



Takamol Project Annual Progress Report

October 1, 2008 – September 30, 2009

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DISCLAIMER

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Acronyms

A/C	Ask/Consult
AAIB	Arab African International Bank
AEA	Adult Education Agency
AEW	agricultural extension and irrigation workers
AmCham	American Chamber of Commerce
ANC	antenatal care
BCC	behavior change communication
BM	Board Management (training)
CDA	community development association
CEOC	Comprehensive Essential Obstetric Care
CHL	Communication for Healthy Living project
CM	Clinic Management (training)
CQIS	Continuous Quality Improvement System
CSI	Clinical Services Improvement project
CSR	corporate social responsibility
CYP	couple years protection
DH	district hospital
EFEF	Egyptian Finance Executive Foundation
EPTC	Egyptian Pharmaceutical Trading Company
EWSO	Egyptian Women Speak Out program
FHU	family health unit
FLE	Family Life Education
FP	family planning
GBV	gender based violence
GH	general hospital
GME	General Motors Egypt
HHS	household survey
HM/HC	Healthy Mother/Healthy Child project
HSR	Health Sector Reform program
HTSP	healthy timing and spacing of pregnancy
IDP	Integrated District Planning
IPC&C	Interpersonal Communication & Counseling
ISOP	Integrated Standards of Practice
LE	Lower Egypt
LOP	life of project
MCH	maternal and child health
MMSS	Maternal Mortality Surveillance System
MOF	Ministry of Finance
MOH	Ministry of Health
MOSS	Ministry of Social Solidarity
MOU	memorandum of understanding
MTE	midterm evaluation

MWRA	married women of reproductive age
NCCM	National Council for Childhood and Motherhood
NCU	neonatal care unit
NCW	National Council for Women
NGO	non-governmental organization
NPC	National Population Council
NYC	National Youth Council
OB/GYN	Obstetrics/Gynecology
OJT	on-the-job-training
OP	operational plan
P&G	Procter & Gamble
PAC	post abortion care
PHC	primary health care
PIR	Portfolio Improvement Report
PMP	Performance Monitoring Plan
PP	post partum
PPC	post partum care
PPP	public-private partnership
RCT	Regional Center for Training at Ain Shams University
RH	reproductive health
RHU	rural health unit
RL	religious leader
RPC	Regional Population Council
RR	raedat rifiat (female outreach worker)
SAIFPS	Specialized Association for Integrated Family Planning Services
SC	Sustainability Committee
SCUK	Save the Children- UK
SIF	Service Improvement Fund
SMC	Safe Motherhood Committee
SR	social responsibility
STD	sexually transmitted disease
STS&P	Sector for Technical Support & Projects
STW	Shabab Takamol Week
TA	technical assistance
TOT	training of trainers
UE	Upper Egypt
UHC	urban health center
USAID	United States Agency for International Development
WG	working group

Background

The United States Agency for International Development (USAID) has been working with Egypt's Ministry of Health (MOH) 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 MOH 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 MOH, 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 11 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 (BCC) activities and messages; and (c) strengthening MOH 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, 2008 – September 30, 2009.

Executive Summary

This Annual Progress Report details the achievements of the Integrated Reproductive Health Services Project – Takamol – in completing the scheduled work plan activities from October 1, 2008 to September 30, 2009.

The twin pillars of the Takamol project are the comprehensive renovation and equipping activities that improve both the health facilities' physical structure and provide health care personnel and their clients with modern up-dated equipment. During FY09, 40 clinics across five governorates began Takamol's renovation activities and 33 clinics were completed. Five hospitals in Dakahlia Governorate completed the renovation and equipping of their neonatal care units, OB/GYN departments, and operating rooms. To date since the Project's inception, 148 PHC clinics and 21 hospitals have completed renovation activities.

Beyond improving the physical environment in intervention health facilities, Takamol works to raise the level of health care services and sustain them through the provision of technical and managerial trainings for health staff. During FY09, 1,384 doctors, nurses, pharmacists, and lab technicians working in intervention PHC clinics or hospitals received training from Takamol. Regular on-the-job training (OJT) visits ensured the effective transfer of knowledge into the practitioners' work environment. To increase community participation on boards, 75 intervention PHC clinics democratically elected representatives to their management boards and 186 board members have completed all three phases of management training. Also, 460 governorate and district supervisors were trained on facilitative supervision, district planning, and financial regulations.

