



TAKAMOL PROJECT ANNUAL PROGRESS REPORT

MARCH 1 – SEPTEMBER 30, 2006

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Acronyms

A/C	Ask/Consult
AEA	Adult Education Authority
AEW	agricultural extension workers
AMCHAM	American Chamber of Commerce
ANC	antenatal care
AUC	American University in Cairo
BCC	behavior change communication
CDA	community development association
CEOC	Comprehensive Essential Obstetric Care
CHL	Communication for Healthy Living
CSI	Clinical Services Improvement (Project)
CSR	corporate social responsibility
EBC	Egypt Business Coalition
EFEF	Egyptian Finance Executives Foundation
EHRMA	Egyptian Human Resource Management Association
FGC	female genital cutting
FLE	Family Life Education
FP	family planning
GALAE	General Authority for Literacy and Adult Education
GBV	gender based violence
HM/HC	Healthy Mother/Healthy Child Project
HSR	Health Sector Reform Program
KAP	knowledge, attitudes and practice
IMCI	Integrated Management of Childhood Illnesses
MCH	maternal and child health
MOHP	Ministry of Health and Population
MOHP/PS	Ministry of Health and Population/Population Sector
MOHP/MCH	Ministry of Health and Population/Integrated Health Services and Nursing Sector
MOSS	Ministry of Social Solidarity
MOU	memorandum of understanding
NCCM	National Council for Childhood and Motherhood
NGO	non-governmental organization
NYC	National Youth Council
OB/GYN	obstetrics/gynecology
OBS	optimal birth spacing
OJT	on-the-job-training
P&G	Procter & Gamble
PAC	postabortion care

PHC	primary health care
PP	postpartum
PPC	postpartum care
PWC	PriceWaterhouseCoopers
RCT	Regional Center for Training at Ain Shams University
RFQ	Request for Quotation
RH	reproductive health
RL	religious leaders
RR	raedat rifiat
RTI	reproductive tract infections
SAIFPS	Specialized Association for Improving Family Planning Services (former CSI)
SOP	Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services
SR	social responsibility
STD	sexually transmitted disease
STW	Shabab TAKAMOL Week
TOT	training of trainers
USAID	United States Agency for International Development
WHO	World Health Organization

Background

The United States Agency for International Development (USAID) has been working with the Egyptian Ministry of Health and Population (MOHP) over the last three decades to help achieve its goal of reaching replacement level of fertility by 2017 and improving the overall health status of women and young children. This effort has been successful in reducing the total fertility rate (TFR) from 5.3 in 1980 to 3.1 in 2005, and increasing the contraceptive prevalence rate (CPR) from 24% to about 59% during the same period. The maternal mortality ratio (MMR) has declined from 174 to 84 per 100,000 live births between 1993 and 2000; the neonatal mortality rate has decreased from 32 to 20 per 1000 live births, and the infant mortality rate has decreased from 60 to 33 per 1,000 live births between 1991 and 2005.¹ The MOHP is now challenged to sustain these gains and to scale up current efforts to achieve its MCH, FP and RH goals to reduce maternal mortality, infant mortality and neonatal mortality and reach replacement level fertility.

To build on these successes, Pathfinder International was selected in February 2006 to assist the MOHP in its efforts to integrate the maternal and child health/family planning/reproductive health (MCH/FP/RH) care services. This assistance is taking place through the implementation of the Integrated Reproductive Health Services Project, known as TAKAMOL. TAKAMOL, which means integration in Arabic, will scale up existing best practices that build capacity to carry out continuous quality improvement and emphasize community mobilization and social responsibility as driving forces for change. This five-year (March 2006 – February 2011) technical assistance program will be implemented in 200 primary health care (PHC) clinics in 12 Upper and Lower Egypt governorates, selected urban poor areas in Cairo, Giza and Alexandria and 25 district/general hospitals in Lower Egypt. It is comprised of three main components:

- support for implementation of the Integrated Package of Essential Maternal and Child Health, Family Planning and Reproductive Health (MCH/FP/RH) Services both at the primary health care (PHC) and hospital-based care levels;
- community mobilization that includes community-level behavior change communication activities and messages; and
- strengthening MOHP capacity to sustain program performance at the national, governorate, district, and facility levels.

TAKAMOL will assist the MOHP to empower individuals, couples, and communities to adopt healthier MCH/FP/RH behaviors by galvanizing the achievements and best practices of two previous USAID projects – TAHSEEN, which focused on FP/RH under the leadership of Pathfinder International and Healthy Mother/Healthy Child (HM/HC), which focused on MCH under the leadership of John Snow, Incorporated (JSI). The Project's integrated model incorporates two cross-cutting themes in all activities – gender and the mobilization of private companies to partner with health initiatives – and will reinforce the capacities of general and district hospitals and PHC clinics to better serve the needs of their communities through the renovation and equipping of facilities, training of service providers and outreach workers, community mobilization activities and the engagement of the private sector in contributing to community health and sustaining achievements gained.

¹ El Zanaty, Fatma and Way, Ann. Egypt Demographic and Health Survey 2005. Cairo, Egypt: Ministry of Health and Population, National Population Council, El Zanaty and Associates, and ORC Macro.

Executive Summary

Pathfinder and its partners were uniquely placed to ensure a rapid and systematic start-up of the TAKAMOL Project. Building on the results of previously-funded USAID projects, specifically TAHSEEN and Healthy Mother/Healthy Child, the TAKAMOL team adapted, developed, tested and applied a variety of systems during the first seven months of the project that contributed to its timely start-up. Human resources, staffing, office procedures, and procurement systems were further strengthened by the completion of the 2006-2007 workplan, the performance monitoring plan and data collection tools to guide the project and provide a solid foundation for implementation. Preexisting relationships at the central and governorate levels, with collaborating health and non-health partners, and with USAID provided a stable environment for orienting ministry and governorate personnel to new project concepts and staff.

A pivotal success that had a positive effect on the subsequent timing and sequencing of other project activities was the building of consensus between the MOHP Integrated Health Care and Nursing² Sector (IHS&N) and the Population (PS) Sector regarding the enumeration of and specifications for equipment and supplies to be procured for the primary health care (PHC) units and district or general hospitals. The procurement process provided a hands-on opportunity to build MOHP capacity in the preparation, specification and evaluation of offers for equipment, furniture and supplies. A partnership was established with the Biomedical Engineering Department, Faculty of Engineering, Cairo University, who guided the MOHP/MCH and PS sectors and TAKAMOL in the preparation of specifications for local and internationally procured equipment in accordance with health sector reform standards to minimize the duplication of efforts.

Channels of communication were strengthened between the MOHP and TAKAMOL through the reactivation of the Integration Committee established during earlier USAID-funded MCH and FP/RH projects. Reconfigured as the Steering Committee, this group of senior level decision makers is deeply involved in problem solving, monitoring activities, interfacing with other ministries, and setting an example for integration within the MOHP. Furthermore, at the central level decision makers from different projects including the MOHP/MCH and PS, National Population Council (NPC), the Regional Center for Training (RCT) and TAKAMOL shared workplans for the first time, listening to one another, identifying areas for collaboration and discussing the benefits and challenges of integration. These preliminary discussions are a breakthrough that is expected to pave the way for a more comprehensive implementation of integrated activities.

During Year I, a process for identifying, assessing and selecting intervention facilities and communities was developed, tested and utilized. Based on initial consultations with the MOHP, a team of TAKAMOL/MOHP staff visit each proposed community to assess renovation needs, examine health indicators, interview MOHP district and PHC unit staff, meet with community development associations, and talk with the local population. Throughout the screening and assessment process the use of a TAKAMOL-developed rapid rural appraisal tool was an essential step that enabled the team to evaluate communities on an equal footing with other health-related factors.

The development of a realistic and functional field operations plan was a major achievement during FY2006. The TAKAMOL plan, based on a “typical intervention community” was

²This sector is normally referred to as the MCH sector for the purposes of this document.

designed to complement existing health sector reform (HSR) standards and guide project implementation from the orientation of governorate and village officials through project phase out. The preparation of an integrated implementation plan wherein TAKAMOL's practical, hands-on approach supports and complements related theoretical/technical training provided by the MOHP was a major step forward toward maximizing resources and minimizing the duplication of efforts. In addition, close collaboration provided an opportunity for MOHP staff to be fully engaged in the assessment and selection of an engineering subcontractor who will manage the renovation process.

The Project considers renovation to be the focal point of its package since the timing of all activities is tied to the renovations. Sensitivity to the integrated nature of the community mobilization activities, and the role of field office staff in implementing each activity were primary considerations in the development of the field operations plan, which was piloted in Kafret Nassar, Giza. Also tested in Kafret Nassar were updated training materials from the Healthy Mother/Healthy Child and TAHSEEN projects during raedat rifat (RR), safety and maintenance, pharmacists, integrated supervision and clinic board training courses. This allowed the both trainers and participants alike the opportunity to provide feedback and adapt the training material as needed. The Kafret Nassar health unit was the first to be renovated by TAKAMOL and was officially handed over to the MOHP during the first week of July. The project has additionally conducted Shabab TAKAMOL Week, a puppet show and a skit covering the subjects of early marriage and birth spacing, and the Egyptian Women Speak Out (EWSO) program. The EWSO program was enhanced in Kafret Nassar by linking participants with microcredit activities organized by the LEAD Foundation, a nongovernmental organization founded by Egyptian private sector businessmen.

Ready for roll out, the renovation process has already started in Batch I intervention communities with the identification and selection of PHC units and hospitals. In Beni Suef governorate, TAKAMOL reactivated governorate-level media, youth and religious leaders' committees established under TAHSEEN, and sustained the momentum of the Peer-to-Peer program at the university by offering a refresher course for peer educators in preparation for the new academic year.

Memoranda of understanding (MOUs) were signed with four governorates and year I intervention communities in Giza, Beni Suef, Ismailia and Sharkiya. The signing of the MOUs between TAKAMOL, the governorate, the MOHP directorate, and community leaders signals the official rolling out of project activities and triggers the beginning of the renovations and the community mobilization activities. It signifies the strengthening of the dialogue between ordinary citizens and their health care providers, their local leaders, and their governor. It launches the process that puts decision making into the hands of communities and the health facilities through the reactivation of clinic management boards, whose membership is split between the facility and the community it serves. Lessons learned from previous projects support the bringing together of stakeholders from all levels as a means of creating a dialogue and increasing access to government officials.

The transformation of the Clinical Services Improvement (CSI) Project into an independent nongovernmental organization (NGO) was truly a major accomplishment. After 18 years of USAID-funded technical assistance, the CSI was registered with the Ministry of Social Solidarity as the Specialized Association for Improving Family Planning Services NGO. TAKAMOL was instrumental in providing technical assistance throughout the process and to the management board of the newly founded NGO as they identified and recruited for three key management positions; the executive director, business development manager and the financial analyst.

