Information, Education & Communications Specialist Task Team Member: Task 7
Noha Abou Alam	Project Assistant Task Team Member: Task 7 (PIL)
Sherif El-Kamhawy	Communications Assistant Task Team Member: Task 7
Mohamed Mansour	NGO Small Grants Specialist Task Team Member: Task 10
Marion Charobim	Procurement Specialist Task Team Member: Task 11
Ola Zakaria	Administrative / Contracting Specialist Task Team Member: Task 11
Emad RozEEK	Procurement Database Assistant Task Team Member: Task 11
Hazem Mansour	Financial Manager
Amr Obeid	Senior Accountant
Bassem Reda	Senior Accountant
Menna Alla Medhat	Accountant
Nagla El-Bakri	Office Manager
Manar Adel	Administrative / Personnel Specialist
Rami Ezzy	Senior Network Administrator
Amr Hassan	Assistant Network Administrator
Gihan Iskandar	Senior Program Assistant (COP)
Dalia Hassan	Program Assistant (Management)
Mariam Samir	Program Assistant(MMSS)
Passant Al-Ashkar	Program Assistant (DCOP for Service Development & Delivery)
Neveen Sami	Program Assistant (Health Providers Training Supervisor)
Nesrine Sobhi	Executive Secretary
Ingy Kotb	Executive Secretary
Dina Khairy	Secretary / Travel Assistant
Ola Hussein	Secretary
Soha Hassan	Secretary
Nashwa Bahgat	Secretary
Roa Ibrahim	Secretary
Salma Essam	Receptionist/Secretary
Iris Guirguis	Data Entry Assistant
Tarek El-Nadi	Senior Driver
Ali Yassin	Driver
Hassaballah Mostafa	Driver
Ayman Mohamed	Messenger/ Expeditor
Ahmed Moawad	Messenger/ Expeditor
Ayman Mirghani	Photocopy Clerk
Mohamed Harbi	Office Boy
Hassan Fawzi	Office Boy

Names	Titles
Khaled El-Ghoneimy	Office Boy
Part-Time Employees	
Ashraf Shawat	Anesthesiology Specialist
Mohamed Rashad	Architectural & Engineering Specialist
Mohamed Magdy Al-Aasar	Field Civil Engineer
Mohamed Helmy	Electrical Engineer
Khaled Saber	Bio-Medical Engineer
Iman Radwan	Bio-Medical Engineer
Mona Selim	Facilities Upgrading Consultant
Hussein Samy	Support Services Coordinator
Hussein Khamis	Support Services Coordinator
Amr Abul Fadl	Emergency Room Team Trainer Consultant
Sabry Hamza	EOC Coordinator
Nevine Hassanein	Clinical Improvement Planning Coordinator
Salwa Teama	Hematology Consultant
Amr Fathi	Clinical Supervisor
Abdel-Ghaffar Mohamed	Clinical Supervisor
Ahmed Samy	Clinical Supervisor
Assem Anwar	Clinical Supervisor
Magdy Sweed	Clinical Supervisor
Magdy Tawfik	Clinical Supervisor
Mahmoud Rizk	Clinical Supervisor
Mahmoud Ismail	Clinical Supervisor
Mohamed Sabry	Clinical Supervisor
Sayed Mostafa	Clinical Supervisor
Yasser Abou-taleb	Clinical Supervisor
Ihab El-Nashar	Clinical Supervisor
Tarek El-Dessouky	Clinical Supervisor
Ahmed Reda	Neonatal Clinical Supervisor
Aly Bayoumi	Neonatal Clinical Supervisor
Dahlia El-Sebaei	Neonatal Clinical Supervisor
Hanan Abdel Moneim	Neonatal Clinical Supervisor
Hisham Ali	Neonatal Clinical Supervisor
Mostafa Abdel Azeem	Neonatal Clinical Supervisor
Ismail El-Hawary	Neonatal Consultant
Nahed Fahmy	Neonatal Specialist
Sahar Hassanein	Neonatal Clinical Supervisor
Rosario Raz	Nursing Master Trainer
Madiha Mohamed	Nurse Trainer / Supervisor
Sahar Nagieb	Nurse Trainer / Supervisor
Abeer El-Kotb	Nurse Trainer / Supervisor
Sahar younes	Nurse Trainer / Supervisor
Heba Ezzat	Nurse Trainer / Supervisor
Rabab El-Sayed	Nurse Trainer / Supervisor
Randa El-Sayed	Nurse Trainer / Supervisor
Hanan Said	Nurse Trainer / Supervisor

Names	Titles
Rasha Adel	Nurse Trainer / Supervisor
Hamida Alam El-Din	Nurse Trainer / Supervisor
Nadia Abd-Allah	Nurse Trainer / Supervisor
Ahmed Ashraf Wegdan	Infection Control Consultant
Said El-Dib	Health Management Coordinator
Dalia Sherif	Communication Assistant
Ahmed Abdel Galil	Aswan Field Program Assistant (SHIP)
Azza Soliman	SHIP Database Assistant
Donald Benson	Publications Coordinator
Adam Taylor	Editor
Heidi Thurmon	Editor
Janice Bellipani	Editor
Jodi Deutsch	Editor
John Boos	Editor
Martha Abou El-Ella	Editor
Michelle Auld	Editor
Patricia Pinto Da Silva	Editor
Samantha Bramely	Editor
Siham Sharples	Editor
Aswan Field Office	
Olivia Iskandar	Maternal & Child Health/ Management Specialist / Field Office Manager
Basma Farouk	Community Development Specialist
Manal Abdel Galil	Administrative Assistant
Mohamed Osman	Driver
Sayed Fahmy	Office Boy
Beni-Suef Field Office	
Besheer Mohamed	Maternal & Child Health Specialist
Mohamed Serry	Health Planning & Management Specialist / Field Office Manager
Ahmed Assran	Community Development Specialist
Mohamed Youssef	Field Program Assistant (SHIP)
Sahar Mohamed	Administrative Assistant
Sayed Ahmed	Driver
Fathey Korani	Office Boy
Rayoum Field Office	
Marwan Abdel Fattah	Maternal & Child Health Specialist / Field Office Manager
Ragaa Ahmed	Health Planning & Management Specialist
Amal Abdel Gawad	Community Development Specialist
Sameh Sabry	Field Program Assistant (SHIP)
Ashraf Saad	Administrative Assistant
Gamal Abdel-Azeem	Driver
Rabie Khamis	Office Boy
El-Dokki Field Office	
Ola Hamdy	Community Development Specialist
Nagwa Atef	Administrative Assistant

Names	Titles
Abdel-Rehim Hefny	Driver
Hassouna Tayea	Office Boy
Qena Field Office	
Mamdouh Aboul-Kassem	Maternal & Child Health Specialist / Field Office Manager
Ossama Ibrahim Mohamed	Health Planning & Management Specialist
Israa Ibrahim Raslaan	Community Development Specialist
Hussein Kamel	Field Program Assistant (SHIP)
Essam El-Sayed	Administrative Assistant
Khaled Hamdan	Driver
Mohamed Fawzi	Office Boy
Assiut Field Office	
Mohsen El-Sayed	Maternal & Child Health Specialist
Tarek Abdel-Wahed	Health Planning & Management Specialist/ Field Office Manager
Mohamed Youssef	Community Development Specialist
Akram Yehia	Field Program Assistant (SHIP)
Ghada Okasha	Administrative Assistant
	Driver
Nasser Sayed	Office Boy
Minia Field Office	
Gihan Shafik	Maternal & Child Health Specialist
Amgad George	Health Planning & Management Specialist/ Field Office Manager
Mostafa Sayed	Community Development Specialist
Ahmed Hosni	Field Program Assistant (SHIP)
Samah Khalifa	Administrative Assistant
Islam Salah	Driver
Gamal Ahmed	Office Boy
Sohag Field Office	
Gamal El-Korashy	Maternal & Child Health Specialist
Abdel-Moneim Abdel-Aziz	Health Planning & Management Specialist/ Field Office Manager
Ahmed Ramadan	Community Development Specialist
Walid Salah	Field Program Assistant (SHIP)
Ashraf Mostafa	Administrative Assistant
Hassan Abbas	Driver
Seoudi Fayez	Office Boy