Takamol partners with the MOH to enhance the sustainability of the Project's integrated MCH/FP/RH care services at all levels of the health care system. Takamol is currently in the process of drafting national hospital-level protocols that will help standardize the integration of MCH/FP/RH services in hospitals across Egypt. At the end of FY09, Takamol had completed the editing and formatting of the following hospital protocols: neonatology for physicians and nurses, laboratory protocols for physicians, and obstetric-related anesthesia protocols. The remaining three protocols for OB/GYN physicians and nurses, and laboratory technicians will be completed during FY10/Q1. In preparation for the upcoming consensus building workshop, completed protocols are being sent to workshop participants, including university professors of medicine, and representatives from the MOH and National Training Institute. Ultimately, these protocols will be used nation-wide in all public hospitals.

Takamol is also collaborating closely with the MOH's Primary Care Sector at the central level. At their request, Takamol provided technical assistance to modify decree 239, which outlines the rules and regulations for PHC clinic activities. Based on Takamol's field experience, decree 239 was modified to standardize PHC clinic incentive procedures, diversify management board composition, ensure quality services, and support the MOH's implementation of the Family Health Model, which includes an integrated package of MCH/FP/RH services in the program's basic benefits package.

The conjoint model of activities implemented in Takamol intervention communities has helped prepare numerous intervention clinics to receive Family Health Unit (FHU) accreditation, which is now a part of the MOH's Primary Care Sector activities. During FY09, 52 Takamol intervention clinics received FHU accreditation.

Previous collaboration between Takamol, the AEA, and the MOH resulted in the highly successful health-based literacy curriculum. During FY09, 83 classes were opened in intervention governorates and 1,269 beneficiaries were taught literacy skills using the health-based curriculum. In comparing students who used the health-based curriculum with those who used the standard literacy curriculum, more health-based students passed (80% vs. 67%) the AEA final exam and fewer dropped out of the classes (18% vs. 51%). To support the use of the health-based literacy curriculum, 8,000 copies were printed and distributed to the AEA, MOH, and Takamol-intervention classes.

Takamol continued its collaboration with the AEA in the development of a population and demography-based literacy curriculum, which incorporates messages relating to the over-population problem in Egypt. A task force comprised of AEA, MOH, National Population Council (NPC), USAID-funded Communication for Healthy Living project, and Takamol finalized the curriculum's messages during a consensus meeting held in FY09/Q3. Following a pilot testing of the curriculum and resulting modifications, a final copy of the curriculum is expected at the printing houses by FY10/Q2.

Takamol received numerous high-level visits throughout the year. Notably, the First Lady of Egypt, Mrs. Suzanne Mubarak, visited the Takamol-intervention clinic of Nagaa El-Tawil in Luxor City on 20 December 2008. The First Lady was particularly impressed with Takamol's community mobilization efforts, and praised the Project for its work and the powerful impact it made upon the lives and health of Egypt's women and children. Other noteworthy visits were made by the wives of U.S. Congressmen who toured the Meet Rahina PHC clinic in Giza Governorate and a U.S. Congressional Delegation who visited the El Karnak El Gadeed clinic in Luxor City, accompanied by H.E. Dr. Samir Farag, Head of Luxor City's Supreme Council. Delegation members praised the Project's intervention activities in Luxor City; and H.E. Dr. Samir Farag was highly appreciative of the contribution USAID was making to raise the level of health services in Egypt. This visit was featured in the April 20th issue of Al Ahram newspaper. U.S. Ambassador Margaret Scobey has visited both the El Karnak El Gadeed PHC clinic and an intervention neonatal intensive care unit in Ismailia Governorate's general hospital.

At the community level, the Takamol project continued to implement their various community mobilization activities in order to reach all segments of society with accurate information on MCH/FP/RH and promote the services available at the community's newly renovated PHC clinic. Takamol's outreach to youth increased the RH knowledge of 840 male and female adolescents through youth programs and 61 life skills facilitators were trained to lead Family Life Education classes for youth. Takamol empowered 2,283 women through the Egyptian Women Speak Out and Leadership programs and raised MCH/FP/RH awareness among 1,273 males through various trainings for religious leaders, agricultural extension workers, board members, etc. The El Der El Sharky CDA in Qena Governorate chose a unique format to publicize the changes that have taken place in their community. Using a film documentary, the CDA describes how USAID improved health services in their community. Narrated from the perspective of the clinic, the film describes how it was a neglected building until the Takamol project intervened. Beyond improving clinic facilities, the film discusses how better health care service delivery and community awareness activities have resulted in enhanced utilization of the clinic.

