



Healthy Mother/Healthy Child Project

Quarterly Performance Monitoring Report Option Period Quarter Eight July 1 – September 30, 2003



John Snow, Inc.

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

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

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ACRONYMS

AWP	Annual Workplan
BEOC	Basic Essential Obstetric Care
CAP	Community Action Plan
CBT	Competency Based Training
CDA	Community Development Association
CDS	Community Development Specialist
CEOC	Comprehensive Essential Obstetric Care
CHC	Community Health Committee
CNI – DMT	Community Needs Identification and Decision Making Tool Process
CNI - RHS	Community Needs Identification and Rapid Household Survey
COP	Chief of Party
CPAP	Continuous Positive Airway Pressure
CQI	Continuous Quality Improvement
CTO	Cognizant Technical Officer
DCOP	Deputy Chief of Party
DH	District Hospital
DSMC	District Safe Motherhood Committee
DT2	Development Training Two
EMS	Emergency Medical Services
EOAC	Essential Obstetric Anesthesia Care
EOC	Essential Obstetric Care
EONC	Essential Obstetric Nursing Care
ER	Emergency Room

FGC	Female Gentile Cutting
GALAE	General Authority for Literacy and Adult Education
GH	General Hospital
GOE	Government of Egypt
GSMC	Governorate Safe Motherhood Committee
GWU	George Washington University
HIO	Health Insurance Organization
HIS	Health Information System
HM/HC	Healthy Mother/ Healthy Child
HSMC	Hospital Safe Motherhood Committee
HU	Health Unit
I.V.	Intra-Venue
IC	Infection Control
IEC	Information, Education and Communication
IFA	Invitation for Application
IIE/ DT2	Institute of International Training/ Development Training Two
IIT	Integrated Implementation Team
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
JSI	John Snow, Inc.
MCH	Maternal and Child Health
MCH/ FP	Maternal and Child Health/ Family Planning
MHIS	Management Health Information System
MMSS	Maternal Mortality Surveillance System
MOC	Memorandum of Cooperation
MOE	Ministry Of Education
MOHP	Ministry of Health and Population

MOISA	Ministry Of Insurance and Social Affairs
NAMRU3	Naval American Medical Research Unit 3
NC	Neonatal Care
NCU	Neonatal Care Unit
NGO	NON Governmental Organization
NICU	Neonatal Intensive Care Unit
NMMS	National Maternal Mortality Study
NMMR	National Maternal Mortality Ratio
Ob/Gyn	Obstetric and Gynecology
OJT	On Job Training
OR	Operation Research
PHC	Primary Health Care
QA	Quality Assurance
QPMR	Quarterly Performance Monitoring Report
RFP	Request for Proposal
RFQ	Request for Quotation
RHS	Rapid Household Survey
SHIP	Student Health Insurance Program
SMC	Safe Motherhood Committee
SWOT	Strengths, Weaknesses, Opportunities and Threats
TCA	TransCentury Association
TOT	Training of Trainers
UHC	Urban Health Center
US	United States
USAID	United States Agency for International Development

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, JSI is required to submit Performance 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 VIII) represents the Eighth quarter of the Option Period contract and covers the period from July 1 through September 30, 2003.

This document is organized according to the nine 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: Status of the Option Period Performance Milestones

Annex B: Maps of Target Governorates

Annex C: Contract Staff List

Annex D: Summary of implementation status in Minya

Annex E: Summary of implementation status in Assiut

Annex F: Summary of implementation status in Sohag

Annex G: Summary of implementation status in Giza

Major Events during This Quarter

Highlights of Major Accomplishments

- Nine milestone reports have been submitted to USAID on time. The milestone reports mark the completion of Phase II of the Option Period.
- JSI continued its technical assistance to maintain activities in the phased-out governorates as well as Phase I targeted districts/governorates through selective field visits and follow up on monitoring and quality reports.
- Phasing-in started in seven remaining districts of Assiut, four districts in Minya and eleven districts of Giza. The phasing in activities completed during this quarter include assessment of physical structure and development of blue prints with bills of quantity for renovation, identification of the missed commodities and action was taken to deliver whatever is available and work on the remaining missing items and conduct a quality baseline assessment on clinical and managerial performance of the related facilities.
- Clinical training started in Phases III & IV facilities of the Option Period.
- Development of district profiles completed and selection of anchor facilities started in the target districts.
- Safe Motherhood committees established in Giza governorate target districts and facilities.
- Situation analysis of the two slum areas completed and a plan of action was developed and approved by the MOHP Undersecretary for Integrated Health Care/ HMHC Executive Director and the Director General of Integrated Medical Urban Zones. A special structure and function of Safe Motherhood Committee to tailor the situation of the Cairo slum area was proposed and approved. Implementation of activities in slum areas has started by organizing two workshops on QA and MMSS.
- The upgraded MHIS application was implemented in Minya, Assiut and Sohag.

Integration of FP/MCH Services

- A series of meetings were held and involved MOHP concerned Departments, USAID, Catalyst and JSI to start up the implementation of the Memo of Cooperation signed between the parties. Drafting an integrated FP/MCH package of basic benefits and pilot implementation of the integrated package of services in two districts in Minya are on the top of the list of activities.

HM/HC Coverage Profile (September 30, 2003)

	District	Population 2002	Estimated Female Population	Estimated females in Reproductive Age	Estimated Pregnant Females	Live Birth 2001
Aswan						
1-	Aswan	281116	139166	64657	18492	7940
2-	Daraw	83028	41103	19096	5462	2410
3-	Kom Ombo	239696	118661	55130	15767	7213
4-	Nasr Nouba	67068	33202	15426	4412	2090
5-	Edfu	303160	150079	69727	19942	7158
	Total	974068	482212	224036	64074	26811
Luxor						

6-	Luxor Bandar	153758	76118	35364	10114	4748
7-	Bayadaya	207380	102663	47697	13641	6062
	Total	361138	178781	83062	23756	10810
Qena						
8-	Qous	290764	143943	66876	19126	9661
9-	Esna	279835	138532	64362	18408	8397
10-	Armant	134578	66623	30953	8853	3888
11-	Qena	433934	214819	99805	28544	13897
12-	Deshna	253374	125433	58276	16667	10126
13-	El-Wakf	55765	27606	12826	3668	1651
14-	Neqada	116895	57869	26886	7689	3322
15-	Qift	99873	49442	22971	6570	3282
16-	Naga Hamadi	373504	184903	85906	24569	11707
17-	Abu Tesht	284926	141052	65533	18742	10714
18-	Farshout	118568	58697	27271	7799	4168
	Total	2442016	1208919	561664	160636	80813
Sohag						
19-	Sohag	491362	243249	113013	32322	16700
20-	Tahta	97526	48280	22431	6415	9871
21-	Gerga	95368	47212	21935	6273	11424
22-	Tema	271455	134384	62435	17856	9646
23-	El Balyana	314696	155790	72380	20701	11816
24-	Dar El Salam	255235	126354	58704	16789	10531
25-	Saqolta	134839	66752	31013	8870	5630
26-	Geheina	167839	83089	38603	11040	5714
27-	Maragha	256801	127129	59064	16892	8754
28-	Akhmeim	248191	122867	57084	16326	9132
29-	El Mounshaa	334757	165721	76994	22020	12497
	Total	2668069	1320000	612000	170000	111715
Assiut						
30-	Gharb Assiut	195048	96558	44861	12830	10241
31-	Shark Assuit	148614	73571	34181	9776	2433
32-	Markaz Assiut	321602	159209	73968	21155	10010
33-	El Ghanayem	83206	41191	19137	5473	3249
34-	El Kouseyah	289810	143470	66656	19064	10823
35-	El Fath	191574	94839	44062	12602	6092
36-	Sahel Selim	110114	54512	25326	7243	3963
37-	El Badary	172151	85223	39595	11324	6535
38-	Sedfa	128454	63591	29544	8450	4508
39-	Dayrout	364139	180267	83752	23953	14520
40-	Abnoub	247541	122545	56934	16283	9982
41-	Manfalout	327159	161960	75247	21521	13245
42-	Abu Teig	222922	110357	51272	14664	8170
	Total	2802334	1387294	644537	184338	103771
Menya						
43-	Menya	604974	299492	139144	39795	19673
44-	Samalout	457960	226713	105331	30125	17231
45-	Abu Qurkas (Fekreya)	378522	187387	87060	24899	13660
46-	Deir Mowas	244173	120878	56160	16062	9433
47-	Beni Mazar	368458	182405	84745	24237	13714
48-	El Edwa	156462	77456	35986	10292	6190
49-	Mattay	194236	96156	44674	12777	7260
50-	Maghagha	342477	169543	78770	22528	12933
51-	Malawi	562867	278647	129459	37025	24438
	Total	3310129	1638678	761330	217740	124532
Beni-Suef						
52-	Beni suef	414912	205402	95430	27293	12456

53-	Ehnasia	226434	112096	52080	14895	8614
54-	El Wasta	292805	144953	67345	19261	10680
55-	El Fashn	270931	134124	62314	17822	10568
56-	Beba	268724	133032	61807	17677	9489
57-	Nasser	225166	111468	51788	14811	7521
58-	Somosta	160242	79328	36856	10541	5726
Total		1859214	920403	427619	122299	65054
Fayoum						
59-	Sennoures	332648	164677	76509	21882	12174
60-	Etsa	393183	194645	90432	25864	14567
61-	Bandar Fayoum	260830	129124	59991	17157	7619
62-	Tamia	246959	122257	56801	16245	8959
63-	Markaz El Fayoum	305314	151146	70222	20084	10325
64-	Ibshway	450840	223188	103693	29656	16234
Total		1989774	985037	457648	130887	69878
65-	El Wahat EL Bahareya	25116	12434	5777	1652	823
66-	North Giza (Imbaba Kism)	523265	259042	120351	34420	13315
67-	Etfeih	199548	98786	45896	13126	8224
68-	El Saff	224572	111174	51652	14772	9300
69-	El Badrashein	285858	141514	65747	18804	11373
70-	El Ayat	280872	139046	64601	18476	10760
71-	Giza District	180568	89390	41531	11878	5766
72-	El Hawamdeya	115376	57117	26536	7589	3980
73-	Osseim	193751	95916	44563	12745	17925
74-	El Warrak	395259	195673	90910	26000	9490
75-	Menshaat El Qanater	391502	193813	90045	25753	10894
Total		2815687	1393905	647608	185216	101850
Slum Areas						
76-	Gharb El Mataar	45437	22494	10451	2989	1108
77-	Basatin Shark	298000	147525	68540	19602	983
Total		343437	170019	78991	22591	2091
Grand Total		19565866	9686074	4500149	1287043	697325

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

Accomplishments:

Activity No. 1.1: Phasing-In New Districts/ Governorates

Activity No. 1.1.1: Establish and Orient Facility Safe Motherhood Committees

- The Safe Motherhood Committees were established in the following hospitals of Phases Three and Four/ Option Period:

	Governorate		Hospital
1	Giza	1	Eteifh DH
		2	El Saff DH
		3	El-Tahrir GH
		4	Osseim DH
		5	El Ayat DH
		6	Badrashain DH
		7	Hawamdeya GH
		8	Abo El Nomros DH
2	Minya	1	Mallawi DH
		2	Mattay DH
		3	El Edwa DH
		4	Maghagha DH
3	Assiut	1	Sahel Selem DH
		2	Abnoub DH
		3	Sedfa DH
		4	Badary DH
		5	Abu Teig DH
		6	Manfalout DH
		7	Dayrout DH

- The orientation plan for the SMC of the above mentioned hospitals was developed and will be conducted in due course.

Activity No. 1.1.2: Select BEOCs

- An action plan for the selection of the BEOCs of Phases Three and Four / Option Period was developed in coordination with Task 3.
- After preparation of the District Profiles in three districts in Giza, namely Eteifh, El-Saff and Abo El Nomros, BEOCs of these districts were selected as follows:

District	BEOC
Eteifh	Sol Health Group
	El-Qababat Integrated Hospital
El-Saff	Arab Abo Sa'ed WHU
	El-Hayy RHU

	El-Saff Maternity Center
Abo El Nomros	Abol Nomros WHU
	El-Manawat IH
	Shabramant WHU

Activity No. 1.1.3: Assist General / District Hospital in Self-Assessment and Development of Improvement Plans

- Phase II general and district hospital profiles were updated on monthly basis; profiles include:
 - Facility baseline assessment.
 - Facility plan for renovation with schedule of implementation.
 - List of commodities needed for each hospital and schedule of procurement, delivery and installation.
 - Human resources development plan for the hospital, including training plan and status of implementation.
 - Reports on management and clinical performance indicators (retrospective and summary of concurrent indicators) produced by the monitoring team.
- Updating the Facility self-improvement plans is on going monthly through the meeting of SMC where the problems were identified, discussed and corrective actions were taken at the facility level and governorate level through the Governorate Safe Motherhood Committees.

Activity No. 1.2: Monitor the Implementation of the Renovation Plans

- Renovation activities supported by USAID/JSI in hospitals of the Option Period / Phase II are completed in Mounshaa DH, Maragha DH and Geheina DH in Sohag and Beni Mazar DH and Fakreya DH in Minya and Ghanayem DH in Assiut.
- Renovation activities planned and supported by HM/HC Project were:
 - Completed in Deir Mowas and Mallawi DHs in Minya.
 - On going in El Kouseyah, Sahel Selem, and Badary District Hospitals in Assiut and contracts were awarded for Gerga, Tema, Saqolta, Akhmeim and El Balyana District Hospitals in Sohag.
- Coordination activities were conducted with HM/HC, MOHP and Assiut New Community Agency to ensure that the construction of Dar El Salam district hospital will comply with the standards and specifications.
- As for the 36 BEOCs of the Option Period/ Phase II, renovation process was completed except in Bani Ali I.H in Minya where the renovation is on going through MOHP.

Activity No. 1.3: Monitor the Delivery, Installation, Staff Training on New Commodities and Maintaining and Repairing Out-of-Order Equipment

- In coordination with task 11, the full commodities were delivered to all Option Period/ Phase II hospitals except Tema, Saqolta, Akhmeim, Dar El-Salam, Balyana and Gerga DHs in Sohag and Kouseyah DH in Assiut where renovation by HM/HC is not completed yet. In those hospitals the interim commodities were delivered.

- Delivery of commodities to all Option Period/ Phase II BEOCs was done except for Bani Ali I.H in Minya.
- The biomedical engineers conducted 75 person/day visits to the Ob/Gyn, NC, CSSD equipment, and OR departments in the facilities of both the Base Period and the Option Period to maintain and repair that are out-of-order. During these visits, they provided technical assistance and conducted on-the-job-training sessions (OJT) to the hospital maintenance staff.

Activity No. 1.4: Implementation Integrated Field Visits to Monitor the Implementation of PES

- Integrated visits by JSI Implementation Team including clinical supervisors and Field Offices continued to accomplish the following tasks:
 - Discuss the status of implementation of activities at the facility level.
 - Assure information flow among different members / departments.
 - Identify problems at facility level and develop facility improvement plan.
 - MOHP/JSI Identify problems requiring involvement of higher levels of authority.
 - Integrate and coordinate activities at the facility level.
- The implementation team is composed of task 2 clinical supervisors, task 1 biomedical engineers and the implementation specialist of the concerned governorate and the field office specialist responsible for the hospital.
- The three day integrated visit is organized as follows:
 - During the first and second day of the integrated visits, members of the team conduct their own regular OJT/supervisory activities in the target facilities.
 - A regular meeting / group discussion is held on the evening of the second day to prepare for the next day Hospital SMC meeting. During this meeting, problems are identified and openly discussed to suggest appropriate corrective actions required. Problems and weak points are identified through records review (patients’ sheets, hospital statistics, etc.), meetings with the staff and hospital management, comments from clinical supervisors and direct observation of the staff performance.
 - On the third day, the HSMC holds a meeting during which the previously pinpointed problems are raised and possible solutions are suggested. By the end of the meeting, the committee allocates resources and suggests how to address them in order to overcome previously identified problems and constraints.
- JSI Integrated Teams paid a three day visit per facility per month during this quarter to the following facilities:

Governorate	Facility
Sohag	Sohag GH
	Tahta DH
	Gerga DH
	Maragha DH
	Tema DH
	Geheina DH

	Akhmeim DH
	Saqolta DH
	Balyana DH
	Dar El Salam DH
	El Mounshaa DH
Assiut	Assiut GH
	New Eman GH
	Specialized Hospital
	El Ghanayem DH
	El Kouseyah DH
Minya	Minya GH
	Samalout DH
	El Fekreya DH
	Beni Mazar DH
	Deir Mowas DH

Activity No. 1.5: Upgrade the Managerial Capacity of Hospital Management and Hospital Safe Motherhood Committees

- One four-day workshop on quality management was conducted from 4-7 August, 2003 in Minya for members of Hospital SMCs. The workshop was attended by a total of 18 participants representing hospital SMCs from Deir Mowas and Beni Mazar District Hospitals. The objective of the workshop was to enhance capabilities in the areas of planning, facility management, monitoring, quality care and service standards compliance.

Activity No. 1.6: Coordinate the Phasing-out and Develop Sustainability Plans from Target Governorates

- No activities were conducted this quarter.

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 Training Capacity

- Two TOT courses were conducted in Assiut and Minya Governorates for physicians Lead Trainers and were attended by participants from Ob/Gyn, Neonatology, Emergency, and Anesthesia Departments of all the Option Period/ Phase II targeted hospitals.

Governorate	From	To	No. of Participants
Assiut	August 16	August 21	20
Minya	August 23	August 28	16
Total			36

- Two TOT courses were conducted in Assiut and Minya Governorates for nurses Lead Trainers of all the Option Period/ Phase II targeted hospitals.

Governorate	From	To	No. of Participants
Assiut	August 17	August 21	18
Minya	August 24	August 28	22
Total			40

- The third TOT course for Secondary Nursing Schools of Giza, Cairo and Kalyoubia governorates was conducted to introduce the new MCH curriculum for Secondary Nursing School that will be effective on September 2003.

Governorate	From	To	No. of Participants
Giza, Cairo and Kayoubia	July 26	July 30	17
Total			17

Activity No. 2.2: Sustain, Organize and Implement EOC Training Clinical Supervision

- Based on the results of the MMSS, selected districts of Qena, Beni Suef and Fayoum governorates were visited to help health providers develop improvement plans that address avoidable factors contributing to maternal deaths.
- Three CEOC workshops were conducted in Assiut and Minya governorates where 49 obstetricians, from the general and district hospitals, were trained to identify the causes of maternal death, highlight the avoidable factors.

substandard care and harmful practices that are contributing to maternal deaths. The workshops were held on the following dates:

Governorate	From	To	No. of Participants
Assiut	August 5	August 14	15
Minya	September 2	September 11	18
Assiut	September 16	September 25	16
Total			49

- Three BEOC workshops were conducted in Assiut, Minya and Sohag governorates where 44 Primary Health Care physicians, working in primary health care units and integrated hospitals, were trained to identify the cause of maternal death, highlight the avoidable factors such as: substandard care, harmful practices, etc. that are contributing to maternal deaths. They also were trained on normal delivery skills and safe referral of complicated cases. The workshops were conducted on the following dates:

Governorate	From	To	No. of Participants
Assiut	July 5	July 10	16
Sohag	July 12	July 17	19
Minya	July 26	July 31	9
Total			44

- Continuous OJT/clinical supervisory visits were paid to 23 district hospitals in Sohag, Assiut and Minya Governorates (Phase I, II & III Hospitals). Each of these hospitals was visited from six to nine days/month by clinical supervisors to ensure the compliance with the EGC protocols.
- A one-day visit/ month was conducted to all Phase III district hospitals in Assiut and Minya Governorates, to familiarize them with all CEOC training documents and to discuss clinical problems that were identified during the initial assessment and from the NMMSS results.
- The Concurrent Assessment Clinical Performance Monitoring Indicators are being used in Sohag, Assiut and Minya governorates to monitor progress of the obstetricians towards competency and mastery of the Essential Obstetric Care skills. Concurrent Assessment tool has proven to be very helpful to the obstetricians to figure out their areas of weakness and to include corrective actions in their Clinical Self Improvement Plans.
- A complete set of the newly developed training materials for the primary health care physicians, including BEOC Protocol, BEOC Flow-Charts, BEOC Concurrent Assessment in addition to BEOC Modules and Resources are being field tested.