Consistent with project directives, TAKAMOL updated MOHP hospital assessment tools developed with technical assistance from HM/HC, adding sections regarding family planning, postpartum and postabortion care services and facilities. TAKAMOL identified all Batch 1, 2, and 3 hospitals and assessed all Batch 1 and 2 hospitals using the tool and obtained an accurate picture of commodities required, and physical upgrading required to comply with MOHP standards, baseline figures for quality of care for each hospital, and training needs for each individual hospital.

The introduction of Safe Motherhood Committees (SMC) into project intervention hospitals in Ismailia Governorate during FY2006 represents the scaling-up of previous USAID-funded activities through the HM/HC Project in Upper Egypt. The overarching goal of the SMCs is to decrease maternal mortality and improve MCH/FP/RH services. This is a new expanded role for the SMCs, and one that TAKAMOL advocates for and will offer support where appropriate. Organized at the national, governorate and district levels, membership on the committee is reserved for the senior level health officials who conduct periodic meetings to discuss the main causes and factors related to maternal mortality and propose solutions to overcome them. TAKAMOL efforts to reactivate existing SMCs in its intervention governorates is anticipated to reinforce the integrated approach to reproductive and child health care, and have a positive impact at the district and hospital levels.

Local capacity building is key to the success of TAKAMOL, its sustainability and its capacity to reach beyond its stated intervention areas. According to the design of the project, community development associations (CDA) are the primary implementing arm for carrying out community-based activities. In this regard the major achievement of FY2006 was the development of a standardized CDA selection and granting process. By the end of Year 1, thirty-one CDAs had submitted proposals to TAKAMOL using the template that was developed to standardize the process.

In order to assure that all raedat rifiat (community outreach workers) in the intervention communities and facilities are disseminating the same messages, TAKAMOL has included MOHP raedat rifiat (RR) in the training for CDA RR. This practice has additionally served to strengthen the delivery of accurate messages and broadened the scope of the MOHP RR, empowering them to counsel clients on a broader repertoire of topics. At the central level, TAKAMOL provided technical assistance to the MOHP NGO Unit for the organization of an NGO and donor workshop held to facilitate access to and understanding of NGO/donor needs and requirements. As a result the NGO Unit reinforced its role in bringing donors and NGOs working in MCH/FP/RH together.

Sectoral training materials developed with technical assistance from the HM/HC and TAHSEEN projects were reviewed and information integrated resulting in single training packages for physicians and nurses, laboratory technicians, safe motherhood committees, hospital and PHC management boards, and clinic management teams. Additionally the safety and maintenance and clinic management curricula were reviewed and updated as necessary. The training packages were reviewed by the MOHP. Initially the integrated training materials will be used in TAKAMOL-intervention facilities. Continuous collaboration with the MOHP is anticipated to build an institutional capacity to update and disseminate these important materials by the time USAID funding ends. All training materials for service providers and community members were filtered through a gender lens during FY2006, to assure that subliminal gender-biased messages were not sent unknowingly. Mainstreaming gender into all project activities, not just curricula, was a major undertaking and achievement.

The integration of health messages into the literacy curricula of the Adult Education Agency (AEA) means TAKAMOL messages will be adopted nationally. Building on the outcomes of the health-focused literacy curriculum employed in the TAHSEEN Project, collaboration with the AEA was expanded to include two new booklets covering neonatal and child health. The national spotlight on TAKAMOL integrated RH messages will be further fortified by the inclusion of questions on health topics as part of the national literacy students' exam.

The TAKAMOL mandate paves the way for increased coordination and collaboration with other health and non-health projects; these collaborative agreements are seen as laying the groundwork for the long-term sustainability of project objectives and the replicability of project interventions. During FY2006, TAKAMOL linked its activities with the LIFE-Lead (environmental) and Communication for Healthy Living (health) projects, both USAID-funded, Barclays Bank/Egypt (corporate social responsibility/sustainability), the UNFPA (health), and the LEAD Foundation (microcredit). Equally important, these linkages serve to enlarge the project's scope of influence within the community, enhance community ownership of the facility and increase the potential for drawing larger numbers of hard-to-reach women to PHC units where the activities take place. Increased exposure to the facility and staff provides an opportunity for the clinic to educate, inform and connect with hard-to-reach women, thus maximizing USAID's return on program investment.

Cross-cutting activities designed to strengthen the capacity of MOHP and civil society institutions and staff at all levels are interwoven throughout the TAKAMOL project to advance the durable management and sustainability of high-performing priority programs well beyond the end of direct USAID technical and financial support. To this end, successful private-public partnerships were kicked off at the field level in Giza governorate during FY2006 with the signing of a collaborative agreement between Barclays Bank/Egypt, Giza governorate and the TAKAMOL Project. Managing the process was the Egyptian Finance Executives Foundation, an NGO that has partnered with the TAHSEEN and TAKAMOL projects to facilitate the implementation of private-public partnership projects. Dialogue with Procter and Gamble, with whom TAHSEEN implemented a partnership agreement and the American Chamber of Commerce in Egypt are expected to bear fruit during Year 2 in terms of strengthening public-private partnership in the health sector.

For sustainability of efforts, it is important to increase the capacity of the MOHP Population and MCH sectors on the central level to strengthen the supervision and planning systems at the district level. District level integrated supervision training, a component of the project's behavior change and leadership efforts, was conducted during FY2006 for district supervisory teams in El Haram district, Giza governorate. The purpose of the training is to empower MOHP district staff and contribute to the decentralization of the health care system. Training this year has set the stage for shifting the paradigm from a vertical system of inspectors to an integrated system of coaches committed to supporting clinic staff and replicating the model successfully in other PHC facilities.

Achievements

Scheduled Activity	Achievements
Rapid start up activities	
Contractual activities	
Sign project contract	Pathfinder International was awarded the contract in February 2006 to assist the MOHP in its efforts to integrate its MCH/FP/RH) services. Integration of these services is anticipated to help Egypt achieve sustainable reduced fertility and improved health outcomes for mothers and newborns.
Prepare and sign all partner subcontracts	Pathfinder partner-subcontractors on the TAKAMOL Project include: John Snow Incorporated, the Johns Hopkins Bloomberg School of Public Health Center for Communications Program, Meridian Group International, the American Manufacturers Export Group and its local Egyptian partner, Health Care International. Contracts with all partners have been signed.
Human resources and staffing activities	
Hiring staff and HR functions	A human resources specialist was hired to oversee all HR issues and functions. 59 technical and support staff were hired (including 9 field staff) and project orientation provided.
Members of the project management team assume duties	Project coordinator positions were filled, joining the chief and deputy chief of party as part of the management team.
Key technical staff assume duties	Eight team leaders were appointed and specialists assigned to teams according to the organizational plan.
Program and support staff assume duties	Program and support staff were hired and immediately assumed responsibilities.
HR system (organizational chart, job descriptions, appraisal, contracts, salary grades and hiring procedures, etc.)	The project organizational chart was developed, submitted and agreed upon by USAID. An appraisal system, contracts, salary grades, hiring procedures and position objectives were developed and applied.
Establish field office(s) as needed in intervention governorates	Field offices were established. Three staff were hired for the Ismailia field office, 4 staff for the Beni Suef field office, and 2 staff for the Giza field office, which operates out of the Cairo head office due to the proximity of Giza field operations to the head office.

Scheduled Activity	Achievements
Office procedures and databases	
Finalize the databases and train staff on their utilization	Internal systems databases to plan and track training courses, workshops, logistics etc. were finalized and operationalized.
Purchase and install all start-up technology equipment	There was no need to purchase new equipment as TAKAMOL continued to use TAHSEEN and HM/HC projects' equipment. Hence, no purchase costs were incurred.
Make ready and equip office	An office was rented in Maadi and made ready for the staff to move in and begin operations from the new premises from July 2, 2006.
Design operations support systems (finance, personnel, etc.)	Financial databases were developed including the payment request system and procurement system. Administrative databases including the salary system, leave tracking system and contracts system were also developed. Relevant staff were trained on their utilization.
Workplan activities	
Meet with stakeholders	A series of meetings were held with USAID, MOHP/PS and MCH, and NPC to introduce TAKAMOL Project goals and objectives and agree on appropriate methods of collaboration to assure the synchronization of project activities.
Agree on intervention areas (governorates, districts and villages)	On March 20, Pathfinder International, the MOHP and USAID agreed upon the project name as well as potential Upper and Lower Egypt Year 1 intervention governorates including Ismailia, Beni Suef, and Giza. Agreement was reached to discuss the selection of districts with each governorate and the selection of villages with each district.
Meet with other projects with which the project is likely to collaborate	<p>Several meetings were held with other donor-funded projects such as Communication for Healthy Living (CHL), LIFE-Lead Project, and LEAD Foundation.</p> <p>CHL</p> <p>During meetings with CHL discussions centered on developing a coordination mechanism regarding behavior change communication activities, Ask/Consult training, enhancing CHL participation, corporate social responsibility (CSR) activities, and on the implications of the Egypt Demographic and Health Survey (EDHS) findings on message formulation.</p> <p>LIFE-Lead Project</p> <p>Organizational meetings were held with the USAID-funded LIFE-Lead Project in El Kablat, Shoubra El Kheima, Greater Cairo in order to plan collaborative activities between the two projects. In May, TAKAMOL participated in an orientation workshop organized by the LIFE-Lead Project held in the Kablat primary health care unit in Shoubra El Kheima. Representatives from the Ministry of Social Solidarity and four local CDAs also participated. Issues of mutual interest were addressed and collaborative activities discussed with regard to the upgrading of MOHP services in this urban poor area. The orientation provided an opportunity for TAKAMOL to meet and informally orient district and governorate level health officials about the project and the potential for collaboration in the future. Collaborative activities implemented to date include a training course for religious</p>