During FY09, Takamol hosted four phase-out workshops for 14 communities in Kafr El Sheik and Aswan Governorates. As a part of the process, each community received USD 893 from the Ministry of Social Solidarity to implement project activities for the following year. Follow up on these communities showed that 60-70% were successfully implementing their plans. Further evidence that Takamol training of CDA boards is increasing the sustainability of CDA health activities occurred in Ismailia Governorate where two local CDAs received grants from the Danish International Development Agency worth USD 34,880 and USD 32,126, respectively, to implement environmental and health awareness activities. Though Takamol phased out of these two communities in December 2007, both CDAs have maintained an active presence in their respective communities implementing a variety of community services projects in close collaboration with the local PHC clinic.

It became increasingly apparent during the past fiscal year that Regional Population Council Committees (RPCCs)—committees appointed by the Governor and comprised of Undersecretaries from the Ministries of: Health, Finance, Education, Youth, and Social Solidarity within each intervention governorate—were not sustainable entities due to their dependence on project funds. For this reason, Takamol worked to establish a new decree that authorizes the formation of governorate-level Sustainability Committees (SC). These committees maintain the basic structure and function of the RPCC, but receive their financial support from the governorate. During FY09, nine governors passed decrees to establish SC under the Regional Population Council office.

In FY09, SC oversaw the implementation of numerous activities that were replicated from the Takamol model in five intervention governorates. A total of 174 non-intervention PHC clinics democratically elected and formed clinic management boards as per the Takamol model. Trained district teams held two clinic management and service improvement fund trainings, for 30 non-intervention clinics.

Takamol's Corporate Social Responsibility team had an active year. Takamol's first collaborative efforts with Save the Children United Kingdom (SCUK) resulted in the successful shipment and customs clearance of 24,200 woolly hats from England into Egypt. SCUK's donation of hats is part of its global "Knit One, Save One" child survival campaign. Beyond protecting infants from cold-related diseases, these hats have a health message sewn onto them in Arabic to remind parents of the importance of breastfeeding - a key issue in child survival. The launching event for the distribution of hats and the dissemination of health messages was held February 3rd sponsored by the Conrad Cairo Hotel and attended by representatives from the MOH, the British Embassy, USAID, and the private sector. Hats were distributed to babies born in the 32 participating hospitals or to newborns visiting the 59 intervention PHC clinics for their thyroid screening test. Takamol played an instrumental role in obtaining the shipping and customs clearance for the hats, development of health messages, and hat distribution.

As promised in the public-private partnership initiated by Takamol with General Motors-Egypt (GME), the 6th of October MCH center was renovated and refurbished with funds from GME totaling USD 65,883. The Takamol project conducted the renovation activities and implemented a comprehensive package of trainings for MCH center staff and board members. The May 4th re-opening event received press coverage from the weekly magazine Nisf El Doni, and Al Ahram and Al Akhbar newspapers.

Two memoranda of understanding (MOUs) were signed with RWE Dea, a multinational oil and gas exploration and production company. In the first MOU, RWE Dea agreed to sponsor

200 health-based literacy classes donating USD 9,342 to cover the cost of printing literacy materials, training literacy facilitators, and providing banners for the classrooms. In the second MOU, RWE Dea agreed to donate USD 158,480 for the physical renovation of the Halafi and Dokmera Family Medicine health facilities in Kafr El Sheikh Governorate.

A new CSR partner, Orascom Telecom, signed an MOU on August 19, 2009 committing 115,764 USD to implement the complete Takamol model in El-Akarmeya PHC clinic in Edfo District of Aswan Governorate. This is only the second time in project history that a private sector organization has solely funded Takamol to renovate and equip the clinic, conduct clinic staff trainings, and implement community mobilization activities through partner community development associations.

And finally, Banque du Caire agreed to sponsor a primary health care clinic in Qena Governorate, committing USD 45,641 towards the clinic's renovation. This agreement marks the first time a national bank has partnered with USAID in health development, and is the first time Banque du Caire has participated in corporate social responsibility activities at this level of commitment.

Achievements

The following table details the Project's achievements in relation to the 2009 work plan. 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 FY09 work plan.