Activity No. 2.3: Sustain, Organize and Implement NC Training and Clinical Supervision

- The following Basic and Advanced Neonatal Care Workshops for Physicians were conducted during the period from July - September 2003:

Governorate	Workshop	From	To	No. of Participants
Assiut	Advanced	July 27	July 31	14
Minya	Advanced	September 7	September 11	15
Assiut	Basic	September 14	September 17	14
Minya	Basic	September 15	September 18	25
Total				68

- The following Resuscitation Sessions were conducted as an integral part of the following CEOC and BEOC workshops during this quarter:

- **CEOC Workshops:**

Governorate	From	To	No. of Participants
Assiut	August 5	August 14	15
Minya	September 2	September 11	18
Assiut	September 16	September 25	16
Total			49

- **BEOC Workshops:**

Governorate	From	To	No. of Participants
Assiut	July 5	July 10	16
Sohag	July 12	July 17	19
Minya	July 26	July 31	9
Total			44

- Technical assistance was provided to Phases I & II Option Period facilities through continuous visits to Minya, Assiut and Sohag; in addition the facilities of the Base Period in Beni Suef and Fayoum governorates. Each of these facilities was visited monthly for three days by the clinical supervisor to ensure implementation of neonatal protocols.
- Technical assistance continued to be provided to 19 Base Period facilities concentrating on continuous positive airway pressure (CPAP) therapy in units which provide this service. Infection control and resuscitation training for Neonatal and Obstetric staff was also conducted. The clinical supervisory practice concentrated on emphasizing the use and sustainability of the QA checklists for assessment of the training (Concurrent Checklist) and Clinical Performance (Retrospective Checklist). A total of 347 supervisory days were carried out during this quarter.
- The training program for I.V. fluid preparation and mixing was provided to additional four NICUs:

Governorate	From	To	No. of Trainees	
			Physicians	Nurses
Assiut GH (Assiut)	July 1	July 3	21	17
Minya GH (Minya)	July 6	July 8	16	17
Maghagha DH (Minya)	September 28	September 30	7	8
Total			44	42

- Three follow up visits and one CPAP workshop were coordinated and conducted during August 2003 by Dr. Hany Ali, Director of The Neonatal Unit, George Washington University, Washington D.C. USA.

Governorate	Workshop	From	To	No. of Participants	
				Physicians	Nurses
Beni Suef GH	Follow Up	August 5	August 5	17	8
Qena GH	Follow Up	August 10	August 10	22	10
Edfu DH	CPAP Workshop	August 12	August 12	7	13
Total				46	31

Activity No. 2.4: Sustain, Organize and Implement Nursing Lead Trainer/Clinical Supervisor Training

- Technical assistance and continuous OJT/Clinical Supervisory visits were continued to district hospitals in Sohag, Assiut, and Minya governorates. Each of these facilities was visited from three to six days by nurse supervisors to ensure implementation of the EONC protocols.
- Three EONC workshops for nurses were conducted in Assiut and Minya governorates. Sixty one nurses were trained on nursing procedures in the Obstetric Department and delivery room. The workshops were held on the following dates:

Governorate	From	To	No. of Participants
Assiut	August 16	August 21	17
Minya	September 6	September 11	21
Assiut	September 13	September 18	23
Total			61

- Technical assistance and continuous OJT/Clinical Supervisory visits were continued to district hospitals in Fayoum, Beni Suef, Qena, Sohag, Assiut, and Minya governorates. Each of these districts was visited from six to nine days by nurse supervisors to ensure implementation of the protocols.
- Four Neonatal Care Workshops for Nurses were conducted in Assiut, Sohag, Luxor and Fayoum, as follows:

Governorate	From	To	No. of Participants
Luxor	July 12	July 17	14
Minya	September 20	September 25	17
Total			31

Activity No. 2.5: Sustain, Organize and Implement Nurse Midwifery Training and Clinical Supervision

- A Midwifery Training Course started in Minya where 25 nurse midwives are being trained on safe maternity and vaginal deliveries. Mid-term exams were

conducted during the month of August 2003. The on-the-job-training continues in the general and district hospitals of Minya.

Activity No. 2.6: Strengthen Other Clinical Support Services

Activity No. 2.6.1: Anesthesia Services

- OJT for safe obstetric anesthesia (preoperative visits, monitoring during operation time and at recovery time, general and regional anesthesia, infection control) to 10 facilities in Sohag governorate: Gerga DH, Tahta DH, Tema DH, Geheina DH, El Maragha DH, Akhmeim DH, Dar EL Salam DH, EL Balyana DH, El Mounshaa DH and Saqolta DH. Three facilities in Minya: Deir Mowas DH, Beni Mazar DH, Fakreya DH. Two facilities in Assiut: EL Ghanayem DH and El Kouseyah DH. The supervisory visits were regularly conducted at a rate of one to two visits for each hospital monthly to some of Phase I.
- Assessment of the present status of anesthesia equipment and procurement plan for the deficiencies was done.
- In Cooperation with EOC coordinator cases of maternal mortality were investigated and avoidable cases discussed with staff and administration of the concerned hospitals, developing a self-improvement plan at each facility.
- As an integral part of three CEOC workshops that were conducted, in Minya, & Assiut covering 49 obstetricians a special session was allocated to explain the right way of fluid therapy, blood transfusion, manage the hypovolemic shock and how to decrease the maternal mortality rate due to blood loss:

Governorate	From	To	No. of Participants
Assiut	August 5	August 14	15
Minya	September 2	September 11	18
Assiut	September 16	September 25	16
Total			49

- Anesthesia modules were developed.
- Preparation of the manual for anesthesia technician training program is under development.
- Anesthesia record sheet and the recovery score is now applied and is being used in all governorate district hospitals.
- Clinical performance monitor indicator (concurrent assessment) for anesthesia is developed and used in all governorates.
- The anesthesia equipment module was developed.
- The hypovolemic shock module was developed.
- The second edition of the anesthesia protocol was developed.

Activity No. 2.6.2: Emergency Medical Services (EMS)

- Service standards for EMS were completed.
- A draft manual of Maternal and Neonatal Emergency Medical Service, for Physicians was developed.
- A binder on *Emergency Service for Obstetric and Neonatal Care in Upper Egypt Pilot Hospitals* was developed to summarize the processes and progress of this activity. The binder will be used to coordinate actions with relevant sectors in the MOHP.

- A draft *Emergency Room Manual for Nurses (Arabic)* was developed and is being revised.
- An organizational structure for Emergency Departments (ED), compatible with the local context, was developed and set up in the following facilities: El Minya General Hospital, Samalout, Maghagha and Deir Mowas District Hospitals (Minya), Sohag General Hospital, Tahta, Tema and El Balyana District Hospitals (Sohag), Assiut General Hospital, El Eman General Hospital and El Kouseyah District Hospital (Assiut).
- OJT supervisory visits were conducted at four general hospitals (Minya, Sohag, Assiut, and New Eman) and seven district hospitals (Samalout, Tahta, Kouseyah, Tema, Maghagha, Deir Mowas and Balyana District Hospitals). Visits were conducted once per month for each of the eleven facilities. A total of 42 visits were conducted for the 11 facilities during the period from July 2003 to September 2003.
- Three EMS workshops for physicians were conducted in Sohag, Assiut and Minya governorates:

Governorate	From	To	No. of Participants
Sohag	August 13	August 14	25
Minya	August 20	August 21	21
Assiut	September 23	September 24	25
Total			71

- Two EMS workshops for nurses were conducted in Assiut and Minya governorates:

Governorate	From	To	No. of Participants
Assiut	July 16	July 17	25
Minya	September 10	September 11	19
Total			44

- Concurrent Assessment forms for EMS was developed and completed. This tool aims at objective evaluation of CBT of service providers and help facilitators to develop their Self Improvement Plans. An electronic version of the Concurrent Assessment will be developed with the help of task 4 to computerize the collected data.
- Emergency Medical Service Package for Training of Pre-Service Physicians was developed. This package aims at providing those newly graduate doctors with training materials required for proper management of essential emergency cases with emphasis on major causes of maternal and neonatal mortalities.

Activity No. 2.6.3: Blood Bank Services

- OJT for blood transfusion protocol application, orientation with the blood components and its practical use, orientation with the central blood bank services and how to cooperate with these services.
- One day workshop was conducted where 27 physicians were trained on the basics of blood banking system, blood preparations, components, transfusion

and cooperation with the central blood bank equipment and how to deal with the workshops; the table below shows location of the workshops.

Governorate	Date	No. of Participants
Minya	August 21	6
Assiut	August 12	12
Sohag	August 26	9
Total		27

- Blood Bank Protocol was developed,
- Blood Transfusion services standards and Blood Bank monitoring checklists were developed.
- Infection Control Protocol at Blood Banks is under development.
- Blood bank equipment module is under development.
- Blood Bank module is under development.

Activity No. 2.6.4: Laboratory Services

- The laboratory activities are done in cooperation with the Central Department of Laboratories, MOHP. The Laboratory Services component of HM/HC activities aims to develop physician skills in requesting appropriate tests and interpreting test results, particularly in critical cases. The above mentioned activities also help in bridging the communication gap between clinicians (laboratory users) and Laboratory technicians (Service providers). Activities also aim to better coordinate the link between hospitals, the Governorate Health Department and the MOHP Central Laboratory Department. Training of Technicians on the technical use of equipment will be the responsibility of the Central Laboratory Department at the MOHP as agreed.
- A Guide to Clinical Aspects of Laboratory Services was drafted and is currently being revised.
- A list of essential laboratory investigations for General and District Hospitals was developed in conjunction with the Central Laboratory Department, MOHP.
- A list of available laboratory investigations during and after regular working hours was developed by the Laboratory Department in each of the pilot hospitals.
- A policy on the use of the Integrated Laboratory was developed in each governorate to provide bacteriological laboratory services for hospitals where this was lacking. Implementation of the policy started in Assiut GH. Strengthening of this integrated microbiology service needs combined effort from HM/HC, Central Department of Laboratory, and Local Governorates.
- Laboratory Committees have been established in pilot hospitals in the three governorates of the Option Period. The duties of these committees are as follows:
 - Establish and monitor laboratory services at the hospital
 - Issue local guidelines
 - Solve local problems, and
 - Follow-up on the use of the laboratory manual
- A national revised *Laboratory Request Form* has been developed in the Central Laboratory Department and is awaiting pilot testing.

- A *Laboratory Service Standards Guide* is under development and will target the laboratory committee members.
- A *Laboratory Checklist* was developed to be used by JSI Clinical Supervisors during their field visits to collect information, monitor performance, and record incidence reports related to laboratory services in their visited facilities. All incidence reports are discussed with the Central Department of Laboratory on monthly basis. Corrective actions are taken by the Central Department of Laboratory.
- One laboratory workshop was conducted in Sohag governorate. The workshop provided a summary of laboratory activities to hospitals other than "Pilot Hospitals". The Training Laboratory Materials are distributed to all participating hospitals.

Governorate	From	To	No. of Participants
Sohag	July 31	July 31	16
Total			16

- Concurrent Assessment for Laboratory Service was developed and completed. This tool aims at objective evaluation of CBT of service providers and help facilitators to develop their Self Improvement Plans. An electronic version of the Concurrent Assessment will be developed with the help of task 4 to computerize the collected data.
- A questionnaire on available laboratory resources and root causes for deficiency is collected from participating hospitals to be discussed with Central Laboratory Department in Cairo.

Activity No. 2.7: Infection Control Activities

- Supervisory visits were conducted to all Option period/ Phase I and Phase II hospitals during which, efforts were made to emphasize the importance of comprehensive approach to infection control.
- The quarterly integrated IC OJT/Supervisory follow-up visits were conducted to the following hospitals:
 - Sohag General Hospital, Tahta, Gerga, Maragha, Tema, Geheina, Balyana and Dar El Salam, Saqolta, Akhmeim, Mounshaa District Hospitals /Sohag.
 - Assiut General Hospital, New Eman General Hospital, Specialized Hospital, Ghanayem, and Kouseyah District Hospitals/Assiut
 - Minya General Hospital, Samalout, Abu Qorkas, Beni Mazar, and Deir Mowas District Hospitals/ Minya
- In the above-mentioned hospitals, the infection control consultants, during their integrated IC OJT/Supervisory visits, conducted a one-day workshop to the hospital staff (Physicians & nurses), where one topic of universal precautions of infection control was discussed and explained.
- The concurrent assessment checklists for infection control were developed, edited and finalized. These checklists were distributed to all clinical supervisors to be used during their OJT visits to monitor the infection control compliance of the hospital staff.
- A plan on the implementation of behavior change IC activities was developed. The plan is based on research studies that reflected that sepsis is

the third leading cause of both maternal and neonatal deaths. However, there are different issues related to IC in each hospital that affect sepsis rates. Six major infection control procedures have been highlighted due to their importance and will be addressed, namely:

- Proper hand washing & scrubbing
 - Proper IV Preparation and medicine preparation
 - Proper use of protective devices
 - Proper processing of instruments
 - Proper patient preparation
 - Proper waste disposals
- Two OR and two CSSD workshops were conducted during the period from July till September 2003 as follows:

Governorate	Workshop	From	To	No. of Participants
Assiut	CSSD	July 8	July 10	18
Assiut	CSSD	September 9	September 11	17
Assiut	OR	August 26	August 28	20
Minya	OR	September 9	September 11	19
Total				74

- Three Infection Control training sessions were conducted as integral part of the EOC workshops in Assiut and Minya Governorates on the following dates:

Governorate	From	To	No. of Participants
Assiut	August 7	August 7	15
Minya	September 9	September 9	18
Assiut	September 20	September 20	16
Total			49

Activity No. 2.8: Involve Private Sector Services Providers

- Local syndicates, MOHP Private Sector Department and the Pharmacy Inspection Department provided JSI with updated information on private sector providers at Sohag, Assiut and Minya. The information include the number of private clinics, polyclinics, private hospitals, and pharmacies in the targeted governorates.
- One CBT EOC training course was conducted for private physicians as follows:

Governorate	From	To	No. of Participants
Assiut	August 13	August 14	15
Total			15

Activity No. 2.9: Implement IMCI Program in New Governorates

- No activities were conducted this quarter.

Activity No. 2.10: Conduct Refresher Courses for Dayas

- No activities were conducted this quarter.

Activity No. 2.11: Teleconferences and Off-Shore Training

- During this quarter, duplication of video tapes and CDs for the nine teleconferences was done. JSI also started drafting CBT Module for Dissemination/ Utilization of workshops for these nine teleconferences.
- A plan was developed for these workshops to cover 14 medical schools both Ob/Gyn and Neonatal Departments (in cooperation with Human Workforce Development Project) and nine Upper Egypt governorates.
- A group of 13 participants from MOHP attended the off shore training program in Leadership and Total Quality Management that was conducted from July 31 to August 23, 2003 in Santa Cruz, USA.

Activity No. 2.12: Assist MOHP to pilot test adapted HM/HC Project interventions in Urban Slum Areas**Activity No. 2.12.1: Develop a Situation Analysis**

- Situation analysis and action Plan was developed and presented to the Director General of Integrated Medical Zones (Urban Health), reviewed and feedback was included.
- Assessment of Tahrir General Hospital (referral hospital for Gharb El Mattar Urban Health Center) and El Khalifa General Hospital (referral hospital for Gharb El Mattar Urban Health Center) was completed the assessment covered the physical structure, commodities, clinical and management performance.

Activity No. 2.12.2: Adapt HM/HC Project Interventions in 1-2 Slum Areas

- Adapted HM/HC model of Package of Essential Services for urban slum area developed, discussed and approved.
- A special structure and functions for SMC for Cairo slum area was tailored to suite the situation of having only one slum area in on of the medical zones. The structure involves all the levels of services vertically and all the functions horizontally.
- A poster for Urban Health Conference (NY, USA) was developed.

Activity No. 2.12.3: Assist in the Development and Monitoring a Plan to Improve Perinatal Health Care services and their Utilization in Slum Areas

- Quality improvement workshop for Cairo Governorate (Basateen Shark Urban Health Center) was held from September 21-23, 2003. This is the first workshop that will be followed by a second one in October 2003 for the rest of the team.
- Thirteen participants attended the workshop, representing the governorate district and facility level. During the workshop one day was spent in the facilities (Basateen Shark Urban Health Center) as field training to collect data to be used as baseline for current situation. One day is planned for OJT

to be conducted in the center during the next six months that will be followed by post assessment to assess progress achieved.

- A collaborative work was planned with EHP through the two day meeting on September 7-8, 2003 at JSI premises with Sara Fry and Magdy Helmy, EHP coordinator. The meeting was fruitful and positively directed towards sharing of information. EHP promised to send the key environmental health messages addressed to slum community.
- Initiate community activities. Community assessment tool obtained and part I of the tool has been adapted for slum areas urban setting structural characteristics.
- Conduct community field visits in two slum areas to conduct a complete community needs assessment (NCA) completed in Basateen and in process in Gharb El Mattar.

Activity No. 2.13: Facilitate and Document MCH and IMCI Training Interventions at BEOC Level

- No activities were conducted this quarter.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

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

Accomplishments:

Activity No. 3.1: Community Level Involvement

- No activities were done this quarter.

Activity No. 3.2: District Level Involvement

Activity No. 3.2.1: Safe Motherhood Committees

- One four-day workshop on quality management was conducted from August 4 to 7, 2003 in Minya for members of Hospital SMCs. The workshop was attended by a total of 18 participants representing hospital SMCs from Deir Mowas and Beni Mazar District Hospitals. The objective of the workshop was to enhance capabilities in the areas of planning, facility management, monitoring, and quality care and service standards compliance.

Activity No. 3.2.2: District Plans

- District health plans were developed for the target 16 districts of phase II in Assiut, Sohag, and Minya and 12 districts of phase I of the Option Period in addition to 25 districts of the Base Period. These plans were approved by the GSMCs and submitted to HM/HC Project at the central level.

Activity No. 3.2.3: Monitoring Activities

- Quarterly progress reports were developed by district SMCs detailing achievements during the second quarter of 2003. These achievements were compared to the planned activities of annual work plans (AWPs) and HM/HC indicators.

Activity No. 3.3: Governorate Level Participation

- Two joint Safe Motherhood and Health Committees meetings were conducted and were attended by 143 participants representing members of governorate and district Safe Motherhood and Health Committees from Minya and Sohag to review quarterly progress reports.
- The two workshops were conducted as follows:

Governorate	Date	No. of Participants
Minya	August 13	84
Sohag	August 19	59
Total		143

Activity No. 3.4: National Level Oversight

- A coordination meeting was conducted on September 17, 2003 with TAHSEEN team members, HM/HC Deputy Executive Director. The purpose of this meeting was to discuss the plan for implementation of integrated HM/HC-FP activities in two districts in Minya Governorate. (for more details on this meeting see task 12: Coordination Activities)

Activity No. 3.5: Continuous Quality Improvement

Activity No. 3.5.1: Quality Improvement

- A one-day meeting was held on July 15, 2003 in Cairo for participants of the Offshore Training Course on Leadership and Total Quality Management that took place from August 2, 2003 to August 23, 2003. Each participant was requested in coordination with SMC members of the facility / department to select a problem or opportunity for improvement.
- In an effort to support institutionalization of the Quality Assurance system, trainings on the service standards and monitoring checklists for BEOC facilities have been conducted. A Quality Assurance Training workshop for PHC activities in the slum areas was conducted in Cairo Governorate with close coordination with HM/HC project Quality Assurance Unit on September 21-23, 2003. Twelve participants attended the workshop representing BEOC physicians, governorate and district level supervisory teams.

Activity No. 3.5.2: Support Monitoring Activities

- Quality reports covering both managerial and clinical aspects of performance for obstetric departments in the second quarter (Q2), 2003 have been produced and submitted to SMCs. Four reports have been produced so far (Q3, 2002 & Q4, 2002, Q1, 2003 & Q2, 2003) for Phase II district hospitals of Minya, Assiut and Sohag governorates, while four reports have been accumulated for Phase I general/district hospitals. According to the reports, significant improvement in both managerial and clinical care processes has been achieved. The reports were effectively used during SMC meetings to identify problem areas and opportunities for improvement. They were also used as critical inputs for developing self-improvement plans.

Activity No. 3.5.3: Coordination Activities

- In coordination with Task 1, Continuous Quality Improvement (CQI) manual is being developed and includes: Obstetric Department, Neonatal Department, Emergency Department, Infection Control, CSSD, Blood Bank, OR, Nursing, Anesthesia and Laboratory. This manual describes the CQI system with its service standards and the monitoring tools developed, tested, and used for continuous quality improvement. The CQI manual covers a generic section about measuring the quality of the hospital management as a whole. Additionally, a specific managerial and clinical performance monitoring checklists for each department is being developed.
- The CQI manual will be finalized and ready for distribution early next quarter.
- JSI participated in two workshops -organized by MOHP- on the Quality Policies in Egypt from July 30-31 and September 28-30. The purpose of these workshops was to formulate national quality policies in Egypt. General Directorate of Quality, Egyptian Medical Syndicate, different Universities, MOHP, and HM/HC Quality Unit participated in the workshop. During the first workshop a SWOT analysis for quality situation in Egypt identifying the Strengths, Weaknesses, Opportunities, and Threats was conducted. During the second workshop Quality goals and objectives were developed.