Scheduled Activity	Achievements
	<p>leaders from El Kablat, followed by a one-day refresher course; along with technical assistance provided by TAKAMOL to prepare the renovation specifications of the El Kablat medical center. Future collaborative activities include the implementation of TAKAMOL training courses for medical center clinical staff and board members, community mobilization activities, and SR initiatives.</p> <p>LEAD Foundation</p> <p>Initial contact with the LEAD Foundation in May to determine the possibility of mainstreaming the USAID-funded microcredit program into TAKAMOL interventions in Giza urban poor areas resulted in the signing of a tripartite memorandum of understanding (MOU) between the Giza MOHP directorate, TAKAMOL and the LEAD Foundation in August. Under the terms of the MOU, the LEAD Foundation and TAKAMOL will introduce microcredit as a women's empowerment activity in all TAKAMOL intervention communities in Giza governorate. The microcredit program has already dispersed EGP 170,000 in small loans to women from the Kafret Nassar PHC unit catchment area as a result of the projects' collaboration. Many women obtaining microcredit open files at the health unit, which increases its exposure within the community, leads to more referrals for services and thus improves health outcomes. Strengthening links between the MOHP and non-health partners in this way provides long term sustainability of project interventions.</p> <p>Integrated Management of Childhood Illnesses (IMCI) Project</p> <p>TAKAMOL views linkage with the Integrated Management of Childhood Illnesses (IMCI) Project as critical to the synchronization of activities and minimization of duplicated efforts. For this reason, TAKAMOL met with the IMCI executive director and training specialist on June 22 to discuss areas of mutual collaboration. The projects agreed to share IMCI intervention sites to ensure that service providers are trained in child health issues and the management of childhood illnesses. In addition, TAKAMOL training materials will include an orientation session on IMCI, and their messages will be added to the TAKAMOL messages disseminated by TAKAMOL partner CDAs in intervention communities.</p>
Develop workplan	Internal meetings were conducted between TAKAMOL project teams to discuss the implementation strategy, selection criteria of target sites, activity schedules and outcomes. As a result, a draft workplan for the first 19 months (March 1, 2006 – September 30, 2007) was developed in early March 2006. Comments from the MOHP/PS and MCH sectors were incorporated into the draft discussed with USAID. After a process of review and refinement, the final workplan was approved by USAID in July.
Develop Project Monitoring Plan (PMP)	The life-of-project Performance Monitoring Plan (PMP) was developed and sent to USAID for review in March.
Partners and staff review the workplan and PMP	Pathfinder, its partners, USAID and the MOHP met during an April workshop to present and discuss the draft workplan (Year 1 and 2) and the life-of-project PMP. Feedback was incorporated into the draft submitted to USAID.
WP and PMP draft shared with USAID and the MOHP	TAKAMOL met with USAID several times in June to collect detailed feedback on the draft workplan and PMP.
Submit workplan and PMP for approval	Final drafts of both documents were sent to USAID for final approval based on recommendations made during abovementioned meetings.

Scheduled Activity	Achievements
Final approval for workplan, M&E plan, budget, reporting format	Final approval of the Y1 workplan and budget was received from USAID in July. The PMP and reporting format have undergone extensive review and are awaiting final approval as of September 30.
Hold workplanning meeting for Year 2	The drafting of the TAKAMOL Year 2 (Y2) workplan was built on the foundation of the 19-month Y1 workplan submitted to USAID. A series of meetings to revise and update the Year 2 workplan were held to clarify dates, responsibilities and activities. The Y2 workplan reflects the integration efforts of its partner, the MOHP.
Submit Year 2 workplan	The TAKAMOL Year 2 workplan was submitted to USAID for approval in August. The feedback received was incorporated and the workplan officially approved in September.
Governorate level activities	
Governorate level introductory meetings	Introductory orientations and meetings were held with governorate level officials in Ismailia, Giza, Beni Suef, Qena and Sharkiya governorates during FY2006. TAKAMOL technical and management staff briefed governors, MOHP undersecretaries and their staffs about project goals and objectives and garnered their support. Discussions that took place during initial meetings were followed up by additional contact from TAKAMOL management and technical staff. Meetings were held between April and August 2006.
Draft and sign MOUs with representatives from intervention areas	MOUs were signed with key stakeholders in intervention governorates during August (Beni Suef) and September (Giza, Ismailia, and Sharkiya). The signing ceremonies signal the initiation of TAKAMOL intervention and delineate the responsibilities of the community, the MOHP and the governorate.
Reporting and communicating with USAID	
Prepare and submit quarterly progress reports to USAID/ Partners	The project has submitted three reports since its launch in March 2006. The month of March was covered in a separate report to bring the project in line with the quarterly reporting system. Two quarterly reports covering the periods April-June and July-September were then submitted, along with the annual report covering activities from March-September 2006.
Procurement	
Review commodity standards lists and specs	During June the commodity standard lists and specifications were reviewed with the MOHP/PS and MCH sectors in collaboration with the Medical Equipment Calibration Laboratory at the Faculty of Engineering, Cairo University
Reach consensus with MOHP on items and specs	The list of items and specifications was approved by the MOHP/PS and MCH sectors during June.

Scheduled Activity	Achievements
Apply for and receive waiver	A waiver for US \$2 million was applied for during May and approval received in June for the local procurement from geographic code 263, cooperating country Egypt
Issue the RFQ for local commodities	Three local request for quotations (RFQs) were issued for medical equipment, furniture and supplies
Bidders collect RFQ and prepare their quotations	RFQs were collected by bidders and preparation of quotes completed
Quotations received and reviewed by technical and finance committee	Quotations have been received and reviewed by the TAKAMOL technical and financial committees
Issue POs for local commodities	POs were issued
Receive local commodities at warehouse	Commodities have arrived at the TAKAMOL warehouse
Prepare invitation for bid and send it to USAID for approval	Invitation for US bid was prepared and a copy sent to USAID in July
US bidders collect IFB and prepare their bids	US bidders have prepared their bids
Offers received in the US and sent to Egypt	Offers received in the US were sent to Egypt
Offers received in Egypt	Offers were received in Egypt
Quotations received and reviewed by technical and finance committee	Quotations have been received and the TAKAMOL committee has finished its review and provided recommendations.

Scheduled Activity	Achievements
Result 1: Increase use of Quality Integrated FP/RH and MCH Care at PHC Level	
Sub-Result 1.1: Increased Delivery of Integrated MCH/FP/RH Services at the PHC Level	
1.1.1 Renovation	
Collaboration with HSR to agree on design of renovation	Renovation designs prepared in close consultation with HSR in order to align with HSR standards. See 1.1.5 for additional details.
Development of screening form for selection of PHC facilities	TAKAMOL drafted a PHC unit screening form and scoring methodology that was submitted to MOHP for review. The assessment process took into account multiple factors related to the facility and the community including: assessment of the level of required renovations, the referral practices to and from the district hospital, facility staffing, key health indicators, population size, level of service coverage and a socio-economic assessment of the target community. Renovation, referral and population were considered key inclusion/exclusion factors.
Inspection of potential PHC facilities (Batch 1 clinics - (clinics to be renovated in Y1)	<p>During Year 1, numerous inspection and screening visits were made by TAKAMOL/MOHP to Batch 1 PHC facilities and communities. A total of 32 PHC facilities were selected for renovation. The breakdown follows:</p> <ul style="list-style-type: none"> • Giza governorate: 13 units in 3 districts • Ismailia governorate: 4 units in 2 districts • Beni Suef governorate: 12 units in 2 districts • Sharkiya governorate: 2 units in 1 districts • Urban Poor Areas: 1 unit in one Greater Cairo district • See Appendix B for complete list of selected Batch 1 PHC units and districts
Inspection of potential PHC facilities (Batch 2 clinics - clinics to be renovated in Y2)	<p>Using the same screening and scoring tools and methodology TAKAMOL assessed PHC units and communities planned for Batch 2 / Year 2 renovation. As of September 30, a total of 20 PHC facilities were selected for renovation. The breakdown follows:</p> <ul style="list-style-type: none"> • Giza governorate: 4 units in 1 district • Sharkiya governorate: 6 units in 3 districts • Beni Suef governorate: 8 units in 3 districts • Urban Poor Areas: 1 unit in Greater Cairo and 1 unit in Alexandria

Scheduled Activity	Achievements
Procurement of construction management services	<p>A renovation management contract for Kafret Nassar PHC unit in Giza Governorate was awarded to P.B. Sabbour in March 2006. Renovations were entirely funded by Barclays Bank Egypt as part of the corporate social responsibility (CSR) initiative.</p> <p>An RFP for construction management services for the remaining Batch I facilities was circulated, and proposals received from interested firms. Technical evaluation of renovation management engineering firms was conducted in collaboration with HSR and the MOHP/PS and MCH sector engineering departments. This joint process provided an opportunity to strengthen MOHP engineering staff capacity through hands-on experience. After completing the technical evaluation, qualified firms were asked to submit financial proposals and ranked based on technical and financial evaluations. The top scorer, P.B. Sabbour, also submitted the lowest price.</p>
Procurement of construction contractors	<p>The RFP for Kafret Nassar PHC unit was issued and circulated to construction companies. Technical and financial evaluations were conducted separately and the winning bidder was awarded the contract. The facility was handed over for renovation in April.</p> <p>TAKAMOL advertised in the newspaper for sub-contractors to submit documents in order to pre-qualify for renovation work. The documents were reviewed, and a database of qualified sub contractors was prepared so that a list of sub-contractors is ready for each bid package.</p>
Renovation and equipping of PHC facilities of Batch I clinics	<p>Renovation of the Kafret Nassar clinic was completed and the facility handed back to the MOHP during the first week of July. The renovation process started in September for Batch I facilities.</p>
1.1.2 Training:	
Review and update of all training materials with MOHP and other stakeholders as needed	<p>TAKAMOL reviewed and updated the list of integrated MCH/FP/RH messages to be incorporated into the training materials, and cleared list with MOHP during meetings with the Technical Committee working group.</p> <p>The nurses and physicians' curricula have been reviewed and updated by TAKAMOL and are under review by the MOHP/PS and MCH sector.</p> <p>The lab technicians' curriculum developed by the MOHP Quality Sector in collaboration with the TAHSEEN Project was reviewed for use in PHC facilities by the MOHP undersecretary of health and the central lab.</p> <p>The safety and maintenance curriculum developed under TAHSEEN has also been updated and tested during the Kafret Nassar training. Modifications will be made based on feedback from the training and a final draft submitted to the MOHP.</p>
Implement integrated clinical training for physicians of Kafret Nassar (urban poor area)	<p>Training was conducted for physicians from Kafret Nassar PHC unit during May. The training covered the provision of FP services based on World Health Organization (WHO) Medical Eligibility Criteria, the antenatal, postnatal and neonatal care programs and early detection of high risk cases, how to manage reproductive tract infections (RTIs) including sexually transmitted diseases and the management of infertile couples.</p>
Implement integrated clinical training for nurses of Kafret Nassar (urban poor area)	<p>Training was conducted for nurses from the Kafret Nassar PHC unit in May. The training covered information about the genital system, the dangers of female genital cutting (FGC), contraceptive methods counseling, the importance of antenatal and postnatal care, how to deal with danger signs during pregnancy, normal delivery, and mother and newborn care.</p>