As Planned: Activity started as scheduled in FY09 work plan (or as scheduled in previous work plan 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
	Procurement	
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 FY09, 4 facilities were selected for renovation and equipping activities. Throughout Luxor City and Qena, Aswan, Dakahlia, and 6th of October Governorates, 40 units started the renovation process, 33 units completed renovations, and 32 units completed equipping. To date, 148 completed renovation, and 145 were equipped. Renovation and equipping activities were completed in Batches 7 & 8, and are ongoing in Batches 9 - 12.
1.1.2	Training	
	Review and update of all training materials with MOH and other stakeholders as needed	No review or updates were made to training materials during FY09.
	Implement integrated clinical training for physicians	A total of 56 physicians completed integrated clinical training in Batches 8 - 10 in Luxor City and Aswan and 6th of October Governorates. This activity is completed in these batches.
	Implement integrated clinical training for nurses	A total of 132 nurses completed integrated clinical training in Batches 8 - 10 in Luxor City and Aswan and 6th of October Governorates. This activity is completed in these batches.
	Implement lab technicians training	A total of 26 lab technicians completed technical training in Batches 8 - 10 in Luxor City and Aswan and 6th of October Governorates. This activity is completed in these batches.
	Implement ultrasonography training	60 PHC physicians completed ultrasonography training in Batches 7 - 10 in Luxor City and Qena, Dakahlia, Aswan, and 6 th of October Governorates. 24 newly appointed physicians from Luxor City, Beni Suef, Ismailia, Qena, Kafr El Sheikh, Dakahlia, and Aswan Governorates also received the training. This activity was completed in Batches 7 - 9 and is ongoing in Batch 10.

	Scheduled Activity	Achievements
	Implement safety and maintenance training	4 TOT Safety and Maintenance trainings were conducted for 47 governorate-level trainers in Luxor City and Qena, Dakahlia, and 6 th of October Governorates. A total of 156 participants received Safety and Maintenance step-down training. This training was completed in Batches 7 - 9 in Luxor City and Qena, Dakahlia, Aswan, and 6 th of October Governorates; and is in progress in Batch 10.
	Implement outreach workers training (cross reference 3.1.14)	
	Provide on-the-job training	OJT was provided for Batches 2 - 9 in Luxor City and Sharkia, Qena, Kafr El Sheikh, Aswan, Dakahlia, and 6th of October Governorates. During FY09, this activity was completed in Batch 2, 3, 4, and 6, and will continue in Batches 5, 7, 8, and 9.
1.1.3	Provide technical assistance to SAIFPS	
	Provide TA to the independent NGO SAIFPS as needed	The SAIFPS executive director and team were provided with technical assistance to develop their capacity to create and submit proposals to different funding agencies. This activity resulted in the production of a document that was subsequently submitted to a donor agency. Also, the remaining 25% of grant agreement 012 was paid to SAIFPS after Takamol received the final audit report. Takamol participated in coordination meetings for SAIFPS with DKT (a private sector organization involved in social marketing) to help SAIFPS establish relationships to sustain its activities. Takamol is expected to facilitate this partnership and coordination during FY10.
1.1.4	Community mobilization activities (See Result 3)	
1.1.5	Collaboration with STS&P (cross referenced 4.1.8)	
	Continue collaborating with the STS&P to ensure the compliance to HSR's family health model according to MOH strategy and to enhance the progression of HSR in Takamol intervention governorates	A total of 52 Takamol intervention units in Luxor City and Ismailia, Beni Suef, Sharkia, Qena, Kafr El Shekih, and Dakahlia Governorates received accreditation as Family Health (FH) Units. Takamol provided TA to the MOH to modify the project's referral materials to fit the FH Model. Takamol also held 3 meetings with central and local FH coordinators from Qena, Kafr El Sheikh, Aswan, 6th of October, and Alexandria to review and approve client flow of 23 PHC units.
1.1.6	Collaboration with RCT	

	Scheduled Activity	Achievements
	Include RCT in review of training curricula as needed	No requests were made for technical assistance, thus no activities were carried out in FY09. As RCT will no longer be involved in the update of further curricula, this activity is completed.
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 FY09, 243 Batch 4, 6, 7, and 8 clinic staff from Luxor City and Qena, Aswan, Dakahlia, and 6th of October Governorates completed the final phase of clinic management training. Training activities are completed in Batches 4 & 8 and ongoing in Batches 6, 7, 9, 10, and 11. As Aswan Governorate supervisors have previously received management training with another USAID project, Takamol arranged for Batch 6 supervisors to conduct CM trainings in Aswan PHC units.
1.2.2	Strengthen the clinic boards of the PHC facilities (cross result 4)	
	Form/reactivate PHC unit management boards	Clinic boards of 47 PHC units were formed in FY09, of which 34 received official approval from their respective governors in Luxor City and Qena, Aswan, and 6th of October Governorates. Batches 7 - 9, completed this activity, and it is in progress for Batches 10 & 11. Batch 12 board elections were moved to FY10/Q1 due to the extension of renovation activities by one month.
	Train PHC unit management boards in 3 phases	Following 7 Phase III Board Management trainings, 19 PHC clinics from Batches 4 - 6 in Luxor City, Kafr El Sheikh and Aswan Governorates completed this activity. Phase III BM training is ongoing for the boards of 21 Batch 7 & 8 clinics in Luxor City and Qena, Aswan, and Dakahlia Governorates. Phases I and II of the training are ongoing in Batches 7 - 10.
1.2.3	Activate the current referral system	
	Conduct orientation workshops for medical staff on referral system (cross reference 2.1.5)	14 referral workshops were conducted for 469 participants from Batches 7 - 9 in Luxor City and Qena, Aswan, and Dakahlia Governorates. The referral activation workshop will not be held in 6 th of October Governorate as per the agreement to not work on referral activities in poor urban areas. Batches 7 - 9 completed this activity.