**ANNEX G - SUMMARY OF UPGRADED STATUS OF FACILITIES
IN TARGET DISTRICTS**

Summary of Upgrade Status of Facilities in Target Districts

QPMR III		Improvement Status					Upgrade Status	
Governorate District Facility	Type	Phase	Assessment	Renovation	Commodities	Training		SAC
Target Governorates Total			100%	16%	9%	4%	64%	2
Qena Governorate			100%	0%	0%	0%	100%	0
Qif District			100%	0%	0%	0%	100%	0
Qif District Hospital	CEOC	I	Complete	Construction	Available	In Process	Complete	Interim
Qif District Hospital	CSSD	I	Complete	Construction	On Order		NA	Interim
Qif District Hospital	OR	I	Complete	Construction	On Order	In Process		Interim
El-Wakf District			100%	0%	0%	0%	100%	0
El-Wakf District Hospital	CEOC	I	Complete	Construction	Available	In Process	Complete	Interim
El-Wakf District Hospital	CSSD	I	Complete	Construction	On Order		NA	Interim
El-Wakf District Hospital	OR	I	Complete	Construction	On Order	In Process	NA	Interim

Summary of Upgrade Status of Facilities in Target Districts

7/17/2002

QPMR III			Improvement Status					Upgrade Status
Governorate District Facility	Type	Phase	Assessment	Renovation	Commodities	Training	SMC	
Fayoum Governorate			100%	33%	17%	25%	100%	0
Sennoures District			100%	0%	0%	17%	100%	0
Sennoures District Hospital	CEOC	I	Complete	Construction	Available	In Process	Complete	Interim
Sennoures District Hospital	NICU2	I	Complete	Construction	Available	Complete	NA	Interim
Sennoures District Hospital	CSSD	I	Complete	Construction	On Order		NA	Interim
Sennoures District Hospital	OR	I	Complete	Construction	On Order		NA	Interim
Maternity Center	BEOC	I	Complete	Plans	0		NA	Interim
Fedmin District Hospital	BEOC	I	Complete	Plans	0		NA	Interim
Tamia District			100%	67%	33%	33%	100%	0
Tamia District Hospital	CEOC	I	Complete	Complete	Complete	Complete	Complete	Interim
Tamia District Hospital	NCU2	I	Complete	Complete	Complete	Complete	NA	Interim
Tamia District Hospital	CSSD	I	Complete	Complete	On Order		NA	Interim
Tamia District Hospital	OR	I	Complete	Complete	On Order		NA	Interim
Maternity Center	BEOC	I	Complete	Plans	0		NA	Interim
Sersena I.H.U	BEOC	I	Complete	Plans	0		NA	Interim

Summary of Upgrade Status of Facilities in Target Districts

QPMR III		Type	Phase	Improvement Status					Upgrade Status
Governorate	District			Facility	Assessment	Renovation	Commodities	Training	
Beni Suef Governorate				100%	33%	33%	0%	100%	2
Nasser District			I	100%	67%	67%	0%	100%	2
Nasser District	Hospital	CEOC	I	Complete	Complete	Complete	In Process	Complete	Upgraded
Nasser District	Hospital	NCU2	I	Complete	Complete	Complete		NA	Upgraded
Nasser District	Hospital	CSSD	I	Complete	Complete	Complete	In Process	NA	0
Nasser District	Hospital	OR	I	Complete	Complete	Complete	In Process	NA	0
Nasser District	Maternity Center	BEOC	I	Complete	Plans	0		NA	0
Nasser District	L.H.U.	BEOC	I	Complete	Plans	0		NA	0
Somosta District			I	100%	0%	0%	0%	100%	0
Somosta District	Hospital	CEOC	I	Complete	Construction	Available	In Process	Complete	Interim
Somosta District	Hospital	CSSD	I	Complete	Construction	On Order		NA	0
Somosta District	Hospital	OR	I	Complete	Construction	On Order		NA	0
Somosta District	L.H.U.	BEOC	I	Complete	Plans	0		NA	0
Somosta District	L.H.U.	BEOC	I	Complete	Plans	0		NA	0