Scheduled Activity	Achievements
Implement lab technicians training of Kafret Nassar (urban poor area)	Training was conducted for the Kafret Nassar PHC unit laboratory staff in May and included analyses typically needed by pregnant women including blood picture and blood type.
Implement outreach workers training for Kafret Nassar (urban poor area)	In cooperation with the MOHP/PS, the first raedat rifat (RR) training in Kafret Nassar for both local community development association (CDA) and MOHP RRs was conducted in August. The 5-day training included communication skills and technical health messages, and was attended by a total of 26 RRs (21 CDA and 5 MOHP).
Implement safety and maintenance training for Kafret Nassar (urban poor area)	The 2-day training was conducted in September for seven employees from Kafret Nassar PHC unit. An updated safety and maintenance training curriculum was tested during the training. Feedback will be used to modify the curriculum prior to submitting the final draft to the MOHP undersecretary of health for the central lab.
Provide on-the-job training for Kafret Nassar (urban poor area)	Various assessment methodologies were used to assess the need for OJT by the clinic team. The needs regarding the activation of the referral system were identified and OJT provided. Observation and client interviews were used to rapidly assess the clinical performance of the ANC physician and nurse teams, along with the use of the Integrated Supervisory Checklist to identify OJT needs in the area of clinical performance skills.
<i>1.1.3 Provide technical assistance to CSI as needed</i>	
Hold meetings with CSI to discuss technical needs	Meetings were held with Clinical Services Improvement (CSI) Executive Committee during April to identify its TA needs during the transitional phase, and to facilitate the transfer of assets to the newly independent NGO.
Assist CSI to become an independent NGO by providing TA for developing job descriptions/ organizational charts/ recruitment procedures and managing the transition period	<p>During Year I TAKAMOL provided technical assistance to CSI during its transition into an independent NGO, known as the Specialized Association for Improving Family Planning Services (SAIFPS). This included meetings to help with the board member selection process, drafting job descriptions for CSI management positions, and short-listing 10 candidates for each of the three vacancies (executive director, financial analyst and business development manager). The board will interview two short listed executive director candidates and approve the selection of financial analyst and business development manager.</p> <p>The newly established SAIFPS board also held meetings with TAKAMOL and USAID to discuss the mechanism for transferring CSI assets from the EFPA to the new NGO.</p>
Provide financial support to CSI through awarding subagreements	Based on USAID request, three subagreements were signed (July, August, September) with EFPA/CSI to provide funding so that CSI could continue to function until its final registration as an NGO is granted.
Develop plan for TA after discussing with MOHP and USAID	A plan was developed prior to the formal establishment of the NGO and discussed with USAID and MOHP.

Scheduled Activity	Achievements
Provide TA to the independent CSI NGO that will be established	An RFP to provide TA to SAIFPS for a two-year period was issued on August 31, and an orientation meeting was held with bidders the following week to provide information and answer their questions. Proposal evaluation in process.
1.1.5 Collaboration with HSR	
Meet with HSR to discuss areas of potential collaboration	<p>During May, TAKAMOL staff met with the Director General of Health Information Sources from the Health Sector Reform Program (HSR) to synchronize activities and minimize/avoid duplication of efforts. Topics of discussion included renovations, equipment standardization, and service provider training. TAKAMOL held multiple internal meetings to discuss anticipated challenges that could result from working and collaborating with HSR.</p> <p>A site visit was conducted to Zaweit Abu Mosalem and Nazlet El Ashtar PHC units (former TAHSEEN-intervention clinics) in Giza governorate where HSR is operational to assess the feasibility of and potential challenges envisioned regarding future collaboration between TAKAMOL and HSR in selected HSR-intervention clinics.</p> <p>During a June meeting with the head of the MCH sector, the HSR director and HSR staff, the timing of TAKAMOL interventions relative to HSR interventions and the complementarity of HSR and TAKAMOL clinic management training programs were discussed. It was agreed that TAKAMOL will share its activity timeline with HSR to organize the implementation of both projects' activities, and avoid duplication of efforts and resources.</p>
Prepare shared integrated activities time line	A shared integrated activities time line was prepared and discussed with the head of the MOHP/MCH sector.
1.1.6 Collaboration with RCT	
Include RCT in review of training curricula	An RCT representative has joined the TAKAMOL technical working group that reviews training curricula.
Meet with RCT to discuss areas of potential collaboration	During July, TAKAMOL conferred with the RCT team regarding their FY2007 workplan submission to USAID. Areas of collaboration and the provision of technical assistance to RCT were further discussed with USAID in August.
Sub-Result 1.2 Improved Quality of Integrated MCH/FP/RH Services at the PHC Level	
1.2.1 Training in clinic management for clinic staff in 3 phases	

Scheduled Activity	Achievements
Kafret Nassar PHC	<p>Phase I and Phase II of the Integrated Approach to Clinic Management and Integrated Supervision training were conducted in June and July for Kafret Nassar PHC unit staff and the Haram district team.</p> <p>The objective of the training was to enable the participants to respond to all the major needs requested by clients, create an atmosphere of stimulation and commitment regarding performance improvement and sustainability, develop an appreciation for daily management duties, discuss laws and rules that control the clinic's work and their practical applications, and the importance of using the integrated supervision system as a performance improvement tool.</p> <p>Phase I of the training was attended by 12 participants (11 females and 1 male) and included topics on program objectives, customer's rights, leadership skills in integrated supervision, and the significance of indicators and data collection in integrated supervision.</p> <p>Part II was attended by 13 participants (12 females and 1 male) and included topics on prioritization of needs, types of resources and how to mobilize them, and the value of commitment.</p>
<i>1.2.2 Strengthen the clinic boards for the PHC facilities (cross result 4)</i>	
Form/ reactivate clinic boards for Kafret Nassar (urban poor area)	<p>The clinic board election process was initiated at Kafret Nassar PHC in May with the identification and election of clinic staff members, followed by an identical process to elect community representatives. Election resulted in seven female and four male board members, in an open and transparent process. Following the election the governor issued decree number 7896/2006 formally approving all 11 board members.</p>
Train clinic boards in 3 phases for Kafret Nassar (urban poor area)	<p>Phase I of the clinic board training for Kafret Nassar PHC unit was held from July 10-12. The objective of the training was to create a shared vision, and to explain the functions of the board members regarding how to mobilize the community, maximize the use of the SIF and collect data. The training included the following specific topics: the challenge model, team spirit, Decree 239 and the functions of the clinic board, SIF accounts and meeting management.</p> <p>Phase II was conducted on August 28-29. The training explained the model of aligning and mobilizing as a team in order to mobilize the community, identify opportunities to increase demand for services, and forge assistance from a variety of individuals and community institutions. This phase of the training included the following specific topics: the Challenge Model, the value and steps of planning, how to create activities and how to set, follow up, and evaluate a plan.</p>
<i>1.2.3 Activate the current referral system</i>	
Train medical staff on referral system for Kafret Nassar clinic (urban poor area) (cross result 2)	<p>13 medical staff from the Kafret Nassar clinic were trained on the referral system during year I</p>

Scheduled Activity	Achievements
Follow up on the use of the referral system as part of OJT for Kafret Nassar clinic (urban poor area)	The Kafret Nassar health unit was visited on September 21 for an assessment of the existing referral system and practices. Provided OJT on improving referrals.
Result 2: Increase use of Quality Integrated MCH/FP/RH Care in Hospitals	
Sub-Result 2.1: Increased Delivery of Integrated MCH/FP/RH Services in Hospitals	
2.1.1 Conduct hospital assessment for clinical and managerial performance, equipment, training needs	
Develop a screening tool to select priority hospitals for the project intervention	Developed hospital screening tool based on materials received from HM/HC.
Assist MOHP to adapt HM/HC assessment tool for district and general hospitals for integrated MCH/FP/RH services	The MOHP hospital assessment tool developed with technical assistance from HM/HC was updated and sections regarding family planning, reproductive health, postpartum and postabortion care services and facilities were added. The updated assessment tool was reviewed and approved by MOHP.
Select Batch 1 hospitals for intervention	<p>District and general hospitals in Ismailia, Giza, Beni Suef and Sharkiya governorates were screened by joint TAKAMOL/MOHP teams for inclusion in Batch 1 renovations. At the end of Q3, Sharkiya governorate was added to the list of Y1 intervention governorates; as a result hospitals in Sharkiya were also screened for inclusion. In total:</p> <ul style="list-style-type: none"> • 6 Ismailia hospitals were screened and 2 selected for Batch 1 • 2 Beni Suef hospitals were screened and 2 selected for Batch 1 • 2 Giza hospitals were screened and 2 selected for Batch 1 • 3 Sharkiya hospitals were screened and 1 selected for Batch 1

Scheduled Activity	Achievements
Conduct detailed needs assessment and develop hospital improvement plans for Batch 1 intervention hospitals	<ul style="list-style-type: none"> • Hospital improvement plans were developed for 2 Ismailia hospitals during a September SMC training workshop in management skills • Hospital improvement plans were developed for 2 Beni Suef hospitals in consultation with SMCs • Hospital improvement plans were developed for 2 Giza hospitals in consultation with SMCs • A detailed assessment has been carried out for 1 Sharkiya hospital, but the improvement plan will be done with Batch 2 Sharkiya facilities
Select Batch 2 hospitals for intervention	<p>District and general hospitals in Sharkiya governorate were screened during August and September by joint TAKAMOL/MOHP teams for inclusion in Batch 2 and 3 renovations. In total:</p> <p>12 district hospitals were screened for selection in Batch 2, of which three were selected.</p>
Select Batch 3 hospitals for intervention	<p>At present 6 hospitals in Sharkiya are candidates for selection in Batch 3, of which four will be chosen. The list cannot be finalized until PHC unit screening is completed, as hospitals selected for renovation must be in a district with PHC units also selected for renovation.</p>
Conduct detailed needs assessment and develop hospital improvement plans for Batch 2 intervention hospitals	<p>The needs assessments for these hospitals were completed in September by the TAKAMOL team.</p>
Prepare inventory for equipment & renovations & training needs for Batch 1 hospitals	<p>The inventory for equipment, renovation and training needs for Batch 1 hospitals has been completed.</p>
Prepare inventory for equipment & renovations & training needs for Batch 2 hospitals	<p>The inventory for equipment, renovation and training needs for Batch 2 hospitals has been completed.</p>
<p>2.1.2 Renovation and equipping of hospitals in Lower Egypt (and as needed in Upper Egypt)</p>	
Submit specifications for renovations of Batch I Lower Egypt hospitals to MOHP (blueprints, etc.) for approval	<p>The blueprints for Batch I Lower Egypt hospital renovations have been completed and approved by the MOHP.</p>