	Scheduled Activity	Achievements
	Hold follow up meetings on the referral activation	37 follow up meetings on referral were held for 996 participants in Batches 5 - 8 in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. Follow up on referral activation starts one month after implementation of the activity in order to ensure proper continuous implementation. Batches 5 - 8 completed this activity. Follow up meetings on referral will not be held in 6th of October Governorate as per the agreement to not work on referral activities in poor urban areas.
1.2.4	Assist MOH in implementing In-service Training (cross with 4.1.12)	
1.2.5	Assist MOH 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 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	All activities related to Batch 11 hospitals were on hold during FY09 awaiting a decision by USAID regarding the project's interventions in Gharbia Governorate.
2.1.2	Renovation and equipping of hospitals in Lower Egypt	
	Renovation	5 hospitals in Batch 7 completed renovation in Dakahlia Governorates. All activities related to Batch 11 hospitals were on hold during FY09 awaiting a decision by USAID regarding the project's interventions in Gharbia Governorate.

	Scheduled Activity	Achievements
	Equipping	11 hospitals in Batches 5 & 7 completed equipping. All activities related to Batch 11 hospitals were on hold during FY09 awaiting a decision by USAID regarding the project's interventions in Gharbia Governorate.
2.1.3	Training relevant staff in intervention hospitals in Lower Egypt	
2.1.3.1	<u>Classroom Clinical Training</u>	During FY09, the scheduled clinical classroom training activities were placed on hold awaiting a decision by USAID regarding the project's interventions in Gharbia Governorate.
2.1.3.2	<u>On the job clinical training for hospital staff</u>	In FY09, the following visits were conducted in Ismailia, Sharkia, Kafr El Sheikh, and Dakahlia Governorates: 241 visits for OB/GYN physicians, 291 for OB/GYN nurses, 248 for NCU physicians, 273 NCU for nurses, 455 for Supportive Services individuals, 119 for SMC members, and 97 for hospital board members in Batches 1, 2, 3, 5, and 7. OJT is completed in Batches 1 - 3 and ongoing in Batches 5 & 7 (Kafr El Sheikh and Dakahlia Governorates).
2.1.3.3	<u>Develop and use local training capacity</u>	
	Conduct TOT for OB/GYN specialists in district hospitals (lead trainers)	Lead trainers for Batch 7 were identified in each LE intervention hospital during the didactic clinical trainings conducted in FY08/Q4 and received TOT at that time to maximize the use of their skills during the OJT process. Batch 7 was completed last year and the activity is completed for all existing LE intervention hospitals.
2.1.3.4	<u>Management Training</u>	
	Activation and training of hospital boards	The 5 boards in Batch 7 hospitals in Dakahlia Governorate completed the 3 phases of management training. Activities related to Batch 11 were on hold throughout FY09 pending USAID's decision concerning additional funds.
	Activate hospital boards to form SMCs	SMCs were nominated and activated by hospital boards in the 5 Batch 7 hospitals in Dakahlia Governorate. All activities related to the activation of Batch 11 hospital boards were postponed pending USAID's decision concerning additional funds.
	Train SMC members on management skills	All three for management skills training sessions were completed for 50 SMC members from 5 hospitals in Batch 7 Dakahlia Governorate. All activities related to the activation of Batch 11 hospital boards were postponed pending USAID's decision concerning additional funds.

	Scheduled Activity	Achievements
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 & as requested by SMCs	No clinical training activities were scheduled in UE for FY09.
	Clinical training to Upper Egypt hospital staff as requested by SMCs	No clinical training activities were scheduled in UE for FY09.
2.1.5	Strengthen referral and tracking systems	
	Conduct a workshop to strengthen referral between FP clinic in the hospital and OB/GYN department in LE hospitals	In Batch 7, this activity was completed early in FY08/Q4 at the request of the Dakahlia Health Directorate.
	Assist MOH at the central level to develop links and cross referral system between Neonatal Care Units (NCU) in all intervention hospitals within each governorate	Two meetings were held to discuss the referral system. The head of the Curative Care sector and the MOH neonatology consultants met to discuss the final draft of the referral system; and the head of the Emergency sector met to integrate his sector's input into the referral system. All stakeholders in both meetings agreed to cancel the pilot in Sharkia Governorate since the ambulance cars are not yet equipped with portable incubators. Takamol neonatology specialist integrated the inputs of both meetings into the referral system and submitted it to the MOH Neonatology consultant. As implementation of the system is now the role of the MOH, this activity is completed.
	Assist MOH in strengthening the cross referral system between PHC facilities and intervention district hospitals (cross reference 1.2.3)	
2.2	Sub-Result 2.2: Improved Quality of Integrated MCH/FP/RH Services in Hospitals	