- In coordination with Task 7, a monitoring checklist for the SHIP Program was developed in order to facilitate the monitoring of the SHIP activities.
- In coordination with Task 2, a monitoring checklist for the lead trainers for conducting their assigned responsibilities was developed.

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

- The renovation process is completed for the district MHIS centers of: Dokki, South Giza, and Menshaat el Qanater.
- Currently all district Management Health Information Systems (MHIS) centers in Giza are operating.

Activity No. 4.2: Design and Upgrade User Friendly Software for MHIS

- The pilot Implementation of the upgraded MHIS application started in March 2003 and continued till the end of this quarter in three governorates namely Minya, Sohag and Assiut.
- During this quarter, the local area network is installed in Assiut governorate premises to include all staff members of MHIS center and some technical departments who have access to use computers in the governorate premises.
- Training for MHIS technical specialists and users who are responsible for data management and use took place during this quarter as follows:

Course Name	Participants	Governorate	From	To	No. of Part.
MHIS Administration	Governorate MHIS Center	Minya	July 7	July 10	11
MHIS Administration	Governorate MHIS Center	Assiut	August 3	August 6	13
MHIS Administration	Governorate MHIS Center	Sohag	July 14	July 17	10
MHIS Administration	NICHP	Cairo	August 17	August 21	12
MHIS Technical Specialist	Assistant MHIS Center	Minya	September 7	September 11	12
MHIS Technical Specialist	District MHIS Center	Minya	September 13	September 17	12
MHIS User	Deputy District Manager	Minya	September 21	September 25	12

- NICHP and HM/HC approved to use the upgraded application in Lower Egypt is starting on November 2003.

Activity No. 4.3: Develop and Implement a Quality Assurance Checklist for the District MHIS Centers

- Currently, a comprehensive manual for quality assurance system is developed to include:
 - Procedures for District and Governorate MHIS Centers under the upgraded MHIS system
 - Data quality monitoring system
 - MHIS Centers QA system

Activity No. 4.4: Data Use Workshops

- Four Workshops on data use for target districts in Sohag, Minya and Assiut, were scheduled in July and August as follows:

Governorate	From	To	Number of Participants
Sohag	July 12	July 14	10
Sohag	July 15	July 17	14
Minya	July 8	July 10	19
Assiut	August 25	August 8	17
Total			60

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.5 TASK FIVE: Research Activities

Accomplishments:

Activity No. 5.1: Identify and Conduct Operation Research Studies

- Five operations research studies were completed and final drafts submitted.
- Started planning for dissemination workshops.

Activity No. 5.2: Training of Appropriate Staff on the Maternal Mortality Surveillance System

- MMSS was introduced to 116 Ob/Gyn and Anesthesiologists working in district/ general hospitals and the private sector in the following governorates.

Governorate	From	To	Number of participants
Sohag	July 19	July 20	26
Assiut	July 21	July 22	30
Minya	July 26	July 27	27
Giza	30 July	31 July	33
Total			116

- On Job Training (OJT) for health officers/ clerks and district health administrators was conducted as follows:

Governorates	Date		Number of District visited	Number of health office visited
	From	To		
Sohag	August 02	August 07	7	50
Assiut	August 30	September 01	2	30
Minya	September 02	September 04	3	36
Total			12	116

Activity No. 5.3: Monitor the Implementation of Maternal Mortality Surveillance System (MMSS) in Nine Upper Egypt Governorates

- On going activity in all Upper Egypt governorates through using Quality Checklists to monitor the performance of the system.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.7 TASK SEVEN: Better Social Community Services

Accomplishments:

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

- Thirty one one-day workshops were held in Minya, Sohag and Assiut to review the implementation progress of the Community Action Plans (CAPs) in thirty one communities.
- The workshops were attended by a total of 714 participants (374 from Minya, 240 from Sohag & 100 from Assiut) representing CHC members, heads of local administration units, managers of the health facilities in these communities and outreach Workers who conducted the community needs assessment. The main purpose of the workshops was to review the implementation progress of the CAPs to:
 - Identify constraints hindering the implementation of CAPs,
 - Review the identified interventions and adjust CAPs accordingly,
 - Add/delete new interventions according the implementation status of CAPs.
 - Adjust Responsibilities and time-frame.
- The following table illustrates the involved communities in the above-mentioned process:

Governorate	District	Community	Date
El Minya	Deir Mowas	Beni Haraam	September 29
	Beni Mazar	Sandafa	September 2
		Beni Ali	September 3
		Abu Garg	September 1
		El-Sheikh Fadl	September 28
	El-Fekreya	Asmant	August 6
Minya	Tahna El-Gabal	August 24	
	Tahnasha	August 20	
	Damsheer	August 19	
	Talla	August 4	
	Suzan Mubarak	August 5	
Samalout	El-Saleba	August 12	
	Istal (Daqoof)	August 17	
	El-Bayaho	August 10	
	Beni Ghani	August 13	
	Qulosna	August 11	

Governorate	District	Community	Date	
Assiut	Assiut	Naga Sabaa El-Moteaa	July 14 July 15	
		Assiut Shark	El-Walideia July 22	
	Assiut Gharb	El-Arbaeen	July 21	
Sohag	Gerga	El-Magabra	August 13	
	Tahta	Shattoura El-Sawamaa Tahta	August 18 August 19 September 30	
		Sohag	El-Koola Neida Balasfoura	September 3 September 4 August 12
			El-Maragha	Shandaweel El-Gherizat
	Gheima	Encibis	September 29	

Activity No. 7.2: Community Health Education

Activity No. 7.2.1: Health Care Providers Sensitization

- No activities were conducted this quarter.

Activity No. 7.2.2: Community Outreach Workers

- No activities were conducted this quarter.

Activity No. 7.3: Training of Health Educators

- Six day training workshop was conducted in Minya governorate. Twenty four participants from Minya, Assiut and Sohag attended this course as follows:

Governorate	From	To	No. of participants
Minya	September 6	September 11	8
Assiut	September 6	September 11	8
Sohag	September 6	September 11	8
Total			24

Activity No. 7.4: Female Genital Cutting

Activity No. 7.4.1: Activities targeting the community and the non-medical people

- During this quarter, a number of twenty four participants: social workers, health educators, and community outreach workers from local NGO's had been trained on advocating against FGC in a workshop that was conducted in Assiut governorate. The workshop lasted for three days during which participants were trained.
- Thirty participants from Minya participated in another refresher two day workshop for FGC:

Governorate	From	To	No. of Participants
Assiut	July 8	July 10	24
Minya	September 24	September 25	30
Total			54

Activity No. 7.4.2: Activities targeting the Health Providers

- No activities were conducted this quarter.

Activity No. 7.5: Engaging the Private Sector

- Awaiting the Minister of Health's approval.

Activity No. 7.6: Continuing Community Activities

- Women Health Card
 - The HM/HC Project printed the final version of the Women Health Card and distributed it. JSI will promote this card in its target districts/ governorates.
- Counseling Card
 - The counseling Cards were printed and are being tested and evaluated. They are being used by NGO outreach workers and health educators.
- HM/HC Brochure:
 - The Arabic version of the brochure had been drafted, is being revised and will be printed next quarter.
- HM/HC Publications:
 - During this quarter two publications were printed: *FGC Manual*, and *Management and Planning Manual*.
- Safe Motherhood Day:
 - A draft event description form has been developed for a "safe motherhood day". It has been shared with MOHP and USAID. The suggested date is March 21, 2004, on the occasion of mother's day. The objectives of the event are:
 - Promote Safe Motherhood as a concept.
 - Present MOHP achievements in Safe Motherhood.
 - Issue a Safe Motherhood stamp.
 - Encourage collaboration/ coordination between all organization/ entities working in the field of Safe Motherhood.
 - Celebrate International Women's Day, and mother's day.

- Use the DHS results of Newborn Mortality (DHS 2003).
- Highlight the decline of NMMR.
- Safe Motherhood Regional Conference:
 - A plan for holding a Regional Safe Motherhood conference in Minya was developed and shared with MOHP and USAID. The Regional Conference will include: Fayoum, Beni Suef, Minya, and Assiut.

Activity No. 7.7: Strengthen IPC Training for Physicians and Nurses

- Sixteen IPC workshops, with 369 participants representing physicians and nurses, were conducted in Minya, Assiut, and Sohag. Each workshop lasted for one day. The IPC module was tested in these workshops and will be revised next quarter.

Governorate	From	No. of participants
Minya physicians	July 14	25
Minya nurses	July 15	28
Sohag physicians	July 26	15
Sohag nurses	July 27	22
Assiut physicians	August 3	20
Assiut nurses	August 4	24
Sohag physicians	August 3	19
Sohag nurses	August 4	23
Assiut physicians	August 23	23
Assiut nurses	August 24	26
Minya physicians	September 3	23
Minya nurses	September 4	24
Minya physicians	September 13	19
Minya nurses	September 14	22
Assiut physicians	September 23	17
Assiut nurses	September 24	39
Total		369

Activity No. 7.8: Behavior Change

- A Behavior Change consultant provided assistance in assessing HM/HC infection control activities and substandard care. A draft report is available.

Activity No. 7.9: Gold Star

- A final design for the MCH Gold Star Sign for PHC health facilities and hospitals was produced and waiting final decision on accreditation and awarding.

Activity No. 7.10: Iron Supplementation Program

- Distribution of iron tablets and registers is taking place in the target governorates. Cups and IEC materials are under production. It is expected to start the program with the target students on October 2003.
- Two-day training of trainers workshops were conducted for the MOE and Al Azhar master trainers in Assiut (5 districts) and Minya (3 districts). The trained master trainers conducted two-day workshops to train the vice principals in their districts who in turn trained class teachers in their schools.

- A two-day workshop was also conducted for the MOHP and HIO district directors and supervisors in the same five districts in Assiut and another one for the three districts of El Minya. Trained supervisors conducted one-day training course for the health visitors and nurses who were assigned to monitor the program in target schools.
- A two-day refresher training course for HIO data specialists took place in each of Sohag and Aswan governorates. Two participants from HIO Zone attended each workshop. The main objectives of the workshop was to update the knowledge of the participants regarding the computer system used for the school statistics, answer their questions, and enable them to solve problems related to the system.
- The following table presents the number of trainees per governorate and type of training:

Governorate	Iron Supplementation			Data Entry clerks trained
	# TOT Trained (MOE & Azhar Master Trainers and HIO & MOHP Supervisors)	# Supervisors Trained (Vice Principals, Health Visitors and Nurses)	# Class Teachers Trained	
Assiut (5 districts)	52	524	3255	-
Minya (3 districts)	34	428	3959	-
Sohag	-	-	-	2
Aswan	-	-	-	2
Total	86	952	7,214	4

Activity No. 7.11: Health Education Activities to Support SHIP in Schools

- Training of science technical supervisors and science teachers took place in the remaining districts of Assiut and Minya. Two-day workshop was conducted for the science technical supervisors of Assiut districts: Abu Teig, El Fath, Abnoub, Manfalout and Sedfa. Another two-day workshop was conducted for supervisors in Minya districts: El Edwa, Mattay and Malawi.
- Trained supervisors conducted one-day training courses for the science teachers who were assigned to implement health education activities in their schools.
- The following table shows the number of trainees participated in training in health education program:

Governorate	Health Education	
	# TOT Trained	# Science Teachers Trained
Assiut (5 districts)	19	230
Minya (3 districts)	12	159
Total	31	389

- Further two-day refresher workshops were conducted to health educators in four of the base period governorates. These workshops were implemented by the SHIP Central Coordinators in HIO and MOHP, together with HIO/SHIP Zone Coordinators this is an evidence of the sustainability of the SHIP program after the phasing out of JSI. The main topics of these courses were:
 - Review progress of the anemia activities.
 - Review progress of the anti-smoking activities.
 - Refresh the knowledge and answer the questions of the health educators on anemia and smoking.
- The following table presents the HIO/SHIP Refresher Training Courses for Health Educators:

Governorate	From	To	# Participants
Aswan	July 15	July 16	18
Fayoum	July 20	July 21	15
Qena	July 28	July 29	24
Luxor	July 30	July 31	17
Total			74

Constraints:

- Preparatory activities for launching the program in Giza such as orientation and pre-implementation training of relevant GOE staff is lagging behind planned schedule. Unless implementation planning for these preparatory activities is undertaken immediately, launching the program in Giza will not take place during the current school year as planned.
- There is a delay in delivering the iron tablets in some of the target governorates due the limited capability of the line of production to manufacture the required amount of iron tablets.
- Manufacturing the cups is still in the process so there is a delay in delivering cups to all target governorates. This may result in a delay in the distribution of iron tablets to target students.

Proposed Actions to Overcome Constraints:

- Brief the HM/HC Executive Director and facilitate a meeting to discuss and agree on a plan to accelerate the implementation in Giza.
- Accelerating the process of cup manufacturing and distribution to target governorates

C.10.10 TASK TEN: Small Grants Program**Accomplishments:****Activity No. 10.1: Management and Monitoring of the Base Period Awarded 102 Grants**

- A total amount of L.E 135,584 was disbursed to seventeen NGOs in accordance with the grant contracts' financial scheme.
- The table below shows the amount distributed by governorate:

Governorate	Number of NGOs	Installment in L.E
Beni Suef	6	58,895
Qena	6	47,129
Fayoum	5	29,560
Total	17	135,584

- The above figures constitute the advances forwarded to NGOs to undertake the scheduled activities during the fourth quarter of 2003.
- Counseling cards that were developed during the previous quarter will enhance the performance of outreach workers during awareness campaigns. They were distributed to NGOs and used by outreach workers during home visits, seminars and support groups' meetings.

Activity No. 10.2: Training Awarded NGOs (Technically and Financially)

- Training workshops were conducted for 35 NGOs in Minya, Assiut and Sohag and were attended by 244 NGOs' Outreach Workers as per the following table:

Governorate	Outreach worker	Supervisors	Technical Managers	Total
Minya	107	23	10	140
Assiut	40	8	4	52
Sohag	40	8	4	52
Total	187	39	18	244

- The above workshops focused on communication and advocacy skills as well as using HM/HC-JSI IEC materials, home visits, seminars managements and reporting.

Activity No. 10.3: Management and Monitoring of Active Awarded Grants

- Sixty three proposals were screened and scored by the Review Panel out of which 35 potential applications were selected to be awarded grants from USAID.

- The following figures show the distribution of the thirty five grants awarded by topic/theme, governorate and by amount granted.
- Field visits were conducted to the selected NGOs in order to further investigate and clarify the Panel's comments.
- The Panel submitted a list of proposed list of 35 NGOs in due date to the USAID for approval.
- Selected NGOs signed the Grant Award Contracts on September 2003 as follows:

Governorate	Number of selected NGOs	Duration of contract	
		Start	End
Minya	16	September 2003	June 2004
Assiut	6	September 2003	June 2004
Sohag	13	September 2003	September 2004

Figure 1: Distribution of 35 Grants by Topic/Theme

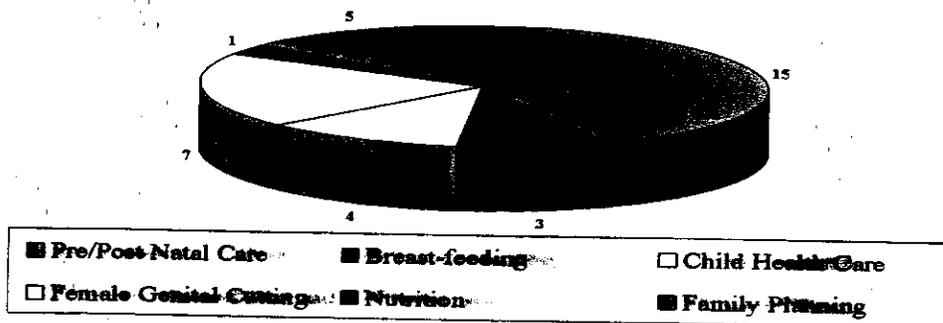


Figure 2: Distribution of 35 Grants by Governorate

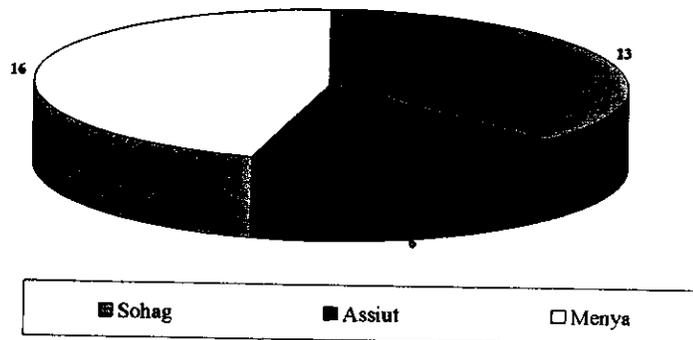
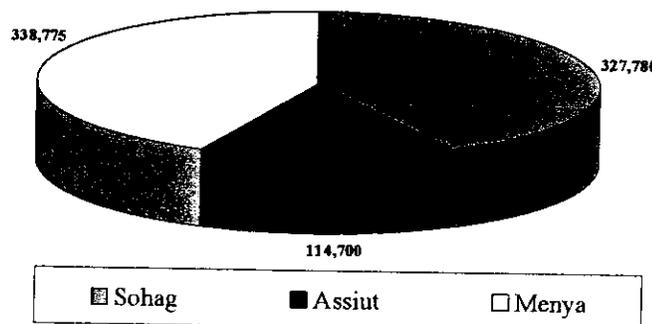


Figure 3: Distribution of Amount of Grant by Governorate



Activity No. 10.4: Evaluation, Closing and Setting Plan for Sustainability

- No activities were conducted this quarter.

Constraints:

- None.

Proposed Actions to Overcome Constraints:

- None

C.10.11 TASK ELEVEN: Commodity Procurement Program**Accomplishments:****Activity No. 11.1: Commodities**

- JSI/TCA completed the procurement process and issued Purchase Orders for a total of US\$ 6,319,352. The total amount committed to date is 70% of the total procurement budget.
- TCA has procured the following items this quarter per the Life of Contract Procurement Plan:
 - Local medical furniture, equipment, and supplies
 - Local and offshore computing equipment
 - Local office furniture
 - Local air conditioning units
 - Offshore medical equipment
- A bid review was completed for IFB #13. Proposals for award for the first group of items were made and submitted to USAID for approval. The final items are still undergoing technical review and inspection and will be submitted to USAID for approval soon.
- Three local medical RFQs were released and awards made for Phase II and III requirements.
- Two Preemicare incubators were shipped to ECRI in the US for testing.
- A maintenance contract was signed with Hi-Med for servicing of the CPAP machines.
- Waiver requests for LCD Projectors and local medical commodities are being drafted for submission to USAID o the MOHP Directorates per the approved Vehicle Procurement Plan.
- Offshore medical equipment awarded under IFB #12 was received in Cairo and are being distributed and installed in MOHP facilities.
- JSI and TCA have accepted delivery and installed the following items for Option Period recipient locations this quarter:
 - Medical equipment, furniture, and supplies in completed Phase One and Phase Two facilities.
 - Air conditioners for Phase Two facilities (General/District Hospitals and BEOCs) and for District Health Offices.
 - Office furniture for selected District Health Offices.
 - Office furniture and computing equipment for District Health Information Centers.
- A comprehensive spreadsheet was developed to define the remaining local and offshore procurement requirements.
- Inventory in the warehouse was maintained and a physical inventory was completed.
- The computerized Commodity Procurement Database was maintained and is producing required reports.
- Distribution reports were provided to the GOE Customs Representative and Sales Tax Authority as required.
- Distribution reports were provided to the GOE Customs Representative and Sales Tax Authority as required.

Activity No. 11.2: Renovations

- All the bidding, contracting and financial procedures related to the renovation process were implemented according to the renovation plan.
- Sixteen contracts were signed to complete the renovations of Phase II facilities and Giza MHIS Centers.
- A total amount of LE 305,850 has been paid and LE 80,971 is still obligated for renovation activities.