Summary of Upgrade Status of Facilities in Target Districts

7/17/2002

QPMR III		Type	Phase	Improvement Status					Upgrade Status
Governorate	District			Assessment	Renovation	Commodities	Training	SMC	
Assiut Governorate				100%	4%	0%	0%	24%	0
Gharb Assiut District				100%	0%	0%	0%	100%	0
El-Eman El-Gadida		CEOC	I	Complete	Construction	On Order		Complete	0
El-Eman El-Gadida		NCU2	I	Complete	Construction	Partial	In Process	NA	0
El-Eman El-Gadida		CSSD	I	Complete	Construction	On Order		NA	0
El-Eman El-Gadida		OR	I	Complete	Construction	On Order		NA	0
El-Eman El-Gadida		ER	I	Complete	0	On Order		NA	0
Urban Health Center Alarbaeen		BEOC	I	Complete	Plans	0		NA	0
Shark Assiut District				100%	0%	0%	0%	10%	0
Assiut General Hospital		CEOC	I	Complete	Construction	On Order		Complete	0
Assiut General Hospital		NCU2	I	Complete	Construction	Partial	In Process	NA	0
Assiut General Hospital		CSSD	I	Complete	Construction	On Order		NA	0
Assiut General Hospital		OR	I	Complete	Construction	On Order		NA	0
Assiut General Hospital		ER	I	Complete	0	On Order		NA	0
Maternity Center - Alwadialia		BEOC	I	Complete	0	0		NA	0
Markaz Assiut District				100%	0%	0%	0%	100%	0
Ob/Gyn Hospital		CEOC	I	Complete	Construction	On Order		Complete	0
Ob/Gyn Hospital		NCU2	I	Complete	Construction	Partial	In Process	NA	0
Ob/Gyn Hospital		CSSD	I	Complete	Construction	On Order		NA	0
Ob/Gyn Hospital		OR	I	Complete	Construction	On Order		NA	0
Ob/Gyn Hospital		ER	I	Complete	0	On Order		NA	0
Enwan I.H.		BEOC	I	Complete	Plans	0		NA	0
Nag-Sabee I.H.		BEOC	I	Complete	0	0		NA	0
Munshaa I.H.		BEOC	I	Complete	0	0		NA	0
El-Moteaa I.H.		BEOC	I	Complete	Plans	0		NA	0
El Fath District				100%	0%	0%	0%	100%	0
BEOC-1		BEOC	I	Complete	0	0		NA	0
BEOC-2		BEOC	I	Complete	0	0		NA	0
BEOC-3		BEOC	I	Complete	0	0		NA	0
El Kouseyah District				100%	0%	0%	0%	0%	0
El Kouseyah District Hospital		CEOC	II	Complete	Plans	On Order	In Process	NA	0
El Kouseyah District Hospital		NCU2	II	Complete	Plans	Partial	In Process	NA	0
El Kouseyah District Hospital		CSSD	II	Complete	Plans	On Order		NA	0
El Kouseyah District Hospital		OR	II	Complete	Plans	On Order		NA	0
Dayrout District				100%	0%	0%	0%	0%	0
Dayrout District Hospital		CEOC	II	Complete	Plans	On Order	In Process	NA	0
Dayrout District Hospital		NCU2	II	Complete	Plans	Partial	In Process	NA	0
Dayrout District Hospital		CSSD	II	Complete	Plans	On Order		NA	0
Dayrout District Hospital		OR	II	Complete	Plans	On Order		NA	0
Sahel Seleem District				100%	0%	0%	0%	0%	0
Sahel Seleem District Hospital		CEOC	II	Complete	Plans	On Order	In Process	NA	0
Sahel Seleem District Hospital		NCU2	II	Complete	Plans	Partial	In Process	NA	0
Sahel Seleem District Hospital		CSSD	II	Complete	Plans	On Order		NA	0
Sahel Seleem District Hospital		OR	II	Complete	Plans	On Order		NA	0
El Badary District				100%	0%	0%	0%	0%	0
El Badary District Hospital		CEOC	II	Complete	Plans	On Order	In Process	NA	0
El Badary District Hospital		NCU2	II	Complete	Plans	Partial	In Process	NA	0
El Badary District Hospital		CSSD	II	Complete	Plans	On Order		NA	0
El Badary District Hospital		OR	II	Complete	Plans	On Order		NA	0
El Ghanayem District				100%	0%	0%	0%	0%	0
El Ghanayem District Hospital		CEOC	II	Complete	Construction	On Order	In Process	NA	0
El Ghanayem District Hospital		NCU2	II	Complete	Construction	Partial	In Process	NA	0
El Ghanayem District Hospital		CSSD	II	Complete	Construction	On Order		NA	0
El Ghanayem District Hospital		OR	II	Complete	Construction	On Order		NA	0
Abu Teiq District				100%	0%	0%	0%	0%	0
Abu Teiq District Hospital		CEOC	III	Complete	0	On Order	In Process	NA	0
Abu Teiq District Hospital		CSSD	III	Complete	0	On Order		NA	0
Abu Teiq District Hospital		OR	III	Complete	0	On Order		NA	0
Sedfa District				100%	0%	0%	0%	0%	0
Sedfa District Hospital		CEOC	III	Complete	Construction	On Order	In Process	NA	0
Sedfa District Hospital		NCU2	III	Complete	Construction	Partial	In Process	NA	0

Summary of Upgrade Status of Facilities in Target Districts

Governorate District Facility	Type	Phase	Improvement Status					Upgrade Status
			Assessment	Renovation	Com. Utilities	Training	SAC	
Sedra District Hospital	CSSD	III	Complete	0	On Order		NA	0
Sedra District Hospital	OR	III	Complete	0	On Order		NA	0
Manfalout District		III	100%	50%	0%	0%	0%	0
Manfalout District Hospital	CEOC	III	Complete	Complete	On Order		In Process	0
Manfalout District Hospital	NCU2	III	Complete	Complete	Partial	In Process	NA	0
Manfalout District Hospital	CSSD	III	Complete	0	On Order		NA	0
Manfalout District Hospital	OR	III	Complete	0	On Order		NA	0
Abnoub District		III	100%	0%	0%	0%	0%	0
Abnoub District Hospital	CEOC	III	Complete	0	On Order		In Process	0
Abnoub District Hospital	NCU2	III	Complete	0	0		NA	0
Abnoub District Hospital	CSSD	III	Complete	0	On Order		NA	0
Abnoub District Hospital	OR	III	Complete	0	On Order		NA	0

Summary of Upgrade Status of Facilities in Target Districts

7/17/2002

QPMR III		Type	Phase	Improvement Status					Upgrade Status
Governorate	District			Facility	Assessment	Renovation	Commodities	Training	
Sohag Governorate				100%	17%	2%	0%	27%	0
Sohag District			I	100%	13%	0%	0%	100%	0
Sohag General Hospital		CEOC	I	Complete	Construction	On Order		Complete	0
Sohag General Hospital		NCU2	I	Complete	Complete	Partial		Complete	0
Sohag General Hospital		CSSD	I	Complete	Construction	On Order		NA	0
Sohag General Hospital		OR	I	Complete	Construction	On Order	In Process	NA	0
Sohag General Hospital		ER	I	Complete	0	On Order		NA	0
Gezerat Shanaweel I.H.		BEOC	I	Complete	Plans	0		NA	0
Edfa I.H.U.		BEOC	I	Complete	Plans	0		NA	0
Balsofora I.H.		BEOC	I	Complete	Plans	0		NA	0
Tahta District			I	100%	0%	0%	0%	100%	0
Tahta District Hospital		CEOC	I	Complete	Construction	On Order		Complete	0
Tahta District Hospital		NCU2	I	Complete	Construction	Partial		Complete	0
Tahta District Hospital		CSSD	I	Complete	0	On Order		NA	0
Tahta District Hospital		OR	I	Complete	0	On Order	In Process	NA	0
Tahta District Hospital		ER	I	Complete	0	0		NA	0
Maternity Center		BEOC	I	Complete	Plans	0		NA	0
Shantura I.H.U.		BEOC	I	Complete	Plans	0		NA	0
El-Swamma I.H.		BEOC	I	Complete	Plans	0		NA	0
El-Saufeaha I.H.		BEOC	I	Complete	Plans	0		NA	0
Gerga District			I	100%	0%	0%	0%	100%	0
Gerga District Hospital		CEOC	I	Complete	Construction	On Order		Complete	0
Gerga District Hospital		NCU2	I	Complete	Construction	Partial		Complete	0
Gerga District Hospital		CSSD	I	Complete	0	On Order		NA	0
Gerga District Hospital		OR	I	Complete	0	On Order	In Process	NA	0
Gerga District Hospital		ER	I	Complete	0	On Order		NA	0
Al-Berba I.H.U.		BEOC	I	Complete	Plans	0	0	NA	0
Beat Dawood I.H.U.		BEOC	I	Complete	Plans	0		NA	0
El-Magarba I.H.		BEOC	I	Complete	Plans	0		NA	0
Tema District			II	100%	0%	0%	0%	0%	0
Tema District Hospital		CEOC	II	Complete	Construction	Available		In Process	0
Tema District Hospital		NCU2	II	Complete	0	0		In Process	0
Tema District Hospital		CSSD	II	Complete	0	On Order		NA	0
Tema District Hospital		OR	II	Complete	0	On Order		NA	0
El Balyana District			II	100%	0%	0%	0%	0%	0
El Balyana District Hospital		CEOC	II	Complete	Plans	On Order		In Process	0
El Balyana District Hospital		CSSD	II	Complete	0	On Order		NA	0
El Balyana District Hospital		OR	II	Complete	0	On Order		NA	0
Dar El-Salam District			II	100%	0%	0%	0%	0%	0
Dar El-Salam District Hospital		CEOC	II	Complete	Plans	On Order		In Process	0
Dar El-Salam District Hospital		NCU2	II	Complete	Plans	Partial		NA	0
Dar El-Salam District Hospital		CSSD	II	Complete	0	On Order		NA	0
Dar El-Salam District Hospital		OR	II	Complete	0	On Order		NA	0
Saqolta District			II	100%	25%	25%	0%	0%	0
Saqolta District Hospital		CEOC	II	Complete	Plans	On Order		In Process	0
Saqolta District Hospital		NCU2	II	Complete	Complete	Complete		NA	0
Saqolta District Hospital		CSSD	II	Complete	0	On Order		NA	0
Saqolta District Hospital		OR	II	Complete	0	On Order		NA	0
Geheina District			II	100%	50%	0%	0%	0%	0
Geheina District Hospital		CEOC	II	Complete	Complete	On Order		In Process	0
Geheina District Hospital		NCU2	II	Complete	Complete	Partial		NA	0
Geheina District Hospital		CSSD	II	Complete	Plans	On Order		NA	0
Geheina District Hospital		OR	II	Complete	0	On Order		NA	0
Maragha District			III	100%	50%	0%	0%	0%	0
Maragha District Hospital		CEOC	III	Complete	Complete	On Order		In Process	0
Maragha District Hospital		NCU	III	Complete	Complete	0		NA	0
Maragha District Hospital		CSSD	III	Complete	Plans	On Order		NA	0
Maragha District Hospital		OR	III	Complete	0	On Order		NA	0
Akhmeim District			III	100%	0%	0%	0%	0%	0
Akhmeim District Hospital		CEOC	III	Complete	Plans	On Order		In Process	0
Akhmeim District Hospital		NCU2	III	Complete	Plans	Partial		NA	0

