



Takamol Project Annual Progress Report

October 1, 2007 – September 30, 2008

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DISCLAIMER

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Acronyms

AEA	Adult Education Agency
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
DH	district hospital
EGP	Egyptian pounds
FLE	Family Life Education
FP	family planning
GBV	gender based violence
GH	general hospital
HM/HC	Healthy Mother/Healthy Child Project
HSR	Health Sector Reform Program
LE	Lower Egypt
MCH	maternal and child health
MOF	Ministry of Finance
MOHP	Ministry of Health and Population
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
OJT	on-the-job-training
P&G	Procter & Gamble
PAC	Post abortion care
PHC	primary health care
PP	postpartum
PPC	postpartum care
RCT	Regional Center for Training at Ain Shams University
RH	reproductive health
RHU	rural health unit
RL	religious leader

RPCC	Regional Population Council Committee
RR	raedat rifat
SAIFPS	Specialized Association for Integrated Family Planning Services
SIF	Service Improvement Fund
SMC	Safe Motherhood Committee
SR	social responsibility
STW	Shabab Takamol Week
TOT	training of trainers
UE	Upper Egypt
UHC	urban health center
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WHO	World Health Organization

Background

The United States Agency for International Development (USAID) has been working with Egypt's Ministry of Health and Population (MOHP) over the last three decades to help achieve the ministry's goal of reaching replacement level of fertility by 2017 as well as improve the overall health status of women and young children. This effort has been successful in reducing the total fertility rate and increasing the contraceptive prevalence rate.

To build on these successes, a Pathfinder International-led consortium of international organizations that includes John Snow International, Johns Hopkins Bloomberg School of Public Health Center for Communications Program, Meridian Group International, and the American Manufacturers Export Group, in addition to its local partner Health Care International, was selected in February 2006 to assist the MOHP in its efforts to integrate maternal and child health/family planning/reproductive health (MCH/FP/RH) services. This assistance is taking place through the implementation of the Integrated Reproductive Health Services Project. The project, known as Takamol, is anticipated to help Egypt achieve sustainable reduced fertility and improved health outcomes for mothers and newborns. Takamol builds on the achievements and best practices of two previous USAID-funded projects: Tahseen, which focused on family planning and reproductive health; and Healthy Mother/Healthy Child (HM/HC), which focused on maternal and child health care.

Takamol partners with the MOHP, building capacity at the national, governorate, district, and facility levels to better shape and implement integrated policies and practices. The complementary scale-up of corporate and community social responsibility activities and public-private partnership opportunities broadens the stakeholder base in the provision of quality care in local health facilities and serves to institutionalize sustainable practices.

This five-year (March 1, 2006 – February 28, 2011) technical assistance program will be implemented in 200 communities 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: (a) support for implementation of the Integrated Package of Essential Maternal and Child Health, Family Planning and Reproductive Health Services both at the primary health care (PHC) and hospital-based care levels; (b) community mobilization that includes community-level behavior change communication activities and messages; and (c) strengthening MOHP capacity to sustain program performance at the national, governorate, district, and facility levels. Two cross-cutting themes are central to all Takamol activities: gender, and mobilizing private companies to partner with health initiatives.

The purpose of this report is to present the achievements of the Takamol Project during the period from October 1, 2007 – September 30, 2008.

Executive Summary

The period October 1, 2007 to September 30, 2008 (Fiscal Year 2008) witnessed the vast achievements of the third year of USAID's Integrated Reproductive Health Services project (Takamol) and its activities throughout intervention communities across Upper and Lower Egypt. Renovation and equipping works continued from previous years at full force along with extensive trainings for MOHP staff, and community outreach and mobilization activities. In support of all of its efforts and activities with the private sector, the Takamol project also successfully raised USD 137,761 in cash and USD 5,556 in kind donations for a total of USD 143,317 in funds for renovation and other works through the creation of private-public partnerships.

In FY08, the Project renovated 56 Primary Health Care (PHC) units and 10 hospitals and equipped 61 PHC units and 10 hospitals. PHC unit and hospital renovation work either began or were ongoing in seven governorates, including a Maternal Child Health Center in the recently-formed 6th of October Governorate. To date since the Project's birth, renovation has been completed in 115 PHC units and 16 hospitals.

Takamol had the opportunity to showcase project achievements to several dignitaries during visits to Project facilities including:

- A visit by the Minister of Health H.E. Dr. Hatem El Gabaly, Prime Minister of Egypt H.E. Dr. Ahmed Nazif, and Head of Luxor City's Supreme Council H.E. Dr. Samir Farag who paid a visit to the Nagaa El-Tawil PHC unit in Luxor City. The high level officials were pleased to see that Takamol's intervention strengthened the unit's role as a community center and acknowledged the success of the integrated nature of Takamol's model.
- Also in Luxor, 19 Members of Parliament (MPs) were invited by Dr. Farag to see a renovated PHC unit in action—providing high quality health services to local community members.
- The American Ambassador Margaret Scobey and Qualiobeya Governor Adly Hussein visited the El Kablat Medical Center in Qualibeya Governorate to witness the achievements of two USAID funded projects, Takamol and LIFE-Lead, which improved MCH/FP/RH services in the community and raised awareness regarding the dangers of lead pollution.
- At a re-opening of Ebshana PHC unit in Beni Suef Governorate officiated by Beni Suef's Governor Mr. Ahmed Zaki Abdeen and USAID/Egypt Deputy Mission Director Mr. John Groarke, women, men, and youth expressed their gratitude to have received training about reproductive health care and other life enhancing topics.
- Reaching outside the health sector, the Minister of International Cooperation, Fayza Abu El Naga, paid a visit to two project intervention health units in Luxor. Project exposure to leaders in the non-health sectors of the government extends the network of people able to disseminate information on Takamol's successful activities to populations outside the intervention communities.
- Other project visitors included: representatives from the Project's implementing partners - Pathfinder International, John Snow Incorporated, John Hopkins School of Public Health at the Center for Communication Program, Meridian Group

International, and the American Manufacturers Export Group who came to participate in site visits as well as the Annual Work Plan Presentation.

An updated version of the Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services for PHC physicians was officially approved by the Population and MCH sectors of the MOHP. As per MOHP request, 5,000 copies of the ISOP were printed and distributed to newly graduated physicians during MOHP-pre service training, as well as to the MOHP. An additional 500 copies were printed and distributed to various project stakeholders and intervention clinics. The approval and adoption of these Standards into the MOHP's national training curriculum greatly contributes towards the integration of MCH and FP/RH care in Egypt. Moreover, the UNFPA and the MOHP also adopted components of the Project-developed training manual to be used in their own guide to train new MOHP physicians in MCH/FP/RH.

The official launch of its Health-based Literacy Curricula marked the successful collaboration between Takamol and the Adult Education Agency (AEA). After extensive coordinated efforts with regards to the development and implementation of the curriculum, training of literacy facilitators, and administering exams to test the curriculum's benefits Takamol successfully achieved higher student attendance rates and increased knowledge gain compared to classes that did not use its Health-based curriculum. Literacy classes using the new curricula have helped to improve the literacy skills of over 1,700 students. In light of the success, the AEA has committed to using the health based literacy curricula nationwide and is currently replicating the classes - at their own cost - in 64 classes around Egypt. Takamol is now in the process of printing and delivering 8,000 copies of the developed literacy booklets to AEA literacy classes in intervention governorates.

As per its agreement with USAID, Takamol tracks follow-up information on 15% of facilities from previous intervention areas. In the three quarters since the project phased out from these facilities, the tracked Batch 1 facilities revealed an 81% average increase in caseload as well as an 81% average rating on client satisfaction scores. Postpartum care (PPC) providers conducted an average of 3.3 home visits/woman post delivery. Additionally, the tracked Batch 1 facilities demonstrated an average score of 91% on the level of quality services provided, highlighting the capacity of Batch 1 PHC units to implement and sustain quality services. And finally, service improvement fund expenditures for Batch 1 facilities averaged 33.4%. This figure is an indication of the boards' growing empowerment as they respond to the needs of their facilities through the transparent management of these funds.

The replication of the Takamol model by a Project-trained Regional Population Council Committee (RPCC) in May 2008 demonstrated the capacity of the Egyptian Government to sustain and replicate Project activities. Ismailia's Governor General Abdel El Geleil El Phakharany was so impressed by what a Takamol-trained RPCC had accomplished in Wasfeya community that he requested the RPCC to replicate the model and implement activities pertaining to integrated clinic management and improved reproductive health services throughout other Ismailia communities. Takamol has received the RPCC's scale-up plans and will conduct a follow-up visit next quarter to assess their progress.

Other examples of sustaining Takamol's activities were the establishment of an OJT program incorporating Takamol-developed technical tools in the MOHP annual workplan and the successful replication of Takamol's Safety & Maintenance training by the Aswan MOHP where 15 trainers implemented 5 trainings for 89 participants from 20 non-intervention PHC units with post-training knowledge gain of 29.6%. Also, Egypt's MOHP continued to offer their full support for integration of MCH/FP/RH services as evident in Takamol's

collaboration with the Health Sector Reform (HSR) program. In FY08, Takamol activities were supplemented with those of the HSR to facilitate full HSR Family Health Unit accreditation in 15 renovated facilities.

Corporate Social Responsibility (CSR) is an invaluable component of the sustainability of Takamol's activities. By partnering public and private sector, sustained improved quality health services can be realistically achieved. This year many significant contributions from the private sector were made in support of Takamol activities. In FY08/Q1, 50 Barclays Bank employees from three branch offices gathered at the Kafret Nassar PHC unit in Giza Governorate to volunteer their services as part of the bank's global community service initiative 'Make a Difference Day'. Volunteers carried out routine maintenance work, gardening and tree planting to beautify the unit's waiting area. PriceWaterhouseCoopers also contributed this year by donating approximately USD 3,774 to furnish six women's clubs in Qena and Giza Governorates. Takamol signed two MOUs with the German Petroleum company, RWE-Dea, who agreed to direct USD 44,444 towards the equipping of women's clubs in 12 units throughout Kafr El Sheikh Governorate as well as USD 12,079 towards the renovation of two women's classrooms under the NCCM's Girls' Education Initiative.

The year ended on a high note when an MOU was signed between the 6th of October Governor Dr. Fathy Saad, MOHP Undersecretary Dr Mohamed Sarhan, GM-Egypt Chairman & Managing Director Mr. Rejeev Chaba, and Takamol. The MOU marked the commencement of renovation and equipping of a Maternal and Child Health center in 6th of October Governorate. GM-Egypt committed USD 65,883 for the renovation and equipping of the center. This is only the second time in Project history that a clinic's renovation and equipping activities have been entirely funded by one private sector organization.

Achievements

The following table details the Project's achievements in relation to the 2008 workplan. The key below provides definitions to clarify the start and completion status of activities:

Early Start: Activity started ahead of its scheduled start date provided in the FY08 workplan.

As Planned: Activity started as scheduled in FY08 workplan (or as scheduled in previous workplan if applicable)

Late Start: The activity started after the scheduled date. Note that some activities that started late may 'catch up', and still be completed on time. Justification for a late start is provided in the quarterly report covering the period of the proposed start date.

Completed on Time and Completed Late: An activity is 'completed on time' if it is completed anytime within the scheduled start quarter plus the number of months allocated for the activity's duration. For example, an activity with a duration of three months that is scheduled to start in FY08/Q2 (i.e. January, February or March 2008) will be classified as 'completed on time' if it is completed anytime before the end of June 2008. Completion anytime after this period is classified as 'completed late'. Justification for a late completion is provided during the quarter of completion.

	Scheduled Activity	Achievements
1	Result 1: Increased Use of Quality Integrated MCH/FP/RH Services at the PHC Level	
1.1	Sub-Result 1.1: Increased Delivery of Integrated MCH/FP/RH Services at the PHC Level	
1.1.1	Renovation	
	Renovation and equipping of PHC facilities	In FY08, 22 facilities were selected for renovation and equipping. Throughout Luxor City and Aswan, Giza, Sharkia, Qena, Kafr El Sheikh, and Dakahlia Governorates, 56 units completed renovation, and 61 units selected in FY07 and FY08 completed equipping. To date, 208 units have been selected for renovation, 115 have completed renovation, and 113 have been equipped. Renovation and equipping of Batch 8 units is ongoing.
1.1.2	Training	
	Review and update of all training materials with MOHP and other stakeholders as needed	The ISOP was updated as requested by the MOHP. A task force was formed to discuss and revise the entire document, and the updated version officially approved by the Population and MCH sectors of the MOHP. Upon the MOHP's request, 5,000 copies of the new version were printed and distributed to newly graduated physicians during MOHP in-service training as well as to stakeholders working in Egypt's health arena including PHC facilities in intervention areas, international organizations (WHO, UNICEF, & UNFPA), USAID-funded health projects (Population Council, CHL, Abt and FHI), training institutes (RCT and HCI), Bibliotheca Alexandria, and SAIFPS clinics.
	Implement integrated clinical training for physicians	A total of 120 physicians completed integrated clinical training in Batch 4 - 7 communities in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. Additionally, the training plan for Batch 8 communities was finalized, and training will begin in FY09/Q1.
	Implement integrated clinical training for nurses	A total of 338 nurses completed integrated clinical training in Batch 3 - 7 communities in Luxor City and Sharkia, Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. Additionally, the training plan for Batch 8 communities was finalized, and training will begin in FY09/Q1.
	Implement lab technicians training	A total of 92 lab technicians completed technical training in Batch 4 - 7 communities in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. Additionally, a training plan for Batch 8 communities has been finalized and training will begin in FY09/Q1.

	Scheduled Activity	Achievements
	Implement ultrasonography training	A total of 76 PHC physicians completed ultrasonography training in Batch 1 - 6 communities in Luxor City and Beni Suef, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates.
	Implement safety and maintenance training	A total of 385 participants received safety and maintenance training. This training was completed in Batch 1 - 6 communities in Luxor City and Beni Suef, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates.
	Implement outreach workers training (cross reference 3.1.14)	
	Provide on-the-job training	OJT was provided for Batch 1 - 6 communities in Luxor City and Giza, Beni Suef, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. This activity was completed in Batch 1, and is in progress in Batches 2 - 6.
1.1.3	Provide technical assistance to SAIFPS	
	Provide TA to the independent NGO SAIFPS as needed	Takamol provided TA to help SAIFPS: develop a 2-year action plan and budget for 2008-2010, form a 5 -year strategic business and marketing plan, MIS assessment plan, as well as negotiate their first CSR agreement with Alexandria Businessmen's Association (ABA) under which SAIFPS has begun managing Abu Qir PHC unit in Alexandria. Takamol also gave them a grant. Takamol developed an amendment to the grant agreement which was issued and allowed a no-cost extension (from February 21 - August 2008) to assist SAIFPS utilize the remainder of the funds in order to implement short-term sustainability plans. Only 75% of the original grant amount (USD 79,647) was paid to SAIFPS, with the remaining 25% pending receiving the final audit report. Additionally, Takamol also conducted a Tihart assessment for SAIFPS clinics, the results of which showed no violation of the Tihart agreement.
1.1.4	Community mobilization activities (See Result 3)	
1.1.5	Collaboration with HSR (cross referenced 4.1.8)	
	Provide technical assistance to the Replication Working Group to scale up the integrated model in collaboration with HSR and in accordance with MOHP strategy	Continuous TA was provided to the MOHP's Replication Working Group including: integrated supervision; use of Takamol-developed clinical performance check lists, OJT, and activation of clinic boards and SIFs. These efforts resulted in HSR accreditation of nine PHC facilities in Beni Suef Governorate, five of which received scores over 80%. Additionally, blue prints for intervention outlining the distribution of services in 35 intervention clinics in Batch 5 - 11 communities were approved by all members from the STS&P's central office and locals from Luxor City and Sharkia, Qena, Kafr El Sheikh, Aswan, Dakahlia and 6th of October Governorates.