Activity No. 11.3: Publications

- The final version of the Women Health Card was printed by the HM/HC Project with technical assistance provided by JSI.
- The Counseling Cards were printed and are being tested and evaluated.
- The Arabic version of the HM/HC brochure was drafted and is being revised. It will be printed next quarter.
- The Arabic FGC manual was printed and distributed.
- The Management and Planning Manual was printed and the distribution plan is being finalized.
- Agreement has been reached with the HM/HC Project to print specific IEC Materials (including four complication fliers and four mini-posters) and the Medical Record Admission Sheets using remaining PIL funds. Technical assistance is being provided by JSI.
- A publications distribution plan was implemented in order to deliver the HM/HC publications to the different target districts. Recipients include HM/HC project, IMCI project, Governorate Health Offices, Training Department/Governorate Health Offices, District Health Offices, Hospitals, Central Medical Syndicate, and Central Medical Syndicate Chapters.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

C.10.12 TASK TWELVE: Coordination Activities

Accomplishments:

MOHP/ USAID/ JSI Monthly Coordination Meeting

- The monthly meeting was held at HM/HC Project on September 15, 2003.
- Participants were Dr. Esmat Mansour, MOHP undersecretary for Integrated Health Care / Executive Director of HM/HC; Dr. Nahed Matta, HM/HC Team Leader, USAID; Dr. Reginald Gipson, COP, JSI; Mr. Sobhi Moharram, DCOP, JSI. The purpose of the meeting was:
 - To organize regional meetings to review the results of MMSS 2002 in a number of governorates and galvanize the support of political leaders, civil society, other government agencies to reduce maternal and neonatal mortality.
 - To discuss the preparatory procedures for the second meeting of the Central Safe Motherhood Committee to be chaired by H.E. the Minister of Health and Population.
 - Review the results of the quality system of the neonatal care in target governorates.
- The participants agreed to :
 - Call for a Regional Conference for North Upper Egypt governorates: Giza, Beni Suef, Fayoum, Minya and Assiut on October 20-21, 2003, to identify the avoidable causes of deaths and develop a plan of action for corrective measures to reduce Maternal and Neonatal Mortality.
 - Call for the second meeting of the Central Safe Motherhood Committee meeting on early December 2003 to review progress since the last Safe Motherhood Committee meeting and the results of maternal mortality surveillance system 2002.
 - Agree -in principle- to have a Safe Motherhood Day for promotional activities and mobilization of resources for this cause. Dr. Esmat promised to write a memo to H.E. the Minister of Health and Population requesting his approval on the concept.
 - Based on reviewing the results of assessment of neonatal care in target governorates by using quality indicators, Dr. Esmat Mansour recommended to share the tool with HM/HC Project staff who are working in governorates other than Upper Egypt governorates in order to achieve consistency and produce , at the end of every year, a comparative national report.

Partnership in Health Reform (PHR+)

- A meeting was held at the PHR+ office on September 14, 2003 and was attended by Ms. Milly Howard, USAID, Ms. Nadwa Rafeh and Ms. Cheri Rassas, PHR+ and Dr. Gipson, JSI Chief of Party, to discuss:
 - How JSI might assist PHR+ with district profile data/information needed to finalize selection of the district in which PHR+ will be working.
 - Working cooperation between the two contractors in the designated PHR+ district

- Gipson stated that his understanding was that all SO 20 contractors would be working together in Matai and Mallawi Districts, and thus wondered why PHR+ needed data to "select" a district. It was clarified that certain district characteristics need to be considered when introducing macro-level organizational and financing reforms, for examples, the mix of public and private providers, presence of HIO facilities, level of HIO coverage, district management capacity, etc. This will require PHR+ to look at various districts in the Governorate and select a district in consultation with the MOHP and Governorate management that is based on both the health profile and these other factors. This could be Matai or Mallawi, but may end up being another district.
- With the above clarification, JSI offered to share whatever district data/information it has available, and PHR+ will follow up on the JSI data source.
- Until PHR+ identifies its district, it will not be possible to agree on a specific working interface between the two contractors. The situation will vary depending on whether or not JSI has already been working in the designated PHR+ district. In the meantime, JSI work should proceed as already planned, and PHR+ interventions in its designated district will work to complement, not overlap the JSI activities.
- In conclusion, there are, however, several programmatic areas where each contractor needs to understand more about what the other plans to do. JSI has already done a major briefing and a field trip with PHR+ for that purpose. Basically, PHR+ work starts at the macro planning level versus the facility level, but may overlap or converge with JSI efforts at some point.

Communications for Healthy Living (CHL)

- A technical meeting was held in HM/HC Project's premises on August 31, 2003 that was chaired by Dr. Amina Lotfy, IEC Unit of the project and membership of representatives of CHL and JSI. The purpose of the meeting was to discuss HM/HC priority communication areas to be served by CHL.
- Dr. Amina Lotfy reiterated the priorities as identified by Dr. Esmat Mansour, HM/HC Executive Director. They are:
 - Risk pregnancy and risk delivery
 - Infant feeding and neonatal screening
 - Salt iodization
- By the end of the meeting, it was agreed to hold a second meeting to discuss the action plan proposed by the CHL which includes the following components:
 - Launch of National "Health Weeks" that could target specific health issues.
 - A national TOT workshop-step down approach for communication planning followed by regional workshops to be conducted by the trained participants in the TOT workshop.
 - One-day seminar to be held in clinics that could be part of the health weeks.
 - An approach to involve NGOs.

Human Workforce Development (HWD)

- In a joint agreement between HM/HC, USAID, and JSI, complete sets of HM/HC publications were delivered to JHPIEGO, the technical assistance contractor of HWD/ USAID Project, to be distributed to all Medical and Nursing Schools of the universities in accordance with their plan

Environmental Health Project (EHP)

- JSI was invited and attended two stakeholders meetings on progress achieved on this project in the selected slum area of Ezbet El Nakhel.
- The first meeting was held on July 13 and 14, as a community workshop, to review a situation analysis developed by a team of Egyptian consultants that covered basic neighborhood information, environmental health conditions, child health conditions, availability of various services and some socio-economic aspects.
- The second meeting was a one-day meeting for GOE, donors and other interested parties. The meeting, which was held on July 17, was an opportunity for the community representatives to present the results of the situation analysis, identify areas of interventions, and allocate the project for GOE and donors.
- On September 8, 2003 a meeting was held with Ms. Sarah Fry, EHP Activity Manager and Mr. Maged Helmi, National Officer, EHP Cairo to:
 - Explore opportunities for integrating urban health activities of the EHP and HM/HC.
 - Follow up on July EHP stakeholders' meeting for Ezbet El Nawar.
- The JSI slums team presented a summary of HM/HC slums interventions. Mrs. Fry oriented JSI on the activities of EHP as follows:
 - EHP is a centrally funded USAID project focused on the prevention of diarrheal disease and infant mortality. Although its primary focus is on environmental health in Indian slums, EHP also aims to identify reliable approaches that could be applied to urban health programs in general. EHP's involvement in Ezbet El Nawar in Egypt is relatively minor and serves to explore community approaches to improved urban health. A regional USAID meeting is planned in India in February where EHP will present its findings on urban health frameworks. EHP will be completed in May 2004 and will be re-bid by USAID at that time.
 - EHP controls funds for urban health initiatives in Cairo from two sources: USAID ANE and *Making Cities Work*. The common search for urban health approaches creates a great complementarity between the activities of EHP and HM/HC in the slum areas. HM/HC could provide technical assistance on the behavior and education components of EHP's hygiene improvement framework for example.
 - Ms. Fry pointed out that in fact CEOSS was already contracted by USAID/ Egypt to provide health interventions in 25 Cairo slums. She recommended that JSI collaborate with other USAID urban health programs in Egypt to capitalize on the extensive experience gained through HM/HC. Dr. Gispon indicated JSI's readiness to cooperate were possible, towards developing a community-based methodology for behavior change interventions in the urban setting.

- The development of new urban health specific literacy modules, carried out by World Education in partnership with GALAE and HM/HC was identified as an ideal area for integrating urban health efforts of EHP and HM/HC.
- The meeting ended with an agreement to arrange for a meeting between Ms. Sarah Fry and Mr. Bill Potter, WE, to discuss the development of new environmental health messages as part of the adult literacy and Ms. Fry will promote with USAID the potential benefits of collaborating with HM/HC in existing Egyptian urban health initiatives.
- JSI arranged for the meeting between World Education, EHP, and JSI which was held on September 9, 2003. The Ford Foundation already provides funding to World Education to implement literacy activities in the target areas of HM/HC in Upper Egypt. Extension of these activities into the urban areas would require:
 - Environmental health messages would need to be developed jointly by World Education and hygiene experts yet to be determined by EHP. An evidence-based approach would be used to select the messages that would have the greatest impact on child health.
 - Additional funding for the introduction of activities into Gharb El Mattar and Basateen Sharq of the HM/HC slum pilot interventions.
 - Adjustment of the content and format of the messages to suit the urban setting.
- Ms. Fry indicated that the ANE could likely provide funding for the urban initiative and that selection of technical consultants for such an activity was not yet final.
- Dr. Gipson confirmed JSI's enthusiasm for these proposals and indicated that the literacy messages could form part of a comprehensive behavior change package for improved hygiene in the urban setting.

Intra-ministerial Coordination

A- Integrated Medical Zones General Directorate (Urban Health)

- A meeting was held with Dr. Ahmed El Henawi, Director General of Integrated Medical Zones, MOHP and his assistant Dr. Thourarya Abdel Ghani. The purpose of the meeting is to share the situation analysis of urban health pilot project, discuss the structure of the SMC and functions for Cairo slum area and agree on the start up of the community activity in the two selected slum areas of Giza and Cairo.
- By the end of the meeting an agreement was reached on:
 - The draft action plan and the Safe Motherhood Committee for Cairo slum area. Dr. El Henawi asked a draft letter to be sent by Dr. Esmat Mansour, HM/HC Executive Director, through him, to Cairo Governorate MOHP Department establishing the SMC.
 - A meeting is to be set up between Dr. Henawi and Mr. Bill Potter (World Education) to review the implementation of the activity of integrating health messages in literacy program in slum areas of Basateen and Gharb El Mattar and discuss ways and means to expand the program to other slum areas of Cairo and Giza.

- Dr. El Henawi agreed to arrange a meeting between JSI Team and Dr. Elham Sharqawi, Director of PHC, Cairo, to facilitate the start-up of the community activity.

B- MCH General Directorate

Curricula for MOHP Training Center

- Dr. Esmat Mansour, Undersecretary for Integrated Health Care and Executive Director of HM/HC Project has been assigned to chair a working group to develop a comprehensive curriculum, and training materials on Safe Motherhood to be the second major component besides the Reproductive Health. The two components will constitute the core program of the newly established MOHP Regional Training Center which is supported by UNFPA
- HM/HC Executive Director requested JSI to provide technical assistance in accomplishing this task. JSI EOC coordinator was assigned to serve as a member of this working group which is supposed to finish its task by May 2004.
- In the first meeting of the working group on August 18, 2003, Dr. Esmat emphasized that it is an opportunity to institutionalize HM/HC training curricula and materials through endorsement of MOHP officially of all what were developed and to be implemented as standard all over the country. She stated that this working group is not going to reinvent the wheel and all what is need to review, add to the materials, if needed, and submit it as the safe motherhood training package.
- JSI provided the working groups with all the training curricula, modules, and materials that were developed under HM/HC Project as a reference.

Meeting of Governorate MCH Directors

- JSI participated in the joint meeting of Directors of MCH and HIS centers at the governorate level on 21 and 22 September, 2003. The meeting, which was organized by the General Directorate for MCH, discussed, on the first day, the results of the MMSS 2002; identified major points of weakness and recommended corrective actions to be taken. On the second day, the focus was on the coordination between MCH and HIS at the central and peripheral levels.

C- Curative Care Sector

- On September 1, 2003, JSI met with key staff of Curative Care Sector MOHP to follow-up on actions taken to secure availability of essential drugs to the hospitals, as well as including those drugs that are considered essential on the MOHP Drug List.
- Curative Care team briefed JSI team on efforts exerted with the Pharmaceutical Department, MOHP. As a result of these efforts, the Curative Care Sector succeeded in cooperation with the pharmaceutical Department in including the list provided by JSI on the purchase order of MOHP except the following:
 - Hydralazine which is not on the list of MOHP drugs. Curative Care Sector is working to secure its inclusion in the near future.
 - Prostaglandins is registered, however, the MOHP is not intending to make it available due to its high cost.

- Vit. B.6 mp., hospital will be advised to use Cortigen BC as the available alternate.
- Intensive discussions took place on how to develop a mechanism and system to ensure the procurement, distribution, and delivery of required drugs to each facility. It was decided that further discussion is needed and ideas and proposals are welcomed to activate/ modify the current system to render it more efficient and effective.

D- General Directorate of Quality

- A meeting was held on September 3, 2003 in the MOHP with Dr. Bassioni Zaki, Director General of Quality. JSI CQI system was briefly explained together with an overview about the full package of services. A list of JSI publications was provided. Dr. Bassioni explained the accreditation system for general/district hospitals together with its constraints.
- Areas of possible integration and coordination were discussed. Dr. Bassioni handed over to JSI a copy of obstetric and neonatal guidelines that were developed by his department. The Director General praised the efforts of JSI in developing clinical protocols and the CQI system that fits well with the MOHP's accreditation standards.
- To identify opportunities to strengthen and sustain CQI system developed by HM/HC through the MOHP quality system, it was agreed that Dr. Bassioni will be invited for a meeting in JSI office. The purpose of the meeting is to exchange information and closely explore JSI activities that could be mainstreamed through the MOHP quality system.

Family Planning Sector: Squatter Areas

- A meeting was held with Dr. Azza El Shafei, Director of Squatter Areas, Family Planning, and Population Sector on September 10, 2003 to discuss opportunities for cooperation between Squatter Areas Activities and HM/HC pilot interventions in slum areas.
- By the end of the meeting both parties agreed to:
 - Share information between HM/HC and Dr. Azza's Department which is also in contact with other MOHP programs operating in the slums such as PHR.
 - Extend the mobile units service to the more remote points of the two HM/HC slum areas, and to coordinate with HM/HC to use these mobile units to deliver IEC messages on MCH.
 - Implement the quality program of the Family Planning activities at the two HM/HC slum UHCs, in order to award them the Golden Star. A suggestion was made to extend the quality training to the NGO working in family planning in the two areas as well.
 - Share the community diagnosis tool used by her department over the last four years to perform community and environmental assessments.
 - Coordinate work between NGOs working in her department (Dr. Maha Hemeida, NGO Specialist) and HM/HC slums NGO activities.
 - Share with the JSI team the environmental and health educational message used by NGOs working within her administration.
 - Assist in developing relations between JSI and GOE Social Affairs Health Counselors, to enable outreach work through these Counselors for greater access to slum communities.

- Suggest family planning messages for inclusion in the GALAE curriculum.
- Attend the HM/H-JSI management quality workshop scheduled for September 21 – 23, 2003.

TAHSEEN Project

A- Post Abortion Care (PAC)

- USAID/ TAHSEEN (Catalyst) and HM/HC (JSI) met on July 10, 2003 to agree on the definition of PAC and allocate responsibilities of the two projects in providing technical assistance to this intervention at the primary health care and hospital levels. The use and registration of MVA device was discussed in the said meeting. (Annex H: Minutes of the meeting)

B- Action Plan to Implement Memo of Cooperation (MOC)

- To start up the implementation of what was agreed upon in the MOC signed between MCH and FP Sectors of MOHP and USAID and its contractors, a preparatory meeting between Catalyst and JSI was held on July 22, 2003 to agree on the agenda of the meeting scheduled on July 29, 2003 to be chaired by the heads of the two sectors with participants from USAID, Catalyst and JSI. (Annex I: Minutes of the meeting)
- On July 29, Dr. Esmat Mansour, MOHP Undersecretary for Integrated Health Care and Dr. Yehia El Hadidi, Director General of Family Planning and Population Sector chaired a meeting attended by representatives of USAID, Catalyst, and JSI. In this meeting, the two sectors confirmed their commitment to integration and approved a plan of action to implement the areas of cooperation and time tables mentioned in the memo of cooperation. (Annex J: Minutes of the meeting)

C- Minya: Integration of MCH/FP in Two Districts

- A meeting was held in HM/HC Project premises between Tahseen, JSI and HM/HC key facilities. Family Planning sector representatives did not show up. The purpose of the meeting was to discuss the plan of action to integrate FP/MCH in the two districts of Minya and Mattay (Annex K: Minutes of the meeting)

D- TAHSEEN/ The Policy Project

- JSI COP and DCOP met with Dr. Hussein Abdel Aziz Sayed, Country Director, The Policy Project, upon his request to discuss area of coordination between HM/HC and The Policy Project. It is worthy to mention that the Policy Project is a component of TAHSEEN Project run by the Futures Group International as a member of the Catalyst Consortium.
- Dr. Abdel Aziz provided an overview of the components and tasks to be performed by The Policy Project in four areas: advocacy, planning and budgeting, information, and capacity building. JSI, also, provided an overview of the HM/HC objectives, components, and record of accomplishments up-to-date.
- The two parties agreed that the pilot testing of an integrated MCH/ FP train package of services in Minya represents a good opportunity to shed light on

policy issues that the Futures Group could address to support TAHSEEN Project. JSI proposed a local policy analysis for Minya to be one of the major inputs to the planning for the implementation of the integrated package. Dr. Abdel Aziz agreed on principles and promised to discuss his suggestion with Catalyst.

- JSI provided some of its publications to the Futures Group International. Dr. Hussein Abdel Aziz submitted a draft paper on the Maternal and Neonatal Program Effort Index (MNPI) conducted by the Futures Group International funded by USAID through the MEASURE Evaluation Project for JSI review and comment.

National Information for Health and Population (NICHP)

- NICHP is responsible for the implementation of the upgraded HIS application all over Egypt. However, JSI is providing technical assistance to NICHP upgrading HIS in the nine target governorates of Upper Egypt with its nine Directorates and 81 districts.
- To assist NICHP to prepare for the implementation of the upgraded system all over Egypt, a meeting was held, on July 13, 2003, in NICHP premises between NICHP Director, and JSI HIS specialists. The focus of the meeting was on the organizational and technical resources of NICHP required to implement the upgraded HIS application and based on the results of the assessment, a plan of action was developed.
- As one of the activities of the agreed upon plan of action, JSI designed, prepared training materials and assisted in conducting a workshop during the period from August 17 – 21, 2003 for NICHP staff members. The following topics and contents of the workshop were based on brainstorming sessions and group discussions and were related to:
 - How to measure the success of the process of upgrading Information Systems;
 - How to measure quality of data using the upgraded HIS tools;
 - How to measure quality of other inputs to the implementation;
 - What is meant by quality of procedures;
 - How to improve degree of success, quality of data, quality of inputs and quality of procedures using proposed basic model.
- On Sunday, August 24, 2003, a meeting was held with the NICHP Director and her senior staff members who attended the workshop, key personnel of NICHP and JSI HIS specialist to follow up on the recommendations of the workshop.
- The NICHP Director assigned Eng. Amir Kamal as HIS Implementation manager and HIS coordinator to work with JSI and HM/HC in the implementation of the upgraded HIS. NICHP Director asked JSI HIS specialist to conduct the same workshop for another group of NICHP staff to improve their skills in information systems management. The NICHP/ HIS Coordinator shall call for a meeting to discuss the details of the implementation plan.

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 C.
- The JSI/Boston Project Coordinator visited the office to complete several administrative/financial activities including a review of the procedures manual, drafting a close-out plan, assistance with the budget tracking tool, etc.
- Technical and administrative visits were made to the field offices. The Fayoum and Qena field offices were closed in June, 2003.
- JSI use of PIL funds is being tracked daily and reconciled with the Project on a monthly basis. A detailed review is being conducted on the last quarter projections to ensure there is enough remaining funds by line item.
- The JSI budget-tracking tool was updated monthly and actual and projected expenses were entered.
- JSI provided monthly expenditure estimates to USAID as required.
- Project inventory records were updated and reviewed for accuracy.
- JSI received the approved sales tax exemption request from USAID and is following up with the Sales Tax Authority for finalization.
- JSI/Egypt forms were produced in electronic form and a pilot test will be run using electronic approvals.
- A hardware/software analysis was completed for the Cairo office and the procurement of additional desktop and laptop computers was completed.
- Renovations for the Giza field office are underway. Commodities are also being procured for the new office.
- A project close-out plan was developed and is being prepared for presentation to the Senior Management Team.