	Scheduled Activity	Achievements
2.2.1	Review/updating of guidelines, protocols and standards, systems development	The 40 writers completed the process of reviewing and updating seven protocols. A monitoring tool was used to track the number of chapters delivered to and received from writers and reviewers, and identify chapters ready for the consensus building workshop.
	Assist MOH to review the CQIS system of HM/HC, add elements of FP, PAC & PP Care and produce first draft	Further updating of the CQIS is pending the completion of updating of the protocols.
	Review/update integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN specialists	In FY09, the OB/GYN chapters were received from the writers, reviewed, edited and formatted. Revisions were incorporated into the text in preparation for the upcoming consensus building workshop.
	Review/update integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN nurses	See above
	Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN specialists	Review/Update of the training curricula is pending the completion of the protocol updates.
	Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN nurses	See above.
	Review/update neonatal care protocol for neonatologists	For FY09, the neonatal chapters were received from writers, reviewed, edited, and formatted. Revisions were incorporated into the text in preparation for the upcoming consensus building workshop.
	Review/update neonatal care protocol for nurses	See above.
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	Two CQIS courses were held for 50 SMC members from 5 Batch 7 hospitals in Dakahlia Governorate. Batch 7 hospitals completed this activity.

	Scheduled Activity	Achievements
	Refresher training of hospital staff in Upper Egypt on CQIS based upon needs assessment	All activities related to the refresher training of Batch 12 hospital staff were postponed pending USAID's decision concerning additional funds
2.2.3	Support MOH Curative Care Sector to monitor and ensure continued quality of care	Completed in FY08.
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	All training curricula were reviewed for TIAHRT recommendations and updated to include messages related to thermal protection of the newborn. Two new refresher modules--Interpersonal Communication & Counseling and FP Discontinuation--were developed for inclusion in the Outreach Workers (RR) training curriculum. AEW refresher modules were reviewed and updated.
3.1.2	Working with governorate level Working Groups (WG)	
	Establish and train religious leaders and media WG in new governorates as applicable	2 basic training courses were conducted (one for 19 RL and the other for 20 media professionals) in Governorate 9 (Dakahlia). All activities related to WGs in Governorate 10 (Gharbia) were postponed pending USAID's decision concerning additional funds. Also, no media or RL WG were established in 6th of October Governorate as WGs in this area were involved with Takamol in Giza Governorate. This completes this activity in all existing intervention governorates.
	Hold refresher training for newly formed WG	In total, 34 refresher trainings on new topics were held for WGs: 19 Media WGs with 374 media professionals, and 14 RL WGs with 140 RLs from Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. All activities related to Governorate 10 (Gharbia) were postponed pending USAID's decision concerning additional funds. Governorate 8 (Kafr El Sheikh) completed this activity while refresher trainings are ongoing in Governorates 5 (Luxor City), 6 (Qena), 8 (Aswan), and 9 (Dakahlia).