	Scheduled Activity	Achievements
1.1.6	Collaboration with RCT	
	Include RCT in review of training curricula as needed	RCT participated in the task force that reviewed and updated the ISOP.
1.2	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	In FY08, 67 Batch 1 - 3 and 5 clinic staff in Giza, Beni Suef, and Sharkia Governorate finished completing 3 phases of training. Training for Batches 4, 6 and 7 in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates is in progress.
1.2.2	Strengthen the clinic boards of the PHC facilities (cross result 4)	
	Form/reactivate PHC unit management boards	Clinic boards of 50 PHC units were formed in FY08, of which 39 received official governorate-level approval throughout Batch 3 - 7 communities in Luxor City and Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. Batches 3 - 6 completed this activity, and is in progress for Batch 7.
	Train PHC unit management boards in 3 phases	Batch 2, 3, and 8 Batch 4 units in Luxor City and Sharkia Governorate finished completing 3 phases of training. Training for the remaining Batch 4 units, as well as Batch 5 and 6 units, is in progress in Luxor City and Qena, Kafr El Sheikh, and Aswan Governorates.
1.2.3	Activate the current referral system	
	Conduct orientation workshops for medical staff on referral system (cross reference 2.1.5)	Five referral workshops were conducted for 208 Batch 1 participants from Giza, Ismailia, Beni Suef, and Sharkia. Four workshops were held for 170 Batch 2 participants from Sharkia and Beni Suef. Four workshops were held for 134 Batch 3 participants from Sharkia. Five workshops were held for 155 Batch 4 participants from Luxor City. Three workshops were held for 92 Batch 5 participants from Qena and 6 workshops for 174 Batch 5 participants in Kafr El Sheikh. One workshop was held for 43 Batch 6 participants in Aswan District. Batches 1 - 6 completed this activity.
	Hold follow up meetings on the referral activation	Twenty-six follow up meetings were held for Batch 1 PHC units; 18 follow up meetings were held for Batch 2 PHC units; 12 follow up meetings were held for Batch 3 PHC units; 15 follow up meetings were held for Batch 4 units; 5 follow up meetings were held for Batch 5 units, and 1 follow up meeting held for Batch 6 units. Follow up on referral activation starts one month after implementation of the activity in order to ensure proper continuous implementation. Batches 1 - 4 completed this activity, and is in progress in Batches 5 and 6.

	Scheduled Activity	Achievements
1.2.4	Assist MOHP in implementing In-service Training (cross with 4.1.12)	See 4.1.12
1.2.5	Assist MOHP in implementing PP home visits program	This activity is covered during the training of nurses, and is followed up during OJT. This activity builds the capacity of nurses and RRs to provide PP home care services, and improve district teams' supervision of the program. Throughout the life of the project, nurses from all intervention governorates receive PPC training during the integrated clinical training. Through OJT, the number and quality of home visits conducted are being evaluated to assure maximum efficiency and effectiveness.
2	Result 2: Increased Use of Quality Integrated MCH/FP/RH Services in Hospitals	
2.1	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 and training needs	
	Conduct detailed needs assessment & development of hospital improvement plans in intervention hospitals for Lower Egypt	Self-assessments and lists of hospital needs were developed for all Batch 5 Kafr El Sheikh Governorate hospitals. Needs assessment was conducted and improvement plans developed for all Batch 7 Dakahlia Governorate hospitals. Needs assessment for all four Batch 9 hospitals was postponed to FY10 due to redistribution of project activities over the annual workplan.
	Develop a list of required equipment, renovations & training needs for Lower Egypt	A list of hospital needs was developed for all Batch 5 hospitals in Kafr El Sheikh as well as for all Batch 7 hospitals in Dakahlia Governorate.
	Conduct training needs assessment for intervention hospitals for Upper Egypt	Self assessment of all Batch 5 district hospitals in Qena Governorate and all Batch 6 hospitals in Aswan Governorate were conducted during the practical component of refresher CQIS training.
2.1.2	Renovation and equipping of hospitals in Lower Egypt	

	Scheduled Activity	Achievements
	Renovation	Ten hospitals in Batches 2, 3, and 5 completed renovation in Sharkia, Qena, Kafr El Sheikh Governorates. Renovation is ongoing in Batch 7 Dakahlia hospitals.
	Equipping	Batch 2 and 3 hospitals completed equipping, while almost all equipment was supplied to four Batch 5 hospitals. The two remaining Batch 5 hospitals will be supplied with necessary commodities pending their availability. Consequently, equipping is ongoing in Batch 5 hospitals. Equipping of Batch 7 hospitals in Dakahlia Governorate is pending completion of renovation.
2.1.3	Training relevant staff in intervention hospitals in Lower Egypt	
2.1.3.1	Classroom Clinical Training	
	Training for all staff in relevant departments of Batches 5, 7, and 9 in Lower Egypt	This activity was completed in Batches 5 and 7. Batch 9 trainings activities were rescheduled, and will begin starting FY09/Q1.
	Orientation of hospital senior staff from relevant departments	155 hospital senior staff from 11 hospitals were oriented. This activity was completed in Batches 5 and 7
	Training for OB/GYN specialists on Integrated Package CEOC/FP/RH/PAC/PPC	186 OB/GYN specialists from 11 hospitals were trained on Integrated Package CEOC/FP/RH/PAC/PPC. This activity was completed in Batches 5 and 7.
	Training of OB/GYN specialists on Ultrasonography	19 OB/GYN specialists from 11 hospitals received training on Ultrasonography. This activity was completed in Batches 5 and 7.
	Training for OB/GYN nurses on Integrated Package CEOC/FP/RH including PAC/PPC/FP counseling and breastfeeding support	81 OB/GYN nurses from 11 hospitals received training on Integrated Package CEOC/FP/RH including PAC/PPC/FP counseling and breastfeeding support. This activity was completed in Batches 5 and 7.
	Neonatal care training for neonatologists (physicians) BASIC course	182 NCU physicians from 11 hospitals received Neonatal care training BASIC course. This activity was completed in Batches 5 and 7.
	Neonatal care training for neonatologists (physicians) ADVANCED Course	139 NCU physicians from 11 hospitals received Neonatal care training ADVANCED course. This activity was completed in Batches 5 and 7.

	Scheduled Activity	Achievements
	Neonatal care training for NCU nurses	136 NCU nurses from 11 hospitals received Neonatal care training. This activity was completed in Batches 5 and 7.
	Essential obstetric anesthesia training (EOAC) for anesthesiologists	48 NCU anesthesiologists from 11 hospitals received Essential obstetric anesthesia training (EOAC). This activity was completed in Batches 5 and 7.
	Essential laboratory services training for physicians	62 physicians from 11 hospitals received Essential laboratory services training. This activity was completed in Batches 5 and 7
	Essential laboratory services training for technicians	191 lab technicians from 11 hospitals received Essential laboratory services training. This activity was completed in Batches 5 and 7.
	Central Supply and Sterilization Training (CSSD) for CSSD Nurses	Starting from Batch 5, this course was cancelled and the technical material integrated into other training courses for OB/GYN physicians and nurses, and NCU physicians and nurses, for reasons of cost effectiveness.
	Training of Operating Room Nurses	98 nurses from 11 hospitals received Operating Room training. This activity was completed in Batches 5 and 7.
	Orientation of infection control team on national standards of IC	Starting from Batch 5 onward, this course was cancelled and the technical material integrated into other training courses for OB/GYN physicians and nurses, and NCU physicians and nurses, for reasons of cost effectiveness.
<u>2.1.3.2</u>	<u>On the job clinical training for hospital staff</u>	This activity was implemented using a new manual developed in FY07/Q4. The manual builds upon the HM/HC methodology and incorporates FP/RH material, OJT management training for hospital boards and SMCs, and quality training for SMCs. The new manual is used in all OJT trainings in all renovated LE hospitals. In FY08, the following were ongoing: 284 visits for OB/GYN physicians, 195 for OB/GYN nurses, 248 for NCU physicians, 273 NCU for nurses, 524 for Supportive Services individuals, 124 for SMC members, and 111 for hospital board members throughout Batches 1-3 and 5 in Ismailia, Sharkia, Qena, and Kafr El Sheikh Governorates.
<u>2.1.3.3</u>	<u>Develop and use local training capacity</u>	
	Conduct TOT for OB/GYN specialists in district hospitals (lead trainers)	Lead trainers were identified in each LE intervention hospital as didactic clinical training was conducted. In FY08, 26 lead trainers from Batches 2, 3, 5 and 7 hospitals in Giza, Beni Suef, Ismailia, Sharkia, Qena, Kafr El Sheikh, and Dakahlia Governorate hospitals received TOT training. Batches 2 - 7 completed this activity.
<u>2.1.3.4</u>	<u>Management Training</u>	

	Scheduled Activity	Achievements
	Activation and training of hospital boards	In FY08 the following occurred throughout Sharkia, Kafr El Sheikh, and Dakahlia Governorates: six hospital boards were activated, received security clearance, and held elections for board members. All 6 of these finished completing 3 phases of management training. Another four hospitals whose boards were activated and received security clearance in FY07 finished completing all four phases of trainings. Additionally, 5 Batch 7 Dakahlia Governorate hospitals which were activated, received security clearance, and held elections for board members, will begin management training in FY09/Q1.
	Activate hospital boards to form SMCs	SMCs were nominated and activated by hospital boards in 6 hospitals in Kafr El Sheikh Governorate. Batch 5 completed this activity, and SMCs will be formed in Batch 7 Dakahlia Governorate hospitals once their boards receive Phase I management training.
	Train SMC members on management skills	Three courses for management skills training were held for 53 SMC members from 6 hospitals in Kafr El Sheikh. Batch 5 completed this activity, and management skills training for Batch 7 Dakahlia Governorate hospitals is pending the formation of SMCs.
2.1.4	Clinical training for relevant staff in intervention hospitals in Upper Egypt	
	Clinical training of Upper Egypt hospitals staff in PAC/FP counseling/postpartum care and breastfeeding	In FY08, 5 clinical training courses were held for 68 OB/GYN specialists, and 3 courses held for 41 OB/GYN nurses in Batch 5 and 6 Upper Egypt hospitals in Qena and Aswan Governorates. However, beginning in FY08/Q3, this course was integrated with SMC-requested clinical training for OB/GYN staff in order to form a comprehensive, high quality training course. (Refer to FY08/Q3 Quarterly Report). Batches 5 and 6 completed this activity.
	Clinical training to Upper Egypt hospital staff as requested by SMCs	Four clinical training courses were held for 47 OB/GYN physicians, 1 course held for 13 OB/GYN nurses, 4 courses held for 62 NCU physicians, and 4 courses held for 77 NCU nurses in Upper Egypt hospitals in Qena and Aswan Governorates. Batches 5 and 6 completed this activity.
2.1.5	Strengthen referral and tracking systems	
	Assist MOHP to provide FP BCC materials in LE hospitals	FP BCC materials were distributed to operational intervention hospitals. This activity was, however, discontinued under the FY08 workplan because of new infection control restrictions in hospitals regarding the type and placement of posters, etc., on walls.
	Conduct a workshop to strengthen referral between FP clinic in the hospital and OB/GYN department in LE hospitals	In FY08, 3 workshops to strengthen referral between LE hospital FP clinics and OB/GYN departments was conducted for 44 participants in the obstetric department, FP clinic, and health directorate in Batch 5 and 7 hospitals in Kafr El Sheikh and Dakahlia Governorates. Batches 5 and 7 completed this activity.

	Scheduled Activity	Achievements
	Assist MOHP at the central level to develop links and cross referral system between Neonatal Care Units (NCU) in all intervention hospitals within each governorate	A final draft of the cross referral system was developed based on collected feedback. However, its implementation proved challenging because of a lack of any systematic approach to NCU referral in the MOHP. Meetings were held with Head of Emergency Care in Sharkia Governorate to discuss the cross-referral system and its implementation barriers. Data collection tools were developed for the start of the pilot program in Sharkia Governorate.
	Support governorate SMCs to implement the NCU referral system in intervention hospitals	Implementation of the NCU referral system has been postponed until the results of the pilot in Sharkia Governorate prove that the system is functional and effective.
	Assist MOHP to develop and implement a tracking tool for neonatal deaths in NCUs	Data was collected and necessary minor adjustments made to the neonatal death tracking tool to better record neonatal deaths based on the analysis of data collected from operating hospitals. The final draft is available and in use in all operating Lower Egypt intervention hospitals.
	Assist MOHP in strengthening the cross referral system between PHC facilities and intervention district hospitals (cross reference 1.2.3)	See 1.2.3
2.2	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 CQIS system of HM/HC, add elements of FP, PAC & PP Care and produce first draft	The draft CQIS was translated into Arabic and is being used by SMC members and staff in all LE and UE intervention hospitals. The CQIS assesses quality of services provided, and helps to create improvement plans to continuously better quality of services. Further updating of the CQIS is pending the completion of updating of the protocols.

	Scheduled Activity	Achievements
	Review/update integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN specialists	A JSI consultant, local consultant, and Takamol technical specialists met with various stakeholders to review feedback and comments concerning update of the protocols. After the meetings, a plan for the updating process was drafted, including a provisional budget needed for the formulation of a final plan. Forty writers were selected, contracted, and are in the process of reviewing and updating the protocols. A monitoring tool was developed to monitor the number of chapters delivered to and received from writers and reviewers, and chapters ready for the consensus building workshop identified.
	Review/update integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN nurses	See above activity.
	Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN specialists	See above activity.
	Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN nurses	See above activity.
	Review/update neonatal care protocol for neonatologists	See above activity.
	Review/update neonatal care protocol for nurses	See above activity.
2.2.2	Training of relevant hospital staff on CQIS and self assessment (clinical and managerial performance)	
	Training of hospital SMCs in Lower Egypt on draft expanded CQIS	Three courses were held for 47 SMC members from 6 Lower Egypt hospitals in Kafr El Sheikh Governorates. Batch 5 hospitals completed this activity.
	Refresher training of hospital staff in Upper Egypt on CQIS based upon needs assessment	Four courses were held for 85 staff in Batches 3, 5, and 6 in Luxor City and Qena and Aswan Governorates. During trainings, hospital staff performed self-assessments using the CQIS checklists. Batches 3, 5 and 6 completed this activity.
2.2.3	Support MOHP Curative Care Sector to monitor and ensure continued quality of care	

	Scheduled Activity	Achievements
	Assist MOHP/curative care in designing parameters of a monitoring system for hospital care quality	Meetings were held with the Curative Care Sector to discuss Takamol's hospital quality monitoring system - the CQIS checklist - that has been used in all operating intervention hospitals since FY08/Q2. The checklist's results are being used to develop hospital improvement plans. Using the checklists in the phase before hospital accreditation, and considering service standards for obstetric departments and neonatal care units, the MOHP developed Accreditation Standards for hospitals.
3	Result 3: Positive Behavior Change in Intervention Communities	
3.1	Sub-Result 3.1: Effective and Sustainable Community Level Behavior Change Activities	
3.1.1	Review training materials and update as needed	
	Review and update training materials	Two new modules - communication skills and FGC - were developed for inclusion in the Agriculture Extension Workers (AEW) training curriculum. A new refresher training module was developed on Population and Demographic issues to be used with RLs, AEWs, and Peer to Peer groups.
3.1.2	Working with governorate level Working Groups (WG)	
	Establish and train religious leaders and media WG in new governorates as applicable	Eight working groups were established during FY08 throughout Batches 5 - 9 in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. Four courses were held to train 69 media WG members and 4 courses to train 78 RLs. Another 11 RLs were selected and will begin training in FY09/Q1. WGs were selected and trained on MCH/FP/RH messages, communication skills, and to support Takamol community mobilization activities. Batches 5 - 8 completed this activity, and is still in progress in Batch 9.
	Hold refresher training for newly formed WG	In total, 24 refresher trainings were held for WGs: 7 Media WGs, and 16 RL WGs in Luxor City and Beni Suef, Sharkia, Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. WGs were provided with material to promote health messages, and training covered MCH/FP/RH topics, avian influenza, and updates on the achievements of other stakeholder groups. Batch 2 and 4 WGs, Beni Suef and Sharkia Governorates, respectively, completed this activity while refresher trainings for WGs in Batches 5 - 8 are in progress.
3.1.3	Family Life Education (FLE)	

	Scheduled Activity	Achievements
	Select and orient FLE facilitators	In FY08, 155 nominated candidates attended an orientation about the Takamol project in Luxor City and Qena, Kafr El Sheikh, and Aswan Governorates. Of those nominated, 74 candidates were interviewed and selected to participate in the FLE TOT program. Batches 3 - 6 completed this activity, while Batch 7 is in progress.
	Conduct FLE TOT for FLE facilitators	A total of 70 male and female participants completed FLE TOT facilitator trainings over four sessions in Batches 3 - 6 from Luxor City and Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. Batch 7 FLE facilitators have been selected, and training will commence once renovation is completed.
	Implement program in intervention communities	Fourteen FLE classes were completed in Batch 3, 20 FLE classes completed in Batch 4, and 25 in Batch 5. Ten FLE classes began in Batch 6. Each class is comprised of 15 sessions. Batches 3 - 5 completed this activity throughout Luxor City and Sharkia, Qena, and Kafr El Sheikh Governorates. FLE classes are in progress in Batch 6 in Aswan Governorate.
3.1.4	Peer to Peer program	
	Implement peer to peer program	The Project completed its peer to peer program activities in Batch 1 - 4 communities in Giza, Beni Suef, Ismailia, and Sharkia Governorates. These activities included messages about various reproductive health topics like STDs, child health, and Avian flu. Eight refresher training courses were held for 187 peer educators in Beni Suef, Ismailia, and Sharkia Governorates. Implementation of the peer to peer program is in progress for Batch 9 in Dakahlia Governorate, and was postponed in Batch 10, because Gharbia Governorate interventions have been delayed until FY10/Q1.
3.1.5	Religious Leaders (RL)	
	Selection and training of RL group at the community level	78 RLs were selected and trained in 4 sessions covering various MCH/FP/RH messages and how to disseminate this information to their constituents in Batches 3 - 6. 54 RLs were selected from Batch 7 Luxor City, Qena, and Dakahlia Governorate communities, and training scheduled to begin in FY09/Q1. Thus this activity was completed in Batches 3 - 6, and is in progress in Batch 7.
	Hold regular meetings with trained religious leaders to discuss new topics	Seventeen regular meetings were held during which previously trained RLs received refresher trainings introducing new topics in Luxor City and Beni Suef, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. This activity was completed in Batches 2 - 4 and is in progress in Batches 5 and 6.
3.1.6	Shabab Takamol Week (Youth Mobilization Week)	
	Implement STW in some intervention communities	65 Shabab Takamol Weeks were implemented for 1,359 beneficiaries in Batches 2 - 6 in Luxor City and Giza, Beni Suef, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. Batches 2 - 6 have completed this activity.