Summary of Upgrade Status of Facilities in Target Districts

QPMR III		Type	Phase	Improvement Status					Upgrade Status
Governorate	District Facility			Assessment	Renovation	Commodities	Training	SBC	
Alhama District Hospital		CSSD	III	Complete	0	On Order		NA	0
Alhama District Hospital		OR	III	Complete	0	On Order		NA	0
El-Mounshaa District			III	100%	50%	0%	0%	0%	0
El-Mounshaa District Hospital		CEOC	III	Complete	Complete	On Order		In Process	0
El-Mounshaa District Hospital		NCU2	III	Complete	Complete	0		NA	0
El-Mounshaa District Hospital		CSSD	III	Complete	Plans	On Order		NA	0
El-Mounshaa District Hospital		OR	III	Complete	0	On Order		NA	0

QPMR III			Improvement Status					Upgrade Status	
Governorate District Facility	Type	Phase	Assessment	Renovation	Commodities	Training	SMC		
Menya Governorate			100%	11%	0%	0%	33%	0	
Menya District			I	100%	10%	0%	0%	100%	0
Menya General Hospital	CEOC	I	Complete	Construction	On Order		Complete	0	
Menya General Hospital	NCU2	I	Complete	Complete	Partial	In Process	NA	0	
Menya General Hospital	CSSD	I	Complete	Construction	On Order		NA	0	
Menya General Hospital	OR	I	Complete	0	On Order	In Process	NA	0	
Menya General Hospital	ER	I	Complete	0	On Order	In Process	NA	0	
Suzan Mubarak Medical Center	BEOC	I	Complete	0	0		NA	0	
Damsheer I.H.U.	BEOC	I	Complete	Plans	0		NA	0	
Talaa I.H.	BEOC	I	Complete	Plans	0		NA	0	
Tahnash I.H.	BEOC	I	Complete	Plans	0		NA	0	
Tahna Algabal I.H.	BEOC	I	Complete	Plans	0		NA	0	
Samalout District			I	100%	0%	0%	0%	100%	0
Samalout District Hospital	CEOC	I	Complete	Construction	On Order		Complete	0	
Samalout District Hospital	NCU2	I	Complete	Construction	Partial	In Process	NA	0	
Samalout District Hospital	CSSD	I	Complete	Construction	On Order		NA	0	
Samalout District Hospital	OR	I	Complete	0	On Order		NA	0	
Samalout District Hospital	ER	I	Complete	0	On Order	In Process	NA	0	
Qulosna I.H.	BEOC	I	Complete	Plans	0		NA	0	
Daqoof I.H.	BEOC	I	Complete	Plans	0		NA	0	
El-Saleba I.H.U.	BEOC	I	Complete	Plans	0		NA	0	
Mansheaf El-Sheraaf I.H.	BEOC	I	Complete	Plans	0		NA	0	
El-Balaho I.H.	BEOC	I	Complete	Plans	0		NA	0	
El Fakreya District			I	100%	0%	0%	0%	100%	0
El Fakreya District Hospital	CEOC	I	Complete	Construction	On Order		Complete	0	
El Fakreya District Hospital	NCU2	I	Complete	0	0	In Process	NA	0	
El Fakreya District Hospital	CSSD	I	Complete	Construction	On Order		NA	0	
El Fakreya District Hospital	OR	I	Complete	Construction	On Order		NA	0	
El Fakreya District Hospital	ER	I	Complete	0	0	0	NA	0	
Urban Health Center for MCH	BEOC	I	Complete	Plans	0		NA	0	
Bani Ebeid I.H.	BEOC	I	Complete	Plans	0		NA	0	
Asmant I.H.U.	BEOC	I	Complete	Plans	0		NA	0	
Etidem I.H.	BEOC	I	Complete	Plans	0		NA	0	
Maghagha District			II	100%	25%	0%	0%	0%	0
Maghagha District Hospital	CEOC	II	Complete	Plans	On Order		In Process	0	
Maghagha District Hospital	NCU2	II	Complete	Complete	Partial	In Process	NA	0	
Maghagha District Hospital	CSSD	II	Complete	Bid Process	On Order		NA	0	
Maghagha District Hospital	OR	II	Complete	Bid Process	On Order		NA	0	
Beni Mazar District			II	100%	0%	0%	0%	0%	0
Beni Mazar District Hospital	CEOC	II	Complete	Construction	On Order		In Process	0	
Beni Mazar District Hospital	NCU2	II	Complete	Construction	Partial	In Process	NA	0	
Beni Mazar District Hospital	CSSD	II	Complete	Construction	On Order		NA	0	
Beni Mazar District Hospital	OR	II	Complete	0	On Order		NA	0	
Deir Mowas District			II	100%	40%	0%	0%	0%	0
Deir Mowas District Hospital	CEOC	II	Complete	Plans	On Order		In Process	0	
Deir Mowas District Hospital	NCU2	II	Complete	Complete	Partial	In Process	NA	0	
Deir Mowas District Hospital	CSSD	II	Complete	Bid Process	On Order		NA	0	
Deir Mowas District Hospital	OR	II	Complete	Bid Process	On Order		NA	0	
Suzan Mubarak Urban Health Center	NCU2	II	Complete	Complete	Partial		NA	0	
Mattay District			III	100%	0%	0%	0%	0%	0
Mattay District Hospital	CEOC	III	Complete	Bid Process	On Order		In Process	0	
Mattay District Hospital	NCU	III	Complete	Bid Process	Partial		NA	0	
Mattay District Hospital	CSSD	III	Complete	Bid Process	On Order		NA	0	
Mattay District Hospital	OR	III	Complete	Bid Process	On Order		NA	0	
El Edwa District			III	100%	0%	0%	0%	0%	0
El Edwa District Hospital	CEOC	III	Complete	Plans	On Order		In Process	0	
El Edwa District Hospital	NCU	III	Complete	Plans	Partial		NA	0	
El Edwa District Hospital	CSSD	III	Complete	Plans	On Order		NA	0	
El Edwa District Hospital	OR	III	Complete	Plans	On Order		NA	0	
Mallawi District			III	100%	25%	0%	0%	0%	0
Mallawi District Hospital	CEOC	III	Complete	Plans	On Order		In Process	0	