Constraints:

- None

Proposed Actions to Overcome Constraints:

- None

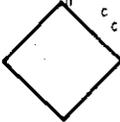
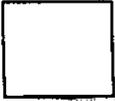
**ANNEX A: STATUS OF THE OPTION PERIOD
PERFORMANCE MILESTONE**

MILESTONE STATUS REPORT

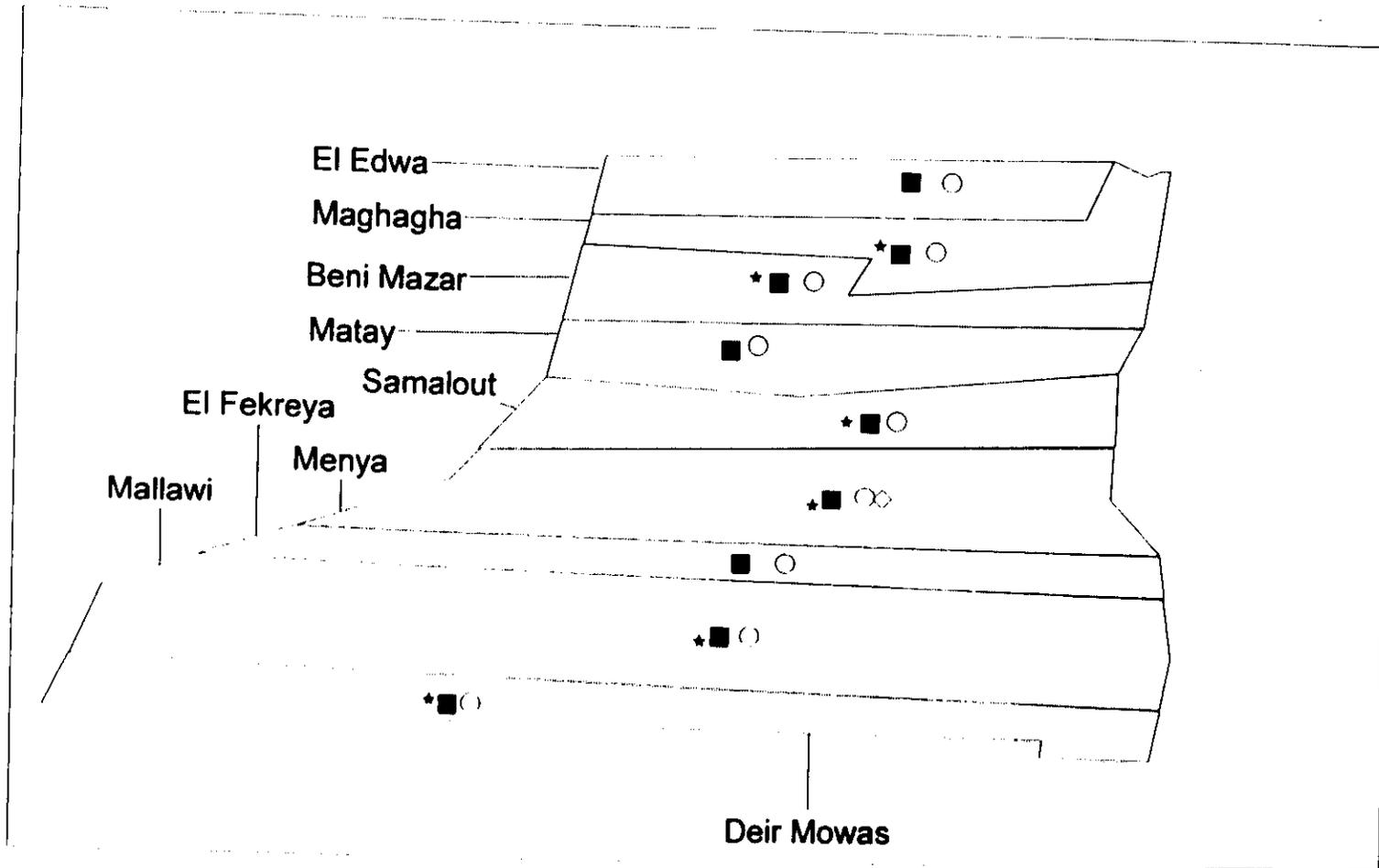
10/21/2003

No.	Date Due	Task No.	Milestone	Submitted	Validated	Approved	Comments
						USAID	
1	3/15/2002	11	Development of HM/HIC Project Procurement Plan				
2	9/15/2002	1	Implementation of basic package in 12 additional districts for a cumulative total of 37 districts	4/14/2002		6/2/2002	Completed
3	9/15/2002	2	Assist in the coordinated implementation of MCH-FP in at least one additional target governorate	9/15/2003		3/7/03	Completed
4	9/15/2002	3	12 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 37 districts	9/8/2002		9/30/2002	Completed
5	9/15/2002	4	Assist MOHP to establish 71 district MHIIS centers	9/12/2002		12/22/2002	Completed
6	9/15/2002	5	5 operations research studies completed	9/15/2003			
7	9/15/2002	7	Community Action Plans developed and implemented in 16 additional districts for a cumulative total of 53 districts	9/12/2002		9/30/2002	Completed
8	9/15/2002	10	A cumulative total of 120 small grants awarded to NGOs in target districts	9/8/2002		9/30/2002	Completed
9	9/15/2003	11	Procurement of \$ 1.5 Million of Project commodities	9/8/2002		9/30/2002	Completed
10	3/15/2003	11	Procurement of \$ 3 Million of Project commodities	9/12/2002		10/3/2002	Completed
11	9/15/2003	1	Implementation of basic package in 16 additional districts for a cumulative total of 53 districts	3/15/2003		9/21/2003	Completed
12	9/15/2003	2	Monitor QA scores of neonatal centers in target governorates	9/15/2003			
13	9/15/2003	3	16 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 53 districts	9/15/2003			
14	9/15/2003	4	Assist MOHP to establish 75 district MHIIS centers	9/15/2003			
15	9/15/2003	5	5 operations research studies completed	9/15/2003			
16	9/15/2003	7	Community Action Plans developed and implemented in 16 additional districts for a cumulative total of 53 districts	10/9/2003			
17	9/15/2003	7	Community Action Plans developed and implemented in 16 additional districts for a cumulative total of 53 districts	9/15/2003			
18	9/15/2003	7	Assist the MOHP and HIO to maintain the Adolescent Anemia Prevention Program in the five original UE governorates and phase into the new target governorates	9/15/2003			
19	9/15/2003	10	A cumulative total of 140 small grants awarded to NGOs in target districts				
20	9/15/2003	11	Procurement of \$ 5.5 Million of Project commodities	9/15/2003			
21	9/15/2004	1	Implementation of basic package in 17 additional districts for a cumulative total of 70 districts	3/15/2003			
22	9/15/2004	2	Complete implementation of MCH-FP integrated package of services in one pilot district including Health Sector Reform				
23	9/15/2004	3	17 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 70 districts				
24	9/15/2004	4	Assist MOHP to establish 80 district MHIIS centers				
25	9/15/2004	5	Assist MOHP in the development and pilot test of a national maternal mortality surveillance system				
26	9/15/2004	7	Community Action Plans developed and implemented in 17 additional districts for a cumulative total of 70 districts				
27	9/15/2004	10	A cumulative total of 160 small grants awarded to NGOs in target districts				
28	9/15/2004	11	Procurement of \$ 7.5 Million of Project commodities				
29	3/15/2005	1	Implementation of basic package in 5 additional districts for a cumulative total of 75 districts				
30	3/15/2005	2	Assist the MOHP/Urban Health Department to pilot test adapted HM/HIC interventions in 1-2 urban shura areas				
31	3/15/2005	3	5 Additional District Health Plans and Monitoring Systems developed and implemented for a cumulative total of 75 districts				
32	3/15/2005	4	Assist MOHP to establish 85 district MHIIS centers				
33	3/15/2005	5	12 operations research studies completed				
34	3/15/2005	5	Monitor implementation of surveillance system in target governorates of Upper Egypt				
35	3/15/2005	7	Community Action Plans developed and implemented in 5 additional districts for a cumulative total of 75 districts				
36	3/15/2005	10	A cumulative total of 170 small grants awarded to NGOs in target districts				
37	3/15/2005	11	Procurement of \$ 9 Million of Project commodities				

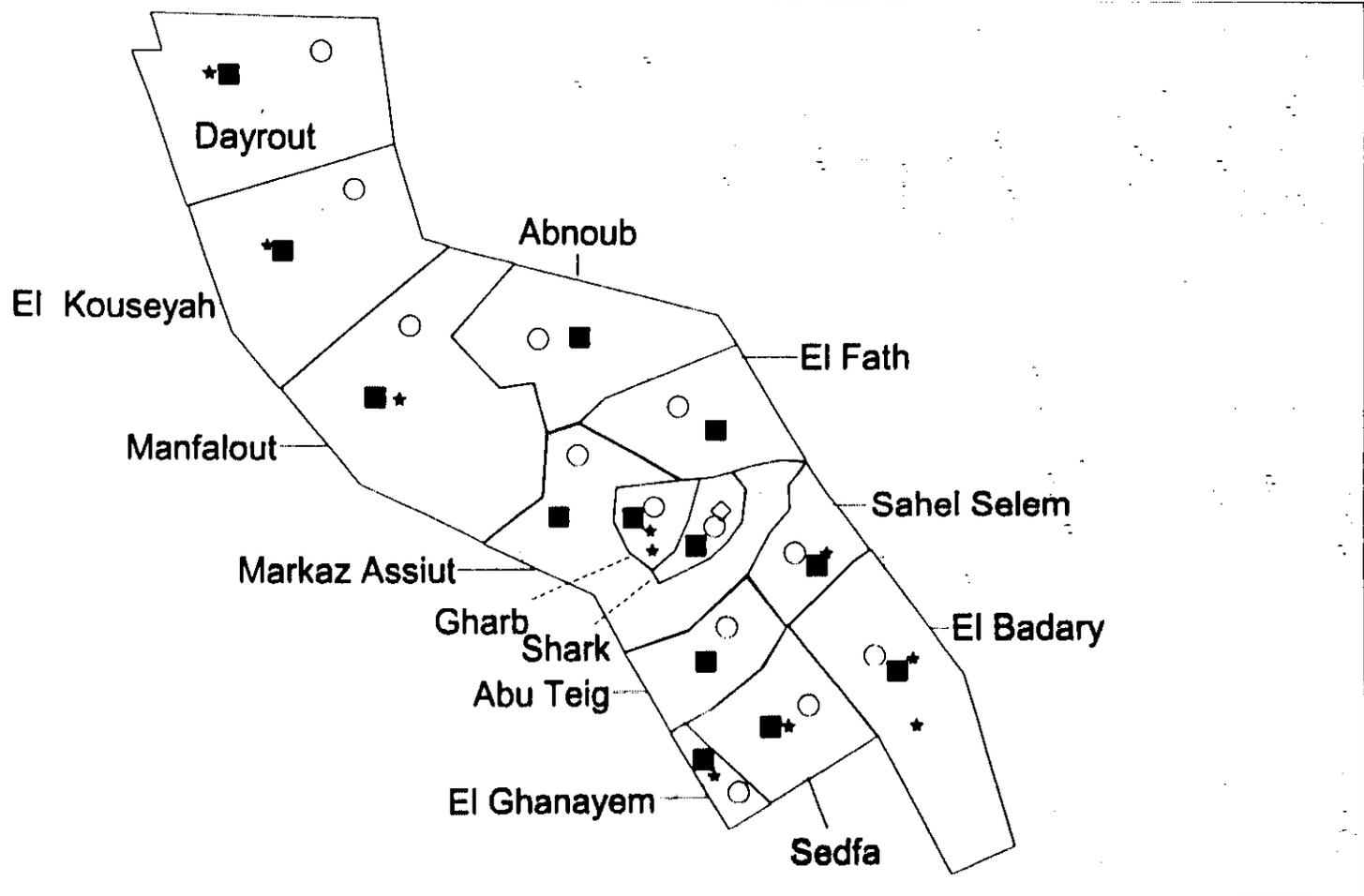
ANNEX B: MAPS OF TARGET GOVERNORATES

LEGEND	YES	NO
Directorate MHIS Center Upgraded		
District MHIS Center Established		
Neonatal Care Center Upgraded		
CEOC Center Upgraded		
BEOC Center Upgraded**		

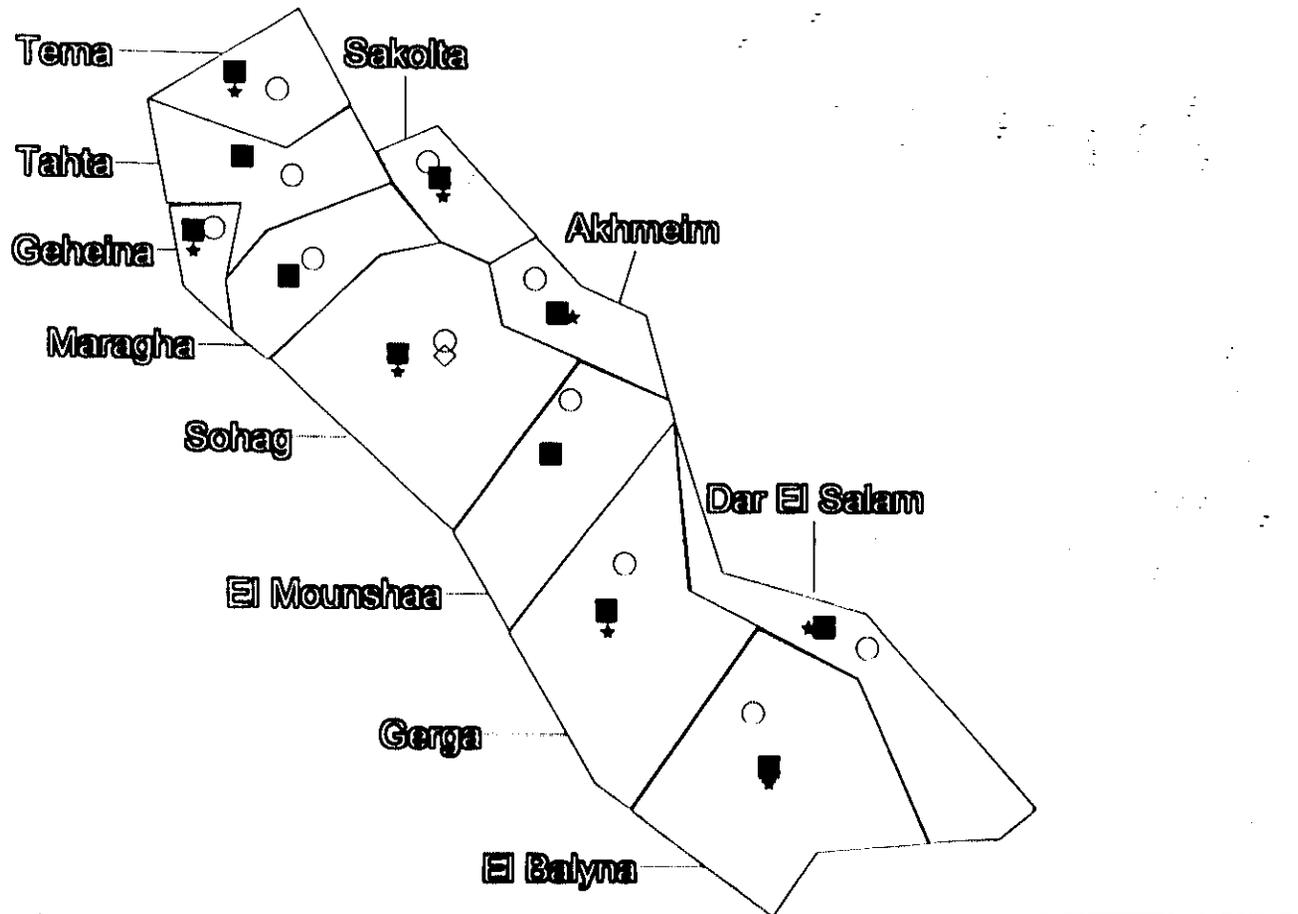
El Minya



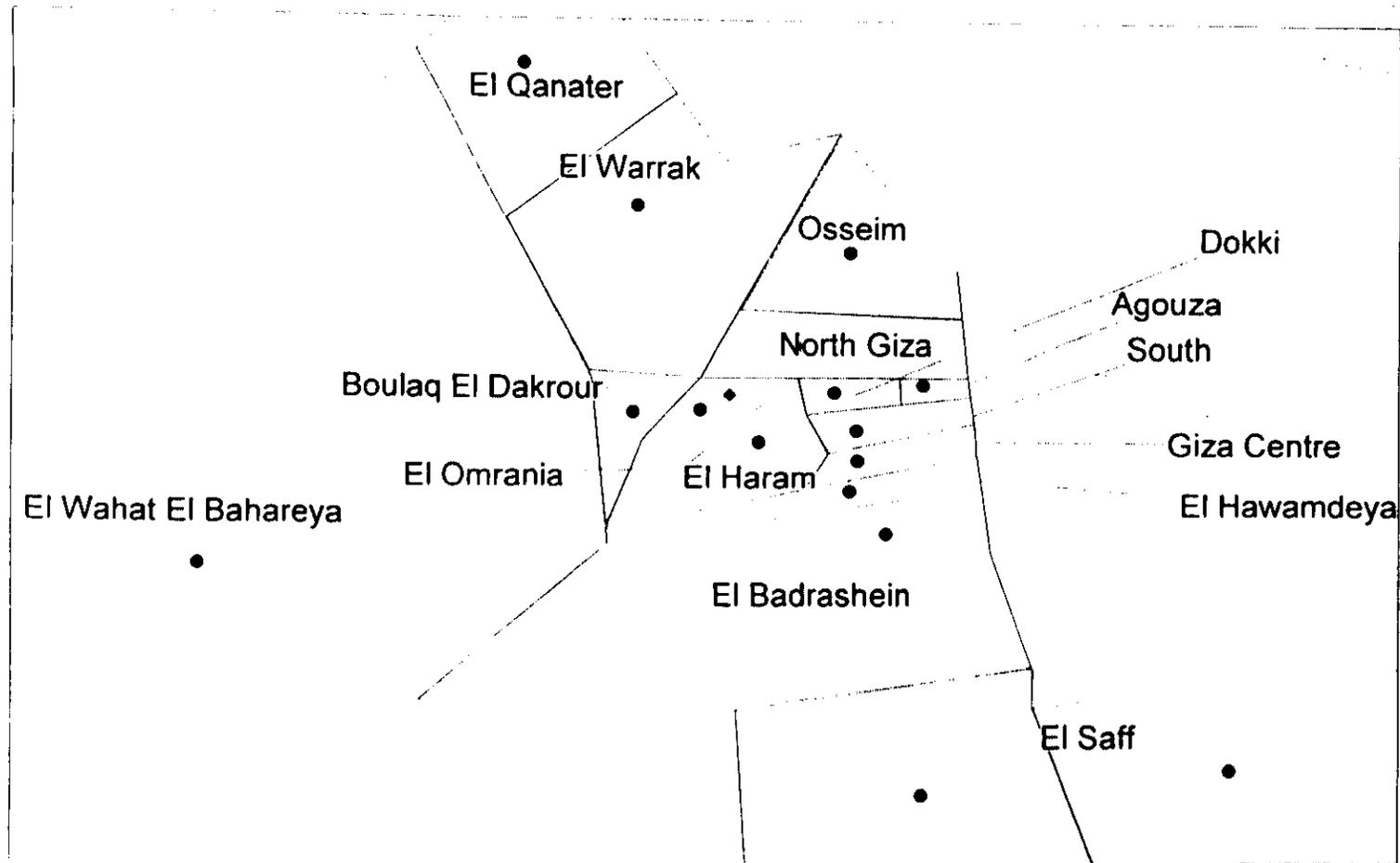
Assiut



Sohag



Giza



ANNEX C: CONTRACT STAFF LIST

John Snow, Inc. HM/HC
Staff Names and Titles
Option Period - September 30, 2003

Names	Titles
JSI / Cairo office	
Full-Time Employees	
Reginald Gipson	Chief of Party
Sobhi Moharram	Deputy Chief of Party Coordinator for Tasks 1, 3, 4, 5, 7 & 10
Tom Coles	Health Providers Training Supervisor Coordinator for Task 2
Katrina Kruhm	Project Administrator Coordinator for Task 11
Hassan El Sheikh	Implementation Team Coordinator Task Team Member: Task 1 & 2
Mohsen El-Said	Implementation Specialist (Assiut & Menya) Task Team Member: Task 1
Abdel Moneim Hamed	Implementation Specialist (Sohag & Giza) Task Team Member: Task 1
Dalia Raafat	Architect & Quantity Surveyor Task Team Member: Task 1
Lamiaa Mohsen	Perinatal Coordinator Task Team Member: Task 2
Mohamed Moustafa	Training Specialist Task Team Member: Task 2
George Sanad	Health Management Specialist Task Team Member: Task 3
Dalia Hassan	Health Management Assistant Task Team Member: Task 3
Wafaei El-Sakkary	Quality Assurance Specialist Task Team Member: Task 3
Sherif El-Kamhawy	Quality Assurance Assistant Task Team Member: Task 3
Khaled Abdel Fattab	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
Marwa Kamel	Communications & Behaviour Change Specialist Task Team Member: Task 7
Ihab Abdel Ghani	Health Education Specialist Task Team Member: Task 7
Heba Rafik	Public Relations, Communications & Contracting Specialist Task Team Member: Task 7
Dalia Sherif	Health Communications Specialist Task Team Member: Task 7