	Scheduled Activity	Achievements
3.1.7	Ask/Consult	
	CHL will train private pharmacists and physicians in new intervention areas on CHL-developed curriculum as needed	CHL trained 180 private physicians and 146 pharmacists from Luxor City and Sharkia, Kafr El Sheikh, Aswan, and Dakahlia Governorates.
3.1.8	Gender Based Violence (GBV) Manual	
	Make translated GBV Manual available to interested parties as appropriate	Takamol project made the translated GBV manual available for the Association of Development and Empowerment of Women, UNICEF, and NCW.
3.1.9	Different BCC activities/tools	
	Support and collaborate with CHL in the development of national MCH/FP/RH BCC activities	<p>Takamol collaborated with CHL and the MOHP to revise and insert FP health messages into the integrated counseling flip chart, revise the text of a BCC flyer on the subject of LAM, provide IEC materials to Takamol communities, and develop a TOT training for nurses, and conduct TOT training for the MOHP on utilization of the counseling flip chart.</p> <p>The first of a series of planned TOT workshops on the premarital service package was held for central level MOHP and physicians from the Teaching Hospitals Organization (THO). The planned TOT workshops trained participants to conduct step-down trainings for health service providers in hospitals and PHC units, as well as to provide reproductive health services and information for premarital and newly married couples. These workshops are the cooperative efforts of Takamol, CHL, THO, and the MOHP.</p>
	Implement youth friendly and gender sensitive plays	21 plays were performed in Batch 1 - 5 communities in Luxor City and Giza, Beni Suef, Ismailia, Sharkia, Qena, and Kafr El Sheikh Governorates to 11,650 audience members. Batches 1 - 5 completed this activity.
	Implement youth friendly and gender sensitive skits	25 skits were performed in Batch 1 - 5 communities in Luxor City and Giza, Ismailia, Sharkia, Qena, and Kafr El Sheikh Governorates. Batches 1 - 4 completed this activity, and is in progress for Batch 5.
3.1.10	Women's Empowerment	
	EWSO Program	
	Implement EWSO program in intervention communities	53 EWSO programs involving 1,335 women were implemented in Batch 2 - 6 communities in Luxor City and Giza, Beni Suef, Sharkia, Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. This activity was completed in Batches 2 - 6.
	Leadership Program	

	Scheduled Activity	Achievements
	Implement leadership programs in intervention communities	45 Leadership programs attended by 1,011 participants were implemented in Batch 1 - 4 communities in Luxor City and Giza, Beni Suef, Ismailia, and Sharkia Governorates. This activity was completed in Batches 1 and 2, and is in progress in Batches 3 and 4.
3.1.11	Men's Involvement (Agricultural and Irrigation Extension Workers)	
	Train AEW in intervention areas	109 AEWs were selected and trained in six sessions in Luxor City and Sharkia, Qena, Kafr El Sheik, and Aswan Governorates. This activity was completed in Batches 3 - 6, and is in progress in Batch 7.
	Conduct monthly meetings with AEW	During monthly meetings in FY08, 37 refresher trainings were given to 547 AEWs from Batch 1 - 7 communities in Luxor City and Giza, Beni Suef, Ismailia, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. This activity was completed in Batches 1 - 3, and is in progress in Batches 4 - 7.
	Follow up on AEW seminars in intervention areas	2,953 seminars were conducted for 29,422 beneficiaries in Batch 1 - 7 communities in Luxor City and Giza, Beni Suef, Ismailia, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. This activity was completed in Batches 1 and 2, and is in progress in Batches 3 - 7.
3.1.12	Literacy facilitators	
	Update AEA and NGOs' literacy facilitators training package to include MCH messages	After the completion of two new booklets on neonatal and child health, literacy facilitator's training packages were reviewed and edited by Arabic language specialists. Additionally, its curricula was updated and reviewed by an expert external committee.
	Train literacy facilitators	In total, 86 literacy facilitators from Batch 4 - 7 communities in Luxor City and Qena, Kafr El Sheikh, and Aswan Governorates were selected and trained over five basic training courses. This activity was completed in Batches 4 - 6 and is in progress in Batch 7.
	Follow up on literacy classes in intervention areas	In total, 51 follow up visits were conducted for literacy classes in in Luxor City and Giza, Beni Suef, Sharkia, Qena, Kafr El Sheik, and Aswan Governorates. Visits are conducted by Takamol specialists who follow up on literacy classes in each intervention community. Regular follow up is also conducted by CDAs, project sub-office staff and local AEA representatives. This activity was completed in Batches 1 - 2, and in progress in Batches 3 - 7.
3.1.13	Couple communication	
	Follow up on RRs in the implementation of couple communication seminars in intervention areas	82 couple counseling seminars for 1,661 participants were held in Batch 1 - 6 communities in Luxor City and Giza, Beni Suef, Sharkia, Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. This activity was completed in Batches 1 - 3 and is in progress in Batches 4 - 6.

	Scheduled Activity	Achievements
3.1.14	CDAs/Community Activities	
	Orientation of Ministry of Social Solidarity district level officials about Takamol	Eight orientation meetings were held with the MOSS covering Batches 5 - 10. This activity was completed in Batches 5 - 10 in Luxor City and Giza, Beni Suef, Sharkia, Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates.
	Orientation of active CDAs in Takamol intervention communities	Oriented 130 CDAs from Batch 5 - 10 communities in Luxor City and Qena, Kafr El Sheik, Aswan, and Dakahlia Governorates. This activity was completed in Batches 5 - 10.
	Screening and assessing local CDAs	Screened and assessed 109 CDAs from Batch 5 - 9 communities in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. This activity was completed in Batches 5 - 9.
	Selection of CDAs	Selected 65 CDAs from Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. This activity was completed in Batches 5 - 9, and is in progress in Batch 10.
	Receive proposals from CDAs	65 proposals were received from CDAs from Luxor City and Qena, Kafr El Sheikh, and Aswan Governorates. This activity was completed in Batches 5 - 9.
	Review proposals and submit to USAID	56 received proposals from Batch 5 - 9 communities were submitted to USAID for review in Qena, Kafr El Sheikh, and Aswan Governorates. This activity was completed in Batches 5 - 8, and is in progress in Batch 9.
	Obtain MOSS approval	71 CDAs from Batches 4 - 8 communities obtained MOSS approval in Luxor City and Aswan, Qena, and Dakahlia Governorates.
	CDAs sign agreements	71 CDAs in Batches 4 - 8 communities signed agreements in Luxor City and Qena, Aswan, and Dakahlia Governorates. This activity was completed in Batches 4 - 8.
	Selection of CDA RRs	754 RRs have been selected by the CDAs from Batches 4 - 7 in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates.
	Training of CDA and MOHP RRs	37 training courses were conducted for 1,084 CDA and MOHP RRs in Batches 3 - 7 throughout Luxor City and Sharkia, Qena, Kafr El Sheikh, and Dakahlia Governorates. Batches 3 - 6 completed this activity, and is in progress in Batch 7.
	Capacity building for CDA board members	13 board training courses were conducted for 344 CDA Board Members in Batch 3 - 7 communities throughout Luxor City and Sharkia, Qena, and Kafr El Sheikh Governorates. This activity has been completed in Batches 3 - 6 and is in progress in Batch 7.
	Implementing, monitoring, and reporting on CDA activities: home visits, seminars, etc.	At the end of FY08, 100% of CDA activities were implemented in Batches 1 - 7, 90% in Batch 3, 80% in Batch 4, 50% in Batch 5, 45% in Batch 6, and 20% in Batch 7. This activity was completed in Batches 1 - 2, and is in progress in Batches 3 - 7.
3.1.15	Collaborate with other agencies/projects/donors	

	Scheduled Activity	Achievements
	Collaborate with NCW, NCCM on women and youth empowerment activities as applicable	A six-day training course on the use of the GBV prevention manual was held in Luxor City for NCW Ombudsman's office and a network of partner civil society organizations in addition to Takamol CDA RRs and MOHP RR supervisors. In collaboration with NCCM, four refresher training courses, two in Giza and two in Beni Suef, were conducted for NCCM GEI facilitators.
	Collaborate with other projects and donors as applicable in intervention areas	Collaborated with CHL project. See activity 3.1.9
3.2	Sub-Result 3.2: Strengthened Interpersonal Communication Skills of PHC, Hospital, NGO and Outreach Workers	
3.2.1	Train PHC staff, and related hospital staff in communication skills and counseling (cross ref. result 1)	
3.2.2	Train PHC physicians and nurses, and MOHP RR supervisors on simplified gender and RH rights manual	
	Train PHC physicians and nurses on simplified gender and rights manual in select governorates	Three Gender and Rights training courses were conducted for 78 participants. This training has been integrated into the R1 training package starting with Batch 5.
	Provide refresher training to MOHP RR supervisors on simplified gender and rights manual	A six-day central level refresher training was held for 22 MOHP RR supervisors from all intervention governorates.
3.2.3	Train MOHP RR supervisors and mothakef sokany in intervention governorates on couple communication (TOT)	Completed in FY07.

	Scheduled Activity	Achievements
3.2.4	Conduct leadership TOT in intervention governorates for MOHP RRs	Completed in FY07.
4	Result 4: Improved MOHP Capacity to Sustain Performance of Integrated MCH/FP/RH Services	
4.1	Sub-result 4.1: Increased Capacity of MOHP Central Level Management Teams	
4.1.1	Coordinate and synchronize with MOHP/PS, MCH, NPC and RCT workplans	
4.1.2	Provide TA to MOHP Population and MCH sectors in developing results oriented workplans for 2008 and 2009	
	Meetings individually between the members of each sector	This activity was not conducted as USAID decided to take over the process of developing MOHP workplans.
	Conduct two workshops to coordinate the finalization of the plan with the other project and other partners one in 2008 and the other in 2009.	This activity was not conducted as USAID decided to take over the process. Takamol participated in a workshop held by MOHP and USAID to provide input into the workplan.
4.1.3	Support MOHP, NPC and RCT to review and update their strategic plans	
	Assist MOHP Pop and MCH sectors, NPC and RCT to update strategic plans as requested	No requests were made for technical assistance, thus no activities were carried out in FY08.

	Scheduled Activity	Achievements
4.1.4	Assist MOHP in activating the Steering Committee and forming working groups as needed and requested	
	Regular meetings with the steering committee	Two steering committee meetings were held in FY08 during which Takamol provided the committee with updates on project activities and discussed a range of topics relevant to the synchronization of project activities with those of the MOHP.
	Meet regularly with the different WGs and train if requested by Steering Committee	During FY08: Contraceptive Security WG - 23 meetings (See activity 4.1.6) Replication WG - 7 meetings (See activity 4.1.8)
4.1.5	Provide TA for SR/WG within MOHP to negotiate win-win agreements with partners from other government ministries, agencies, NGOs and private sector	
	Define training needs for SR group members and train as appropriate	The SRWG became dysfunctional during FY08 due to changes in MOHP staffing. Takamol responded by developing a new strategy for the group, which was presented to the MOHP. Several meetings were conducted to identify members and define the scope of work. The final proposal was sent to the MOHP, and Takamol is currently awaiting the MOHP's response.

	Scheduled Activity	Achievements
	Meeting with the private sector to initiate social responsibility initiatives and increase their awareness	<p>CSR partnerships in FY08 resulted in substantial initiatives. GME donated USD 3,772 towards PHC units and committed USD 65,883 for the entire renovation and equipping of a MCH center near its factory, of which USD 46,296 was paid. PriceWaterhouseCoopers donated approximately USD 3,774 to furnish six women's clubs in Qena and Giza Governorates. Takamol also signed two MOUs with the RWE-Dea, which directed USD 12,079 towards the renovation of two women's classrooms under the NCCM's Girls' Education Initiative as well as USD 44,444 towards the equipping of women's clubs in 12 PHC units throughout Kafr El Sheikh Governorate.</p> <p>In total, USD 137,762 in-cash and USD 5,556 in-kind donations were leveraged in FY08 from the private sector.</p> <p>In addition, negotiations that increased corporate/private sector awareness of reproductive health issues were held with Khamis Foundation, Proctor & Gamble, Barclays Bank, Raya Holding Company, Aga Khan Foundation, Alexandria Businessmen Association (ABA), Dana Gas, and others.</p>
	Build capacity of MOHP to implement developed memoranda of understanding and partnerships with different partners from private and NGO sectors	The SRWG is the designated MOHP body responsible for the implementation of developed MOUs, and has not yet been reactivated.
	Participate in a national conference to share SR experiences with all stakeholders	The CSR conference that took place Dec 11-12, 2007 provided an avenue to network with different private sector organizations, NGOs, and government officials.
4.1.6	Assist MOHP/PS achieve Contraceptive Security	

	Scheduled Activity	Achievements
	Provide TA as needed for the contraceptive security working group	Takamol finalized the translation of technical specifications for IUDs and condoms, conducted a training course on the contraceptive tools forecasting module conducted for MOHP/PS logistics and computer department staff, and helped the MOHP synchronize their CS activities with the UNFPA. Additionally, a contract was signed with consultant engineers for the structural renovation of MOHP warehouses and field work preparations made including: a workshop with FP and Pharmacy Managers in governorates with sample warehouses included in the Assessment Plan of Contraceptive Security Supply Chain, and training of field work teams on quality control and engineering checklists. Takamol made a presentation on the necessity of formulating a CS Policy Committee for the Minister of Health and Population, and then helped the MOHP develop a provisional report on field work conducted as part of the CS supply chain assessment plan; develop the agenda and presentations for a Forecasting workshop in cooperation with the CSWG; develop an agenda and presentations for a workshop on creating links and encouraging involvement with the private sector, and und
4.1.7	Increase the capacity of the MOHP to strengthen the supervision system	
	Follow up and provide technical assistance to strengthen the new integrated supervision system	During FY08, the MOHP/PS included in their annual workplan the establishment of a national OJT program for PHC unit staff. Takamol is assisted the MOHP/PS in the development of a curriculum to train central supervisors on OJT skills including a methodology to scale down to the districts. This curriculum will institutionalize management skills, counseling, and performance improvement within the system. Additionally, a training workshop for supervisors from primary care, technical, and FP sectors was held to strengthen OJT skills of central supervisors.
4.1.8	Replication of the integrated MCH/FP/RH services (cross reference 1.1.5)	
	Provide technical assistance as needed and requested to the Replication Working Group to replicate the integrated model in collaboration with HSR and in accordance with MOHP strategy	During FY08, 7 meetings were held with the Replication WG in which the following occurred: 1) HSR representatives and Takamol coaches discussed lessons learned from the Takamol/HSR collaboration in Beni Suef Governorate 2) Central and local HSR coordinators in Qena and Kafr El Sheikh Governorates were oriented to the model and scaling up activities.