Scheduled Activity	Achievements
Renovation and equipping of Batch I Lower Egypt hospitals	The renovation process of Batch I Lower Egypt hospitals has started.
2.1.3 Training relevant staff in intervention hospitals in Lower Egypt	
2.1.3.4 Management Training (cross result 4)	
Activation and training of hospital boards for Batch I Lower Egypt hospitals	Hospital boards cannot be formed until after MOUs are signed. MOUs were signed in September, according to the Governor's schedule, which delayed the activation of the boards.
Activate hospital boards to form SMCs for Batch I Lower Egypt hospitals	A letter was received from Ismailia General and Kassasseen District hospital boards on September 10 with a list of nominated and approved SMC members.
Train SMC members on management skills for Batch I Lower Egypt hospitals	A training workshop was conducted in Ismailia from September 19-21, for SMC members from Ismailia Batch I hospitals.
Sub-Result 2.2 Improved Quality of Integrated MCH/FP/RH Services in Hospitals	
2.2.1 Review/updating of guidelines, protocols and standards; systems development	
Assist MOHP to review the CQI system of HM/HC, add FP, PAC and PPC elements and produce first draft	The HM/HC CQI system was reviewed and FP/RH, PAC and PPC elements were incorporated. A first draft is ready for submission to the MOHP MCH, PS and Quality sectors. Preparations are in place for meetings with the three sectors to discuss the first draft.
Result 3 Positive Behavior Change in Communities	

Scheduled Activity	Achievements
Sub-Result 3.1 Effective and Sustainable Community Level Behavior Change Activities	
3.1.1 Review training materials and update as needed	
Integrate MCH messages in all existing curricula and adjust as needed [cross reference IR 1.1.2]	An extensive list of integrated MCH/FP/RH messages was developed, reviewed and approved by the Technical Review Working Group. Integrated messages are now being used in all project activities, including the existing community training curricula.
Review training materials from a gender perspective and update as needed	All TAKAMOL community training curricula were revised and updated from gender and IPC perspectives including religious leaders, peer-to-peer educators, agriculture extension and irrigation workers, couple communication, literacy facilitators, Egyptian Women Speak Out (EWSO), family life education, MOHP and NGO community outreach workers curricula. Moreover, clinical curricula (physicians and nurses) were reviewed and gender and IPC sessions were developed and included in the curricula.
3.1.2 Working with governorate Working Groups (WG)	
Establish youth, religious leaders and media WG in new governorates as applicable	Existing youth, religious and media working groups were reactivated in Beni Suef governorate in September. The WGs were oriented to the TAKAMOL Project and the roles and responsibilities of each group within the scope of the project.
3.1.3 Family Life Education (FLE)	
Develop BCC tools for FLE beneficiaries	Building on the New Visions program, previously implemented by the USAID-funded Center for Development and Population Activities, three new Family Life Education (FLE) booklets on gender, RH, and general health were developed. The FLE booklets were reviewed with CHL and the two projects agreed on the drafts.
3.1.4 Peer-to-Peer university-based program	

Scheduled Activity	Achievements
Provide TA to existing peer educators in Beni Suef as they carry out their follow-on peer-to-peer activities	In April, a one-day refresher seminar was held in Beni Suef Sports Club for 41 University peer educators (23 male and 18 female) trained under the TAHSEEN Project. The topic of the seminar was safe motherhood. A comparison of the pre and post seminar test scores showed a 60% increase in participant knowledge of safe motherhood topics.
3.1.5 Religious Leaders (RL)	
Selection of RL group at the community level in Kafret Nassar (urban poor area)	A list of religious leaders was developed in coordination with the endowments ministry, the Coptic church and the local CDA and a group formed at the community level.
Train RL on integrated MCH/FP/RH messages in Kafret Nassar (urban poor area)	Training in MCH/FP/RH topics was conducted in September for the 17 Muslim and Christian religious leaders from Kafret Nassar community. Giza governorate MOHP officials (El Haram district-level MCH and RH directors) participated in conducting the training by explaining TAKAMOL MCH/FP/RH messages.
3.1.6 Shabab TAKAMOL Week (Youth Mobilization Week)	
Implement STW in Kafret Nassar clinic (urban poor area)	The project's first STW took place in Kafret Nassar during September in the renovated PHC unit. Nineteen boys and six girls aged around 15 participated in the MCH/FP/RH awareness-raising sessions and community service activities, and attended the BCC puppet show that was adapted from the TAHSEEN Project. Local MOHP officials participated in raising the health awareness of the youth. A newly trained RL was actively engaged to respond to questions from youth and lend support to the subject matter.
3.1.7 Ask/Consult	
Train private pharmacists and physicians in new intervention areas on CHL-developed curriculum as needed for Batch I communities.	Private Ask/Consult network pharmacists were trained in Batch I governorates during September. Training was conducted by CHL in coordination with TAKAMOL. (See activities accomplished but not in workplan at the end of this section).
3.1.8 Gender-based violence (GBV) manual	
Review GBV manual and update as needed	The GBV manual developed by the TAHSEEN Project was reviewed and updated.
3.1.9 Different BCC activities/tools	
Support and collaborate with	CHL and TAKAMOL coordinated efforts in several areas during FY2006 including:

Scheduled Activity	Achievements
<p>CHL in the development of national MCH/FP/RH BCC activities</p>	<ul style="list-style-type: none"> • Mapping of service delivery at the PHC level • How to identify IEC materials needed at each service delivery point • Ask/Consult training in Kafret Nassar urban poor area and other TAKAMOL intervention areas in Giza, Ismailia and Beni Suef governorates • Collaboration regarding social responsibility activities including the addition of a session on the role of private pharmacists (Ask/Consult) in SR in the existing training curriculum • Establishing media groups in collaboration with the State Information Service (SIS) • The review and updating of the MOHP counseling flipchart • Revision of three FLE booklets on gender, general health and RH • Message development on patients' right to counseling • Availability of BCC materials for the Kafret Nassar RR training and facilitation of a session on the proper use of the materials
<p>Integrate MCH messages into different BCC activities (plays and puppet shows)</p>	<p>During May, integrated MCH messages were inserted into the TAKAMOL puppet show including the importance of breastfeeding. Information about smoking, drugs and other at-risk behaviors.</p> <p>Health messages generated as a result of collaboration between TAKAMOL and the LIFE-Lead Project were inserted into the script for the TAKAMOL play performed in urban poor areas.</p>
<p>Implement youth friendly and gender sensitive plays in Kafret Nassar (urban poor area)</p>	<p>The first showing of the BCC play 'Correct Path' was performed in the Kafret Nassar Youth Center in June before an audience of 250 females and 15 males.</p> <p>In September, a skit on early marriage and child spacing was performed at the Kafret Nassar PHC unit in conjunction with LEAD Foundation microcredit lending activities. 220 women and their children attended the performance. The skits are short interactive dramas involving two actors who deliver MCH/FP/RH messages. Audience participation is encouraged and a physician and religious leader are on hand to answer any questions that arise.</p>
<p>3.1.10 Women Empowerment (Egyptian Women Speak Out/Leadership)</p>	
<p>Implement EWSO program in Kafret Nassar community</p>	<p>The first round of the EWSO program was implemented at the Kafret Nassar PHC unit women's club in July. Four MOHP RRs, two NGO representatives and 24 young women from the community participated in the training.</p>
<p>3.1.12 Literacy facilitators</p>	

Scheduled Activity	Achievements
Update Adult Education Agency (formerly GALAE) and NGO literacy facilitators' training package to include MCH messages	A number of meetings with the head of the Adult Education Agency (AEA) resulted in the organization of a 3-day literacy booklet development workshop in September involving AEA, TAKAMOL, MOHP and CHL representatives, to modify and update the previously developed health-focused literacy curriculum. Two new modules were added on neonatal and child health. The curriculum will be used nationally, not only in TAKAMOL intervention governorates, and the integrated RH messages will be fortified by the inclusion of questions based on these health topics as part of the national literacy students' exam.
Train literacy facilitators in Kafret Nassar (urban poor area)	MCH/FP/RH training for literacy facilitators from Kafret Nassar PHC unit was conducted in August. Fifteen (13 females-2 males) literacy facilitators from the AEA, the local CDA and MOHP RR participated in the training, which was conducted in collaboration with the AEA.
3.1.14 CDAs/ community activities	
Orientation about TAKAMOL for CDAs and the Ministry of Social Solidarity district level officials	Seven orientation meetings were held with officials from the Ministry of Social Solidarity (MOSS), city councils, and prospective CDA partners from intervention governorates and districts. During the orientations TAKAMOL staff presented overviews of the project's objectives, activities, components and anticipated results, with an emphasis on the role, and importance of CDAs as a major component of the project implementation framework.
Screening and assessing local CDAs for Batch I communities	<p>Implementation of activities through local CDAs is the backbone of the project intervention strategy. Therefore the screening and assessing of CDAs was of primary importance in order to select capable and energetic partners. CDAs were screened and assessed in the following governorates and districts:</p> <ul style="list-style-type: none"> • A total of 34 Giza governorate CDAs were assessed with 14 partner CDAs selected for Batch I intervention communities. • A total of 20 Beni Suef governorate CDAs were assessed with 12 partner CDAs selected for Batch I intervention communities. • A total of 3 Sharkiya governorate CDAs were assessed with 2 partner CDAs selected for Batch I intervention communities. • A total of 6 Ismailia governorate CDAs were assessed with 4 partner CDAs selected for Batch I intervention communities.
Selection of CDAs For Batch I communities	31 CDAs (including Kafret Nassar) for Batch I communities have been selected according to criteria agreed upon by USAID. Delays in selecting the final CDA are the result of last minute changes by the local government and MOHP on an intervention community for Batch I.
Submission of proposals and contracting of CDAs	TAKAMOL developed a standardized proposal application process for the submission of CDA proposals. It was approved by USAID in September and used by Batch I CDAs to submit their proposals prior to the end of September.