	Scheduled Activity	Achievements
3.1.3	Family Life Education (FLE)	
	Select and orient FLE facilitators	154 nominated candidates attended an orientation about the Takamol project in Luxor City and Qena, Aswan, Dakahlia, and 6th of October Governorates. Of those nominated, 85 candidates were interviewed and selected to participate in the FLE TOT program. Batches 7 & 9 completed this activity, while it is ongoing in Batches 8 & 10.
	Conduct FLE TOT for FLE facilitators	84 selected participants completed the FLE training over 5 sessions in Batches 7 - 10 from Luxor City and Qena, Aswan, and Dakahlia Governorates. FLE TOT for 6 th of October Governorate communities (MCH clinic and Sheikh Zayed communities) will be combined for cost effectiveness reasons and begin in FY10/Q1. This activity was completed in Batches 7 & 9 and is ongoing in Batches 8 & 10.
	Implement program in intervention communities	78 classes (5 classes in Luxor City and 41 in Qena, 15 in Aswan, and 17 in Dakahlia Governorates) completed all 15 sessions of the FLE program and 26 classes in Luxor City are ongoing. Batches 6 & 7 completed this activity, while Batches 8 - 10 are in progress. The 6 th of October Governorate communities (MCH clinic and Sheikh Zayed) will be combined for cost effectiveness reasons and begin in FY10.
3.1.4	Peer to Peer program	
	Implement peer to peer program	The Project conducted its Peer to Peer program in the Batch 9 Mansoura community in Dakahlia Governorate. One training course was held for 23 participants nominated by the National Youth Council office in Mansoura. Implementation of the Peer to Peer program was discontinued, with concurrence by the MTE committee, during FY09/Q2.
3.1.5	Religious Leaders (RL)	
	Selection and training of RL group at the community level	6 basic RL training courses were held for RLs in Luxor City and Qena, Aswan, Dakahlia, and 6th of October Governorates. Of the 105 selected, 96 RL from Batch 7 - 10 communities completed basic training on various MCH/FP/RH messages and how to disseminate this information to their constituents. This activity was completed in Batches 7 - 10.
	Hold regular meetings with trained religious leaders to discuss new topics	15 meetings were held with 149 previously-trained RLs to introduce new topics in Batch 5, 6, 7, 8, and 10 communities in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. Refresher trainings for 6th of October Governorate will take place once the training schedule is finalized. This activity was completed in Batches 5 - 7 and is in progress in Batches 8 & 10.
3.1.6	Shabab Takamol Week (Youth Mobilization Week)	

	Scheduled Activity	Achievements
	Implement STW in some intervention communities	33 Shabab Takamol Weeks were implemented for 700 beneficiaries in Batch 7 - 9 communities in Luxor City and Qena, Aswan, Dakahlia, and 6 th of October Governorates. During FY09, Batches 7 & 8 completed this activity and it is ongoing in Batch 9.
3.1.7	Ask/Consult	
	CHL will train private pharmacists and physicians in new intervention areas on CHL-developed curriculum as needed	CHL trained 30 private physicians and 66 pharmacists from Qena, 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 GBV manual available to the National Council for Human Rights
3.1.9	Different BCC activities/tools	
	Support and collaborate with CHL in the development of national MCH/FP/RH BCC activities	Takamol collaborated with CHL in the review of both the integrated flip chart and the premarital service package materials used in the CHL-run TOT workshop. The workshops were designed in cooperation with Takamol, CHL, the Teaching Hospitals Organization, and the MOH. Takamol also involved CHL as a task force member in the development of the Demography and Population Literacy Curriculum.
	Implement youth friendly and gender sensitive plays	22 plays were performed in Batch 6 - 8 communities in Luxor City and Qena, Aswan, Dakahlia, and 6th of October Governorates to 6,750 audience members. This activity was completed in Batches 6 - 8.
	Implement youth friendly and gender sensitive skits	22 skits were performed in Batch 5 - 8 communities in Luxor City and Qena, Kafr El Sheikh, Aswan, Dakahlia, and 6th of October Governorates. This activity is completed in Batches 5 - 8.
3.1.10	Women's Empowerment	
	EWSO Program	
	Implement EWSO program in intervention communities	33 EWSO programs involving 748 women were implemented in Batch 7 - 9 communities in Luxor City and Qena, Aswan, Dakahlia, and 6th of October Governorates. This activity was completed in Batch 7 & 8 and is ongoing in Batch 9.
	Leadership Program	

	Scheduled Activity	Achievements
	Implement leadership programs in intervention communities	66 Leadership programs attended by 1,425 participants were implemented in Batch 3 - 8 communities in Luxor City and Sharkia, Qena, Kafr El Sheikh, Dakahlia, and 6th of October Governorates. This activity was completed in Batches 3 - 7, and is in progress in Batch 8.
3.1.11	Men's Involvement (Agricultural and Irrigation Extension Workers)	
	Train AEW in intervention areas	5 basic training sessions were held for 103 AEWs from Luxor City and Qena, Aswan, and Dakahlia Governorates. This activity is not applicable for the urban communities of 6 th of October Governorate. This activity was completed in Batches 7 - 10.
	Conduct monthly meetings with AEW	During monthly meetings in FY09, 34 refresher trainings were given to 442 AEWs from Batch 4, 5, 6, 7, 8, and 10 communities in Luxor City and Qena, Kafr El Sheikh, Aswan, and Dakahlia Governorates. Refresher trainings will be conducted for Batch 9 AEWs next quarter in order to coincide these activities with the completion of renovation activities and the granting of CDAs. This activity is not applicable for the urban communities of 6th of October Governorate. This activity was completed in Batches 4 - 7, and is in progress in Batches 8 & 10.
	Follow up on AEW seminars in intervention areas	2,795 seminars were conducted for 39,538 beneficiaries in Batch 3 - 10 communities in Luxor City and Sharkia, Qena, Kafr El Sheikh, Aswan and Dakahlia Governorates. This activity is not applicable for the urban communities of 6th of October Governorate. This activity was completed in Batches 3 - 7, and is in progress in Batches 8 - 10.
3.1.12	Literacy facilitators	
	Update AEA and NGOs' literacy facilitators training package to include MCH messages	This activity was completed in FY08.
	Train literacy facilitators	4 trainings were held for 92 literacy facilitators from Batch 7 , 8 and 10 communities in Qena, Aswan, and Dakahlia Governorates. This activity was completed in Batch 7, is ongoing in Batches 8 & 10, and postponed until FY10 in Batches 9 & 11. This activity will not be implemented in 6 th of October Governorate communities (Batch 8 MCH center and Batch 10 Sheikh Zayed) due to cost effectiveness reasons.