	Scheduled Activity	Achievements
	Provide technical assistance as needed and requested by local governorate and district teams to replicate components of the model	TA was provided to the MOHP and MOF officials to develop a guide outlining PHC unit board and SIF functions for both Ismailia and Giza Governorates. Copies of Takamol's clinic management and clinic board training curricula were shared with MOHP staff in Ismailia Governorate who are interested in conducting trainings in non-intervention communities. Aswan Governorate team was coached to implement management and OJT components in Luxor City and Qena Governorate. TA was provided to Beni Suef teams in the preparation of training materials, to assist district supervisors conduct trainings in non-Takamol areas, and to provide new district managers with in-depth orientation on integrated supervision to be used in non-intervention areas. Additionally, Beni Suef's Health Directorate received training materials and requested further assistance for replication activities.
4.1.9	Support the maternal mortality surveillance system (MMSS)	Completed in FY07.
4.1.10	Assist MOHP in implementing the Integrated Quality Performance Award system	
	Follow up and provide technical assistance as needed and requested by the steering committee to finalize relevant decrees related to IQPA	The Project held several meetings in December with MOHP staff responsible for the IQPA system to review recommended changes and align the system to that of the HSR program. Additionally, a workshop was held to discuss the integrated incentives system proposals and amendments to the current Ministerial Decree as requested by the MOHP steering committee. Takamol prepared a proposal for a new Ministerial Decree and presented it to the Director of Primary Care, who is actively involved in amendment efforts. Currently, the project is awaiting a directive from the MOHP regarding the next steps in implementing the IQPA.
4.1.11	Increase the capacity to develop and automate the financial and inventory system.	
	Assist MOHP relevant sectors in developing a training curriculum for inventory control	Completed in FY07.
	Provide TA to MOHP to link with MOF in making a national booklet on SIF roles and regulations	This activity is on hold pending changes in a Ministerial Decree that may affect the content of the booklet as outlined in 4.1.10.

	Scheduled Activity	Achievements
	Conduct workshops and develop manuals to help MOHP disseminate the new performance award system based on requests from the steering committee	Work on the manuals and workshops has not yet started as they are linked to the performance award system, which is still under discussion (see 4.1.10).
4.1.12	Build the capacity of MOHP to implement the in-service training developed by TAHSEEN as a way to sustain and replicate the model in intervention areas (cross reference result 1.2.4)	
	Technical assistance provided as needed and requested by the MOHP to adapt and implement the Tahseen model	Per the request of the MOHP, all 5,000 of the requested copies of the updated ISOP have been printed and distributed to newly-graduated physicians during their in-service training before they are appointed to PHC facilities. Future discussions on the incorporation of management components into the in-service training project will be introduced as the MOHP evaluates this year's experience.
4.1.13	Provide additional technical assistance to NPC	
	Provide ongoing TA to NPC as needed and requested	At the start of FY08, a meeting was held to discuss the NPC's 2007/08 workplan. Additional meetings were then held with NPC stakeholders to discuss and develop messages regarding the population problem. Messages will be disseminated through the NPC and AEA.
4.1.14	Provide additional technical assistance to RCT	
	Provide ongoing TA to RCT as needed and requested	With assistance from Takamol, the RCT recruited a consultant to conduct a legal review of the organization in order to establish its legal status. After receiving the consultants report, a meeting was held to review the findings and discuss both development of strategic directions and a marketing plan. Takamol then developed a scope of work for RCT's strategic marketing. Additionally, RCT's legal status and mechanisms for establishing a new legal status were analyzed, the marketing strategy framework proposed by a consulting firm reviewed, and the final draft of RCT's legal status was discussed.
4.2	Sub-Result 4.2: Increased Capacity of MOHP Governorate and District Level Management Teams	

	Scheduled Activity	Achievements
4.2.1	Increase the capacity to develop result oriented integrated action plans at all levels	
	Provide training to FP and MCH governorate and district level staff on integration supervision and leadership skills	Seven integrated supervision training courses were conducted for 234 participants in Batch 3 - 6 communities in Luxor City and Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. Batches 3 - 6 completed this activity.
	Coaching district level staff in intervention areas to master the integrated supervision and coaching skills	In total, 339 OJT (coaching) visits were conducted in Batch 1 - 6 communities in Luxor City and Giza, Beni Suef, Ismailia, Sharkia, Qena, Kafr El Sheikh, and Aswan Governorates. Batches 1 - 4 completed this activity, and is in progress in Batches 5 - 6.
	Assist governorate and district level staff develop Integrated District Plans (IDPs) in intervention districts	In total, 9 IDP trainings were held for 312 participants in Batch 1 - 5 communities in Luxor City and Giza, Beni Suef, Ismailia, Sharkia, Qena, and Kafr El Sheikh Governorates. Batches 1 - 4 completed this activity, and is in progress in Batch 5.
4.2.2	Increase the capacity to mobilize partners from other government agencies, NGOs and private sector focusing on supporting the health facilities at governorate level	
	Conduct meetings with the regional population councils in intervention governorates	In FY08, Takamol initiated meetings with Regional Population Councils through officially formed committees. To this end, Takamol conducted 9 orientation meetings for new RPCC members in Batch 1-6 communities in Luxor City and Giza, Beni Suef, Ismailia, Sharkia, Qena, and Kafr El Sheikh Governorates in order to clarify, coordinate, and create preliminary plans regarding replication of Takamol's model. As part of the orientation process, in-depth visits to Takamol communities with RPCC members were conducted. Other meetings of note included: 2 meetings in Ismailia Governorate to present achievement results and a replication plan, and a meeting with Qena's RPCC to discuss how replication will proceed despite drastic changes in governorate level personnel. This activity is in progress for Batches 1 - 6.

	Scheduled Activity	Achievements
	Provide TA workshops to assist these councils develop steps to sustain and replicate the model	In total, three workshops were held in Beni Suef, Ismailia, and Sharkia Governorates. In attendance were the Regional Population Council representatives, the Governor, and respective undersecretaries with discussions centering around the plans for sustaining and replicating the Takamol model in other communities. These workshops were an opportunity for Governors to obtain a better understanding of the achievements of Batches 1 - 3, and is in progress for Batch 4. The Batch 4 Luxor City council did not require this workshop because they held a meeting in which it was decided what roles and responsibilities each undersecretary would have in the replication of the Takamol model. Consequently, a follow-up workshop will be conducted in FY09/Q1.
4.2.3	Strengthen governorate-level SMCs in Upper Egypt and activate SMCs in Lower Egypt in intervention governorates and districts	
	Train governorate and district SMCs in Lower Egypt on MCH/FP/RH issues and on how to use the MMSS	Four SMC trainings were conducted for 186 participants from Batch 1 - 3 communities in Ismailia and Sharkia Governorates. This activity was completed in Batches 1 - 3.
	Orient governorate and districts SMCs in Upper Egypt on their new expanded role for FP/RH	Six SMC trainings were conducted for 208 participants from Batch 1, 2, and 4 communities in Luxor City and Giza and Beni Suef Governorates. This activity was completed in Batches 1, 2, and 4.
	Link the SMCs at the governorate and district levels with city councils and governorate popular councils and orient them on how to address issues of common interest	In FY08 Q2, a coordination meeting was held in Ismailia Governorate between the SMCs at the governorate, district and hospital levels where it was determined that SMC members had neither the time nor the interest to continue with this type of meeting, thus this activity was discontinued in FY08/Q2. The project will continue its work with SMCs at all levels.
4.2.4	Increase the capacity of MOHP to work with Ministry of Finance to effectively respond to the needs of the service providers	

	Scheduled Activity	Achievements
	Hold initial district level meetings between MOHP and MOF to facilitate the smooth financial system operation in each district where the project intervenes, and subsequent follow up meetings as needed	Eight SIF orientation sessions were conducted for 272 participants in Batch 1 - 6 communities in Luxor City and Giza, Beni Suef, Ismailia, Sharkia, Qena, and Kafr El Sheikh Governorates. A SIF user guide for Ismailia Governorate was completed and submitted to the MOHP Undersecretary of Ismailia for review. Batches 1 - 4 completed this activity, and is still in progress in Batches 5 and 6.
	Sub-Result 4.3: Increased Capacity of Health Facility Teams	
4.3.1	Increase the capacity of health facilities to work with community	
	Training in clinic management for PHC unit staff (cross reference result 1)	See 1.2.1
	Training in hospital management for the hospital staff & SMC teams (cross reference result 2)	See 2.1.3
	Form/reactivate facility boards (cross reference result 1 & 2)	See 1.2.2 and 2.1.3.4
	Train facility boards (cross reference result 1 and 2)	See 1.2.2 and 2.1.3.4
	Provide OJT to make sure that skills and behaviors are well practiced to facility teams (cross reference result 1 & 2)	See 1.1.2 and 2.1.3.2
4.3.2	Support management boards of intervention facilities to maximize the utilization of available resources from the SIF and MOHP budget	

	Scheduled Activity	Achievements
	Orient facility staff/board on how to best utilize the SIF and MOHP available resources (cross reference 4.2.4)	See 4.2.4

Activity Replication and Sustainability

The following points outline the major achievements of FY08 regarding the replication of Takamol's activities as well as the sustainability of project interventions. The following examples are in no way a definitive list of all activities that have been replicated or sustained, nor do they appear in any particular order of priority.

An updated version of the Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services (ISOP) was officially approved by the Population and MCH sectors of the MOHP. Following a MOHP request, 5,000 copies of the revised ISOP were printed and distributed by Takamol to newly-graduated physicians during MOHP pre-service training courses. An additional 500 copies were distributed to other relevant stakeholders in the health arena. The approval and utilization of the updated ISOP signifies the adoption of the document as an integral part of the MOHP's national training curriculum, greatly contributing towards the integration of MCH and reproductive care services in Egypt. Similarly, the UNFPA and the MOHP adopted components of the Project's MCH/FP/RH training materials to train Family Health Unit (FHU) physicians in the skills needed to provide improved integrated health services to their communities.

The project integrated and launched its Health Awareness Curricula with the AEA's national literacy education classes. This curriculum provides a sustainable means of communicating important MCH/FP/RH messages which will continue to be disseminated in literacy classes throughout Egypt. The Project's collaboration with the AEA - training literacy facilitators in MCH/FP/RH messages and the development of project booklets regarding topics like neonatal care and early age of marriage - resulted in improved exam scores and decreased attrition rates. The AEA is replicating the project model, at its own cost, in 64 communities across Egypt. Currently Takamol is in the process of printing and distributing 8,000 copies of the health based literacy booklets to AEA classes.

The 6th of October health directorate supervisory team has replicated some Takamol training packages in two non-intervention PHC units. The directorate team has developed training plans and shared them with Takamol. Trainings are scheduled to take place next year. Staff members of the Saqara and Kafr Zahran PHC units will receive Takamol-trainings on infection control, clinic management, enhancing supervisory skills, and an orientation on the referral system. The supervisory team is using Takamol trainings to make health service provision in these areas more efficient and effective.

Takamol's continued collaboration with the MOHP's Health Sector Reform program is reflected in the rising number of accredited Takamol intervention PHC units. During FY08 fifteen Takamol intervention units have received accreditation by the MOHP as Family Health Units (FHU). The accreditation of intervention units indicates that the implemented changes in PHC facilities and services will be sustained by the MOHP as they become an integral part of the MOHP's health sector reform strategy.

The Government of Egypt, represented by the MOHP, showed significant interest in supporting project activities and replicating it in non-intervention locations. In FY08, several replication activities occurred in the four governorates of Aswan, Ismailia, Sharkia, and 6th of October. Focusing in on Aswan and Ismailia Governorates, many of Takamol's activities were sustained and replicated in ways that signal the realistic application and longevity of Takamol's activities. Some of these activities are listed below:

- Aswan's MOHP directorate successfully replicated the Safety and Maintenance training to cover all PHC facilities in Aswan district. After Aswan's Safety

Department received TOT, 15 of its trained trainers implemented 5 trainings for 89 participants in 20 non-Takamol intervention PHC facilities, resulting in a 29.6% increase in knowledge gain. The gain in post-training safety and maintenance knowledge by participants demonstrates that trainers were effective in relaying information and indicates that Aswan's MOHP trainers can use this training to keep the equipment and structure of all health clinics safe and operational in the future.

- The Aswan MOHP directorate also replicated the referral orientation workshops to cover the same 20 non-Takamol intervention PHC units along with the specialized hospitals (e.g. the fever hospital) in Aswan district. The referral orientation workshop is the first step in activating the referral system, an important element in the provision of timely, appropriate health care. Referral workshops were also conducted in three other hospitals in Aswan Governorate.
- A supervisory team successfully activated the clinic boards in the four non-intervention PHC units of El Adlya, Meet Gaber, Meet Hamal, and El Gousak in Aswan Governorate. Using the Takamol approach, the clinic boards are meeting and documenting meeting minutes, establishing linkages with local CDAs, and developing plans for health service improvement in their clinics.
- Based on recommendations of the RPC workshop in Ismailia Governorate in FY08/Q1, the El Qantara Gharb District Hospital was selected to replicate certain aspects of the Takamol model. The project has received notification of the activation of the hospital's Safe Motherhood Committee along with confirmation that the hospital is using self-assessment forms and the quality improvement checklist.
- Lastly, positive steps toward large scale replication of Takamol activities have been taken in Ismailia Governorate. At a Phase Out workshop, Ismailia's RPCC presented how they had implemented the project model and activities in Wasfeya community to Takamol and Ismailia's Governor. Impressed by their work, the Governor requested that the RPCC replicate and apply the same model and activities throughout other Ismailia communities. After this initial meeting, the RPCC and Governor reconvened and finalized implementation plans which were submitted to Takamol who has scheduled a follow-up visit during FY09/Q1 to assess RPCC implementation progress.

Monitoring and Evaluation

During FY08, the project continued to monitor and evaluate activities through data collection from a variety of sources. This data is used to calculate progress indicators that have been designed to measure the achievement of project goals.

The following tables show different progress indicators such as: knowledge and awareness of trainees and community members; client caseload figures; quality of care indicators; as well as the monetary value of resources leveraged through public-private partnerships and local contributions.

Table 1 illustrates the percentage knowledge increase of participants for all events conducted in FY08 from each of the training courses listed. The most remarkable increases were shown in the knowledge of participants attending capacity building for CDA board members (100); and also by NCU physicians who attended neonatal care training courses (94).

Table 1. Knowledge increase following a selection of FY08 training courses

Training Course	Target Group	# Events	# Part.	% Incr.
Integrated FP/RH/MCH training for PHC nurses	PHC level nurses	17	338	49
Safety and maintenance training	PHC unit staff	28	386	51
Integrated EOC/FP/RH for OB/GYN physicians	Hospital level OB/GYN physicians	11	187	39
Neonatal care training for NCU physicians	Hospital level NCU physicians	8	182	94
Essential operating room training for nurses	Hospital level operating room nurses	6	98	43
Basic RRs training	Outreach workers	37	1084	52
Leadership step down	Community women	45	1011	66
Egyptian women speak out	Community women	53	1335	44
Shabab Takamol week	Youth	65	1359	31
Capacity building for CDA board members	CDA board members	13	351	100
Integrated approach for clinic management and supervision (Phase I)	PHC unit staff	16	567	48
integrated management for health unit boards (Phase I)	PHC board members	13	499	58

Table 2. Indicators from Takamol's PMP during FY08:

Indicator	FY08 Progress	Progress to date	Target as of end of FY08 (as per PMP)	LOP Target
Output Indicators				
Ind. 5. Average number of postpartum care (PPC) home visits per delivered woman	72 PHC units	73 PHC units	86 PHC units	180 PHC units
Ind. 6a. Number of PHC units that reported 5% or more increase in the total caseload	89 PHC units	90 PHC units	86 PHC units	180 PHC units
Ind. 6b. Number of PHC units that reported 5% or more increase for new FP users (age <30 and parity <=2)	81 PHC units	82 PHC units	86 PHC units	180 PHC units
Ind. 6c. Number of PHC units that reported 5% or more increase for new ANC users (age <30 and parity <=2)	65 PHC units	66 PHC units	86 PHC units	180 PHC units
Ind. 7. Number of PHC units with quality score of health services ≥ 80%	89 PHC units	90 PHC units	86 PHC units	180 PHC units
Ind. 9. Number of PHC units where at least 40% of the clients received 2 or more MCH/FP/RH services during the same visit	96 PHC units	97 PHC units	86 PHC units	180 PHC units
Ind. 10. Percent of MWRA that were visited at home in the last 6 months by an outreach worker**	87%	N/A	N/A	70%
Ind. 11. Percent of MWRA who were referred to a PHC unit by an outreach worker (RR)**	51%	N/A	N/A	20%
Ind. 12. Number of quarterly governorate SMC meetings conducted to review MMSS data and develop self-improvement plans	15 Meetings	15 Meetings	10 Meetings	40 Meetings
Ind. 13. Number of hospitals with an average quality score of EOC, neonatal care, PPC/PAC and FP/RH services ≥ 80%	9 Hospitals	9 Hospitals	9 Hospitals	22 Hospitals
Ind. 14. Number of hospitals where at least 80% of the PAC and PPC clients received family planning counseling	8 Hospitals	8 Hospitals	9 Hospitals	22 Hospitals
Ind. 17. Number of PHC Units that have an active referral system	71 PHC units	71 PHC units	86 PHC units	180 PHC units
Ind. 19. Resources leveraged (cash and in-kind) through the establishment of corporate/NGO/public sector and individual partnerships supporting health services, as a proportion of the operational expenses of the project (USD)	US\$ 1,605,749 (4.8% of total LOP operational expenditure)	\$ 2,727,640 (8% of total LOP operational expenditure)	5% of total LOP operational expenditure	11% of total LOP operational expenditure
Ind. 20. Percent of MOHP staff at all levels who received capacity building training by the project	49%	74%	40%	80%
Ind. 21. Number of facilities/communities where MOHP/local authorities have replicated project interventions	51 PHC units /communities & 4 Hospitals	53 PHC units /communities & 4 Hospitals	3 PHC units /communities & 1 Hospital	9 PHC units/ communities & 3 Hospitals
Ind. 22. Number of PHC unit and hospital	72 PHC units	73 PHC units	72 PHC units	150 PHC units

management boards established/reactivated that meet regularly and work in support of MCH/FP/RH quality and integration in project intervention areas	and 4 Hospitals	and 8 Hospitals boards (at least one meeting per quarter for 2 or more quarters)	and 9 Hospitals boards (at least one meeting per quarter for 2 or more quarters)	and 22 Hospitals boards
Ind. 23. Number of health facilities that utilize at least 10% of SIF revenues (1/4 of the service improvement line item) to pay for facility improvement	62 PHC units and 8 Hospitals	63 PHC units and 8 Hospitals	58 PHC units and 9 Hospitals	120 PHC units and 22 Hospitals
Outcome Indicators				
Ind. 1. Modern Contraceptive Methods Prevalence Rate (CPR)**	5%	N/A	N/A	10%
Ind. 2. Number of PHC units achieving 3% improvement in couple years protection (CYP)	55 PHC units	56 PHC units	86 PHC units	180 PHC units
Ind. 3. Percent of mothers with children less than 12 months who reported making 4 or more ANC visits to the PHC unit during their last pregnancy**	108%	N/A	N/A	7%
Ind. 4. Percent of births attended by a skilled provider**	10%	N/A	N/A	2.8%
Ind. 8. Number of PHC units where the average client satisfaction score is $\geq 80\%$	78 PHC units	79 PHC units	86 PHC units	180 PHC units
Ind. 15. Number of hospitals where the percent of Neonatal Care Unit (NCU) surviving cases increased by $\geq 1.2\%$	6 Hospitals	6 Hospitals	9 Hospitals	22 Hospitals
Ind. 16. Number of hospitals where the average clients' satisfaction score $\geq 80\%$	9 Hospitals	9 Hospitals	9 Hospitals	22 Hospitals
Ind. 18. Percent improvement in community participants' knowledge of key MCH/FP/RH messages**	50%	N/A	$\geq 20\%$ (Pre/Post tests for community mobilization trainings/events)	$\geq 20\%$ (Pre/Post tests for community mobilization trainings/events)
	51%	N/A	N/A	$\geq 10\%$ (Pre/Post household survey)

**Indicators 1, 3, 4, 10, 11, 18 are calculated only for two communities where post intervention household surveys were conducted.

Tables 3 and 4 show batch 1 and 2 CDA activities during FY08, including home visits by outreach workers, referral of women to PHC units, health awareness classes and seminars, EWSO, literacy classes and Shabab Takamol week.

Table 3. CDA outreach worker home visits

Activity	Value
Number of home visits accomplished	366,763
Number of women met	431,483
Number of women referred to PHC units	123,451
% of women referred to PHC units	28.6

Table 4. CDA activities

Activity	# conducted	# attendees
Seminars	980	30,336
Shabab Takamol week	205	4,547
Health awareness classes	480	10,908
EWSO	259	5,350
Literacy classes	204	3,974

As per its agreement with USAID, Takamol tracks follow-up M&E data on 15% of PHC units from previous intervention areas. Throughout the three quarters since the project phased out, the tracked Batch 1 PHC units' figures were as follows:

- Average quality of health services: 91%.
- Average clients' satisfaction scores: 81%.
- Average percent increase in the total caseload compared to baseline data: 81%.
- Average service improvement fund expenditures: 33.4%.
- Average PPC home visits 3.3 per woman post delivery

Challenges

This section outlines significant challenges that the Takamol project faced during the implementation of its integrated model in FY08.

- A critical challenge faced this year concerned Takamol's ability to conduct post-intervention household surveys. Household surveys are conducted in Takamol communities during pre- and post- intervention and are used to indicate the impact of Takamol activities related to reproductive health services. While all pre-intervention surveys were conducted, post-intervention surveys were not conducted in four communities in two governorates because security clearances were not granted by the governorate-level security officials. Security clearances are required by surveyors because data collection requires a surveyor to enter private homes and gather data from married women of reproductive age living in the household. Takamol is working to minimize the negative impact the loss of data from these communities will have on project results by increasing the number of communities it will survey from 23 to 40. Takamol is also trying to obtain security clearances for the project's surveyors from the Ministry of the Interiors.
- High staff turn-over of Takamol-trained staff is an ongoing challenge in intervention PHC units and hospitals. Rapid turn-over of staff is often due to military duty, the pursuit of graduate studies, or job relocation and impacts post-training knowledge retention, negates improvements in quality of service provision, and damages the synchronization and teamwork of staff. To mitigate the consequences of high staff turn-over, Takamol conducted additional training sessions for new staff, which are both costly and time-consuming. Takamol is also working through the Training-of-Trainers (TOT) program to strengthen the capacity of district supervisory teams to conduct OJT, and to identify and train lead coaches in order to train new staff both during intervention and after project phase out.
- Political and administrative reform and substantial changes in MOHP leadership were ongoing in FY08. New Governors and Undersecretaries unfamiliar with Takamol's model and activities were appointed, and two new governorates formed - 6th of October and Helwan. These changes delayed the implementation of Takamol activities dependent on coordination with Governors, Undersecretaries, and other key officials because they require orientation to Takamol's model and activities, e.g., the reformulation of Regional Population Council Committees (RPCCs) responsible for replication of Takamol's model. RPCC activities were difficult to establish because they require Governor-approval or are comprised of those officials that have been changing throughout FY08. To minimize the effects of this development, close follow-up with Governors' offices, the MOHP, and others will be intensified.
- The cost of basic commodities, especially construction materials and construction sub-contractors, have rapidly increased and been compounded by rising inflation rates in Egypt. These economic challenges seriously strain Takamol's budget - despite its estimated-inflation adjustments - because renovation represents such a large percentage of the Project's expenditures. Consequently, Takamol has reassessed the scope and range of its activities, and has requested that USAID provide extra financial resources to complete all of its activities. If these resources are not attained, Takamol will have to scale down the scope and range of its activities, namely renovation and equipping.

- Aligning potential contributions from the private sector with Project needs and activities depends on the agenda, priorities, and domain interests of the private sector. Takamol's CSR team has had to find ways to link health and its activities with the interests of the private sector, which has made addressing the combined needs of the private sector, USAID, and the MOHP difficult to accomplish. However, Takamol has found ways to link its activities with the interests of private companies. For example, Takamol and RWE-Dea signed two MOUs toward the renovation of women's clubs in multiple Takamol-intervention PHC units. This partnership satisfied RWE-Dea's priorities to assist a women's education initiative, and Takamol's priorities to improve women's reproductive health.
- The process of collecting accurate and verified monitoring & evaluation data especially regarding the service improvement fund (SIF) utilization, training activities, and health service statistics, tends to take longer than the 30 days allotted at the end of the reporting period. In the data collection process, data is gathered from PHC units and submitted to the district teams. The district teams, technical specialists, and the Monitoring and Evaluation team must all review and verify the accuracy of the data prior to reporting on it. If there is a question or clarification needed at any step of this process, the data will be sent back to the PHC unit or district, or the training firm to be adjusted resulting in a delay in the reporting of this data. Delays in data collection cause for example an under-reporting of the amount of resources leveraged on the quarterly report and individuals trained by the project during a specified time period. Therefore data/indicators reported on a quarterly basis might slightly differ from the cumulative values measured annually.
- Increases in client caseloads at Takamol intervention-facilities signal both a success and a challenge. While client caseload increases result from improved quality health services and increased client satisfaction, it also translates into longer waiting times and less time with a physician once they are seen. Consequently, client satisfaction decreases. To address this issue, Takamol is emphasizing the importance of physician-client counseling and dialogue during OJT despite being able to spend less one-on-one time with clients.

Expenditure and Pipeline

Summary Disbursements and Cumulative Expenditure from Inception until September 30, 2008 (US)

BUDGET ITEM	FY06 Totals	FY07 Totals	FY08/Q1 Totals	FY08/Q2 Totals	FY08/Q3 Totals	FY08/Q4 Totals	FY08 Totals	Project to Date
Salaries	565,699	1,203,967	340,511	371,862	405,367	451,933	1,569,672	3,339,339
Benefits	78,150	290,355	177,051	84,607	60,786	57,965	380,408	748,914
Allowances	23,953	27,630	0	0	0	0	0	51,583
Consultants	45,686	220,603	23,002	15,836	23,379	27,875	90,092	356,381
Administrative	124,689	265,743	48,059	71,442	53,448	212,135	385,084	775,516
Travel and Transportation	31,557	179,520	65,640	54,449	114,291	122,515	356,896	567,973
Purchased Services	27,667	130,461	53,367	56,153	67,204	46,554	223,278	381,407
Supplies & Equipment	21,333	73,590	17,570	9,635	16,108	10,223	53,537	148,460
Participant Support Costs	18,662	174,509	55,003	34,745	67,112	46,770	203,630	396,801
Subagreements	0	685,424	503,223	7,174	226,157	123,606	860,160	1,545,584
Subcontracts	415,839	6,812,678	1,921,240	1,936,484	2,532,258	2,159,183	8,549,164	15,777,681
Subtotal of Direct Costs	1,353,235	10,064,480	3,204,665	2,642,388	3,566,110	3,258,760	12,671,923	24,089,639
Indirect Costs	162,388	676,630	250,780	243,941	230,107	316,392	1,041,221	1,880,240
Total Disbursements	1,515,623	10,741,111	3,455,446	2,886,329	3,796,217	3,575,152	13,713,144	25,969,878
								500,518
								26,470,396
								34,821,984
								8,351,588

Accruals (Renovation, Training, and Partners)

Total Disbursements Plus Accruals

Total Obligated Funds

Pipeline Remaining Balance

Appendices

FY08 (Batch 6) Catchment Areas

Aswan Governorate		
Aswan District		
1	Behreef	2,800
2	Nagaa Al Mouklaa	6,450
3	El Kobania	6,068
4	Gharb Saheel	4,175
5	El Akaab	4,100
6	Gazirat Aswan	1,500
Total		25,093

FY08 (Batch 7) Catchment Areas

Qena Governorate		
Armamt District		
1	El Demokrate	4,984
2	El Mahameed Bahary	5,580
3	El Rozikat Qebly	5,482
Total		16,046
Esna District		
1	El Halla	11,625
2	Zarnikh	7,727
3	El Nougooa Qobly	8,700
4	Teraa Nasser	6,000

5	Al Adayema	6,213
6	El Karaya	10,058
7	Asfoon	20,465
8	El Maalla	8,876
Total		79,666

Dakahlia Governorate		
Talka District		
1	Meet Antar	23,039
2	Sherinkash	7,493
Total		30,532
Meet Ghamr District		
1	Maasarah	6,188
2	Rahmaniyah	14,020
Total		20,208
Dekernes District		
1	El Marsah	5,329
2	Dimshalt	21,226
Total		26,555
Aga District		
1	Kar Awad	5,588
2	Baktares	16,331
Total		21,919
Sherbeen District		
1	Kafr El Sheikh Attia	4,335
2	El Saadwa	10,055
Total		14,390
Luxor City		

Luxor District		
1	Monshaet El Amary	20,365
2	El Karnak El Dadid	9,618
3	El Kobahy El Gharby	7,177
Total		37,160
Meet Ghamr District		
1	Madamod Shrouk	5,404
Total		5,404

Poor Urban Area		
Giza District		
1	Kafr Ghataty	16,000
Total		16,000

Sharkia Governorate		
Belbeis District		
1	El Adlia	25,306
2	Awlad Mehanna	15,934
3	El Kafr El Kadeem	13,754
Total		54,994

FY08 (Batch 8) Catchment Areas

Aswan Governorate		
Daraw District		
1	El Ababdah	4,912
2	Mansouria Bahary	13,059
3	Gaafrah	9,120
4	Nagaa El Hagar	2,311

5	El Kefteyah	6,400
6	Nagaa El Omdah	2,958
Total		38,760

FY08 (Batch 9) Catchment Areas

Luxor City		
Luxor District		
1	MCH center	36,177
2	Nagaa El Khotaba	6,254
Total		42,431
Al Biadya District		
1	Hager Alodaysat Qebly (ALNADAFEEN)	6,149
2	El Habeel	14,768
3	Hager Alodaysat Bahary (AlDaman)	3,983
Total		24,900
Al Qerna District		
1	El Qebly Qamoola	7,811
Total		7,811
Al Zinya District		
1	Salem Meky	2,977
2	Gad AlKareem	2,934
Total		5,911
Sharkia Governorate		
Belbis District		
1	El Kafr El Kadim	13,754
2	Awlad Mehana	15,934
3	Al Adlia	25,306

Total		54,994
6th October Governorate		
6th October District		
1	6 th October MCH Center	157,135
Total		157,135

Renovation Summary FY08

PHC Units

Activity	FY08				
	Q1	Q2	Q3	Q4	Total
Number of screened facilities	27	8	15	3	53
Number of assessed facilities	28	15	15	3	61
Number of selected facilities	4	8	10	120	22
Number of facilities that started renovation process	6	29	6	8	49
Number of facilities that completed renovation	15	19	6	16	56
Number of equipped facilities	15	5	27	14	61

Lower Egypt Hospitals

Activity	FY08				
	Q1	Q2	Q3	Q4	Total
Number of screened facilities		4			4
Number of assessed facilities	2			5	7
Number of selected facilities		2			2
Number of facilities that started renovation process		5			5
Number of facilities that completed renovation	4	6			10
Number of equipped facilities	2	4	4		10

Actual Intervention (including renovation) – Project to Date

Year/Quarter Governorate	FY08								Total FY08	
	Q1		Q2		Q3		Q4		Hosp	PHC
	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC		
Giza										
Beni Suef										
Luxor City				4				8		12
Qena	2			11					2	11
Aswan	4	6				6			4	12
Total Upper Egypt	6	6		15		6		8	6	35
Ismailia										
Sharkia				3						3
Kafr El Sheikh										
Dakahlia			5	10					5	10
Total Lower Egypt			5	13					5	13
Total Poor Urban Areas				1						1
Grand Total	6	6	5	29		6		8	11	49

Actual Renovation – Project to Date

Year/Quarter Governorate	FY08								Total FY08	
	Q1		Q2		Q3		Q4		Hosp	PHC
	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC		
Giza										
Beni Suef										
Luxor City				4				8		12
Qena				11						11
Aswan		6				6				12
Total Upper Egypt		6		15		6		8		35
Ismailia										
Sharkia				3						3
Kafr El Sheikh										
Dakahlia			5	10					5	10
Total Lower Egypt			5	13					5	13
Total Poor Urban Areas				1						1
Grand Total		6	5	29		6		8	5	49

Renovation Status Tables – Project to date

Renovation Table FY06

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
06	1	Giza	UE	Medical Center (urban)	Kafret Nassar	FY06/Q2	Complete	FY06/Q3
06	1	Giza	UE	RHU	Monshaat Dahshour	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	Health Group	Meet Rahina	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	RHU	Mazghona	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	MCH	Badrasheen MCH center	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	RHU	Marazeek	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	RHU	Shenbab	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	RHU	El Zaydeyah	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	MCH	Oseem MCH	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	RHU	Sakeel	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	RHU	El Kerateyeen Center	FY06/Q4	Complete	FY07/Q2
06	1	Giza	UE	RHU	El Haara	FY06/Q4	Complete	FY07/Q3
06	1	Giza	UE	RHU	El Kassr	FY06/Q4	Complete	FY07/Q3
06	1	Giza	UE	RHU	Mandeeshah	FY06/Q4	Complete	FY07/Q3
06	1	Giza	UE	Hospital	El Badrasheen District Hospital	N/A		
06	1	Giza	UE	Hospital	Oseem District Hospital	N/A		
06	1	Beni Suef	UE	RHU	Beni Haroun	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	Beni Bekhiet	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	Integrated Hospital	Belifia	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	Health Group	Ebshana	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	El Noweera	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	El Maseed El Abyad	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	Tama Fayoum	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	Monshaat El Omarah	FY06/Q4	Complete	FY07/Q2