Names	Titles
Khaled El-Sayed	Community Development & Mobilization Specialist Task Team Member: Task 7
Maha Anis	SHIP Implementation & Training Specialist Task Team Member: Task 7
Hana Abdel Megeid	Program Assistant (SHIP) Task Team Member: Task 7
El-Sayed Kishta	NGOs Small Grants Specialist Task Team Member: Task 10
Ingy Kotb	NGOs Small Grants Assistant Task Team Member: Task 10
Mohamed Mansour	Procurement & Commodity Logistics Specialist Task Team Member: Task 10 & 11
Marion Charobim	Procurement Specialist Task Team Member: Task 11
Ola Zakaria	Administrative / Contracting Specialist Task Team Member: Task 11
Hazem Mansour	Financial Manager & Deputy Administrator
Amr Obeid	Senior Accountant
Bassem Reda	Senior Accountant
Ayatallah Mohamed	Accountant
Naglaa 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)
Mariam Samir	Program Assistant (MMSS)
Passant Al-Ashkar	Program Assistant (Management)
Neveen Sami	Program Assistant (Health Providers Training Supervisor)
Nesrine Sobhi	Program Assistant (Perinatal)
Amira Daa	Executive Secretary
Dina Khairy	Executive Secretary / Travel Assistant
Ola Hussein	Secretary
Nashwa Bahgat	Secretary
Roaa Ibrahim	Secretary
Dina Bahader	Secretary
Iris Guirguis	Data Entry Assistant
Walid Salah	Data Management Assistant
Tarek El-Nadi	Senior Driver
Ali Yassin	Driver
Hassaballah Mostafa	Driver
Ayman Mohamed	Messenger/ Expeditor
Ahmed Moawad	Messenger/ Expeditor
Mohamed Harbi	Messenger / Store-Keeper
Ayman Mirghani	Photocopy Clerk / Messenger
Hassan Fawzi	Office Clerk / Messenger
Khaled El-Ghoneimy	Office Clerk / Messenger
Part-Time Employees	
Nevine Hassanein	Slum Areas Development Coordinator

Names	Titles
Mohamed Rashad	Architectural & Engineering Specialist
Mohamed Helmy	Electrical Engineer
Khaled Saber	Bio-Medical Engineer
Iman Radwan	Bio-Medical Engineer
Walid Saber	Bio-Medical Engineer
Hussein Khamis	Support Services Coordinator
Sabry Hamza	EOC Coordinator
Ashraf Shawat	Anesthesiology Specialist
Ahmed Farag	Anesthesiology Specialist
Fareed Farouk	Anesthesiology Specialist
Mokhtar Abdel-Hai	Anesthesiology Specialist
Amr Abul Fadl	Emergency & Laboratory Specialist
Amr Abdallah	Emergency & Laboratory Specialist
Salwa Teama	Hematology Specialist
Ahmed Ashraf Wegdan	Infection Control Specialist
Alaa Abou Zeid	Infection Control Specialist
Ahmed Hamdy	Midwifery Trainer
Amr Fathi	Clinical Supervisor
Abdel-Ghaffar Mohamed	Clinical Supervisor
Ahmed Samy	Clinical Supervisor
Ahmed Mohamed	Clinical Supervisor
Hossam Ahmed	Clinical Supervisor
Ihab El-Nashar	Clinical Supervisor
Karim Wahba	Clinical Supervisor
Khaled El-Sheikha	Clinical Supervisor
Khaled Azmy	Clinical Supervisor
Magdy Sweed	Clinical Supervisor
Magdy Tawfik	Clinical Supervisor
Mahmoud Rizk	Clinical Supervisor
Mahmoud Shokry	Clinical Supervisor
Mohamed Sabry	Clinical Supervisor
Mohamed Mahmoud	Clinical Supervisor
Mohamed Morad	Clinical Supervisor
Sayed Mostafa	Clinical Supervisor
Tarek Khalaf	Clinical Supervisor
Ahmed Reda	Neonatal Clinical Supervisor
Ahmed Abdel Salam	Neonatal Clinical Supervisor
Ahmed Kamal	Neonatal Clinical Supervisor
Aly Bayoumi	Neonatal Clinical Supervisor
Dahlia El-Sebaei	Neonatal Clinical Supervisor
Hisham Ali	Neonatal Clinical Supervisor
Mostafa Abdel Azeem	Neonatal Clinical Supervisor
Mounir Mostafa	Neonatal Clinical Supervisor
Salah El-Din Ahmed	Neonatal Clinical Supervisor
Sherif Mohamed	Neonatal Clinical Supervisor
Ismail El-Hawary	Neonatal Specialist

Names	Titles
Maaly Guimei	Senior Nurse Advisor
Rosario Raz	Nursing Master Trainer
Abeer El-Kotb	Nursing Trainer / Supervisor
Amira Morsy	Nursing Trainer / Supervisor
Amaal Fathy	Nursing Trainer / Supervisor
Enayat El-Sayed	Nursing Trainer / Supervisor
Entisar Mohamed	Nursing Trainer / Supervisor
Hamida Alam El-Din	Nursing Trainer / Supervisor
Hanan Said	Nursing Trainer / Supervisor
Heba Ezzat	Nursing Trainer / Supervisor
Iman Abdel Samea	Nursing Trainer / Supervisor
Lobna Mohamed	Nursing Trainer / Supervisor
Madiha Mohamed	Nursing Trainer / Supervisor
Marzouka Gadallah	Nursing Trainer / Supervisor
Nadia Abd-Allah	Nursing Trainer / Supervisor
Rabab El-Sayed	Nursing Trainer / Supervisor
Randa El-Sayed	Nursing Trainer / Supervisor
Randa Mohamed	Nursing Trainer / Supervisor
Rasha Adel	Nursing Trainer / Supervisor
Sabah Mohamed	Nursing Trainer / Supervisor
Sahar Ahmed	Nursing Trainer / Supervisor
Sahar Nagieb	Nursing Trainer / Supervisor
Sahar younes	Nursing Trainer / Supervisor
Sahar Moussa	Nursing Trainer / Supervisor
Soad Ramadan	Nursing Trainer / Supervisor
Salwa Ali	Nursing Trainer / Supervisor
Safaa Mohamed	Nursing Trainer / Supervisor
Said El-Dib	Community & Health Management Coordinator
Olivia Riad	Management Specialist
Donald Benson	Publications Coordinator
Assiut Field Office	
Abdel Aziz Mohamed	Maternal & Child Health Specialist
Tarek Abdel-Wahed	Health Planning & Management Specialist/ Field Office Manager
Mohamed Youssef	Community Development & Mobilization Specialist
Akram Yehia	Field Program Assistant (SHIP)
Mahmoud Ahmed	Administrative Assistant
Mohamed Ali	Driver
Nasser Sayed	Office Clerk / Messenger
Giza Field Office	
Marwan Abdel Fatah	Maternal & Child Health / Field Office Manager
Sameh Sabry	Field Program Assistant (SHIP)
Ashraf Saad	Administrative Assistant
Mohamed Labib	Administrative & Logistical Assistant
Gamal Abdel-Azeem	Driver

Names	Titles
Minya Field Office	
Gihan Shafik	Maternal & Child Health Specialist
Amgad George	Health Planning & Management Specialist/ Field Office Manager
Mostafa Sayed	Community Development & Mobilization Specialist
Ahmed Hosni	Field Program Assistant (SHIP)
Samah Khalifa	Administrative Assistant
Ahmed Al-Kassem	Driver
Gamal Ahmed	Office Clerk / Messenger
Sohag Field Office	
Gamal El-Korashy	Maternal & Child Health Specialist / Field Office Manager
Ossama Ibrahim Mohamed	Health Planning & Management Specialist
Ahmed Ramadan	Community Development & Mobilization Specialist
Hussein Kamel	Field Program Assistant (SHIP)
Ashraf Mostafa	Administrative Assistant
Mohamed Sayed	Administrative Assistant
Mohamed Badawi	Secretary
Hassan Abbas	Driver
Seoudi Fayez	Office Clerk / Messenger

**ANNEX D: SUMMARY OF IMPLEMENTATION
STATUS IN MINYA**

Option Period

Status of Implementation

September 30, 2003

Minya Governorate

Workbook

1 - CEOCs & BEOCs

1.1 - RENOVATION

Minya Governorate

Anchor Facilities	Funding Source	Completed	Not Completed			Comments/ Action Required
			IFB Issued	Contract Awarded	Expected Date for Completion	
Abu Qurkas District						
Abu Qurkas District Hospital						
CEOC	JSI	Yes				
NCU	JSI	Yes				
CSSD	JSI	Yes				
OR	JSU/MOHP	Yes				
LR	JSI	Yes				
Asmart Integrated Health Unit	JSI	Yes				
Deir Mowas District						
Deir Mowas District Hospital						
CEOC	MOHP	Yes				
NCU	HMHC	Yes				
CSSD	MOHP	Yes				
OR	MOHP	Yes				
LR	HMHC	Yes				
Deir Mowas Maternity	JSI	Yes				
Nazlet Badraman Integrated Hospital	JSI	Yes				
Beni Haraam Health Unit	JSI	Yes				
Beni Mazar District						
Beni Mazar District Hospital						
CEOC		Yes				
NCU		Yes				
CSSD		Yes				
OR		Yes				plan to renovate female OR, and make extension for CEOC, HMHC
LR		Yes				
Sandafa Integrated Hospital	JSI	Yes				
Beni Ali Integrated Hospital	Social Fund	NO				It is expected to finish by the end of September.
Abu Garg Women Health Center	JSI	Yes				
El Sheikh Fadl Integrated Hospital	JSI	Yes				
El Edwa District						
El Edwa District Hospital	HMHC	NO	Not Comple			
Maghagha District						
Maghagha District Hospital	HM/HC	No	Not Comple			
Mattay District						

Anchor Facilities	IIT	Funding Source	Completed	Not Completed			Comments/ Action Required
				IFB Issued	Contract Awarded	Expected Date for Completion	
Mattay District Hospital		HMHC	No	Not Completed			
Mallawi District							
Mallawi District Hospital		HMHC	Yes				

1 - CEOCs & BEOCs

1.2 - COMMODITIES

Minya Governorate

Anchor Facilities	Delivery			Comments/ Action Required
	Delivered	Partial	Expected Date for Completion	
Abu Qurkas District				
Abu Qurkas District Hospital				Few missed items in some units.
CEOC	Yes			
NCU				could be equiped by JSI.
CSO	Yes			
OR	Yes			
U	Yes			
Asmarit Integrated Health Unit	Yes			
Deir Mowas District				
Deir Mowas District Hospital				very few missed items in some units.
CEOC	Yes			
NCU	Yes			
CSO	Yes			
OR				Equipped By JESICA, JSI will only provide supplies * Pending Request to supply*.
U	Yes			
EI	Yes			
Deir Mowas Maternity	Yes			
Nazlet Badran Integrated Hospital	Yes			
Beni Haraam Health Unit	Yes			
Beni Mazar District				
Beni Mazar District Hospital				very few missed items in some units.
CEOC	Yes			
NCU	Yes			
CSO	Yes			
OR	Yes			
U	Yes			
Sandafa Integrated Hospital	Yes			
Beni Ali Integrated Hospital	No	No		Pending Completion of Renovations
Abu Garg Women Health Center	Yes			
El Sheikh Fadl Integrated Hospital	Yes			
El Edra District				
El Edwa District Hospital				
Maghagha District				
Maghagha District Hospital				
Mattay District				
Mattay District Hospital				
Mallawi District				
Mallawi District Hospital				

Legend	Number of Physicians Trained	<input type="checkbox"/>
	Number of Nurses Trained	<input type="checkbox"/>
	Number of Lead Trainers Trained	<input type="checkbox"/>
	HSMC	<input type="checkbox"/>

Number of Nurses Trained

		1	2	3	4	5	6	7	8	9	10	11	12
NC Nurses	Actual	4	4			5				3	6	4	3
	Planned	1	1			1							
NC Nurses Competency	Actual	4	4			5				3	6	4	3
	Planned												
NC Nurses Mastery	Actual		20			23				4	2	4	4
	Planned												
NC Nurses/OJT (# of Days)	Actual		18			22							
	Planned		6			6							
EOC Nurses	Actual	9	8			4				2	3	6	5
	Planned	0	2			3							
EOC Nurses Competency	Actual	5	4			2							
	Planned	0	0			0							
EOC Nurses Mastery	Actual	4	3			2							
	Planned	0	0			0							
EOC Nurses/ OJT (# of Days)	Actual	72	18			18							
	Planned	9	18			18							

Emergency Services for Nurses
 *Not included in pilot hospitals of EMS - No OJT, only attended classroom
 **Not included in pilot hospitals of Lab. Services - No OJT, Only attended classroom

ER Competency	Actual	5	8							9			
	Planned	0	5							5			
ER Mastery	Actual	0	1							3			
	Planned	0	4							4			
ER for Nurses/ OJT (# of Days)	Actual	0	0							2			
	Planned	0	3							3			
	Actual	0	5							7			
	Planned	0	3							8			

Legend		Number of Physicians																		
		Trained <input type="checkbox"/>																		
Legend		Number of Nurses																		
		Trained <input type="checkbox"/>																		
Legend		Number of Lead Trainers Trained																		
		HSMC <input type="checkbox"/>																		
Number of Lead Trainers Trained	Anesthesiologists																			
	Actual																			
	Planned																			
	Anesthesiologists Competency																			
	Actual																			
	Planned																			
	Anesthesiologists Mastery																			
	Actual																			
	Planned																			
	Nurses																			
	Actual	12	5																	
	Planned	8																		
Nurses Competency																				
Actual																				
Planned																				
Nurses Mastery																				
Actual																				
Planned																				
HSMC	Mngt & QA Training (# trained)																			
	Actual		7																	
	Planned																			
	Integrated Visits																			
	Actual		8																	
	Planned																			
QR Submitted Quarterly																				
Actual		4																		
Hospital SMCs Meetings																				
Actual		6																		
Planned		3																		

ANNEX E: SUMMARY OF IMPLEMENTATION STATUS IN ASSIUT

Option Period

Status of Implementation

September 30, 2003

Assiut Governorate

Workbook

1 - CEOCs & BEOCs

1.1 - RENOVATION

Assiut Governorate

Anchor Facilities	Funding Source	Completed	Not Completed			Comments/ Action Required
			IFB Issued	Contract Awarded	Expected Date for Completion	
El Ghanayem District						
El Ghanayem District Hospital						
CEOC	MOHP	Yes				
NCU	MOHP	Yes				NCU extension done by JSI
CSSD	MOHP/ JSI	Yes				
OR	MOHP/ JSI	Yes				
LR						
Urban Health Center, Maternity	JSI	Yes				
El Kouseyah District						
El Kouseyah District Hospital						
CEOC	HMHC		Yes	Yes	October	Complete renovation, interim space is used for CEOC & NCU
NCU	HMHC		Yes	Yes	October	
CSSD	HMHC		Yes	Yes	October	
OR	HMHC		Yes	Yes	October	
ER						
LR	HMHC		Yes	Yes	October	
El Kouseyah Maternity	JSI	Yes				
Beni Korra Women Health Unit	JSI	Yes				
Fazara Integrated Hospital	JSI					
El Fath District						
El Fath Urban Health Center	MOHP	Yes				
El Atawia Integrated Hospital	JSI	Yes				
El Wasta Integrated Hospital	MOHP/JSI	Yes				
Sahel Selim District						
Sahel Selim District Hospital	HMHC	No	yes	No		
El Badary District						
El Badary District Hospital	HMHC	No	Yes	Yes	December	
Sedfa District						

Anchor Facilities	Funding Source	Completed	Not Completed			Comments/ Action Required
			IFB Issued	Contract Awarded	Expected Date for Completion	
Dayrout District Hospital						
Dayrout District Hospital	HMHC		Yes	No		
Abanoub District Hospital						
Abanoub District Hospital	HMHC		NO			
Manfalout District Hospital						
Manfalout District Hospital	HMHC		No			
Abu Teig District Hospital						
Abu Teig District Hospital	MOHP/ HMHC		No			Minor renovation is needed for the 4th floor which was chosen for CEOC and NCU activities.

1 - CEOCs & BEOCs

1.2 - COMMODITIES

Assiut Governorate

Anchor Facilities	Delivery			Comments/ Action Required
	Delivered	Partial	Expected Date for Completion	
El Ghanayem District				
El Ghanayem District Hospital				Only few missed items in some units.
CEOC	Yes			
NCU	Yes			
CSSD	Yes			
OR	Equipped By JESSICA JSI will only provide supplies " Pending Request to supply".			
LR	Yes			Except few missing items
Urban Health Center, Maternity	Yes			
El Kouseyah District				
El Kouseyah District Hospital				
CEOC	No	No		Interim commodities supplied.
NCU	Yes			Except few missing items (1st Tranche)
CSSD	No	No		Pending Completion of Renovations
OR	No	No		Pending Completion of Renovations
ER	No	No		Pending Completion of Renovations
LR	No	No		Pending Completion of Renovations
El Kouseyah Maternity	Yes			
Beni Korra Women Health Unit	Yes			
Fazara Integrated Hospital	yes			
El Fath District				
El Fath Urban Health Center	No	No		Can use commodities supplied by HMHC till the delivery of the rest by JSI
El Atawla Integrated Hospital	Yes			
El Wasta Integrated Hospital	Yes			
Sahel Selim District				
Sahel Selim District Hospital	No	No		
El Badary District				
El Badary District Hospital	No	No		
Sedfa District				
Sedfa District Hospital	Yes			Few missed items

Anchor Facilities	Delivery			Comments/ Action Required
	Delivered	Partial	Expected Date for Completion	
Dayrout District				
Dayrout District Hospital	No	No		
Abanoub District				
Abanoub District Hospital	No	NO		
Manfalout District				
Manfalout District Hospital	No	No		
Abu Teig District				
Abu Teig District Hospital	No	No		

Legend		Number of Physicians Trained																			
Number of Physicians Trained	<input type="checkbox"/>																				
Number of Nurses Trained	<input type="checkbox"/>																				
Number of Lead Trainers Trained	<input type="checkbox"/>																				
HSMC	<input type="checkbox"/>																				
	Actual	72	27																		
	Planned	18	27																		
Number of Physicians Trained	EOC Anesthesia																				
		Actual	1	3																	
		Planned	0	1																	
	EOC Anesthesia Competency																				
		Actual	1	2																	
		Planned	0	0																	
	EOC Anesthesia Mastery																				
		Actual	1	1																	
		Planned	0	0																	
	EOC Anesthesia OJT (# of Days)																				
	Actual	10	10																		
	Planned	2	2																		
# of Physicians Trained	Emergency Services for Physicians																				
		Actual		8																	
		Planned		5																	
	ER Competency																				
		Actual		5																	
		Planned		4																	
	ER Mastery																				
		Actual		2																	
		Planned		3																	
	Emergency Services OJT (# of Days)																				
	Actual		7																		
	Planned		7																		
Laboratory Services for Physicians																					
	Actual																				
	Planned																				

* Not included in pilot hospitals of EMS - No OJT, only attended classroom
 ** Not included in pilot hospitals of Lab. Services - No OJT, only attended classroom

Number of Physicians
 Trained
 Number of Nurses
 Trained
 Number of Lead
 Trainers Trained
 HSMC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Private sector (physicians)														
Private sector (pharmacists)														
NC Nurses														
NC Competency														
NC Mastery														
EOC Nurses														
EOC Competency														
EOC Mastery														
Emergency Services for Nurses														