Scheduled Activity	Achievements
3.1.15 Collaborate with other agencies/ projects	
Develop a cooperative agreement with NCCM for working in urban poor areas	An initial MOU outlining collaboration with the National Council for Childhood and Motherhood (NCCM) was drafted regarding joint collaboration with the UNFPA adolescents' RH program being implemented by NCCM.
Implement community mobilization activities in Kafret Nassar (renovated by Barclays Bank Egypt)	<p>The full package of community mobilization activities was launched in Kafret Nassar through the local CDA. A female outreach worker was selected to coordinate the women's activities within the community, as per the CDA grant contract. Various community mobilization activities were implemented in Kafret Nassar including EWSO, literacy facilitators training, RL training, STW, the BCC play <i>Aal Sah Dawar</i> (The Correct Path), the puppet show and training for the Ask/Consult network private pharmacists. The play was attended by 265 people, 15 males and 250 females.</p> <p>An orientation about TAKAMOL interventions in the Kafret Nassar PHC unit and community was conducted for LEAD Foundation coordinators to assist them in disseminating information to potential beneficiaries.</p>
Collaborate with NCW, NCCM on women and youth empowerment activities (child labor, FGM, GEI, and others) as applicable	TAKAMOL drafted a concept paper for joint NCCM/TAKAMOL involvement that addresses teachers, social workers, students and their parents within the context of the UNFPA project objectives. In September, NCCM and TAKAMOL finalized the paper and shared the draft MOU and concept paper with UNFPA.
Collaborate with LIFE-Lead Project in Kablat community in Greater Cairo	<p>Three meetings were held in March to explore opportunities for cooperation with the USAID-funded LIFE-Lead project in El Kablat, resulting in the submission of a joint workplan to USAID outlining areas of potential collaboration. TAKAMOL provided technical assistance to LIFE-Lead to prepare renovation specifications of the El Kablat medical center, which will be renovated by the LIFE-Lead project. Meanwhile contact was initiated with Rotary Club/Cairo Capital to encourage contributions to El Kablat area interventions.</p> <p>Training for 9 Muslim and 5 Christian religious leaders was conducted in collaboration with the LIFE-Lead Project, followed by a one-day refresher training. The training covered the anatomy and physiology of the male and female reproductive systems, adolescent RH, early marriage and hazards of early pregnancy, FP, interpersonal communication and counseling, gender rights and GBV. (See activities accomplished but not in workplan at the end of this section).</p>

Scheduled Activity	Achievements
Result 4 Improved MOHP Capacity to Sustain Performance of Integrated MCH/FP/RH Services	
4.1. Increase capacity of MOHP National Level Management Team	
4.1.1 Coordinate and synchronize with MOHP/PS, Integrated Health Services and Nursing Sector, NPC and RCT workplans	
Hold 3-5 meetings for 2006 Workplan	More than five coordination and TA meetings were held between the TAKAMOL management and sustainability team, the NPC, RCT and the MOHP/ PS and MCH sectors.
4.1.2 Provide TA to MOHP/ PS and MCH, NPC and RCT in developing results oriented workplans for Year 2007	
Hold meetings between the members of each individual sector/ institution	<p>During July and August several coordination and TA meetings were held between TAKAMOL, NPC and the MOHP/PS and MCH sectors to provide assistance in the development of their 2006-2007 workplans. The MOHP/PS held a workshop at the end of July to produce a final draft of their workplan during which TAKAMOL and the MOHP fine tuned the synchronization of integrated activities.</p> <p>Additionally TAKAMOL revised and updated its workplan, including dates, responsibilities and activities in collaboration with the MOHP and NPC. Further meetings with RCT in July and August were held to include collaboration with TAKAMOL in their annual workplan to be submitted to USAID.</p> <p>A preparatory workshop organized by the MOHP/PS was held for abovementioned parties (only the NPC were not present). During the workshop, each institution presented its draft workplan.</p>
A collective workshop to coordinate the finalization of the plan with the project and other partners	A 2-day workshop was held in August for MOHP/PS and MCH representatives, NPC and TAKAMOL staff to finalize results oriented workplans. The final workplans were then submitted to USAID.

Scheduled Activity	Achievements
4.1.3 Support MOHP, NPC and RCT to review and update their strategic plans taking into consideration governorate level plans	
Meetings with the governorate representatives	Communication was initiated with both the MOHP and the NPC at the central and governorate levels in September regarding their strategic planning exercises. Planning for upcoming meetings with the Regional Population Council (governorate level NPC staff) was finalized. Meetings are expected to start next quarter.
Meetings with the representatives of each organization	Preliminary discussions were initiated with the MOHP, the NPC and the RCT at the central level in September with regard to launching strategic planning exercises.
4.1.4 Assist MOHP in activating the Integration Committee and forming working groups as needed	
Activate the Integration Committee that was formed under TAHSEEN and HM/HC	<p>The Integration Committee was reactivated and met five times this fiscal year. Members include the MOHP/PS and MCH sector heads, USAID representatives and TAKAMOL management staff. After several meetings the committee renamed itself, the Steering Committee to be more in line with its function. The committee is deeply involved in problem solving, monitoring activities, interfacing with other ministries, and setting an example for integration within the MOHP.</p> <p>During meetings TAKAMOL updated MOHP sector heads on progress to date on the project and in intervention governorates. The meetings also provided the MOHP with an opportunity to discuss their needs and expectations from the TAKAMOL Project related to community-based interventions, particularly with regard to the postpartum care home visit program, involvement of religious leaders and the training of school health visitors.</p>
Assist the MOHP to form working groups as necessary	In March, the Integration Committee decided to establish six working groups (WG), all of which were subsequently established. Each WG includes representatives from the TAKAMOL Project, and the MOHP/PS and MCH sectors and USAID. The groups are as follows: Social Responsibility, Community Involvement, Technical Review, Quality/Systems, Medical Commodities and the Contraceptive Security Working Groups.

Scheduled Activity	Achievements
<p>Meet regularly with the different WGs and train if requested by Integration Committee</p>	<p>Quality and Systems Working Group</p> <p>During FY2006 the MOHP Quality and Systems Working Group tackled the content and use of the <i>Integrated Quality Checklist</i> and the SIF booklet previously developed during the TAHSEEN Project. The checklist was distributed to the WG members for review in order to avoid duplication with the MOHP <i>Supervisory Checklist</i>. Meetings throughout the quarter led to an agreement to develop a single, simplified checklist that included the most critical topics to be addressed during supervision visits, and that the checklist should complement the ministerial list or Decree 75 (an MOHP list used to evaluate clinic teams) to assess the technical performance of health providers and link their performance to incentives.</p> <p>The WG agreed on its roles and responsibilities including the development of the supervision system by levels, from central to governorate, governorate to district, and district to facility. Utilization of the new checklist and the flow of reporting from the district to the governorate and the central level were discussed, as well as ways TAKAMOL can use the findings from the checklist to improve staff performance through on-the-job training (OJT).</p> <p>Additionally the WG agreed to develop detailed manuals for integrated supervision, on-the-job training and clinic management. During August, the initial components of the supervision system regarding the district level were also agreed upon.</p> <p>Technical Review Working Group</p> <p>The Technical Review Working Group met four times in May and June to review and approve health messages that TAKAMOL will be using. Several meetings were held with MOHP/PS and MCH sector officials, and a USAID representative to revise the training curricula previously developed by the TAHSEEN Project. During September the training working group met twice with MOHP/PS and MCH sector officials to revise and approve the training agendas for hospitals and PHC facilities in intervention areas.</p> <p>Medical Commodities Working Group</p> <p>The Medical Commodities Working Group met several times to discuss and reach consensus on the specifications and quantities of medical equipment and furniture needed for the PHC units and hospitals. The WG was responsible for the timely the preparation of specification and enumeration of equipment and supplies for both the local and international procurement in accordance with health sector reform standards to minimize the duplication of efforts.. The evaluation of international offers for equipment, furniture and supplies was handled by the WG with TA from the Biomedical Engineering Department, Faculty of Engineering, Cairo University.</p> <p>Social Responsibility Working Group</p> <p>The SR working group met 4 times during FY2006. Initial discussions focused on how the MOHP could use the RR platform to collaborate with the private sector to more widely disseminate important health messages, the role of the PHC unit women's clubs in SR activities, ways in which the private sector can assist urban poor area PHC centers and the strengths and weaknesses of the MOHP NGO unit related to collaboration with the private sector.</p> <p>The process of developing an MOU between the MOHP, TAKAMOL and Procter & Gamble provided the SRWG with hands-on capacity building experience in developing and negotiating win-win agreements with the private sector, and specifically provided</p>

Scheduled Activity	Achievements
	<p>for the training and use of MOHP RR .</p> <p>SR training for SRWG members was rescheduled for October at the request of the MOHP due to end of fiscal year commitments on the part of the MOHP.</p> <p>Contraceptive Security Working Group</p> <p>The CSWG met several times to review the draft of the first, proposed 2007 action plan for contraceptive security. It was agreed that the plan contained all the necessary elements and only minor modifications were made.</p>
<p>4.1.5 Provide TA for SRWG within MOHP to negotiate win-win agreements with partners from other government ministries, agencies, NGOs and private sector</p>	
<p>Assist the MOHP to form Social Responsibility working group</p>	<p>The Social Responsibility Working Group was formed and met 4 times during the year.</p>
<p>Meet with the private sector to initiate social responsibility initiatives and increase their awareness</p>	<p>American Chamber of Commerce in Egypt (AmCham)</p> <p>TAKAMOL is engaged in the process of joining AmCham, an organization of key business and development executives in Egypt. Once its membership is finalized, TAKAMOL will join the newly formed CSR Committee, and other committees that are relevant to the project's goals and objectives.</p> <p>American University in Cairo (AUC)</p> <p>In May, TAKAMOL oriented the American University in Cairo (AUC) Human Resources Office about the project and explored the potential for collaboration between the project and the AUC Wellness Program, the Egyptian Human Resource Management Association (EHRMA) and the American Chamber of Commerce (AmCham). As a follow-up activity, the TAKAMOL CSR team was invited by the AUC executive director of human resources to attend a meeting held by EHRMA, during which they networked with EHRMA's members from national and multinational organizations. As a result of the meeting, the CSR team compiled a contact list of potential partners for TAKAMOL CSR activities.</p> <p>In July, a draft MOU between TAKAMOL and AUC was sent to AUC's Wellness Program, Gerhart Center and HR department for their input. The MOU is expected to be signed in October after the resumption of the school year.</p> <p>Barclays Bank Egypt</p> <p>An MOU, declaring the official adoption of Kafret Nassar PHC unit by Barclays Bank Egypt, was signed on April 3 during a high-visibility signing ceremony. The event was attended by USAID, MOHP/PS and MCH sectors, the governor of Giza, the Giza</p>