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
06	1	Beni Suef	UE	RHU	Monshaat El Hag	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	El Mamaleek	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	El Masharka	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	RHU	Bayad El Arab	FY06/Q4	Complete	FY07/Q2
06	1	Beni Suef	UE	Hospital	Beni Suef General Hospital	N/A		
06	1	Beni Suef	UE	Hospital	Ahnasia District Hospital	N/A		
06	1	Ismailia	LE	RHU	Abar Gharbia	FY06/Q4	Complete	FY07/Q2
06	1	Ismailia	LE	RHU	El Dabaia	FY06/Q4	Complete	FY07/Q2
06	1	Ismailia	LE	RHU	El Heish	FY06/Q4	Complete	FY07/Q2
06	1	Ismailia	LE	MCH	Kassasseen MCH	FY06/Q4	Complete	FY07/Q2
06	1	Ismailia	LE	Hospital	Ismailia General Hospital	FY06/Q4	Complete	FY07/Q4
06	1	Ismailia	LE	Hospital	Kassasseen District Hospital	FY06/Q4	Complete	FY07/Q4
06	1	Sharkia	LE	RHU	Wadi El Moulaak	FY06/Q4	Complete	FY07/Q2
06	1	Sharkia	LE	RHU	Monshaat El Abasa	FY06/Q4	Complete	FY07/Q2
06	1	Sharkia	LE	Hospital	Abou Hammad District Hospital	FY06/Q4	Complete	FY07/Q3

Renovation Table FY07

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
07	2	Qalyoubia	LE	UHC (urban)	El Kablat	FY07/Q1	Complete	FY07/Q3
07	2	Giza	UE	RHU	El Zabou	FY07/Q1	Complete	FY07/Q4
07	2	Giza	UE	MCH	El Wahat MCH	FY07/Q1	Complete	FY07/Q4
07	2	Giza	UE	RHU	Qebala	FY07/Q1	Complete	FY07/Q4
07	2	Giza	UE	Hospital	El Wahat El Baharia District Hospital	N/A		
07	2	Sharkia	LE	RHU	El Shabanat	FY07/Q1	Complete	FY07/Q3
07	2	Sharkia	LE	RHU	Anshas El Basal	FY07/Q1	Complete	FY07/Q3
07	2	Sharkia	LE	MCH	Mashtool El Qadi	FY07/Q1	Complete	FY07/Q4
07	2	Sharkia	LE	RHU	Kafr Mousa Omran	FY07/Q1	Complete	FY07/Q3
07	2	Sharkia	LE	RHU	Basateen El Ismailia	FY07/Q1	Complete	FY07/Q4
07	2	Sharkia	LE	RHU	Awlad Seif	FY07/Q1	Complete	FY07/Q4
07	2	Sharkia	LE	Hospital	Zagazig General Hospital	FY07/Q1	Complete	FY08/Q1
07	2	Sharkia	LE	Hospital	Qenayat District Hospital	FY07/Q1	Complete	FY08/Q1
07	2	Sharkia	LE	Hospital	Belbis District Hospital	FY07/Q1	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Zawiat El Nawia	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Harbashant	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Tal Kafr Mansour	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	MCH	Nasser MCH	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Nasser Medical Center	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Dalaas	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Kafr Nasser	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Kom El Saaida	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	RHU	Shark El Nile Medical Center	FY07/Q2	Complete	FY07/Q4
07	2	Beni Suef	UE	Hospital	Beba District Hospital	N/A		
07	2	Beni Suef	UE	Hospital	Nasser District Hospital	N/A		
07	3	Sharkia	LE	RHU	El Rahmania	FY07/Q2	Complete	
07	3	Sharkia	LE	RHU	El Reyad	FY07/Q2	Complete	

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
07	3	Sharkia	LE	RHU	El Nahasin	FY07/Q2	Complete	FY08/Q1
07	3	Sharkia	LE	RHU	Gezeret El Nos	FY07/Q2	Complete	FY08/Q1
07	3	Sharkia	LE	RHU	Meet Saheel	FY07/Q2	Complete	FY08/Q1
07	3	Sharkia	LE	RHU	Al Tellen	FY07/Q2	Complete	FY08/Q1
07	3	Sharkia	LE	RHU	Kafr Genedi	FY07/Q2	Complete	FY08/Q1
07	3	Sharkia	LE	RHU	Debeig	FY07/Q2	Complete	FY08/Q1
07	3	Sharkia	LE	Hospital	Abou Kebir District Hospital	FY07/Q2	Complete	FY08/Q2
07	3	Sharkia	LE	Hospital	Menya El Kamh District Hospital	FY07/Q2	Complete	FY08/Q2
07	3	Sharkia	LE	Hospital	Fakous District Hospital	FY07/Q2	Complete	FY08/Q2
07	3	Sharkia	LE	Hospital	Diarb-Negm District Hospital	FY07/Q2	Complete	FY08/Q2
07	3	Luxor	UE	Hospital	Luxor District Hospital	N/A		
07	3	Luxor	UE	Hospital	El Bayada District Hospital	N/A		
07	3	Luxor	UE	Hospital	El Gorna District Hospital	N/A		
07	4	Luxor	UE	RHU	Kobah Shark	FY07/Q3	Complete	FY08/Q2
07	4	Luxor	UE	MC	Awamia	FY07/Q3	Complete	FY08/Q2
07	4	Luxor	UE	RHU	Karnak Kadim	FY07/Q3	Complete	FY08/Q1
07	4	Luxor	UE	RHU	Nagae Tawil	FY07/Q3	Complete	FY08/Q1
07	4	Luxor	UE	UHC	Hay El Karnak Clinic	FY07/Q3	Complete	FY08/Q1
07	4	Luxor	UE	RHU	Mansheit El Noba	FY07/Q3	Complete	FY08/Q1
07	4	Luxor	UE	RHU	Odaysat	FY07/Q3	Complete	FY08/Q2
07	4	Luxor	UE	RHU	Baghdady	FY07/Q3	Complete	FY08/Q2
07	4	Luxor	UE	RHU	Madamoud (Abu Tarboush)	FY07/Q3	Complete	FY07/Q4
07	4	Luxor	UE	RHU	El Toud	FY07/Q3	Complete	FY08/Q1
07	4	Luxor	UE	PHC	Boayrat	FY07/Q3	Complete	FY08/Q2
07	4	Luxor	UE	RHU	Nagaa El Wehda	FY07/Q3	Complete	FY08/Q2
07	4	Luxor	UE	RHU	Akolta	FY07/Q3	Complete	FY08/Q1
07	4	Luxor	UE	RHU	Hager Marees	FY07/Q3	Complete	FY08/Q1
07	4	Luxor	UE	RHU	Taref	FY07/Q3	Complete	FY08/Q2

Renovation Table FY08

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
08	5	Qena	UE	RHU	El Gazireia	FY07/Q4	Completed	FY08/Q2
08	5	Qena	UE	RHU	El Towairaat	FY07/Q4	Completed	FY08/Q2
08	5	Qena	UE	RHU	El Mounira El Haditha	FY07/Q4	Completed	FY08/Q2
08	5	Qena	UE	RHU	El Dier El Sharky	FY07/Q4	Completed	FY08/Q2
08	5	Qena	UE	RHU	El Homairaat	FY07/Q4	Completed	FY08/Q2
08	5	Qena	UE	RHU	El Ashraaf El Sharkeia	FY07/Q4	Completed	FY08/Q2
08	5	Qena	UE	RHU	Awlad Amr El Gharbeia	FY07/Q4	Completed	FY08/Q2
08	5	Qena	UE	Hospital	Qena General Hospital	NA		
08	5	Qena	UE	Hospital	Esna District Hospital	NA		
08	5	Qena	UE	Hospital	Armant District Hospital	NA		
08	5	Qena	UE	Hospital	Nagada District Hospital	NA		
08	5	Qena	UE	Hospital	Qeft District Hospital	NA		
08	5	Kafr El Sheikh	LE	RHU	Kozman	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Bakatosh	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Mandora	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Shobas El Malh	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Gamagmoon	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Khalig Bahri	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Wakf Bahri	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Kafr Kata	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Kafr El Agami	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Abadia	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Roba	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Shehabia	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Kellin	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Dessouk	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Motabas	FY07/Q4	Completed	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Beyala	FY07/Q4	Completed	FY08/Q2

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
08	5	Kafr El Sheikh	LE	Hospital	El Hamoul	FY07/Q4	Completed	
08	5	Kafr El Sheikh	LE	Hospital	Baltim	FY07/Q4	Completed	
08	6	Aswan	UE	RHU	Behreef	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	Nagaa El Mouklaa	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	El Kobania	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	Gharb Saheel	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	El Akaab	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	Gazirat Aswan	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	Hospital	Edfo District Hospital	N/A		
08	6	Aswan	UE	Hospital	Kom Ombo District Hospital	N/A		
08	6	Aswan	UE	Hospital	Darao District Hospital	N/A		
08	6	Aswan	UE	Hospital	Nasser El Noba District Hospital	N/A		
08	7	Giza	LE	UHC (urban)	6 th October MCH center	FY08/Q4	In progress	
08	7	Qena	UE	RHU	El Demokrate	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Mahameed Bahary	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Rozikat Qebly	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Halla	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	Zarnikh	FY08/Q2	In progress	
08	7	Qena	UE	RHU	El Nougooa Qobly	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	Teraa Nasser	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Adayme	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Karaya	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	Asfoon	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Maalla	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	UE	RHU	Meet Antar	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	UE	RHU	Sherinkash	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	UE	RHU	Maasarah	FY08/Q2	In progress	
08	7	Dakahlia	UE	RHU	Rahmaniya	FY08/Q2	In progress	

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
08	7	Dakahlia	UE	RHU	El Marsah	FY08/Q2	In progress	
08	7	Dakahlia	UE	RHU	Dimshalt	FY08/Q2	In progress	
08	7	Dakahlia	UE	RHU	Kar Awad	FY08/Q2	In progress	
08	7	Dakahlia	UE	RHU	Baktares	FY08/Q2	In progress	
08	7	Dakahlia	UE	RHU	Kafr El Sheikh Attia	FY08/Q2	In progress	
08	7	Dakahlia	UE	RHU	El Saadwa	FY08/Q2	In progress	
08	7	Dakahlia	UE	Hospital	Talkha District Hospital	FY08/Q2	In progress	
08	7	Dakahlia	UE	Hospital	Meet Ghamr District Hospital	FY08/Q2	In progress	
08	7	Dakahlia	UE	Hospital	Dekernes District Hospital	FY08/Q2	In progress	
08	7	Dakahlia	UE	Hospital	Aga District Hosital	FY08/Q2	In progress	
08	7	Dakahlia	UE	Hospital	Sherbeen District Hospital	FY08/Q2	In progress	
08	7	Luxor City	UE	RHU	Monshaet El Amary	FY08/Q2	Completed	FY08/Q4
08	7	Luxor City	UE	RHU	El Karnak El Gadid	FY08/Q2	Completed	FY08/Q4
08	7	Luxor City	UE	RHU	El Kobahy Gharby	FY08/Q2	Completed	FY08/Q4
08	7	Luxor City	UE	RHU	Madamod Shrouk	FY08/Q2	Completed	FY08/Q4
08	7	Sharkia	LE	RHU	El Adlia	FY08/Q2	In progress	
08	7	Sharkia	LE	RHU	Awlad Mehanna	FY08/Q2	In progress	
08	7	Sharkia	LE	RHU	El Kafr El Kadeem	FY08/Q2	In progress	
08	7	Aswan	UE	RHU	El Gaafra	FY08/Q3	In progress	
08	7	Aswan	UE	RHU	El Kefteya	FY08/Q3	In progress	
08	7	Aswan	UE	RHU	Nagaa El Hagar	FY08/Q3	In progress	
08	7	Aswan	UE	RHU	El Mansourya Bahary	FY08/Q3	In progress	
08	7	Aswan	UE	RHU	El Ababda	FY08/Q3	In progress	
08	7	Aswan	UE	RHU	Nagaa Al Omda	FY08/Q3	In progress	
08	8	Luxor	UE	MCH	Luxor MCH Center	FY08/Q4	In progress	
08	8	Luxor	UE	RHU	Al Daman	FY08/Q4	In progress	
08	8	Luxor	UE	RHU	Gad Al Kareem	FY08/Q4	In progress	
08	8	Luxor	UE	RHU	Salem Meky	FY08/Q4	In progress	
08	8	Luxor	UE	RHU	Al Nadafeen	FY08/Q4	In progress	

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
08	8	Luxor	UE	RHU	Al Qebly Gamola	FY08/Q4	In progress	
08	8	Luxor	UE	RHU	Al Odisat Bahary	FY08/Q4	In progress	
08	8	Luxor	UE	RHU	Al Habeil	FY08/Q4	In progress	

Success Stories

Barclays Bank Makes a Difference at Kafret Nassar Health Unit

On November 3, 2007, an eventful initiative for both the USAID-funded Integrated Reproductive Health Services project, Takamol, and Barclays Bank/Egypt took place. That Saturday, more than 50 Barclays employees from various Cairo, Damietta, and Port Said branches gathered to volunteer at the Kafret Nassar primary health care unit, which is located in a poor urban area in Cairo and serves over 25,000 beneficiaries. Barclays volunteers varied from team leaders, branch managers, customer service representatives, tellers, and legal advisors to clerks and mail room messengers. Barclays Finance Director, Hussein El Refaie, stated “we are here today to continue what we initiated – to enhance the development of our beloved country, Egypt.”



Barclays Chief Finance Officer addressed Barclays volunteers, Takamol representatives, health unit staff, and community members on the importance of working together as partners towards Egypt’s sustainable development.

Finance Executive Foundation (EFEF), were brought together as part of Takamol’s goal to foster a private-public partnership that contributes to the long-term sustainability of quality care in Kafret Nassar and expand MOHP capacity to initiate, negotiate and implement CSR agreements at the national level.

The agreement was centered on the physical renovation and transformation of the health unit from an abandoned and rundown facility to a community health center that provides quality health care services. Additionally, the agreement focused on the implementation of Takamol’s integrated health model, which works to improve the quality of health care services provided at the health unit, raise awareness of reproductive health and family planning, and mobilize the community towards development.

In an effort to sustain a corporate social responsibility (CSR) partnership with Takamol at the Kafret Nassar health unit which began in 2006, Barclays Bank/Egypt chose to return there for its 2007 global community service and volunteering initiative, ‘Make a Difference Day’. Barclays volunteers, Takamol representatives, and health unit staff gathered to celebrate the anniversary of their 2006 partnership by planting trees, painting, and carrying out maintenance work at the health unit.

Under the 2006 agreement, Barclays officially adopted the health unit by funding its renovation in line with Takamol’s integrated model. Signatories including the Ministry of Health and Population (MOHP), Barclays Bank/Egypt, the Governor of Giza, the Takamol project, and the Egyptian





Throughout the past year, community members witnessed a great deal of change for the better at their local health unit. For Eleven year old Ahmed Magdi, a local resident of Kafret Nassar, the changes in quality and type of services provided at the health unit meant that...“my mother used to fear going for check ups, but since 2006, the health unit got a lot better and my mother goes for regular follow-up and treatment, which has really improved her health.”

Kafret Nassar head physician, Dr. Howaida Mohamed Awad stated, “Takamol’s renovation and training gave health unit staff and myself a sense of comfort and confidence in improving the quality of health care services provided to our beneficiaries. Moreover, this confidence encouraged us as staff to organize seminars for our employees and clients on issues relevant to their health and well being, such as blood pressure, diabetes, post natal care, anemia, and female genital cutting.” Dr. Howaida happily asserted the increase in client flow, which symbolizes community members’ growing trust in the health unit and its services. As for Barclays staff’s presence, Dr. Howaida was happy to see the bank’s eagerness to sustain what it initiated with its partners last year and would like to see continuous corporate and social responsibility initiatives.



This is the twelfth year that Barclays’ has held its community service and volunteering campaign, during which employees are mobilized to make a difference in their societies. Employees designated three volunteering hours in the service of the Kafret Nassar community, which when multiplied by the number of volunteers totals up to 120 hours of community service! Volunteers did not only donate their time and assistance, but T-shirts, hats, as well

as giving gift bags to community members filled with hygiene products such as tooth brushes, soap bars, shampoos, and detergents. The employees were volunteering their personal time with no incentive or appraisal given by Barclays other than the rewarding feeling of taking part in sustaining the development of underprivileged communities in their country.