Number of Nurses Trained	Planned	Number of Nurses Trained													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Private sector (physicians)	Planned		2		2										
	Actual		3		12										
Private sector (pharmacists)	Planned		3		4										
	Actual	164													
	Planned	30													
NC Nurses	Actual		10		7				4	6	5	7		4	
	Planned				5										
NC Competency	Actual		10		5				4	6	5	7		4	
	Planned														
NC Mastery	Actual														
	Planned														
NC Nurses/OJT (# of Days)	Actual		25		14				2	2	4	2		4	
	Planned		6		6				2	2	2	2		2	
EOC Nurses	Actual		8		12				5	5		22			
	Planned		1		2										
EOC Competency	Actual		4		4										
	Planned		0		0										
EOC Mastery	Actual		4		4										
	Planned		0		0										
EOC Nurses/OJT (# of Days)	Actual		36		18										
	Planned		9		18				6	6	6			6	

Emergency Services for Nurses
 * Not included in pilot hospitals of EMS - No OJT, only attended classroom
 - Not included in pilot hospitals of Lab Services - No OJT, only attended classroom

Actual 3 (Aug 03) 7

Number of Physicians
 Trained
Number of Nurses
 Trained
Number of Lead
 Trainers Trained
HSMC

11.1 11.2 11.3 11.4 11.5 11.6 11.7 11.8 11.9 11.10 11.11

		11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9	11.10	11.11	
ER Mastery	Actual			3									
	Planned			4									
	Actual			2									
	Planned			3									
	Actual			7									
	Planned			7									
	Actual									2			
	Planned												
	Actual												
	Planned												
	Actual												
	Planned												
OR Nurses	Actual	8		8									
	Planned	0		10									
	Actual												
	Planned												
	Actual												
	Planned												
	Actual												
	Planned												
	Actual	9		8									
	Planned	4		4			4	4	4	4	4	4	
	Actual	3		8									
	Planned	0		10									
Actual													
Planned													
Actual													
Planned													
Actual	9		8										
Planned	4		4			4	4	4	4	4	4		
Actual	0		0										
Planned	0		0										
Actual													
Planned													

Number of Nurses Trained

2 - District Health Planning & Management

Assiut Governorate

Districts	SMC Members Trained										Service Improvement Plan	District Health Plan Developed	Quarterly Review Reports	# of OSACs Meetings	# of DMCs Meetings	# of SMCs & WCs Joint Meetings	MRES Members Trained							
	Planning and Management Training (# Trained)		Quality Improvement (# Trained)		Data Use Training		# of Health Committee members Oriented		TOT (# Trained)								SAC Members (# Trained)	Health Officer (Physicians and Clinics) (# Trained)		On/Off Site Specialists (# Trained)		MRES OJT (# of Days)		
	A	P	A	P	A	P	A	P	A	P								A	P	A	P	A	P	
Assiut Governorate	22		22		0	10	17		10		11			12		3	25	148	110	120				
El Ghanyem District	9		9		0	5	25	20	1		5	1	0			2	1	1	8	5	3			
El Kouseyah District	12		12		0	5	30	30	0		8	1	0			2	1	1	16	21	15			
El Fakh District	12		12		0	5	20	30	1		5	1	0			2	1	1	8	9	14			
Sahel Selim District																	1		8	3	21			
El Badary District																	2		12	2				
Sedfa District																	1		12	3	15			
Dayroft District																	1		12	10	20			
Abarsut District																	2		11	8	21			
Manfalout District																	1		12	8				
Abu Taleh District																	2		10	8				

**ANNEX F: SUMMARY OF IMPLEMENTATION
STATUS IN SOHAG**

Option Period

Status of Implementation

September 30, 2003

Sohag Governorate

Workbook

1 - CEOCs & BEOCs

1.1 - RENOVATION

Sohag Governorate

Anchor Facilities		Funding Source	Completed	Not Completed			Comments/ Action Required	
				IFB Issued	Contract Awarded	Expected Date for Completion		
Tahta District								
2.1	Tahta District Hospital							
		CEOC	JSI	Yes			Shift to the department renovated by MOHP	
		NCU	MOHP	Yes				
		CSSD	MOHP	Yes				
		OR	MOHP	Yes				
		LR	JSI				There is a place near OR and needs minor renovation; Proposed to be funded by JSI	
		ER	MOHP	Yes				
2.2	Tahta Maternity Center		HMHC	Yes			JSI supplied one A/C for the DR.	
2.3	Shattoura Integrated Health Unit		JSI	Yes				
2.4	El Sawamaa Integrated Hospital		JSI	Yes				
Gerga District								
3.1	Gerga District Hospital							
		CEOC	HMHC		Yes	Yes	Feb. 04	Interim space will be renovated
		NCU	HMHC		Yes	Yes	Feb. 04	
		CSSD	HMHC		Yes	Yes	Feb. 04	
		OR	HMHC		Yes	Yes	Feb. 04	
		OR	HMHC		Yes	Yes	Feb. 04	
3.2	El-Magabra Integrated Hospital		JSI	Yes				
Tema District								
4.1	Tema District Hospital							
		CEOC	HMHC		Yes	Yes	Feb. 04	
		NCU	JSI	Yes				
		CSSD	HMHC		Yes	Yes	Feb. 04	
		OR	HMHC		Yes	Yes	Feb. 04	
		LR	HMHC		Yes	Yes	Feb. 04	
4.2	Tema Urban Health Center		JSI	Yes				
4.3	Om Dooma Integrated Hospital		JSI	Yes				

Anchor Facilities		Funding Source	Completed	Not Completed			Comments/ Action Required
				IFB Issued	Contract Awarded	Expected Date for Completion	
El Balyana District							
5.1	El Balyana District Hospital						
	CEOC	HMHC		Yes	Yes	Feb. 04	
	NCL	HMHC		Yes	Yes	Feb. 04	
	CSSD	HMHC		Yes	Yes	Feb. 04	
	OR	MOHP	Yes				
	LR	HMHC		Yes	Yes	Feb. 04	
5.2	Al Sheikh Baraka Women Health Unit	JSI	Yes				
5.3	Al Sheikh Marzouk Integrated Health Unit	JSI	Yes				
Dar El-Salam District							
6.1	Dar El-Salam District Hospital						
	CEOC	MOHP		Yes	Yes	Dec.03	
	NCL	MOHP		Yes	Yes	Dec.03	
	CSSD	MOHP		Yes	Yes	Dec.03	
	OR	MOHP		Yes	Yes	Dec.03	
	LR	MOHP		Yes	Yes	Dec.03	
6.2	El Naghameesh Rural Health Unit	JSI	Yes				
Saqolta District							
7.1	Saqolta District Hospital						
	CEOC	HMHC		Yes	Yes	Feb. 04	
	NCL	HMHC		Yes	Yes	Feb. 04	
	CSSD	HMHC		Yes	Yes	Feb. 04	
	OR	HMHC		Yes	Yes	Feb. 04	
	LR	HMHC		Yes	Yes	Feb. 04	
7.2	Saqolta Maternity	JSI	Yes				
7.3	El Galaweya Integrated Hospital	JSI	Yes				
Geheina District							
8.1	Geheina District Hospital						
	CEOC	JSI	Yes				
	NCL	JSI	Yes				

Anchor Facilities		Funding Source	Completed	Not Completed			Comments/ Action Required
				IFB Issued	Contract Awarded	Expected Date for Completion	
	OR	JSI	Yes				
	LR	JSI	Yes				
8.2	Eneibis Integrated Hospital	JSI	Yes				
Maragha District							
9.1	Maragha District Hospital						
	CEOC	JSI	Yes				
	NCU	JSI	Yes				
	CSSD	MOHP	Yes				
	OR	MOHP	Yes				
	LR	JSI	Yes				
9.2	Shandaweel Integrated Hospital	JSI	Yes				
9.3	El Gherazat Integrated Health Unit	JSI	Yes				
Akhmeim District							
10.1	Akhmeim District Hospital						
	CEOC	HMHC		Yes	Yes	Feb. 04	
	NCU	HMHC		Yes	Yes	Feb. 04	
	CSSD	HMHC		Yes	Yes	Feb. 04	
	OR	HMHC		Yes	Yes	Feb. 04	
	LR	HMHC		Yes	Yes	Feb. 04	
10.2	Neida Integrated Hospital	JSI	Yes				
10.3	El Koola Integrated Hospital	JSI	Yes				
El-Mounshaa District							
11.1	El-Mounshaa District Hospital						
	CEOC	JSI	Yes				
	NCU	JSI	Yes				
	CSSD	JSI	Yes				
	OR	JSI	Yes				
	LR	JSI	Yes				
11.2	El-Mounshaa Maternity Center	JSI	Yes				
11.3	El Zok El Sharkia Integrated Hospital	JSI	Yes				
11.4	Awlad El Sheikh Women Health Unit	JSI	Yes				

1 - CEOCs & BEOCs

1.2 - COMMODITIES

Sohag Governorate

Anchor Facilities	Delivery			Comments/ Action Required
	Delivered	Partial	Expected Date for Completion	
Tahta District				
2.1 Tahta District Hospital				
	Yes			
	No	No		Need SMT Decision
	Yes			
	Equipped By Jessica JSI only provided supplies.			
	No	No		No request submitted
	Yes			
2.2 Tahta Maternity Center	Yes			
2.3 Shattoura Integrated Health Unit	Yes			
2.4 El Sawamaa Integrated Hospital	Yes			
Gerga District				
3.1 Gerga District Hospital				
	No	No		Interim Commodities supplied.
	Yes			
	No	No		Pending Completion of Renovations
	No	No		Pending Completion of Renovations
	No	No		Pending Completion of Renovations
3.2 El-Magabra Integrated Hospital	Yes			
Terna District				
4.1 Terna District Hospital				
	Interim Commodities Provided until the completion of renovations			
	No	No		Need SMT Decision
	No	No		Pending Completion of Renovations
	No	No		Pending Completion of Renovations
	No	No		Pending Completion of Renovations
	No	No		Pending Completion of Renovations
4.2 Terna Urban Health Center	Yes			
4.3 Om Dooma Integrated Hospital	Yes			

Anchor Facilities		Delivery			Comments/ Action Required
		Delivered	Partial	Expected Date for Completion	
	El Balyana District				
5.1	El Balyana District Hospital				
	CEOC	No	No		Interim Commodities supplied.
	NCU	No	No		Need SMT Decision
	CSSD	No	No		Pending Completion of Renovations
	OR	Equipped By Jessica JSI will only provide supplies * Pending Completion of Renovation.			
	LR	No	No		Pending Completion of Renovations
	ER	No	No		Pending Completion of Renovations
5.2	Al Sheikh Baraka Women Health Unit	Yes			
5.3	Al Sheikh Marzouk Integrated Health Unit	Yes			
	Dar El-Salam District				
6.1	Dar El-Salam District Hospital				
	CEOC	No	No		Interim Commodities will be supplied by Jul. 03
	NCU	Yes			
	CSSD	No	No		Pending Completion of Renovations
	OR	No	No		Pending Completion of Renovations
	LR	No	No		Pending Completion of Renovations
6.2	El Naghameesh Rural Health Unit	Yes			
	Saqolta District				
7.1	Saqolta District Hospital				
	CEOC	No	No		Interim Commodities supplied.
	NCU	Yes			
	CSSD	No	No		Pending Completion of Renovations
	OR	No	No		Pending Completion of Renovations
	LR	No	No		Pending Completion of Renovations
7.2	Saqolta Maternity	Yes			
7.3	El Galaweya Integrated Hospital	Yes			
	Geheina District				
8.1	Geheina District Hospital				
	CEOC	Yes			
	NCU	Yes			

Anchor Facilities		Delivery			Comments/ Action Required
		Delivered	Partial	Expected Date for Completion	
		OR	Yes		
		LR	Yes		
8.2	Enebis Integrated Hospital		Yes		
Maragha District					
Maragha District Hospital					
		CEOC	Yes		
		NCU	Yes		
		CSSD	Yes		
		OR	Yes		
		LR	Yes		
9.2	Shandaweel Integrated Hospital		Yes		
9.3	El Gherazat Integrated Health Unit		Yes		
Akhmeim District					
10.1	Akhmeim District Hospital				
		CEOC	No	No	Interim Commodities supplied.
		NCU	Yes		
		CSSD	No	No	Pending Completion of Renovations
		OR	No	No	Pending Completion of Renovations
		LR	No	No	Pending Completion of Renovations
10.2	Neida Integrated Hospital		Yes		
10.3	El Koola Integrated Hospital		Yes		
El-Mounshaa District					
11.1	El-Mounshaa District Hospital				
		CEOC	Yes		
		NCU	No	No	Need SMT Decision
		CSSD	Yes		
		OR	Yes		
		LR	Yes		
11.2	El-Mounshaa Maternity Center		Yes		
11.3	El Zok El Sharkia Integrated Hospital		Yes		
11.4	Awlad El Sheikh Women Health Unit		Yes		
44.5	Awlad Hamza Integrated Hospital		Yes		

Number of Physicians Trained

Number of Nurses Trained

Number of Lead Trainers Trained

HSMC

2.1	2.2	2.3	2.4	3.1	3.2	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	7.1	7.2	7.3	8.1	8.2	9.1	9.2	9.3	10	10.2	10.3	11	11.2	11.3	11.4	11.5
Young Governorate	Taha DH	Young Maternity Center	Matbura IHU	E-Senaria IH	E-Garga DH	E-Elmagbra IH	E-Tama DH	E-Sina LHC	E-El-Dokki IH	E-El-Nayya IH	E-Bahya DH	E-South Baraka WHU	E-South Matrouh IHU	E-Sherk El-Saban DH	E-El-Dokki RRU	E-Sherk El-Saban DH														

Phase		2.1	2.2	2.3	2.4	3.1	3.2	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	7.1	7.2	7.3	8.1	8.2	9.1	9.2	9.3	10	10.2	10.3	11	11.2	11.3	11.4	11.5			
Number of Physicians Trained	EOC Anesthesia																																		
	Actual	2			4		2					1			2		1				0		2			1									
	Planned	0			0		0					1			0		0				0		0			0									
	EOC Anesthesia Competency																																		
	Actual	1			2		1					0			0		0				0		1			1									
	Planned	0			0		0					0			0		0				0		0			0									
	EOC Anesthesia Mastery																																		
	Actual	1			1		0					0			0		0				0		0			0									
	Planned	0			0		0					0			0		0				0		0			0									
	EOC Anesthesia/OJT (# of Days)																																		
Actual	8			19		6					6			4		4				4		6			6										
Planned	0			2		2					0			2		2				2		2			2										

Emergency Services for Physicians

*Not included in pilot hospitals of EMS - No OJT, only attended classroom

**Not included in pilot hospitals of Lab. Services - No OJT, Only attended classroom

Phase		2.1	2.2	2.3	2.4	3.1	3.2	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	7.1	7.2	7.3	8.1	8.2	9.1	9.2	9.3	10	10.2	10.3	11	11.2	11.3	11.4	11.5				
Number of Physicians Trained	Emergency Services for Physicians																																			
	Actual	11			6		9					10					1																			
	Planned	5			0		5					5					0																			
	ER Competency																																			
	Actual	3			0		3					1					0																			
	Planned	4			0		4					4					0																			
	ER Mastery																																			
	Actual	1			0		3					0					0																			
	Planned	3			0		3					3					0																			
	Emergency Services/OJT (# of Days)																																			
Actual	13			0		8					4					0																				
Planned	15			0		8					2					0																				
Laboratory Services for Physicians																																				
Actual	7			7		6					2			6		2				1		1														
Planned	0			0		0					0			0		0				0		0														
Laboratory Competency																																				
Actual	**			**		**					**			**		**				**		**				**										
Planned	0			0		0					0			0		0				0		0				0										
Laboratory Mastery																																				
Actual	**			**		**					**			**		**				**		**				**										
Planned	0			0		0					0			0		0				0		0				0										
Laboratory Services/OJT (# of Days)																																				
Actual	4			**		2					1			1		1				1		1				2										

2 - District Health Planning & Management

Sohag Governorate

Districts	SMC Members Trained										MMS Members Trained													
	Planning and Management Training (# trained)		Quality Improvement (# trained)		Data Use Training		# of Health Committee members Oriented		TOT (# trained)		Service Improvement Fund	District Health Plan Developed	Quarterly Review Reports	# of GSMCs Meetings	# of DSMCs Meetings	# of SMCs & HC's Joint Meetings	SMC Members (# trained)		Health Offices (physicians and Clerks) (# trained)		Ob/Gyn Specialists (# trained)		MMS OUT (# of Days)	
	A	P	A	P	A	P	A	P	A	P							A	P	A	P	A	P		
Sohag Governorate	17		17			10	11		11		8		9		3	26		132		78		138		
Tahta District	14		14			5	22		6		8	2	4			2		12		13		11		
Gerga District	12		12			5	21		4		6	2	4			2		8		10		22		
Tema District	12		12			5	18		0		4	1	0			2		0		10		10		
El Balyana District	9		9			5	23		0		0	1	0			1		0		1		8		
Dar El-Salam District	9		9			5	18		0		0	1	0			2		7		1		8		
Saqofa District	9		9			5	24		0		0	1	0			1		7		1		8		
Geheina District	8		8			5	14		0		0	1	0			1		27		2		20		
Maragha District	9		9			5	20		0		2	1	0			1		10		3		7		
Akhmeim District	9		9			5	25		0		8	1	0			2		11		3		16		
El-Mounshaa District	12		12			5	22		0		0	1	0			1		13		4		11		
																		17		6		18		

**ANNEX G: SUMMARY OF IMPLEMENTATION
STATUS IN GIZA**

Option Period

Status of Implementation

September 30, 2003

Giza Governorate

Workbook

1 - CEOCs & BEOCs

1.1 - RENOVATION

Giza Governorate

Anchor Facilities		Funding Source	Completed	Not Completed			Comments/ Action Required
				IFB Issued	Contract Awarded	Expected Date for Completion	
1	El Wahat El Baharya District						
1.1	El Wahat El Baharya District Hospital						follow up with MOHP to get the date of completion
	CEOC	MOHP					
	NCU2	MOHP					
	CSSD	MOHP					
	LR	MOHP					
	OR	MOHP					
	ER	MOHP					
	Lab	MOHP					
1.2							
1.3							
2	North Giza District						
2.1	El Tahrir General Hospital						
	CEOC	HMHC					planned
	NCU	MOHP					
	CSSD	MOHP					
	OR	MOHP					
	LR	MOHP					
	ER	HMHC					planned
2.2							
2.3							
2.4							
3	Etfeih District						
3.1	Etfeih District Hospital						
	CEOC	HMHC					planned
	CSSD	MOHP					
	OR	HMHC					
	LR	HMHC					
	Sool I.U						

Anchor Facilities		Funding Source	Completed	Not Completed			Comments/ Action Required
				FB Issued	Contract Awarded	Expected Date for Completion	
4	El Saff District						
	4.1 El Saff District Hospital						HMHC - check with planning department for construction of hospital
		CEOC					
		NCU					
		CSSD					
		OR					
		LR					
	4.2						
	4.3						
	4.4						
5	El Badarshein District						
	5.1 El Badarshein District Hospital						
		CEOC	HMHC				
		CSSD	HMHC				
		OR	HMHC				
		LR	HMHC				
	5.2						
	5.3						
6	El Ayat District						
	6.1 El Ayat District Hospital						
		CEOC	HMHC				
		CSSD	MOHP				not handed over yet (similar to Jessica inside ER)
		OR	HMHC				
		LR	HMHC				
	6.2						

Anchor Facilities		Funding Source	Completed	Not Completed			Comments/ Action Required
				IFB Issued	Contract Awarded	Expected Date for Completion	
7	Giza District						
	7.1 Abu El-Nomros District Hospital						
		CEOC	HMHC				
		NCU	HMHC				
		CSSD	HMHC				
		OR	HMHC				
		LR	HMHC				
	7.2						
	7.3						
8	El Hawamdeya District						
	8.1 El Hawamdeya District Hospital						
		CEOC	HMHC				
		NCU	HMHC				
		CSSD	MOHP				old and functioning -Ground Floor
		OR	MOHP				old and functioning
		LR	HMHC				
	8.2						
9	Osseim District						
	9.1 Osseim District Hospital						
		CEOC					
		NCU					
		CSSD					
		OR					
		LR					
	9.2						
	9.3						

Anchor Facilities		Funding Source	Completed	Not Completed			Comments/ Action Required
				IFB Issued	Contract Awarded	Expected Date for Completion	
10	El Warrak District						
	10.1						
	10.2						
11	Menshaat El Qanater District						
	11.1						
	11.2						
	11.3						
	11.4						