Summary of Upgrade Status of Facilities in Target Districts

QPMR III Governorate District Facility	Type	Phase	Improvement Status					Upgrade Status
			Assessment	Renovation	Commodities	Training	SMC	
Mallawi District Hospital	NCU2	II	Complete	Complete	Partial	In Process	NA	0
Mallawi District Hospital	CSSD	II	Complete	Plans	On Order		NA	0
Mallawi District Hospital	OR	III	Complete	Plans	On Order		NA	0

Governorate District Facility	Type	Phase	Improvement Status					Upgrade Status
			Assessment	Renovation	Commodities	Training	SMC	
Giza Governorate			0%	3%	0%	0%	0%	0
North Giza District		IV	0%	0%	0%	0%	0%	0
El-Tahrir District Hospital	CEOC	IV	0	0	0		0	0
El-Tahrir District Hospital	NCU2	IV	0	0	On Order		NA	0
El Agouza District		IV	0%	0%	0%	0%	0%	0
Embaba General Hospital	CEOC	IV	0	0	0		0	0
Embaba General Hospital	NCU3	IV	0	0	On Order		NA	0
El Omrania District		IV	0%	0%	0%	0%	0%	0
El Omrania District Hospital	CEOC	IV	0	0	0		0	0
South Giza District		IV	0%	50%	0%	0%	0%	0
Om El-Masryeen Hospital	CEOC	IV	0	0	0		0	0
Om El-Masryeen Hospital	NCU2	IV	0	Complete	On Order		NA	0
El-Haram District		IV	0%	0%	0%	0%	0%	0
El-Haram District Hospital	CEOC	IV	0	0	0		0	0
6th October Hospital	NCU2	IV	0	0	On Order		NA	0
Markaz Giza District		IV	0%	0%	0%	0%	0%	0
Markaz Giza District Hospital	CEOC	IV	0	0	0		0	0
Abu El-Nomros Hospital	NCU2	IV	0	0	On Order		NA	0
Warak District		IV	0%	0%	0%	0%	0%	0
Warak District Hospital	CEOC	IV	0	0	0		0	0
Oseim District		IV	0%	0%	0%	0%	0%	0
Oseim District Hospital	CEOC	IV	0	0	0		0	0
Hawamdeya District		IV	0%	0%	0%	0%	0%	0
Hawamdeya District Hospital	CEOC	IV	0	0	0		0	0
Hawamdeya District Hospital	NCU2	IV	0	0	On Order		NA	0
El Badrashein District		IV	0%	0%	0%	0%	0%	0
El Badrashein District Hospital	CEOC	IV	0	0	0		0	0
El Badrashein District Hospital	NCU2	IV	0	0	On Order		NA	0
El Ayat District		IV	0%	0%	0%	0%	0%	0
El Ayat District Hospital	CEOC	IV	0	0	0		0	0
El Saff District		IV	0%	0%	0%	0%	0%	0
El Saff District Hospital	CEOC	IV	0	0	0		0	0
Elfeih District		IV	0%	0%	0%	0%	0%	0
Elfeih District Hospital	CEOC	IV	0	0	0		0	0
El Wahat Baharia District		IV	0%	0%	0%	0%	0%	0
El Wahat Baharia District Hospital	CEOC	IV	0	0	0		0	0
El Wahat Baharia District Hospital	NCU2	IV	0	0	On Order		NA	0
Menshaat El Qanater District		IV	0%	0%	0%	0%	0%	0
Menshaat El Qanater District Hospital	CEOC	IV	0	0	0		0	0
El Dokki District		IV	0%	0%	0%	0%	0%	0
El Dokki District Hospital	CEOC	IV	0	0	0		0	0
Om El-Abtal Hospital	NCU2	IV	0	0	On Order		NA	0
Boulaq El Dakroun District		IV	0%	0%	0%	0%	0%	0
Boulaq El Dakroun Hospital	CEOC	IV	0	0	0		0	0
Boulaq El Dakroun Hospital	NCU2	IV	0	0	On Order		NA	0

**ANNEX H - SUMMARY OF TRAINING OF PERSONNEL IN
TARGET DISTRICTS**

Governorate District	Phase	Physicians			Nurses			Lead Trainers		
		EOC Training	Neonatal Training	Total	EOC Training	Neonatal Training	Total	EOC Training	Neonatal Training	Total
Target Governorates Total		9	46	55	37	51	88	2	1	3
QPMR III										
Qena Governorate			0		6		6			
Qift District	I				3		3			
El-Wakf District	I				3		3			
Fayoum Governorate		4	4	8	15	4	19	2	1	3
Sennoures District	I				10		10			
Tamia District	I	4	4	8	5	4	9	2	1	3
Beni Suef Governorate					16		16			
Nasser District	I				10		10			
Somosta District	I				6		6			
Assiut Governorate		5	7	12						
Gharb Assiut District	I	5	5	10						
Shark Assiut District	I									
Markaz Assiut District	I									
El Fath District	I									
El Kouseyah District	II									
Dayrout District	II									
Sahel Seleem District	II									
El Badary District	II									
El Ghanayem District	II									
Abu Teig District	III									
Sedfa District	III									
Manfalout District	III		2	2						
Abnoub District	III									
Sohag Governorate										
Sohag District	I									
Tahta District	I									
Gerga District	I									
Tama District	II									
El Balyana District	II									
Dar El-Salam District	II									
Saqqla District	II									
Gehelna District	II									
Maragha District	III									
Akhmeim District	III									
El-Mounshaa District	III									
Menya Governorate			7	7		3	3			
Menya District	I									
Samalout District	I									
El Fakreya District	I									
Maghagha District	II									
Beni Mazar District	II									
Deir Mowaa District	II		7	7		3	3			
Matby District	III									
El Edwa District	III									
Mallawi District	III									
Giza Governorate			28	28		44	44			
North Giza District	IV		5	5		10	10			
El Agouza District	IV		8	8		15	15			
El Owarania District	IV									
South Giza District	IV		8	8		11	11			
El-Haram District	IV									
Markaz Giza District	IV		7	7		8	8			
Warak District	IV									
Oseim District	IV									
Hawamdeya District	IV									
El Badraat:ain District	IV									

Summary of Training of Personnel in Target Districts

7/17/2002

QPMR III		Physicians				Nurses			Lead Trainers		
Governorate District	Phase	EOC Training	Neonatal Training	Total	EOC Training	Neonatal Training	Total	EOC Training	Neonatal Training	Total	
		El Ayat District	IV								
El Saff District	IV										
Elfeih District	IV										
El Wahat Baharia District	IV					2	2				
Menshaat El Qanater District	IV										
El Dokki District	IV										
Boulaq El Dakroul District	IV		6	6		7	7		2	2	