Hossam El Mekawy, a Barclays employee from Port Said, stated, “we consider ourselves Barclays pioneers who are working together to make a difference in our society. Therefore, we voluntarily decided to travel a total of 280 kilometers from Port Said and Damietta to Cairo to participate in this great initiative.” Asmaa El Wakeel from Damietta echoed her colleague’s statement when she earnestly stated “it was a wonderful feeling to hear local children chanting the name of the bank over and over. This makes Barclays’ name more familiar as a socially responsible institution and a bank for all community members.”



Barclays and Takamol staff, and local residents of Kafret Nassar – volunteering to ‘make a difference’.

El Dabbeya CDA joins forces with local youth to improve health facility

In November 2007, the USAID-funded Integrated Reproductive Health Services project, Takamol, witnessed an inspirational partnership in El Dabbeya community, Ismailia Governorate. The local community development association (CDA), youth participants of the Shabab Takamol Week (STW) youth mobilization program, and the staff and management of El Dabbeya primary health care (PHC) unit joined forces to further develop their newly-renovated health facility.

CDAs play a prominent role in the successful implementation of Takamol community awareness-raising activities. Their primary focus is to conduct a variety of activities that target and empower women, men and youth within the community by increasing their awareness of maternal and child health, family planning, and reproductive health (MCH/FP/RH). Shabab Takamol Week is one of these activities, which allows youth to participate in health education sessions, engage in community cleanup and school beautification projects, plant trees, and hear from Muslim and Christian religious leaders and health professionals on a variety of MCH/FP/RH related topics. The dynamic, six-day program was implemented by the local El Dabbeya CDA with great success. The 25 participants, who are foreseen as a driving force towards the community's sustainable development, increased their knowledge of MCH/FP/RH messages and other community related issues by 30%. And it was these 25 young people who helped provide the solution to a problem at the El Dabbeya PHC unit.

Involved since the start of project implementation in El Dabbeya, the CDA was aware of a



room at the health facility that could not be renovated because of an ownership dispute between the PHC unit and the town's social affairs department. The room was therefore left neglected, rundown and of no use to anyone. CDA members brought the parties involved together in an effort to resolve the issue. They facilitated negotiations between the PHC unit management board and the community's social affairs department, leading to a successful agreement between the two parties that the room would be cleared out, renovated, and used as a gathering place for community members.



Fresh from their involvement with the enthusiastic young STW participants, the CDA recommended that these local youth play a role in the clean-up process. The PHC unit management board agreed, and the work began immediately. The STW participants adopted the initiative as their top activity and worked tirelessly to get the room ready for the construction work that followed, which was successfully completed within one week. The final result of these combined efforts is an additional common room that is now being used by both health unit staff and community members during their visits to the health unit.

Before and after: STW members practice the concept of community responsibility as they work tirelessly to transform the unused room at the health unit into a useful common room for the community.

Egyptian Prime Minister and Minister of Health and Population experience the Takamol project for themselves

The Takamol project helps to establish higher levels of MCH/FP/RH awareness, and improve the quality of health service provision in intervention governorates in Upper and Lower Egypt. The project tackles health issues that are not new to Egyptian society, but are nonetheless important to the country's developmental needs.

Takamol works directly with the Ministry of Health and Population (MOHP) to achieve project goals, and always aims to promote the project's work through the Egyptian government in order to support replication and sustainability of project initiatives. So it was with great honor



Prime Minister Dr. Ahmed Nazif (center left), and Minister of Health and Population, Dr. Hatem El Gabaly during their visit to the Nagaa El Taweel primary health care unit in Luxor City on March 20.

that the project welcomed the Egyptian Prime Minister, H.E. Dr. Ahmed Nazif, and the Minister of Health and Population, H.E. Dr. Hatem El Gabaly to the Nagaa El Taweel primary health care (PHC) unit in Luxor City on March 20. The visit provided an opportunity for the project to showcase its achievements not only to the MOHP, but also to the government at large, through the eyes of the Prime Minister himself. The Minister and Prime Minister were joined at Nagaa El Taweel by the Head of Luxor City's Supreme Council, H.E. Dr. Samir Farag, whom had extended invitations to the Prime Minister and Minister to visit Takamol facilities in Luxor. The three dignitaries viewed a presentation on the Takamol project, before touring the health unit and meeting with community members who have benefited from the project's intervention there.

The Takamol project has renovated and equipped the health unit, and conducted many community-based initiatives, such as women's empowerment programs, youth mobilization weeks, and community awareness seminars. The esteemed guests spoke with a range of community members, civic and religious leaders, outreach workers and project participants. Both Prime Minister Nazif and Dr. Gabaly stated how impressed they were with the collaborative achievements of the MOHP and Takamol in Luxor, and with the integrated nature of the Takamol reproductive health model. Over and over again, the community members they chatted with mentioned how improvements to the clinic, along with training of health professionals, had enhanced the quality of care provided, and instilled in them greater confidence in the public health system.

What the visitors saw that afternoon made such an impression on Dr. Gabaly that he returned two days later to visit other Takamol intervention communities in Luxor to learn more about the project. Once again, he saw local residents galvanized around newly-renovated primary health care units, and with a drive seldom seen in rural areas to continue to do all they can towards improving the health of themselves and their families. These visits by the Egyptian government officials send a clear message that the incredible work Takamol is undertaking really does speak for itself.

Health, democracy and governance

Health, democracy and governance...how are they linked? The Integrated Reproductive Health Services (Takamol) Project initiates a unique approach to health facility governance, whereby more women and more community representatives are becoming democratically elected onto reactivated management boards of PHC units and hospitals. By reactivating these boards and increasing the percentage of women and community members on them, they are more representative of society as a whole and more empowered to address the health needs of the people they serve.

The Takamol project emphasizes the importance of democracy and good governance throughout all activities. The creation or reactivation of PHC unit and hospital boards



Tallying votes during a clinic board election process. These democratic processes began following Takamol intervention.

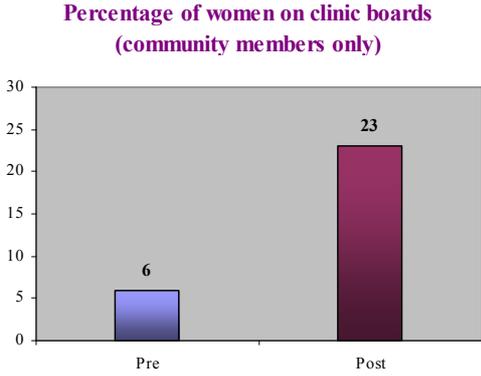
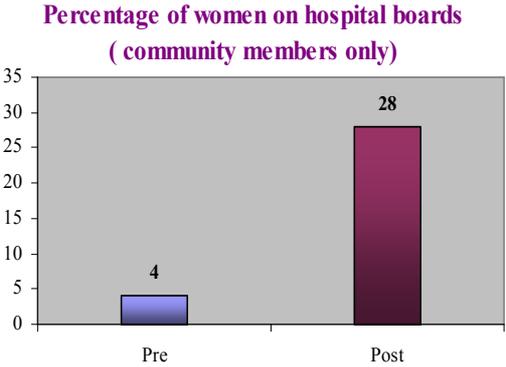
contributes towards sustainability by empowering health facility staff and community members alike to further improve on the quality of services provided after assistance from the project ends. To achieve this Takamol uses a participatory approach in which board member nominations are sought from local schools, local village councils, agricultural extension units, community development associations (CDAs), and the mayor, leading to a broad cross-section of community representation on the boards.

Once elected, board members are oriented to their new roles and trained to establish a common vision between the health facility staff and the board, identify current community health needs not being served

by the facility and find ways the board can intervene to meet these needs. Board members also gain the skills with which to source nontraditional support for their clinics by seeking donations from local associations and individuals; and to manage and disburse their funds in a fiscally responsible manner.

This initiative by the project has proved to be tremendously successful; both in terms of reactivating boards that were earlier dormant, and also in giving a voice to local community residents and women, who rely on the health services provided by the PHC units and hospitals. An analysis of 73 PHC units and 10 hospitals renovated under the project shows that prior to the reactivation of management boards, community representation totaled just 30% and 32% respectively. Since reactivation and elections, the boards are now equally divided—half of the members are from the PHC unit or hospital, and the other half from the community.

The increased participation of women community members on health facility management boards is portrayed in the graphs below. The percentage of women elected as community representatives on hospital boards has increased from 4% to 28%, while in PHC units the percentage has increased from 6% to 23%. Statistics also show that the overall percentage of women board members, whether facility or community representatives, has increased from 9% to 23%.



What these figures indicate is that Takamol’s drive to include women and community members as part of important decision-making processes regarding health has been successful. Their continued participation will lead their communities towards a healthier, and importantly, a more democratic future.

Takamol Project Gains Recognition at AmCham/UNDP CSR Conference in Cairo

The American Chamber of Commerce in Egypt co-hosted a corporate social responsibility (CSR) conference with the United Nations Development Programme (UNDP)/Egypt on December 11-12, 2007 in Cairo. The conference was themed 'Engagement for a Better Future', and provided an opportunity for the USAID-funded Takamol project to showcase its health-related CSR initiatives before a large audience of social and economic actors from both the public and private sector. The project's activities and achievements were displayed as part of USAID's overall Egypt program presentations, and in particular the project's CSR partnerships with the private sector.

Conference guests were welcomed by Mr. Omar Mohanna, President of the American Chamber of Commerce in Egypt; and Mr. James Rawley, the UNDP/Egypt Resident Representative. Other speakers included Egypt's Ministers of Investment, Social Solidarity, and Trade and Industry; along with a number of public and private sector CSR experts from organizations such as UNDP, USAID, the UN Global Compact Office, Vodafone, Coca Cola, Microsoft, and a number of large Egyptian companies.

The conference keynote speaker was Jeffrey Sachs, the Director of the Earth Institute at Columbia University in New York, who is widely regarded to be one of the leading international economic advisors of his generation. He acknowledged the remarkable reduction in infant mortality in Egypt but iterated that work still needs to be done with regard to lowering maternal mortality rates, and discussed ways in which partnerships with



Mr. Hussein Refaie of Barclay Bank Egypt explains the importance of private sector CSR engagement in health during the AmCham/UNDP CSR Conference in Cairo from December 11-12, 2007.

businesses can help to achieve this. Mr. Sachs also praised the "Egyptian Solutions for Human Development Report," which was officially launched at the conference. Jointly issued by the Ministry of Investment and UNDP, it is the first comprehensive report of private sector engagement in CSR in Egypt.

Takamol project activities were highlighted on day two of the conference during the "Areas of Engagement" breakout sessions, covering the critical issues of health, the environment, education, and unemployment. Participants of these sessions were able to gain an understanding of opportunities for CSR. Panelists from the private sector presented their CSR success stories, highlighting specific approaches and strategies, as well as lessons learned from past CSR initiatives to better the emergence of regional 'best practices.' Presentations were given by representatives of the Ministry of Health and Population, EFG-Hermes, UNAIDS, Barclays Bank, Proctor and Gamble, and the Egyptian Finance Executives Foundation – the latter three having partnered with the Takamol

project. The presentations detailed the role of Takamol and each respective organization in the partnership, providing real examples to the audience of how the private sector can become engaged in improving health outcomes in Egypt.

Opportunities such as that provided by the conference to emphasize the benefits of private sector CSR involvement in health do not come about often. The exposure of the Takamol project and its successful CSR program at this event, before such a captive audience, cannot be overstated. Mr. Hussein Refaie, the Barclays Bank/Egypt Finance Director, put it very simply when he explained to the audience why his organization became involved in CSR with the Takamol project, and why other businesses should also – “...because everybody wins!”



The USAID presentation booth provided CSR Conference participants with an insight into the Takamol Project and other USAID programs in Egypt.

Takamol dramatization activities branch out to new horizons

The Takamol project delivers performances of plays and skits in collaboration with governorate Cultural Palaces—state-sponsored cultural and performing arts centers—and local community development associations (CDAs), as part of their community outreach activities. It is thanks to these two partners that Takamol's health messages reach such a vast array of people within project communities. Puppet-shows are followed by open-panel discussions facilitated by medical specialists and religious figures, which propagate information and also support the messages delivered through the dramatizations.

During the past two years since the Takamol project began, 16,565 community members in various areas of the country have borne witness to 42 plays that were performed for their health benefit. In February 2008 alone, five plays were performed—three of them in Luxor



Luxor locals climbed the trees for a better view during a recent performance of an educational play on reproductive health issues – designed to enlighten and entertain.

City before an estimated audience of 2,000 community members. The plays definitely struck a positive note with the viewers—as citizens came en masse to see the spectacle. The locals even climbed the trees to get a glimpse of the performances. The entertainment value of the plays was obvious, but more importantly, community members stand to benefit from the messages that were being delivered to them.

The month of March also saw favorable responses after three play performances in Belbis and Zagazig districts in Sharkia Governorate. What made them special was that in each case the local CDA scheduled, organized and performed the plays themselves based on their earlier involvement in organizing similar events in collaboration with Takamol and the Cultural

Palace. This indicates the sense of ownership that is felt by these communities and the importance they place on increasing the awareness of reproductive health issues within their communities. The initiative taken by these CDAs demonstrates the commitment they have to changing behaviors, and is the kind of action that Takamol solidly endorses and expects to be replicated in other communities in the future.

Launch of Health Based Literacy Curricula with Adult Education Agency

Successful cooperation between USAID-funded Integrated Reproductive Health Services Project (Takamol) and Egypt's Adult Education Agency (AEA) to improve literacy rates and knowledge of reproductive health was celebrated by members of both parties May 22nd in Cairo, Egypt. After collaborative efforts to integrate messages of Family Planning (FP), Maternal Child Health (MCH) and Reproductive Health (RH) by the training of AEA facilitators, the Project and the AEA officially launched a campaign to implement the Project's Health Awareness Curricula (HAC) into the AEA's national literacy education program. The Project showcased what it developed for its HAC, which includes manuals that discuss issues such as Female Genital Cutting (FGC) and appropriate age of marriage.

Since April 2007 the Project has intervened in seven governorates in Egypt, trained 192 AEA facilitators, and educated 3444 students. In classes where the Project intervened, student drop out rates were on average 14% compared to the 42% student drop out rate of AEA classes without Project-intervention. Other successor indicators were increased rates of exam-passing students. 62% of students passed exams in classes where the Project intervened, whereas only 41% did in the others. The significant difference in the rates of students who attended and passed exams attests to the effectiveness of AEA classes that have incorporated the Project's HAC.

The successful replication of classes that experienced Project intervention in Qena and Beni Suef governorates speaks to the utility of such a program to the illiterate of Egypt as it relies on voluntary student participation.

A trained facilitator, student, and Female Outreach Worker (FOW) confirmed the positive impact of the Project's training program and HAC during the May 22nd's launch, stating that the classes and messages taught in them are a good activity that they want continued in their communities. A young female student noted that "Thanks to the information in the classes I now understand a lot more about RH, FGC, and appropriate age of marriage."



Rafaat Radwan, from the Adult Education Agency (AEA) discusses the Launch of the Project's Health Based Literacy Curricula (HAC). The launching of the Project's HAC with the AEA signifies coordinated efforts to improve literacy rates through reproductive health messages.

Hospital Management Board Betters Local Health Services For More Families

A recently renovated hospital in the Menia El Kamh district of Sharkia Governorate, Egypt, demonstrates the pragmatic effectiveness of the USAID-funded Integrated Reproductive Health Services Project's approach to linking health services, community mobilization, and social responsibility. To improve administrative and technical components of hospitals to provide higher quality health care, the Project is – in addition to medical training of relevant staff – reactivating and training health facility management boards.



New Incubator machines in the renovated Menia El Kamh hospital, procured by the USAID-funded Integrated Reproductive Health Services Project, offer chances for recovery that premature babies in the area could not receive before due to the limited number of machines.

The management board of Menia El Kamh district hospital was recently reactivated by a democratic election facilitated by the Project. Hospital Director Dr. Alaa Makald remarked the elections resulted in "community and board members sharing administrative and decision-making power." The Project then trained newly-elected board members and over 50 hospital staff on a variety of medical, managerial, and social responsibility practices.

The Project's renovations and equipment of the hospital, with contributions from other donors, is ensuring the health needs of 580,077 residents within the catchment area are identified and met with high quality medical services.

Premature infant deaths have been reduced by the addition of three new incubators to the neonatal care unit resulting in increased number of cases. Hospital Director Dr. Alaa Makald explains "Previously the number of cases was lower because the hospital was unable to meet people's needs," but with improvements "growing numbers of patients are entering the hospital for treatment

and services." The Project also equipped the Obstetrics & Gynecology Department and family planning unit at the hospital.