1 - CEOCs & BEOCs

1.2 - COMMODITIES

Giza Governorate

Anchor Facilities		Delivery			Comments/ Action Required
		Delivered	Partial	Expected Date for Completion	
1	El Wahat El Baharya District				
	1.1 El Wahat El Baharya District Hospital				
	CEOC				
	NCU2				
	CSSD				
	LR				
	OR				
	ER				
	Lab				
	1.2				
	1.3				
2	North Giza District				
	2.1 El Tahrir General Hospital				
	CEOC				
	NCU				
	CSSD				
	OR				
	LR				
	ER				
	2.2				
	2.3				
	2.4				
3	Etfeih District				
	3.1 Etfeih District Hospital				
	CEOC				
	CSSD				
	OR				
	LR				
	3.2 Sool.U				

Anchor Facilities		Delivery			Comments/ Action Required
		Delivered	Partial	Expected Date for Completion	
4	El Saff District				
	4.1 El Saff District Hospital				
	CEOC				
	NCU				
	CSSD				
	OR				
	LR				
	4.2				
	4.3				
	4.4				
5	El Badarshein District				
	5.1 El Badarshein District Hospital				
	CEOC				
	CSSD				
	OR				
	LR				
	5.2				
	5.3				
6	El Ayat District				
	6.1 El Ayat District Hospital				
	CEOC				
	CSSD				
	OR				
	LR				
	6.2				
7	Giza District				
	7.1 Abu El-Nomros District Hospital				

Legend Number of Physicians Trained <input type="checkbox"/> Number of Nurses Trained <input type="checkbox"/> Number of Lead Trainers Trained <input type="checkbox"/> HSMC <input type="checkbox"/>		1.1	1.2	1.3	2.1	2.2	2.3	2.4	3.1	3.2	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	7.1	7.2	7.3	8.1	8.2	9.1	9.2	9.3	10.1	10.2	11.1	11.2	11.3	11.4
		Emergency Services																															
Number of Nurses Trained	NC Nurses																																
	Actual																																
	Planned	2			3																												
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2 - District Health Planning & Management

10/21/2003

Giza Governorate

Districts	SMC Members Trained											MMS Members Trained												
	Planning and Management Training (# trained)		Quality Improvement (# trained)		Data Use Training		# of Health Committee members Oriented		TOT (# trained)		Service Improvement Fund	District Health Plan Developed	Quarterly Review Reports	# of GSIMCs Meetings	# of DSIMCs Meetings	# of SMCs & HCs Joint Meetings	SMC Members (# trained)		Health Offices (physicians and Clerks) (# trained)		Ob/Gyn Specialists (# trained)		MMS OJT (# of Days)	
	A	P	A	P	A	P	A	P	A	P							A	P	A	P	A	P	A	P
Giza Governorate																	23		138		99		86	
1 El Wahat El Baharya District																	1		0		0		0	
2 North Giza District																	1		9		9		7	
3 Etfelh District																	1		13		0		0	
4 El Seff District																	1		17		3		11	
5 El Badarshein District																	1		15		5		8	
6 El Ayat District																	1		16		0		0	
7 Giza District																	5		0		11		8	
8 El Hawamdeya District																	1		3		14		2	
9 Oaseim District																	1		12		8		0	
10 El Warrak District																	1		5		0		6	
11 Menshaat El Qanater District																	1		18		3		0	

**ANNEX H: USAID/TAHSEEN (CATALYST)/HMHC/ JSI
COORDINATION MEETING MINUTES**

JULY 10, 2003

USAID - TAHSEEN (Catalyst) - HM/HC (JSI)

Coordination Meeting

Date:

July 10, 2003

Venue:

JSI Office

Time:

10:00 – 11:30 PM

Participants:

Dr. Nahed Matta	HM/HC Team Leader, USAID
Dr. Ali Abdel Megeid	Work Force Development Team Leader, USAID
Dr. Alia El Mohandes	FP/ Reproductive Health Advisor, USAID
Dr. Khadijah Mogedi	USAID, Washington, DC.
Dr. Ton van der Velden	Quality Improvement Specialist, TAHSEEN
Dr. Nahla Abdel Tawab	Behavior Change Communications Specialist, TAHSEEN
Dr. Reginald Gipson	Chief of Party, JSI
Mr. Sobhi Moharram	Deputy Chief of Party, JSI
Mr. Tom Coles	Training Advisor

I- Objectives:

- To reach an agreement on the definition of PAC care and determine the roles and responsibilities of concerned parties related to the development of protocols and training modules, conducting, training, and service delivery.
- To discuss the ideas submitted by TAHSEEN (Catalyst) to set up a Task Force on the integration of MCH/ FP Services.

II- Highlights of Discussion and Action Points

- The meeting, which was chaired by Dr. Nahed Matta/ USAID, reviewed the exchanged e-mails between the participants regarding the two items of the agenda and managed the discussion which yielded at the end the following actions points:

1- Definition of PAC:

- PAC, means, for the purpose of for coordination and cooperation between HM/HC (JSI and TAHSEEN (Catalyst), the clinical management of bleeding during pregnancy less than 20 weeks and family planning counseling.

2- Allocation of Responsibilities:

- JSI supported HM/HC Project in developing and publishing, a protocol and training modules on clinical management of bleeding during pregnancy less than 20 weeks, as a part of the EOC materials.

- JSI trained, during the Base Period; Ob/ Gyn working in five general/ district hospitals in Upper Egypt on MVA and is planning to provide the training to the same target in seven general/ district hospitals during the Option Period.
- There are pieces of work on post-abortion counseling that were previously developed. TAHSEEN (Catalyst) will collect and compile all the materials developed for this purpose, review them and work on the development of the post- abortion counseling training module. Once the module is developed and tested, JSI will assume the responsibility of training the hospital staff as part of the EOC training.
- Training provided, is competency based training and includes classroom and on-the-job training. By this type of training and clinical supervision after training, JSI ensures the delivery of this service with high quality. It is expected that TAHSEEN will follow the same methodology in developing the counseling component of the PAC training to ensure consistency.
- TAHSEEN's work plan includes an activity related to train additional providers to introduce high quality PAC service in at least one new Upper Egypt to hospital. As HM/HC (JSI) is covering all the hospitals of Upper Egypt, it was agreed to select the University Hospital of Assiut for TAHSEEN to introduce this service in collaboration with the Population Council, USAID/ Work Force Development Team Leader supported the decision.
- To support TAHSEEN (Catalyst) in implanting the program in Assiut University, JSI agreed to provide TAHSEEN with ten (10) sets of MVA devices.
- As FP service/ care is not part of the service/ care provided by the hospitals, training on counseling in itself will not lead automatically to provide the counseling activity by the physicians who are normally not enthusiastic and/ or interested to do it. TAHSEEN has to see how post -partum care- including PAC- will be provided as a pilot in the two district hospitals that will be sites for FM/MCH integration and what type of incentives is required to ensure to do it. In this respect, linkages with curative care should be reviewed as well as the linkages between primary health care units and the hospitals.

3- MVA Licensing and Registration:

- The MVA device was first introduced in the country under joint agreement between Population Council, Population Division of MOHP, and MCH (Mother Care Project) in 1997 to support pilot research. The device is not officially registered as medical equipment in Egypt; hence, it is not eligible to be used to provide service. JSI and Catalyst support to its introduction in hospitals will be under the said agreement. HM/HC operations research work plan 2003 – 2004 includes a proposal on the utilization of MVA in Upper Egypt. Our intervention in Upper Egypt hospitals will be covered by this agreement.

4- FP/ MCH Coordination Meeting:

- To start up the implementation of areas of cooperation stated in the Memo of Cooperation signed between the MCH and FP sectors and USAID, the first coordination meeting between concerned parties will be held (tentatively) as follows:
 - Date: July 30, 2003
 - Time: 12:00 PM
 - Venue: Dr. Yehia El Hadidi's Office, MOHP
- USAID, TAHSEEN (Catalyst), and JSI will meet on July 22, 2003 at 9:30 AM at TAHSEEN's Office to prepare the agenda for the above mentioned meeting.

**ANNEX I: TAHSEEN (CATALYST)/ HMHC/JSI
COORDINATION MEETING MINUTES**

JULY 22, 2003

TAHSEEN (Catalyst) - HM/HC (JSI)

Coordination Meeting

Date:

July 22, 2003

Venue:

Tahseen/Catalyst Office

Time:

10:00 – 11:30 PM

Participants:

Dr. Reginald Gipson	Chief of Party, JSI
Mr. Sobhi Moharram	Deputy Chief of Party, JSI
Dr. Damianos Odeh	Country representative, TAHSEEN
Ms. Linda Casey	Deputy Country representative, TAHSEEN
Dr. Madiha Said	Monitoring and Evaluation Specialist, TAHSEEN
Dr. Ton van der Velden	Quality Improvement Specialist, TAHSEEN

Objectives:

- To reach an agreement on mode and scope of the coordination in Technical Assistance for the implementation of the Memorandum of Cooperation.
- To prepare the agenda for the first meeting at 7/30/03, 10 AM

Agenda, Highlights of Discussion and Action Points

Dr. Reginald Gipson indicated that JSI primary area of direct clinical technical assistance is in Rural, District and General Hospitals. JSI does promote technical assistance to facilitate the development MCH materials for PHC while the MOHP/MCH Department is responsible for training of staff in PHC units and MCH clinics as well as supervising their performance.

Common vision for integration of services.

Participants agreed that integration of services is to be understood as the provision of all FP, RH and MCH services by one provider, in a one-stop shopping approach. Integration is not to mean the development of strong referral systems within one health center or health unit but can mean strong referral systems within district hospitals.

Tahseen/Catalyst handed JSI a draft document describing the opportunities and challenges to integration of services.

- JSI will provide feedback to the document ASAP.

Priorities and draft SOW for the taskforce

The participants agreed that a separate SOW was not needed as the MOC outlines the work to be done.

Common vision for the process to ensure smooth and continuous progress

The participants agreed that the integration should start with FP and MCH services. At a later date other health services may be included by other players and stakeholders.

Participants agreed that a timeline/plan of action will be developed that can be presented to the MOHP. This timeline/plan of action should include the names of the people responsible in Tahseen/Catalyst and JSI and should invite the MOHP to nominate their staff to the process.

- The timeline/plan of action will be drafted by Dr Ton van der Velden, who will receive feedback from Mr. Sobhi Moharram before the 30th. Dr Yahia El Hadidi and Dr Esmat Mansour should have the opportunity to comment on the plan of action before the meeting on the 30th.

Draft agenda for 30th

The draft agenda for the meeting on the 30th was agreed as:

1. Decide on common vision for integration
2. Agree on the action plan, including establishment of different committees
3. Date and time for next meeting

A suggestion was made to attempt to limit the number of participants at this meeting to the principals.

Responsible staff at Catalyst and JSI

For Tahseen/Catalyst the responsible person is Dr Ton van der Velden.
For JSI the responsible person is Mr. Sobhi Moharram.

Regular meetings to discuss TA

Regular meetings to discuss the joint TA will be scheduled as needed. This will be easy to arrange since the two responsible staff members will have intensive contact in the preparations for the Minia district work in the near future.

Minia discussions. Minutes and next dates.

Tahseen/Catalyst staff have been holding meetings in Minia on integration of services/supervision to assure that any policy decisions made at the central level are compatible with the needs and ideas of the field personnel. The meetings have always included staff from FP sector and recently also from MCH sector and JSI. The minutes were shared.

ANNEX J: MOHP/ USAID/JSI/CATALYST

MEETING MINUTES

JULY 29, 2003

MOHP - USAID - JSI - CATALYST

Minutes of Meeting

Date:

July 29, 2003

Venue:

MOHP/PS, office of Dr Yahia El Hadidi

Time:

13:00 – 15:00 PM

Participants:

Dr Esmat Mansour	Head of Central Department for Integrated Care
Dr Yahia El Hadidi	General Director of FP and POP sector, MOHP
Dr Nahed Matta	HM/HC Team Leader, USAID
Dr. Khadijah Mogedi	USAID, Washington, DC.
Dr Shadia Attia	Research, Monitoring and Evaluation Advisor, USAID
Dr. Reginald Gipson	Chief of Party, JSI
Mr. Sobhi Moharram	Deputy Chief of Party, JSI
Dr Taroub Harb Faramand	Reproductive Health advisor, CATALYST, USA
Dr. Damianos Odeh	Country representative, TAHSEEN
Dr. Ton van der Velden	Quality Improvement Specialist, TAHSEEN

Objectives:

- To reach a consensus on integration of services
- To approve the action plan for implementation of the Memorandum of Cooperation.

Highlights of Discussion

Dr Yahia El Hadidi stated that it is important to start integration at the central level, and to do this carefully, without haste. He affirmed his commitment to integration of services as the provision of all services by one provider, and stated that while starting with FP and MCH, other services can be added later.

Continued support for integration is assured in the field. While HM/HC-JSI will phase out of Minia in October 2004, Tahseen will continue to build on their accomplishments, for example through the Safe Motherhood Committee.

Dr Nahed Matta mentioned that while she was pleased to see such a detailed plan, integration still needed lots of discussion and detailed planning. Integration needs to extend to integrated training and integrated supervision from the central level. Dr Ton van der Velden affirmed that while this was possible for a later date, in the first six months of this plan, the focus is on the district level. When asked by Dr Nahed Matta, Dr Yahia El Hadidi confirmed his commitment to integration extending to the central level but emphasized it should be a slow and careful process.

Dr Nahed Matta raised the issue of additional incentives for family planning doctors as described in decree 352. It was noted that the decree covered FP, immunization and child care services, but did not include maternal health. Dr Yahia El Hadidi affirmed that

the interpretation and clarification of the decree to the MOHP officials will cover all primary health care services. There was a consensus that additional incentives will address and focus on the quality of providing all primary health care services. Additional incentives should be distributed in such a way that they help the integration of services, especially since the current plan calls for a joint incentive system. Separate incentives for the vertical programs would not accord with those plans.

Dr Nahed Matta raised the issue of plans by the GOE to provide a bonus to women with 3 or less children at the age of 45. Dr Yahia El Hadidi confirmed that this was contrary to the Tiahrt amendment but explained that this was a tentative plan, which came out an appeal for creative new ways to promote FP. Dr Yahia El Hadidi assured the meeting that the GOE will not violate the Tiahrt amendment.

Dr Esmat Mansour proposed doing a brief situational analysis for the two sectors, based on an office review of data at the central level. The review should be quick and simple, aiming to achieve transparency between the two sectors so that joint planning and cooperation would be meaningful. This analysis would concentrate on available resources, such as staffing, number of supervisors, MIS systems etc. This suggestion was approved by the entire meeting.

Dr Esmat Mansour urged the group not to wait too long but to start integration activities soon. Minia activities will start in September.

Dr Damianos Odeh applauded the HM/HC activities to date and stated he looked forward to working with them on integration. He affirmed that this work was important. Dr Taroub Faramand said that USAID Washington was very interested in this activity, as were other countries in the region, such as Yemen and Iraq.

Dr Reginald Gipson proposed studying several aspects of the integration activities to see what the effects are on costing, quality of care, volume of services and other outputs and outcomes. This should be a controlled study. Dr. Khadijah Mogedi confirmed that USAID would like to see the model studied and well documented. Several suggestions for studies were raised, such as using DHS data for outputs and outcomes. A baseline for Minia has already been established in several districts. Dr Damianos Odeh clarified that since integration is a stated objective and policy of the MOHP, the studies should focus on different aspects of integration and on how to integrate, not on whether or not integration is desirable.

Dr Nahed Matta affirmed the understanding that JSI to be involved with Catalyst in all stages in this process including all the proposed studies suggested by Dr Gispon such as costing, indicators, and outputs etc... Dr. Reginald Gipson indicated that JSI primary area of direct clinical technical assistance is in Rural, District and General Hospitals. JSI will provide technical assistance to facilitate the development of materials for integration. However, the MOHP/MCH Department is responsible for training of staff in PHC units and MCH clinics as well as supervising their performance.

Decisions:

- Dr Yahai El Hadidi approved the action plan
- Dr Esmat Mansour will provide feedback to the detailed action plan by 30/7/03.

- Regular meetings will be held with the principle parties involved in this process, initially monthly.
- Individual staff members will discuss the separate topics of the Memorandum of Cooperation in smaller working groups as detailed in the plan of action.

**ANNEX K: HM/HC/JSI AND FP TAHSEEN
COORDINATION MEETING MINUTES**

SEPTEMBER 17, 2003

HM/HC JSI and FP TAHSEEN Coordination Meeting

Date: 17 September 2003

Attendees:

Dr. Esmat Mansour	Undersecretary of Integrated Health Care/ HM/HC Executive Director
Dr. Khaled Nasr	Deputy HM/HC Executive Director, MOHP
Dr. Nabih Ismail,	Head of Q.A. unit HM/HC, MOHP
Dr. Ahmed Metwaly,	General Director of MCH central department, MOHP
Dr. Mohamed Nour,	MCH Department, MOHP
Mr. Sobhi Moharram,	Deputy Chief of Party, JSI
Mr. Said EL Deeb,	Management / Community Coordinator, JSI
Dr. George Sand,	Management specialist, JSI
Dr. Amgad Habib,	Menya field office manager, JSI
Dr. Gihan Fathy,	Menya field office MCH specialist, JSI
Dr. Ton van der Velden,	Quality Improvement Specialist, TAHSEEN, CATALYST
Dr. Injy Khorshid	Quality specialist, TAHSEEN, CATALYST,
Dr. Mawaheb El Mouelhy	NGO Sector Specialist, TAHSEEN, CATALYST
Dr. Nahla Abdel Tawab	Behavior Change Communications Specialist, TAHSEEN, CATALYST
Mr. Mohamed Abu Nar	Management & Sustainability Specialist, TAHSEEN, CATALYST

Venue: MH/MC, MOHP

Purpose: to discuss the integration of HM/HC and FP/RH activities in the two pilot districts in Menya governorate (MATTAI and MELLAWI).

- Dr. Khaled Nasr started by welcoming the two teams from JSI and TAHSEEN, he recommends to start the meeting in spite of absence of representatives from FP/population sector MOHP. Dr. Khaled mentioned the importance of integration both at the central and governorate / district levels, and he mentioned his experience in great need of this integration specially in areas of sharing information , training activities , and supervision
- Mr. Sobhi Moharram mentioned that integration of HM/HC and FP/RH activities is a contract obligation by USAID to be implemented in one district and upon frequent meetings with all parties, it is decided for practical purposes to pilot the integration in two districts, and agreed on Mattai and Mellawi, to be the two selected districts, then he distributed the concept paper which was agreed upon previously between MOHP, USAID, JSI and TAHSEEN. Then he reviewed the agenda of the meeting which include presentations from both teams JSI and TAHSEEN regarding their approach in planning process at district levels then development of integrated quarterly work plan (Sept. – Dec.03) for implementation of activities.

JSI Team Presentation:

- JSI team started to present HM/HC approach in development and implementation of district health plans and monitoring system, through working with district level Safe Motherhood Committees (SMCs) and Health Committees (HC), mentioned the proposed expansion of SMC to include FP clinical supervisor and FP nurse.
- The methodology of development of district profile and data collection tools, criteria and process of selection of Anchor facilities, which undergo upgrading process, to provide Basic Essential Obstetric Care services was presented.
- The training courses provided for SMCs and HCs were presented, and copies of planning and management manual were submitted to TAHSEEN Team.
- A presentation of the process of development of district HM/HC plans was done, including the types of indicators used to plan and monitor the improvement of MCH services.
- It has been stressed that the district health plan is a plan that covers all the facilities district wise and the anchor facilities are selected for concentration of programs related to women health.

TAHSEEN Team Presentation:

- ~~TAHSEEN team presented their planning process, including participation in development of district health plans and including FP indicators in the plans for setting objectives and monitoring. Then he presented a list of indicators recommended to be used in addition to HM/HC indicators.~~
- He presented a recommended integrated supervision system at district levels, their potential participation in training activities especially in areas of counseling, Post abortion care, supervision, financial management, clinic management, clinical training, NGO assistance, and Raidat Rifayat.
-

Quarterly Integrated Plan for Implementation

- JSI team presented their quarterly plan for implantation of activities in the two districts, starting by setting-up the integrated SMCs, and development of district profile scheduled to start on September 23-25, orientation of DSMCs and HCs will be in October 2003.
 - The training activities for district SMCs scheduled in December 2003 and TAHSEEN team will coordinate with HM/HC JSI for their participation in these activities.
 - Dr. Khaled and Dr. Metwally stressed on the upgrading / renovation of facilities should be discussed with both parties of MOHP, MCH and FP, taking in consideration the ministry plans for renovations and health reform project plans.
 - Due to absence of representation from FP – population sector MOHP, Dr. Khaled Nasr recommend to postpone the discussion of the integrated list of indicators used in assessment of districts ,
- Dr Ton handed out a paper discussing the outlines of an integrated supervision system, for discussion in the future.