**ANNEX I - SUMMARY OF MANAGEMENT IMPROVEMENT
ACTIVITIES AT DISTRICT LEVEL**

QPMR III	Phase	FSMC Established & Trained	DSMC Established	DHC Established	DSMC Members Trained	DHC Members Oriented	DSMC Meetings	DSMC/DHC Joint Meetings	Annual District Health Plan Developed					DIC Established	DIC Staff Trained	
									2001	2002	2003	2004	2005			
									Governorate District							
Target Governorates Total		15	15	15	220	264	32	15			15				37	156
Qena Governorate		2	2	2	30	32	6	2			2				2	8
Qift District	I	1	Yes	Yes	15	15	4	1			Yes				Yes	4
El-Wakf District	I	1	Yes	Yes	15	17	4	1			Yes				Yes	4
Fayoum Governorate		2	2	2	30	34	8	2			2				2	9
Sennoures District	I	1	Yes	Yes	14	16	4	1			Yes				Yes	4
Tamia District	I	1	Yes	Yes	16	18	4	1			Yes				Yes	5
Beni Suef Governorate		2	2	2	30	40	6	2			2				2	8
Nasser District	I	1	Yes	Yes	12	20	3	1			Yes				Yes	4
Somoeta District	I	1	Yes	Yes	18	20	3	1			Yes				Yes	4
Assiut Governorate		3	3	3	36	56	3	3			3				12	50
Gharb Assiut District	I	1	Yes	Yes	11	25	1	1			Yes				Yes	4
Shark Assiut District	I	1	Yes	Yes	12	15	1	1			Yes				Yes	4
Markaz Assiut District	I	1	Yes	Yes	15	16	1	1			Yes				Yes	6
El Fath District	I		IP												Yes	4
El Kouseyah District	II		IP												Yes	4
Dayrout District	II		IP												Yes	4
Sahel Seleem District	II		IP												Yes	4
El Badary District	II		IP												Yes	4
El Ghanayem District	II		IP												Yes	4
Abu Teiq District	III		IP												Yes	4
Sedfa District	III		IP												Yes	4
Manfalout District	III		IP												Yes	4
Abnoub District	III		IP												Yes	4
Sohag Governorate		3	3	3	58	62	6	3			3				10	43
Sohag District	I	1	Yes	Yes	20	20	2	1			Yes				Yes	6
Taha District	I	1	Yes	Yes	20	20	2	1			Yes				Yes	4
Gerga District	I	1	Yes	Yes	18	22	2	1			Yes				Yes	4
Tema District	II		IP													
El Balyana District	II		IP												Yes	4
Der El-Salem District	II		IP												Yes	4
Saqolta District	II		IP												Yes	4
Gohelma District	II		IP												Yes	4
Maragha District	III		IP												Yes	4
Akhenaim District	III		IP												Yes	4
El-Mounahaa District	III		IP												Yes	5
Menya Governorate		3	3	3	34	60	1	3			3				9	36
Menya District	I	1	Yes	Yes	11	20	1	1			Yes				Yes	6
Semalout District	I	1	Yes	Yes	11	20		1			Yes				Yes	4
El Fakreya District	I	1	Yes	Yes	12	20		1			Yes				Yes	4
Maghagha District	II		IP												Yes	4
Beni Mazar District	II		IP												Yes	4
Deir Mowes District	II		IP												Yes	4
Mattay District	III		IP												Yes	4
El Edwa District	III		IP												Yes	4
Mallawi District	III		IP												Yes	4
Giza Governorate																
North Giza District	IV															
El Agouza District	IV															
El Owarania District	IV															
South Giza District	IV															
El-Haram District	IV															
Markaz Giza District	IV															
Warak District	IV															

QPMR III Governorate District	Phase	FSMC Established & Trained	DSMC Established	DHC Established	DSMC Members Trained	DHC Members Oriented	DSMC Meetings	DSMC/DHC Joint Meetings	Annual District Health Plan Developed					DIC Established	DIC Staff Trained
									2001	2002	2003	2004	2005		
Oseim District	IV														
Hawamdeya District	IV														
El Badrashein District	IV														
El Ayat District	IV														
El Saff District	IV														
Elfeih District	IV														
El Wahat Baharia District	IV														
Menshaat El Qanater District	IV														
El Dokki District	IV														
Boulaq El Dakroul District	IV														

**ANNEX J - SUMMARY OF MANAGEMENT IMPROVEMENT
ACTIVITIES AT GOVERNORATE LEVEL**

Summary of Management Improvement Activities at Governorate Level

7/17/2002

QPMR III								
Governorate	No. of Districts	GSMC Established & Trained	GHC Established & Oriented	GSMC Meetings	Joint GSMC/GHC Meetings	GSMC Members Trained	GHC Members Oriented	Governorate Information Center Upgraded
Totals	56	6	6	22	5	40	33	6
Qena	2	Yes	Yes	10	2	14	7	Yes
Qift District	2	Yes	Yes	9	2	16	16	Yes
Qift District Hospita	2	Yes	Yes	3	1	10	10	Yes
Qift District Hospita	13	Yes	Yes					Yes
Qift District Hospita	11	Yes	Yes					Yes
Menya	9	Yes	Yes					Yes
Giza	17							

ANNEX K - STATUS OF COMMUNITY LEVEL ACTIVITIES

Status of Community Level Activities

7/17/2002

QPMR III		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Governorate	District Facility						
Target Governorates Total				105	38	8	8
Qena Governorate				6	4	4	4
Qift District			I	3	2	2	2
Qift District Hospital		CEOC	I	Yes	NA	NA	NA
Qift District Hospital		CSSD	I	Yes	Yes	Yes	Yes
Qift District Hospital		OR	I	Yes	Yes	Yes	Yes
El-Wakf District			I	3	2	2	2
El-Wakf District Hospital		CEOC	I	Yes	NA	NA	NA
El-Wakf District Hospital		CSSD	I	Yes	Yes	Yes	Yes
El-Wakf District Hospital		OR	I	Yes	Yes	Yes	Yes

QPMR III						
Governorate District Facility	Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Fayoum Governorate			12	2	2	2
Sennoures District		I	6	1	1	1
Sennoures District Hospital	CEOC	I	Yes	NA	NA	NA
Sennoures District Hospital	NICU2	I	Yes	NA	NA	NA
Sennoures District Hospital	CSSD	I	Yes	NA	NA	NA
Sennoures District Hospital	OR	I	Yes	NA	NA	NA
Maternity Center	BEOC	I	Yes	NA	NA	NA
Fedmin District Hospital	BEOC	I	Yes	Yes	Yes	Yes
Tamia District		I	6	1	1	1
Tamia District Hospital -	CEOC	I	Yes	NA	NA	NA
Tamia District Hospital	NCU2	I	Yes	NA	NA	NA
Tamia District Hospital	CSSD	I	Yes	NA	NA	NA
Tamia District Hospital	OR	I	Yes	NA	NA	NA
Maternity Center	BEOC	I	Yes	NA	NA	NA
Sersena I.H.U	BEOC	I	Yes	Yes	Yes	Yes

Status of Community Level Activities

QPMR III						
Governorate District Facility	Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Beni Suef Governorate						
Nasser District						
		1	6	1	1	1
Nasser District Hospital	CEOC	1	Yes	NA	NA	NA
Nasser District Hospital	NCU2	1	Yes	NA	NA	NA
Nasser District Hospital	CSSD	1	Yes	NA	NA	NA
Nasser District Hospital	OR	1	Yes	NA	NA	NA
Maternity Center	BEOC	1	Yes	NA	NA	NA
Ashmari I.H.U	BEOC	1	Yes	Yes	Yes	Yes
Somosta District						
		1	5	1	1	1
Somosta District Hospital	CEOC	1	Yes	NA	NA	NA
Somosta District Hospital	CSSD	1	Yes	NA	NA	NA
Somosta District Hospital	OR	1	Yes	NA	NA	NA
Shantur I.H.U	BEOC	1	Yes	NA	NA	NA
Dahut I.H.U	BEOC	1	Yes	Yes	Yes	Yes