The hospital board then identified remaining community needs and, using lessons from the Project's training program, successfully raised 205,500 LE in funds and resources from well known families and businesses in the community to procure further incubators, a laundry machine, and a new building that will house new dialysis machines for the high number of cases that come in daily to receive treatment.

"We're not doing this for now; we're working for the future"

– Dr. Alaa Makald, Hospital Director and Chairman of Menia El Kamh's newly elected and trained hospital management board on fundraising and improvements for the hospital.

Literacy Class Empowers Women to Speak Out About FGC

An age long religious and cultural tradition throughout Upper and Lower Egypt, Female Genital Cutting (FGC) is a practice seriously affecting the reproductive and social health of women of all ages in the country. Thanks to the collaborative efforts of Egypt's Adult Education Agency (AEA) and the Integrated Reproductive Health Services Project (Takamol), adult literacy education classes across the nation are presenting relevant issues - like FGC and other reproductive health messages – in literacy classes in order to increase awareness about these cultural traditions and clarify their harmful consequences.

Literacy classes, taught by Takamol-trained facilitators in its Maternal & Child Health (MCH), Family Planning (FP), and Reproductive Health (RH) messages are supported by local Community Development Associations (CDAs) who administer seminars every quarter in order to promote awareness and provide members of the community with the opportunity to discuss and debate important issues and topics such as FGC.

A recent seminar in El Aqualta village in Luxor Governorate asked female students, age 20 - mid 60's, how they benefited from Takamol messages presented in class. Speaking to an audience of 150 women, Um Ibrahim responded that they had changed her opinion about the practice of FGC that she had once long believed in, received herself, and subjected her daughters to. At the seminar, Um chose to testify to FGC's harmful effects, explaining passionately the social and medical impact on women's reproductive health and why it should be abandoned.

The seminar also featured a trained doctor and religious leader who explained that the cultural custom of FGC has no medical/physical or religious basis and was not necessary on either ground, though it was Um's personal account and shift in attitude towards the cultural practice that had far reaching impact. While traditionally women would not speak out in this way, Um's experience demonstrates the empowering effect of literacy classes.

Photo: Pathfinder International



At a seminar on FGC and its consequences, students from a literacy class give life testimonies and share personal thoughts on why they wished that the community as a whole would change its mindset about the practice. Um Ibarhim, featured above, was the main speaker.

Outreach Worker Breaks through Traditional Barrier to Health Care

As part of the ongoing effort to visibly improve and sustain positive changes with regards to Maternal and Child Health (MCH), Family Planning (FP), and Reproductive Health (RH) services across villages in Egypt, the USAID-funded Integrated Reproductive Health Services Project (Takamol) orients outreach workers, known as Raedat Rifiat (RR), to MCH/FP/RH messages and trains them in counseling and communication skills. With the formal orientation and training that they receive at local Community Development Associations (CDAs) supported by Project grants, RRs are equipped to affect changes in the local community at a grass roots level.

RR's working in Marees Village in Luxor Governorate began implementing Project activities in January 2008 and in only five short months one particular RR encountered a problem rooted in traditional gender barriers that she - thanks to Project training – was able to overcome.

A young married woman in Marees village had been trying unsuccessfully to get pregnant for three years. Family blamed her for the lack of conception, commonplace in communities that function according to traditional perceptions of women's roles and responsibilities. The RR heard the story and visited the woman at home to discuss the issue. She proposed that her and her husband undergo medical evaluations at their local health facility to determine with who rested the problem that was preventing pregnancy.

The proposal signified a new approach to dealing with reproductive health problems in a community that tends to assign blame on women for such issues. Initially resistant to the idea, the woman agreed with the RR who then arranged meetings with the husband to convince him to complete a medical evaluation. After house visits over a few months, the RR broke village tradition and convinced the woman's husband to visit the clinic.

The couple underwent a medical evaluation after which their physician prescribed each one specific medicine. In May 2008, only 5 months after CDA activities and RR house visits began, and only one month and a half after taking the prescribed medication, the couple conceived

Renovated Medical Center Provides Care to 25,000 Local Egyptians

Medical Centers are a vital source of health services and treatments upon which the over-populated local communities in Upper and Lower Egypt greatly depend. A recently inaugurated Medical Center in Shark El Nil District of Beni Suef Governorate, Egypt, demonstrates the wide reaching effects of renovated and equipped health facilities by the USAID-funded Integrated Reproductive Health Services Project (Takamol). The Medical Center in Shark El Nile serves the largest community in Beni Suef Governorate, providing quality health care to approximately 25,000 people in a center that is now state of the art and complete with informative posters and new equipment. The inauguration occurred in June with a formal visit by Beni Suef's new Governor, Dr. Ezat Abdalla Ahmd, and Undersecretary, Dr. Ahmed Youssef, as well as Lisa Childs and other Takamol representatives.



Dr. Ezat Abdalla Ahmd, Governor of Beni Suef Governorate and Lisa Childs, MCH/FP Program Manager for USAID/Egypt's Population and Health Division, inaugurate the Shark El Nil Primary Health Care Clinic 16 June 2008. The Shark El Nil Medical Center serves the largest district in Beni Suef Governorate.

The newly furnished Shark El Nil clinic is one of the largest Medical Centers throughout the country and has been developed as well as equipped to thoroughly provide a wide range of services. Standard services offered at Medical Centers include Maternal Child Health, Family Planning, and Reproductive Health services as well as Medication and Emergency and Referral services. Where they differ from other health centers is in their provision of specific services by such specialists as Ophthalmologists and Dermatologists. Shark El Nil's new center is also home to a dentistry room.

During the seven operational months following renovation, the positive impact of the new medical center was demonstrated. The volume of client caseloads serviced by the new center grew from an average of 1,062 cases pre-renovation to 1,695 post-renovation, resulting in a percent increase of caseloads by 60%. In

addition, quality of health services rose from 68% pre-renovation to 92% post-renovation, producing an increase in the quality of health services by 35%.

Staff members including physicians and nurses at the Shark El Nil Medical Center received various kinds of training and support from its local CDA through funding and grants procured by the Project totaling over Egyptian L.E. 18,145!

Phase Out Workshop Signals Sustainable Community Activities

The USAID-funded Integrated Reproductive Health Services Project (Takamol) seeks to improve, enhance, and build a sustainable foundation for Family Planning (FP), Maternal & Child Health (MCH) and Reproductive Health (RH) services in intervention areas throughout Egypt. Aside from renovation and equipping of health units, as well as training of relevant staff, the Project also endeavors to give local governments the tools that they need to replicate the Project's activities after they withdraw.

By the activation and support of Regional Population Council Committees (RPCCs), which are intended to assist the policies and efforts of the National Population Council (NPC) at the national level, the Project's model and activities are implemented. In conjunction with the RPCCs own governance and resources, the model and activities are replicated after Project withdrawal that is marked by a final Phase Out Workshop.

A Phase Out Workshop in Wasfeya in Ismailia Governorate signaled the ability of a particular Regional Population Council Committee (RPCC) to successfully sustain the Project's model and activities after Project withdrawal. RPCCs, which are selected according to Governmental decrees in coordination with the Project, monitor and evaluate Project activities in intervention areas and then use their own resources to replicate the same activities in other communities. Impressed by the RPCC's current achievements and plans for future sustainability of activities, Ismailia's Governor requested a proposal for an additional plan to replicate Project activities in other Ismailia communities.

The Governor also recognized the Project's commitment to achieving what was planned according to a very strict time schedule that included improvement of quality of services delivered at Wasfeya's local health facility. The USAID-funded Integrated Reproductive Health Services Project (Takamol) seeks to improve, enhance, and build a sustainable



Attendees of the May 18th Phase Out Workshop, including Religious Leaders and governorate officials, celebrate the successful implementation and continuation of the Project's model and activities in the community of Wasfeya in Ismailia Governorate.

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"We will replicate the successful model of Takamol in all cities of Ismailia Governorate with our own resources," said General Abdel El Geleil El Phakharany, Governor of Ismailia Governorate at a May 18th Phase Out Workshop.

Safety & Maintenance Trainings Replicated at Local Level

All efforts to better the lives of those in under-developed and disadvantaged communities are commendable. However, efforts to improve quality of life exact a more profound and pragmatic impacts when the fruit of those efforts can be seen even after those making them have withdrawn. The USAID-funded Integrated Reproductive Health Services Project – Takamol – understands that processes and activities regarding community and individual reproductive health are successful when they can be sustained and replicated by others.

Sustainable success was observed by Takamol experts in Aswan Governorate in Upper Egypt after fifteen members of Aswan's Safety & Maintenance Department attended Takamol's Training of Trainers (TOT) for Safety & Maintenance Training. After their training was held, the fifteen Trainers of Trainers conducted two Takamol-supervised Step-Down Safety & Maintenance trainings for 20 staff members of six Takamol-intervention PHC units in Aswan District. Takamol-trained Trainers taught the 20 members how to carry out Safety & Maintenance Training independently to others. These two trainings resulted in a 24.2% knowledge gain by the 20 participants, and offers a poignant example of the sustainable component of Takamol's training activities. What Takamol had communicated to some at the district level was successfully transferred to those at the community level.

Furthermore, the same trainers later reproduced the same trainings in 20 non-Takamol PHC units in Aswan district. Eighty-nine participants benefited from the training, with a 29.6% increase in knowledge gain. When Takamol's efforts are reproduced without Takamol interference by others, replication of its activities is achieved. Even after Takamol's eventual phase out of intervention communities, the longevity and benefits of its activities seems very probable and promising for continued improvements in health facilities and overall community health in the future.

Literacy Classes Promotes Friendly Competition Between Communities

Literacy classes across Egypt are taught using a Health Based Curricula developed by the Adult Education Agency (AEA) and the USAID-funded Integrated Reproductive Health Services Project (Takamol). The classes provide literacy skills to the many illiterate members of Egyptian rural communities, while also educating them about Maternal Child Health (MCH), Family Planning (FP), and Reproductive Health (RH) issues. The classes are designed to target women at the age of fertility especially, which the Project's views as benefiting most from the health messages.

Recently the Project collaborated with local CDAs, literacy class facilitators and students, AEA representatives as well as youth from the Project's Shabab Takamol Week from four different communities within Luxor Governorate to participate in a literacy class competition over the course of three days. Each day commenced with speech made by a member of one of the four CDAs, whereby the Project and the importance of community activities in the promotion of better attitudes towards health were discussed. Each day also began with a sketch that was written, directed, and performed by Shabab Takamol Week Youth, and



Students from 4 different literacy classes compete against each other in a Question & Answer segment. It is one of the only opportunities they have had to engage in a competitive, fun and friendly activity as they are normally denied participation in school and athletic events.

included valuable messages regarding early marriage, antenatal care, FP, contraceptive use, and Optimal Birth Spacing.

The Project-organized competition included seven students from each of the four selected classes, a literacy exam prepared by the AEA office in Luxor Governorate, and a question and answer segment to test knowledge-retention of health messages. The female students, who were all of the age of fertility, cheered and clapped and responded enthusiastically throughout the competition, answering many questions correctly and demonstrating a surprising level of understanding of the Project's health messages. While the competition rewarded the best team with small prizes donated by the

local CDAs, the women expressed that it was the opportunity to meet women from communities they would have otherwise never traveled to and be allowed to compete in a fun activity that mattered most. The competition represents the only chance they have ever had to compete without objection from their husbands, fathers, brothers, etc.

Outreach Work Empowers & Educates Young Women

Home visits, conducted by outreach workers (RRs) connected to local CDAs, introduce integrated health information and services to 233,000 women a year in Egypt. During home visits, RRs speak with all members of a household to discuss priority issues and problems, as well as solutions to them. The USAID-funded Integrated Reproductive Health Services Project (Takamol) provides training and support to these CDAs and respective RRs, in their capacity as driving forces for change. Through the outreach work of these RRs, the Project strives to achieve behavior changes throughout intervention communities.



Local women attend an EWSO workshop and speak out about important issues and problems facing women in their communities.

Successful RR home visits often empower women and help to change deeply embedded traditional perceptions of the right and roles of women. In Qorna village in Luxor Governorate, for example, one RR was able to convince a family that their 12-year old daughter should attend school and marry at later age. The mother attended literacy classes as urged by the RR. The classes included sessions that discussed early age of marriage, after which time the mother then changed her mind and canceled her daughter's engagement to a man 15 years her senior. She now wants her daughter to attend school, despite the fact that adolescent girls in rural Egyptian communities do not.

In Bayadeya village, another RR was able to procure a birth certificate as well as a father's respect for his 18-year old daughter. Though initially aggressive

and resistant to the RR's messages, the father eventually recognized his daughter as having an identity and agreed to get her a birth certificate. The RR's multiple meetings with the father resulted in the young woman attending a single class school with other girls who had, until then, not received any kind of formal education. Though her life and her identity had previously gone unacknowledged, the home visits succeeded in empowering the young woman, who now participates as a member in the Project's Egyptian Women Speak Out (EWSO) program.

Takamol's Model for Improved Health Services Replicated Independently

In development work, the processes that relate to improving the lives and health of communities seek not only to bring about positive changes, but to sustain them as well. When the USAID-funded Integrated Reproductive Health Services Project (Takamol) intervenes in various selected communities across Egypt, it actively engages in renovation, equipping, and training of health facilities in order to improve their services and endow them with the knowledge and tools they need to continue improved services independently. If an intervention facility demonstrates the capacity to sustain activities even after the Project phases out, success is obvious. What is signaled when the Project's activities are replicated in other health facilities, without Project assistance, is the effectiveness of the Takamol model to enhance and improve health services in the long-term.

In Qalyobia Governorate, two Medical Centers replicated the Project model in East Shobra El Khema District. The District had, in 2007, experienced Project intervention at its Kablat Medical Center with successful results. The District Officer, who was trained according to the model, then helped two other centers – Mostorod and Bahteem – to replicate the model by providing their physicians, nurses, and lab technicians with clinical training, and supplying them with the Project's curricula for clinic management and integrated supervision.

In Zagazig District in Sharkia Governorate, the staff of the Neeshwa PHC unit were also trained by the Project-trained District team on the topics of clinic management, how to create work plans, administer their clinic's service improvement funds (SIF), as well as improve the running of their management board. In August 2008, the unit put their training to use and successfully reached out to their community who then endowed their clinic with a much-needed water pump valued at L.E. 3,000. The unit, which had operated without water for months, was able to empower themselves without requiring direct Project support. These two different districts signal that the Takamol model contains the mechanisms that allow sustainability and replication to occur pragmatically, and with positive results.



The above diagrams displays Takamol's integrated approach to improving quality health services at multiple levels. It includes physically enhancing a health facility, training its staff, and community mobilization.

Egypt's Adult Agency replicates the Takamol project's health-focused literacy training

The USAID-funded Integrated Reproductive Health Services project, Takamol, establishes higher levels of awareness of maternal and child health, family planning, and reproductive health (MCH/FP/RH) issues in intervention governorates, and at the same time capitalizes on the opportunity to overcome the barrier of illiteracy. The Takamol project achieves this goal by training literacy facilitators from local community development associations (CDAs) and the Adult Education Agency (AEA), Egypt's national literacy council. By training literacy facilitators, the project improves their reproductive health knowledge and develops their communication skills so they can transfer the knowledge to students during literacy classes via a program that utilizes a health-focused literacy curriculum.

In November of 2007, 12 literacy facilitators trained by the project started their second round of literacy classes for 180 students in intervention communities in Ismailia Governorate. After their first round of classes, students of these facilitators took the official AEA literacy exams and 73% of them passed, which is a higher than normal pass rate. According to AEA, the good results can be attributed to the inclusion of learning material that teaches students about real life health issues they encounter regularly.

The project took the collaboration with AEA a step further this quarter by helping the agency replicate the initiative in its own routine literacy classes. Once again in Ismailia, the AEA has trained 18 new facilitators on adult-teaching techniques and health-care related messages based on the Takamol project's health awareness curriculum. Those 18 facilitators have since started operating literacy classes in both Takamol intervention communities, and in areas not covered by the project. The project is also assisting the AEA by providing training materials and literacy booklets that contain important health messages to the newly trained facilitators, who will in turn pass them on to their trainees.

But Ismailia is just the beginning; with the help of Takamol, the AEA hopes to further expand this replication process in all of the project's intervention governorates. Through continued collaboration with the AEA, more low-literate/illiterate women and men will be equipped with literacy skills as well as practical knowledge about MCH/FP/RH-related issues, which could greatly improve their quality of life.