Scheduled Activity	Achievements
	<p>MOHP directorate, Barclays Bank, Pathfinder and its partners, the EFEF, and representatives from private companies. The ceremony launched the renovations work contributed by Barclays Bank Egypt as part of their CSR program. After the signing ceremony the PHC unit was renovated over a three-month period and handed back to the MOHP in July. The opening took place on August 8 in the presence of USAID, the Giza governor, the undersecretary of Giza Governorate/MOHP, the managing director and chief finance officer of Barclays Bank, and TAKAMOL representatives/partners.</p> <p>Rotary Clubs</p> <p>Kablat: Following an exploratory meeting with the Rotary Club/Cairo Capital to determine their interest in partnering for SR activities in the Kablat urban poor area, Rotarians attended a LIFE-Lead Project presentation on the Kablat area and visited the Delta Steel School and Kablat primary health care unit. The participating Rotarians expressed their interest in treating endemic childhood anemia by providing the required medication and in assisting women through a microcredit program.</p> <p>Kafret Nassar: Rotarians from the Rotary Club/Cairo Capital visited Kafret Nassar PHC unit in May to learn about the needs of the clinic and community and how they might contribute. Based on the site visit, the Rotarians have identified literacy classes and micro-credit programs as areas for SR participation. They will also try to raise funds to procure some dentistry equipment.</p> <p>Initial contacts were made with Rotaract Tahrir regarding collaboration in their youth health awareness activities.</p> <p>PriceWaterhouseCoopers (PWC)</p> <p>It is anticipated that PWC experience as a leader in CSR coupled with TAKAMOL technical assistance will lead to fruitful collaboration. Initial meetings to examine the status and role of corporate voluntarism within the Egyptian private sector later led to the creation of a shared vision as a jumping off point for collaboration. A follow-up meeting on corporate volunteerism was attended by representatives from TAKAMOL, the EFEF, PWC, British Petroleum and Ridgewood. The idea of initiating a blood donation project using PWC experience and TAKAMOL technical assistance was suggested by the EFEF members. Following up on this idea, TAKAMOL met with PWC corporate volunteers and the head of the blood donation bank of the National Cancer Institute to explore the possibility of implementing a PWC/TAKAMOL blood donation project for district hospitals in TAKAMOL intervention areas. Additional meetings with the Misr Artery of Giving NGO and MOHP Giza Governorate directors were held to clarify the role of each partner, chart an action plan and negotiate the an agreement between the partners. A meeting between TAKAMOL and PWC corporate volunteers has brought interested parties closer to finalizing an MOU.</p> <p>Procter and Gamble (P&G)</p> <p>Building on P&G's previous relationship with TAHSEEN, P&G representatives met with TAKAMOL staff to discuss further collaboration. P&G agreed to reshape their school program to incorporate TAKAMOL messages and establish links with other P&G branches. TAKAMOL will provide P&G with 20 questions and answers about TAKAMOL messages to be posted in their El Ahram weekly column.</p> <p>In addition, it was agreed in a win-win arrangement that P&G would utilize the MOHP outreach worker platform as a vehicle to deliver regular MCH/FP/RH messages, along with hygiene messages advocating the use of sanitary products, resulting in market expansion and increased sales revenue for P&G. While the MOHP continues to provide P&G access to their outreach workers</p>

Scheduled Activity	Achievements
	<p>program, P&G will donate 50% of TAKAMOL's RR program costs for facility renovation. An MOU with P&G outlining all areas of cooperation throughout the lifetime of the project is currently being finalized. In addition TAKAMOL utilized the process of developing the MOU with P&G as a hands-on capacity building experience for the MOHP SRWG.</p> <p>Other Activities</p> <p>A youth forum (focus group discussion) was held with Kablat youth at the El Nile Center for Media, Education and Training in June to discuss health and employment concerns within the community as a means of tailoring project youth and CSR activities. TAKAMOL expanded its network of organizations interested in CSR by attending the first Corporate Social Responsibility Awareness Meeting organized by the Egyptian Junior Business Association.</p>
Support MOHP to finalize curriculum for the capacity building of the SR/ WG	TAKAMOL utilized local and international short term technical assistance to review the training curriculum based on the requirements of the SR working group and facilitate the training in conjunction with the TAKAMOL SR specialists.
Training of the SR working group	The training has been rescheduled to October at the request of the MOHP.
4.1.6 Assist MOHP/PS achieve Contraceptive Security	
Provide TA as needed for the Contraceptive Security Working Group to implement the strategic framework including supply chain, commodity procurement, storage and distribution.	The initial meeting of the Contraceptive Security Working Group was held in May. WG members agreed to implement the <i>Contraceptive Security Strategy</i> previously developed by the MOHP/PS and the POLICY Project in TAKAMOL-intervention governorates. A 2-day Contraceptive Security Strategic Plan Dissemination Seminar was held by the MOHP to launch the process of turning the contraceptive security policy into an action plan. Subsequent meetings held between June and August led to the development of a contraceptive security action plan for 2007 that was presented to the MOHP/PS and MCH sector for comment prior to submission to the Steering Committee.
4.1.7 Increase the capacity of the MOHP to strengthen the supervision system	

Scheduled Activity	Achievements
Provide TA to the MOHP to finalize the implementation methodology manual for integrated supervision and leadership	<p>The implementation methodology manual was reviewed and updated with the participation of the MOHP Quality and Systems Working Group, who finalized the PHC integrated supervisory checklist and the reporting guidelines mentioned under 4.1.4.</p> <p>The final draft is now under review by the MOHP. The workshop scheduled for September to finalize the manual was postponed until next quarter at the request of the MOHP. Participants at this workshop will also finalize the integrated district planning implementation methodology and the clinic management manual to be included in the in-service training (see 4.1.8).</p>
4.1.8 Replication of the integrated MCH/FP/RH services	
Assist MOHP related sectors to fine tune the implementation of the Integrated District Planning implementation methodology (IDP)	The integrated district planning methodology will be fine-tuned during a workshop next Quarter (see 4.1.7).
Assist MOHP related sectors in finalizing the clinic management manual to be included in the in-service training	The clinic management manual has been drafted. Its function within the supervision and training system will be discussed and finalized during a workshop scheduled for next quarter (see 4.1.7).
4.1.11 Increase the capacity to develop and automate the financial and inventory system.	
Provide TA to MOHP to link with MOF in making a national booklet on SIF roles and regulations	TAKAMOL has assisted the MOHP in drafting amendments to decree 239, which governs many SIF rules and regulations. At the request of the MOHP, TAKAMOL collected data about how governorate-level officials in a sample governorate felt the 8% of SIF revenue available to them should be utilized. Findings of this study are being analyzed by the MOHP and will be used to amend the decree. These amendments and the national booklet will be discussed at a meeting requested by the MOHP for next quarter. The booklet will include updated information for service providers in hospitals and PHC units.
Sub-Result 4.2: Increased Capacity of MOHP Governorate and District Level Management Teams	
4.2.1 Increase the capacity to develop result oriented integrated action plans at all levels	

Scheduled Activity	Achievements
Provide training to PS and MCH governorate and district level staff on integration supervision and leadership skills for the district team of Kafret Nassar (urban poor area)	The first integrated supervision skills training course was conducted in September for the El Haram district supervisory team. Eight participants attended: 6 females and 2 males.
Coaching district level staff in intervention areas to master the integrated supervision and coaching skills	Integrated supervision coaching for El Haram district level staff started in September and will continue for six months.
4.2.4 Increase the capacity to mobilize partners from other government agencies, NGOs and private sector focusing on supporting the health facilities on the governorate level	
Link with the regional population councils at the intervention governorates	Dialogue regarding the initiation of meetings with the regional population councils began in September. Meetings are planned to start next quarter.

Accomplished Activities (not included in the annual workplan)

The following activities took place during the first year of program intervention, although they were not included in the submitted Year 1 workplan. These activities were undertaken either as a follow up to TAHSEEN activities, in collaboration with partner projects or to fulfill interests from central and local MOHP partners.

- CHL trained Ask/Consult private pharmacists in Batch 1 intervention communities using the CHL-developed curriculum during Q4 Year 1. Initially planned for February 2007, the training was held earlier in order to synchronize with partner CHL's workplan. The training was held three times, once each in Giza, Ismailia and Beni Suef governorates during September. The earlier training period provided TAKAMOL with an opportunity to orient the private pharmacists early on, thus orienting them to the TAKAMOL integrated model and the clinic board functions. It is expected that this earlier introduction to the project, might encourage greater participation by the private sector pharmacists on clinic boards.
- Final inspection and receipt of the Haikstep Medical Center and the El Galatma Medical Center (renovated during the TAHSEEN Project) were completed on May 31 and June 4 respectively
- In the urban poor area of El Kablat, TAKAMOL is collaborating with the USAID-funded environmental LIFE-Lead Project. Thus far TAKAMOL has submitted a joint workplan to USAID outlining areas of potential collaboration, provided TA to LIFE-Lead in the preparation of renovation specifications for the El Kablat health facility, trained and held refresher MCH/FP/RH training for 14 Muslim and Christian religious leaders and increased their capacity to communicate related messages to the community. The refresher course introduced new messages regarding reproductive tract infections and sexually transmitted infections and was attended by 10 male religious leaders. The trainings also equip the RLs to be engaged in all TAKAMOL activities.
- TAKAMOL provided technical assistance to the MOHP/NGO Unit for the organization of a coordination meeting held April 26-27 that was attended by 15 CDAs from different governorates. The purpose of the meeting was to analyze and identify the main problems affecting CDAs, link the CDAs FP and MCH activities and activate dormant CDAs.
- An MOU was finalized, but not signed, with non-health partners including the National Youth Council (NYC). Under the terms of the MOU, the NYC will provide the venue and the coordinators needed for the implementation of Shabab TAKAMOL WEEK (STW), peer-to-peer program and the Family Life Education (FLE) program. This will be a tripartite agreement with the MOHP, and strengthen links between the MOHP and non-health partners for the long-term sustainability of project interventions.

Monitoring and Evaluation

Monitoring and evaluation activities began from the outset of the TAKAMOL project with the drafting of the Performance Monitoring Plan (PMP) in March. The plan was then discussed with USAID, the MOHP and all subcontractors in April. The feedback provided from all parties was carefully considered and incorporated into a second draft, which was sent to USAID for review and approval. The PMP included 24 main indicators used to monitor project performance by result, a full description of the data collection tools and sources and frequency of data collection, a section on how reporting will be linked to the project's annual plans, and standard formats for both quarterly and annual reports. A lengthy revision process followed during which the plan underwent further modifications. As of September 30 the PMP is awaiting final approval from USAID.

TAKAMOL has worked extensively on the design of data collection forms, which were submitted to both USAID and the MOHP for review and feedback as follows:

- Governorate, district, hospital, community, and PHC screening/assessment forms
- Training/workshops/BCC event monitoring forms including participant's personal sheet, training evaluation and pre/post tests
- Pre/post intervention forms to assess the financial and institutional capacity of partner NGOs/CDAs as well as monthly progress reports
- Service statistics and client profile forms
- Management/sustainability forms including staff satisfaction, SIF revenues/expenses, and CSR tracking tool
- The Household Survey questionnaire
- Quality Monitoring Checklists: the client exit interview guide used by TAHSEEN was reviewed and modified and the hospital and PHC unit checklists are still being developed

Automated databases and data entry screens were developed for M&E forms/reports, with the exception of the household survey, which will be implemented through a subcontractor. The system is capable of producing reports for all inputted data.

A Request for Proposal (RFP) inviting eligible candidates to apply for the implementation of the household survey was issued. Of the seven respondents, International Medical Technology, LTD (MEDTEC) met all the criteria for selection and was awarded the subcontract. The objective of this subcontract is to provide baseline information and an indication of progress over time regarding the outcome and impact of TAKAMOL interventions on the selected intervention communities.

The household survey will provide information on a representative sample of 200 married women of reproductive age (15-49) in each selected community. Preliminary testing of the survey questionnaire has been conducted on a sample of 50 women.