QPMR III		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Governorate	District Facility						
Assiut Governorate				22	6		
Gharb Assiut District			I	6	1		
	El-Eman El-Gadida	CEOC	I	Yes	NA	NA	NA
	El-Eman El-Gadida	NCU2	I	Yes	NA	NA	NA
	El-Eman El-Gadida	CSSD	I	Yes	NA	NA	NA
	El-Eman El-Gadida	OR	I	Yes	NA	NA	NA
	El-Eman El-Gadida	ER	I	Yes	NA	NA	NA
	Urban Health Center Alarbaeen	BEOC	I	Yes	Yes		
Shark Assiut District			I	6	1		
	Assiut General Hospital	CEOC	I	Yes	NA	NA	NA
	Assiut General Hospital	NCU2	I	Yes	NA	NA	NA
	Assiut General Hospital	CSSD	I	Yes	NA	NA	NA
	Assiut General Hospital	OR	I	Yes	NA	NA	NA
	Assiut General Hospital	ER	I	Yes	NA	NA	NA
	Maternity Center - Alwalidia	BEOC	I	Yes	Yes		
Markaz Assiut District			I	9	4		
	Ob/Gyn Hospital	CEOC	I	Yes	NA	NA	NA
	Ob/Gyn Hospital	NCU2	I	Yes	NA	NA	NA
	Ob/Gyn Hospital	CSSD	I	Yes	NA	NA	NA
	Ob/Gyn Hospital	OR	I	Yes	NA	NA	NA
	Ob/Gyn Hospital	ER	I	Yes	NA	NA	NA
	Elwan I.H.	BEOC	I	Yes	Yes		
	Nag-Sabee I.H.	BEOC	I	Yes	Yes		
	Munshaa I.H.	BEOC	I	Yes	Yes		
	El-Moleaa I.H.	BEOC	I	Yes	Yes		
El Fath District			I				
	BEOC-1		I		NA	NA	NA
	BEOC-2		I	NA	NA	NA	NA
	BEOC-3		I				
El Kouseyah District			II				
	El Kouseyah District Hospital	CEOC	II		NA	NA	NA
	El Kouseyah District Hospital	NCU2	II	NA	NA	NA	NA
	El Kouseyah District Hospital	CSSD	II				
	El Kouseyah District Hospital	OR	II				
Dayrout District			II				
	Dayrout District Hospital	CEOC	II		NA	NA	NA
	Dayrout District Hospital	NCU2	II	NA	NA	NA	NA
	Dayrout District Hospital	CSSD	II				
	Dayrout District Hospital	OR	II				
Sahel Seleem District			II				
	Sahel Seleem District Hospital	CEOC	II		NA	NA	NA
	Sahel Seleem District Hospital	NCU2	II	NA	NA	NA	NA
	Sahel Seleem District Hospital	CSSD	II				
	Sahel Seleem District Hospital	OR	II				
El Badary District			II				
	El Badary District Hospital	CEOC	II		NA	NA	NA
	El Badary District Hospital	NCU2	II	NA	NA	NA	NA
	El Badary District Hospital	CSSD	II				
	El Badary District Hospital	OR	II				
El Ghanayem District			II	1			
	El Ghanayem District Hospital	CEOC	II	Yes	NA	NA	NA
	El Ghanayem District Hospital	NCU2	II	NA	NA	NA	NA
	El Ghanayem District Hospital	CSSD	II				
	El Ghanayem District Hospital	OR	II				
Abu Teig District			III				
	Abu Teig District Hospital	CEOC	III		NA	NA	NA
	Abu Teig District Hospital	CSSD	III				
	Abu Teig District Hospital	OR	III				
Sedfa District			III				
	Sedfa District Hospital	CEOC	III		NA	NA	NA

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QPMR III		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Governorate	District Facility						
Sedfa	District Hospital	NCU2	III	NA	NA	NA	NA
Sedfa	District Hospital	CSSD	III				
Sedfa	District Hospital	OR	III				
Manfalout District			III				
Manfalout	District Hospital	CEOC	III		NA	NA	NA
Manfalout	District Hospital	NCU2	III	NA	NA	NA	NA
Manfalout	District Hospital	CSSD	III				
Manfalout	District Hospital	OR	III				
Abnoub District			III				
Abnoub	District Hospital	CEOC	III		NA	NA	NA
Abnoub	District Hospital	NCU2	III				
Abnoub	District Hospital	CSSD	III				
Abnoub	District Hospital	OR	III				

QPMR III						
Governorate District Facility	Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Sohag Governorate			25	10		
Sohag District		I	8	3		
Sohag General Hospital	CEOC	I	Yes	NA	NA	NA
Sohag General Hospital	NCU2	I	Yes	NA	NA	NA
Sohag General Hospital	CSSD	I	Yes	NA	NA	NA
Sohag General Hospital	OR	I	Yes	NA	NA	NA
Sohag General Hospital	ER	I	Yes	NA	NA	NA
Gezerat Shanaweeh I.H.	BEOC	I	Yes	Yes		
Edta I.H.U.	BEOC	I	Yes	Yes		
Balsofora I.H.	BEOC	I	Yes	Yes		
Tahta District		I	9	4		
Tahta District Hospital	CEOC	I	Yes	NA	NA	NA
Tahta District Hospital	NCU2	I	Yes	NA	NA	NA
Tahta District Hospital	CSSD	I	Yes	NA	NA	NA
Tahta District Hospital	OR	I	Yes	NA	NA	NA
Tahta District Hospital	ER	I	Yes	NA	NA	NA
Maternity Center	BEOC	I	Yes	Yes		
Shantura I.H.U.	BEOC	I	Yes	Yes		
El-Swamma I.H.	BEOC	I	Yes	Yes		
El-Saufeaha I.H.	BEOC	I	Yes	Yes		
Gerga District		I	8	3		
Gerga District Hospital	CEOC	I	Yes	NA	NA	NA
Gerga District Hospital	NCU2	I	Yes	NA	NA	NA
Gerga District Hospital	CSSD	I	Yes	NA	NA	NA
Gerga District Hospital	OR	I	Yes	NA	NA	NA
Gerga District Hospital	ER	I	Yes	NA	NA	NA
Al-Berba I.H.U.	BEOC	I	Yes	Yes		
Beat Dawood I.H.U	BEOC	I	Yes	Yes		
El-Magarba I.H.	BEOC	I	Yes	Yes		
Tema District		II				
Tema District Hospital	CEOC	II				
Tema District Hospital	NCU2	II				
Tema District Hospital	CSSD	II				
Tema District Hospital	OR	II				
El Balyana District		II				
El Balyana District Hospital	CEOC	II		NA	NA	NA
El Balyana District Hospital	CSSD	II				
El Balyana District Hospital	OR	II				
Dar El-Salam District		II				
Dar El-Salam District Hospital	CEOC	II		NA	NA	NA
Dar El-Salam District Hospital	NCU2	II	NA	NA	NA	NA
Dar El-Salam District Hospital	CSSD	II				
Dar El-Salam District Hospital	OR	II				
Saqolta District		II				
Saqolta District Hospital	CEOC	II		NA	NA	NA
Saqolta District Hospital	NCU2	II	NA	NA	NA	NA
Saqolta District Hospital	CSSD	II				
Saqolta District Hospital	OR	II				
Geheina District		II				
Geheina District Hospital	CEOC	II		NA	NA	NA
Geheina District Hospital	NCU2	II	NA	NA	NA	NA
Geheina District Hospital	CSSD	II				
Geheina District Hospital	OR	II				
Maragha District		III				
Maragha District Hospital	CEOC	III		NA	NA	NA
Maragha District Hospital	NCU	III				
Maragha District Hospital	CSSD	III				
Maragha District Hospital	OR	III				
Akhmeim District		III				
Akhmeim District Hospital	CEOC	III		NA	NA	NA

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QPMR III		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Governorate	District Facility						
Alkhmeim District Hospital		NCU2	III	NA	NA	NA	NA
Alkhmeim District Hospital		CSSD	III				
Alkhmeim District Hospital		OR	III				
El-Mounshaa District			III				
El-Mounshaa District Hospital		CEOC	III		NA	NA	NA
El-Mounshaa District Hospital		NCU2	III				
El-Mounshaa District Hospital		CSSD	III				
El-Mounshaa District Hospital		OR	III				

QPMR III						
Governorate District Facility	Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Menya Governorate			29	14		
Menya District		I	10	5		
Menya General Hospital	CEOC	I	Yes	NA	NA	NA
Menya General Hospital	NCU2	I	Yes	NA	NA	NA
Menya General Hospital	CSSD	I	Yes	NA	NA	NA
Menya General Hospital	OR	I	Yes	NA	NA	NA
Menya General Hospital	ER	I	Yes	NA	NA	NA
Suzan Mubarak Medical Center	BEOC	I	Yes	Yes		
Damsheer I.H.U.	BEOC	I	Yes	Yes		
Talaa I.H.	BEOC	I	Yes	Yes		
Tahnash I.H.	BEOC	I	Yes	Yes		
Tahna Algalal I.H.	BEOC	I	Yes	Yes		
Samalout District		I	10	5		
Samalout District Hospital	CEOC	I	Yes	NA	NA	NA
Samalout District Hospital	NCU2	I	Yes	NA	NA	NA
Samalout District Hospital	CSSD	I	Yes	NA	NA	NA
Samalout District Hospital	OR	I	Yes	NA	NA	NA
Samalout District Hospital	ER	I	Yes	NA	NA	NA
Qutosna I.H.	BEOC	I	Yes	Yes		
Daqoof I.H.	BEOC	I	Yes	Yes		
El-Saleba I.H.U.	BEOC	I	Yes	Yes		
Mansheat El-Sheraal I.H.	BEOC	I	Yes	Yes		
El-Balaho I.H.	BEOC	I	Yes	Yes		
El Fakreya District		I	9	4		
El Fakreya District Hospital	CEOC	I	Yes	NA	NA	NA
El Fakreya District Hospital	NCU2	I	Yes	NA	NA	NA
El Fakreya District Hospital	CSSD	I	Yes	NA	NA	NA
El Fakreya District Hospital	OR	I	Yes	NA	NA	NA
El Fakreya District Hospital	ER	I	Yes	NA	NA	NA
Urban Health Center for MCH	BEOC	I	Yes	Yes		
Bani Ebaid I.H.	BEOC	I	Yes	Yes		
Asmant I.H.U.	BEOC	I	Yes	Yes		
Elidem I.H.	BEOC	I	Yes	Yes		
Maghagha District		II				
Maghagha District Hospital	CEOC	II		NA	NA	NA
Maghagha District Hospital	NCU2	II	NA	NA	NA	NA
Maghagha District Hospital	CSSD	II				
Maghagha District Hospital	OR	II				
Beni Mazar District		II				
Beni Mazar District Hospital	CEOC	II		NA	NA	NA
Beni Mazar District Hospital	NCU2	II	NA	NA	NA	NA
Beni Mazar District Hospital	CSSD	II				
Beni Mazar District Hospital	OR	II				
Deir Mowas District		II				
Deir Mowas District Hospital	CEOC	II		NA	NA	NA
Deir Mowas District Hospital	NCU2	II	NA	NA	NA	NA
Deir Mowas District Hospital	CSSD	II				
Deir Mowas District Hospital	OR	II				
Suzan Mubarak Urban Health Center	NCU2	II	NA	NA	NA	NA
Mattay District		III				
Mattay District Hospital	CEOC	III		NA	NA	NA
Mattay District Hospital	NCU	III				
Mattay District Hospital	CSSD	III				
Mattay District Hospital	OR	III				
El Edwa District		III				
El Edwa District Hospital	CEOC	III		NA	NA	NA
El Edwa District Hospital	NCU	III				
El Edwa District Hospital	CSSD	III				
El Edwa District Hospital	OR	III				
Mallawi District		III				

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QPMR III		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Governorate	District Facility						
Malawi	District Hospital	CEOC	III		NA	NA	NA
Malawi	District Hospital	NCU2	III	NA	NA	NA	NA
Malawi	District Hospital	CSSO	III				
Malawi	District Hospital	OR	III				

QPMR III		Type	Phase	Providers Sensitized (Number of Facilities)	Community Health Committee Established	Community Needs Assessment Conducted	Community Action Plan Developed
Governorate	District Facility						
Giza Governorate							
North Giza District							
	El-Tahrir District Hospital	CEOC	IV		NA	NA	NA
	El-Tahrir District Hospital	NCU2	IV	NA	NA	NA	NA
El Agouza District							
	Embaba General Hospital	CEOC	IV		NA	NA	NA
	Embaba General Hospital	NCU3	IV	NA	NA	NA	NA
El Omrania District							
	El Omrania District Hospital	CEOC	IV		NA	NA	NA
South Giza District							
	Om El-Masryeen Hospital	CEOC	IV		NA	NA	NA
	Om El-Masryeen Hospital	NCU2	IV	NA	NA	NA	NA
El-Haram District							
	El-Haram District Hospital	CEOC	IV		NA	NA	NA
	6th October Hospital	NCU2	IV	NA	NA	NA	NA
Markaz Giza District							
	Markaz Giza District Hospital	CEOC	IV		NA	NA	NA
	Abu El-Nomros Hospital	NCU2	IV	NA	NA	NA	NA
Warak District							
	Warak District Hospital	CEOC	IV		NA	NA	NA
Oseim District							
	Oseim District Hospital	CEOC	IV		NA	NA	NA
Hawamdeya District							
	Hawamdeya District Hospital	CEOC	IV		NA	NA	NA
	Hawamdeya District Hospital	NCU2	IV	NA	NA	NA	NA
El Badrashein District							
	El Badrashein District Hospital	CEOC	IV		NA	NA	NA
	El Badrashein District Hospital	NCU2	IV	NA	NA	NA	NA
El Ayat District							
	El Ayat District Hospital	CEOC	IV		NA	NA	NA
El Saff District							
	El Saff District Hospital	CEOC	IV		NA	NA	NA
Elfeih District							
	Elfeih District Hospital	CEOC	IV		NA	NA	NA
El Wahat Baharia District							
	El Wahat Baharia District Hospital	CEOC	IV		NA	NA	NA
	El Wahat Baharia District Hospital	NCU2	IV	NA	NA	NA	NA
Menshaat El Qanater District							
	Menshaat El Qanater District Hospital	CEOC	IV		NA	NA	NA
El Dokki District							
	El Dokki District Hospital	CEOC	IV		NA	NA	NA
	Om El-Abtal Hospital	NCU2	IV	NA	NA	NA	NA
Boulaq El Dakroul District							
	Boulaq El Dakroul Hospital	CEOC	IV		NA	NA	NA
	Boulaq El Dakroul Hospital	NCU2	IV	NA	NA	NA	NA