Six communities have been selected for the household survey from Year I communities. The six communities are as follows:

Governorate	District	Community
Giza	Oseem	El Kerateen Center
	El Badrasheen	Mazghona
Beni Suef	Beni Suef	Beni Bekheit
	Ahnasia	Tema Fayoum
Ismailia	Kassasseen	El Heish
Sharkiya	Abu Hammad	Monshaet El Abbasa

TAKAMOL has provided USAID with project updates on a weekly basis throughout Year I, along with an assortment of success stories, which highlight major project achievements as they happen. In addition, a March 2006 Progress Report, the April – June 2006 Quarterly Progress Report, and the July – September 2006 Quarterly Progress Report were also submitted.

The collection of baseline data began in Batch I communities during Year I. This data will be used to measure project impact when compared to post intervention data. Meanwhile pre-intervention data collected from 26 of the Batch I PHC facilities during Year I revealed that the average quality of performance as determined by the quality checklist is 56%.

Monitoring of SR activities during Year I shows that the monetary value of resources leveraged through public-private partnerships and local contributions reached 7.56% of total project expenditure.

Challenges and Lessons Learned

Despite the fact that the TAKAMOL workplan was developed in conjunction with its primary partner, the MOHP, certain challenges were faced in executing the TAKAMOL workplan. Some of these challenges and lessons learned are presented below:

- The timely implementation of activities that are dependent upon prerequisite actions of the MOHP, its availability or its scheduling presented a challenge for TAKAMOL. During the latter part of the year, the MOHP requested TAKAMOL postpone three previously planned workshops due to their end of fiscal year workload. TAKAMOL was obliged to consider their request and reschedule for Q1 FY 2007. TAKAMOL collaborated closely with both the MCH and Population sectors of the MOHP at each stage of the project's planning and implementation, however more attention to activity timelines could have prevented this delay, caused by scheduling clashes at a particularly busy time of the year.
- Similarly, the screening, assessment and selection of MOHP facilities for renovation were carried out in a process agreed upon with the MOHP, whereby the MOHP provides the Project with a list of facilities recommended for renovation. With list in hand, TAKAMOL and the MOHP screen and assess the units, with final approvals coming from the MOHP. Despite this partnership, last minute changes at the local level, unforeseen by either the MOHP or the TAKAMOL Project, caused a delay in the final facility selection process in some communities, where the local government had marked units for demolition and the MOHP had marked the same units for renovation. Closer coordination with local councils and governorate agencies will help prevent this happening in future intervention areas.
- Tailoring the integrated model and menu of activities to needs of individual intervention communities presented a challenge in the Kablat urban poor area of Greater Cairo. During the community assessment it became obvious that a new approach would be needed for reaching men with health messages. In rural areas agriculture and irrigation workers help to convey these messages, but in the urban setting, TAKAMOL found that the most suitable way to reach men in Kablat industrial area was through factory programs. TAKAMOL worked on changing the mindset of the factory management and began to convince them to allocate some free time for the workers to receive health awareness sessions during working hours. In addition, TAKAMOL trained religious leaders in this community who will typically interact with the male population.
- Determining units for renovation in Ismailia Governorate was hindered by prior Health Sector Reform program interventions. When TAKAMOL screened and assessed units based on MOHP recommendations and according to the agreed upon criteria for the integrated model, the project was challenged to find a suitable number of PHC units and hospitals in need of renovation within the same district. A shared TAKAMOL/HSR integrated activities time line was prepared and discussed with the MOHP. In addition, the head of the HSR technical support office is now invited to attend steering committee meetings as needed so that HSR is more aware of project schedules and activities are better synchronized. In collaboration with the MOHP, the Project was authorized to consider Sharkiya units in its Batch I facilities late in Year I. While this satisfactorily responded to the challenge at hand, it resulted in the postponement of the needs assessments for some Batch I hospitals to September, and a delay in selecting the hospital board, SMC formation and activation, and the development of the hospital improvement plans (all planned for YI) in Sharkiya Governorate.

- Capitalizing on the momentum of the TAHSEEN project before it, TAKAMOL managed to seamlessly continue renovation activities in Giza governorate soon after the project began. Existing relationships with governorate and MOHP officials in Giza, the Governor of Giza himself, and the EFEF facilitated the timely renovation of the Kafret Nassar PHC unit, which was officially handed over to the MOHP in July 2006. Working with a Governor known to be a firm supporter of the project and who is willing to promote the project to other Governors in expansion areas is vital for successful scale up.

Expenditure and Pipeline Analysis

Summary of Disbursements and Estimated Expenses from Inception until September 30, 2006

Total Obligated Funds	\$ 5,000,000
Total Expenses as of Sep. 30, 2006	\$ 1,515,623
Remaining Pipeline	\$ 3,484,377

Appendices

Appendix A: Success Stories

Breaking the Cycle of Poverty and Poor Health

Poverty and health are inextricably linked. When adults are worried about where their next meal will come from, or where they will find money to pay the rent or school fees, they cannot think clearly or concentrate on other important needs, such as health care. Poverty reduction programs, particularly microcredit programs, are well-established tools for reducing poverty.

TAKAMOL, a USAID-funded integrated reproductive health services project employs a multifaceted approach that demonstrates the benefits of conducting community behavior changing activities at health care facilities. By transforming primary health care (PHC) units into community centers, TAKAMOL helps to foster a sense of community ownership for the local PHC facility, and create a bond between community residents and their health care service providers.



Everyone wins when microcredit programs team with integrated health care services and women's empowerment programs at Kafret Nassar primary health care unit

women have visited the Kafret Nassar PHC unit to receive microcredit loans valued at LE 470,000. Four hundred of these loan recipients have since registered at the Kafret Nassar PHC unit and have active health files there. While visiting the Kafret Nassar unit, the loan recipients are exposed to other TAKAMOL activities including literacy classes, Egyptian Women Speak Out, and health seminars that convey valuable maternal, child and reproductive health messages that enhances their self esteem and encourages them to seek family planning counseling, antenatal care and vaccinations for their children.

Bringing microcredit activities directly into the primary health facilities is a mutually beneficial activity: TAKAMOL gains access to a virtually untouched and underserved segment of the population, facilitates their use of health services and disseminates important health messages; the LEAD Foundation expands its program in new communities, thus increasing the scope of its program; the MOHP revitalizes its facility, creating a hub of activity and

TAKAMOL has established a first of a kind partnership in Egypt, linking the LEAD Foundation microcredit program with the Kafret Nassar primary health care (PHC) unit, located in Giza Governorate.

The LEAD Foundation is a non-governmental organization (NGO) founded by Egyptian private sector businessmen. Its primary objective is to serve Egyptians living in poverty, particularly women who are often the sole providers for their families and use the loans to start microenterprises, such as selling vegetables or making clothes, to improve their families' economic status.

Since August 2006, when the memorandum of understanding launching the collaborative program was signed, 470

potentially increasing client flow; and the women address their economic and health needs in a one-stop location.

Plans are in place to extend the program to an additional 18 TAKAMOL-intervention communities in the Greater Cairo area and to track the program participants in order to evaluate health outcomes for the community at a later stage of the project.

Kafret Nassar Clinic Board Boldly Announces Plans for All to See

The Kafret Nassar primary health care (PHC) facility stands in the shadow of the pyramids and opulent five-star hotels. It serves an urban community of 25,000 people, who just 25 years ago were very much an agrarian society. Today, the residents hold fast to their roots with their strong social ties, but are primarily engaged in trade or employed by the government.



Visitor studies the Kafret Nassar clinic board's action plan. Transparency is key to sustaining improvements in the quality of care.

It's vaccination day at the PHC and the first thing that catches a visitor's attention upon entering the facility is the wailing of startled infants who have just been jabbed. But, just outside the vaccination room, hanging in two huge frames, is something quite remarkable. In carefully scribed Arabic, encased in a gilded frame, is the three-month action plan of the Kafret Nassar PHC facility board and staff and a list of the problems they are trying to solve.

While the clinic was under renovation with funds provided through a public-private partnership agreement between the MOHP and Barclays Bank/Egypt, a clinic board was reactivated composed of five community and six PHC facility staff. The board, some 73% of whom are women, is engaged in actively sustaining improvements in the quality of care at the PHC unit by mobilizing the community, leveraging contributions from local associations and residents, and managing the disbursement of facility funds in a fiscally responsible and transparent fashion.

Since its formation, the Kafret Nassar board, headed by the PHC unit physician, has identified the major challenges and root causes hindering their ability to achieve a higher quality of care. Using skills acquired as part of the TAKAMOL training course for clinic boards and staff, the board agreed that a lack of enthusiasm, a shortage of nurses, irregularly held staff meetings, poor staff communication skills, and insufficient health care seminars were the chief causes affecting performance. They noted that only 54% of female clients were routinely receiving antenatal care; children's medical cards were incomplete, the pharmacy working hours were irregular; there was a shortage of medicine; waiting times were long; and there was no clear operating plan for the clinic.

After identifying the root causes of the problems and establishing a common vision the board developed an action plan to overcome them, with clear steps to help them achieve their objectives. This is the plan boldly displayed on the walls for all to see; client, district supervisors and ministry officials.



Counseling and health care at Kafret Nassar PHC unit spans three generations.

The Kafret Nassar board now holds regular meetings to resolve performance and service provision issues. It plans to set aside 40% of the service improvement fund (SIF) to buy supplies needed by the clinic, and 48% of the SIF as incentives for staff who demonstrate real progress in their performance based on agreed upon MOHP service standards.

Each month the board meets to discuss their progress toward meeting their objectives and new community health-related concerns. In October, the board will meet to assess their progress during the past quarter, make adjustments and set a new three-month action plan. This too, will be proudly displayed for all to see.

Appendix B: Year I Intervention Districts and PHC Units

Governorate	District	PHC Facility Name
Giza	El Badrasheen	Meet Raheena
		Mazghona
		Badrasheen MCH Center
		Marazeek
		El Shenbab
		Monshaet Dahshoor
	Oseem	El Zaediya
		Oseem MCH Center
		Sakeel
		El Kerateen
	El Wahat El Bahariya	El Hara
		El Kasr
Mandeesha		
Beni Suef	Beni Suef	Bayad El Arab
		Beni Haroon
		Beni Bekheit
		Belifia
		lbshana
	Ahnasia	El Nuwera
		El Maseed El Abiyad
		Tema Fayoum
		Monshaet El Omaraa
		Monshaet El Haag
		El Mamaleek
		Nazlet El Masharka
Ismailia	Ismailia	El Saba Abbar Gharbeia
		El Dabeia
	Kassasseen	El Heish
		El Kassasseen MCH
Sharkiya	Abu Hammad	Monshaet El Abbasa
		Ezbet El Salaima (Wadi El Malaak)
Urban Poor	El Haram	Kafret Nassar