	Scheduled Activity	Achievements
	Follow up on literacy classes in intervention areas	In total, 166 follow up visits were conducted for literacy classes in in Luxor City and Sharkia, Qena, Kafr El Sheik, Aswan, and Dakahlia 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 3 - 7 and in progress in Batch 8. The follow up on literacy classes in 6 th of October Governorate communities (Batch 8 MCH center and Batch 10 Sheikh Zayed) will be combined for cost effectiveness reasons and begin in FY10.
3.1.13	Couple communication	
	Follow up on RRs in the implementation of couple communication seminars in intervention areas	28 couple counseling seminars for 1,160 participants were held in Batch 4 - 8 communities in Luxor City and Qena, Kafr El Sheikh, Aswan, and 6 th of October Governorates. Each seminar includes ~ 20 women and 20 men. This activity was completed in Batches 4 - 8.
3.1.14	CDAs/Community Activities	
	Orientation of Ministry of Social Solidarity district level officials about Takamol	2 orientation meetings were held with the Qena and Aswan MOSS officials covering Batches 11 & 12. All activities related to Batch 11 in Gharbia Governorate are considered complete since USAID has not made a decision regarding intervention activities in this area. This activity was completed in Batches 11 & 12.
	Orientation of active CDAs in Takamol intervention communities	Oriented 51 CDAs from Batches 11 & 12 in Qena and Aswan Governorates. All activities related to Batch 11 in Gharbia Governorate are considered complete since USAID has not made a decision regarding intervention activities in this area. This activity was completed in Batches 11 & 12.
	Screening and assessing local CDAs	Screened and assessed 56 CDAs from Batches 10 & 11 in Qena, Aswan, and 6 th of October Governorates. All activities related to Batch 11 in Gharbia Governorate are considered complete since USAID has not made a decision regarding intervention activities in this area. Batch 12 has been postponed until FY10 due to a change in renovation completion dates. This activity was completed in Batches 10 & 11.
	Selection of CDAs	Selected 33 CDAs from Batches 10 & 11 in Qena, Aswan, and 6 th of October Governorates. All activities related to Batch 11 in Gharbia Governorate are considered complete since USAID has not made a decision regarding intervention activities in this area. Batch 12 was postponed until FY10 due to a change in renovation completion dates. This activity was completed in Batches 10 & 11.

	Scheduled Activity	Achievements
	Receive proposals from CDAs	33 proposals were received from CDAs Batches 10 & 11 in Qena, Aswan, and 6 th of October Governorates. All activities related to Batch 11 in Gharbia Governorate are considered complete since USAID has not made a decision regarding intervention activities in this area. Batch 12 has been postponed until FY10 due to a change in renovation completion dates. This activity was completed in Batches 10 & 11.
	Review proposals and submit to USAID	17 received proposals from Batch 9 & 10 CDAs in Luxor City, Aswan and 6 th of October Governorates were submitted to USAID for review. This activity was completed in Batches 9 & 10 and is in progress in Batch 11.
	Obtain MOSS approval	41 CDAs from Batch 9 - 11 communities in Luxor City and Qena, Aswan, and 6 th of October Governorates obtained MOSS approval. All activities related to Batch 11 in Gharbia Governorate are considered complete since USAID has not made a decision regarding intervention activities in this area.
	CDAs sign agreements	18 CDAs in Batch 9 & 10 communities signed agreements in Luxor City, Aswan and 6 th of October Governorates. This activity was completed in Batches 9 & 10 and is on hold due to a change in renovation completion dates in Batch 11.
	Selection of CDA RRs	362 RRs were selected by CDAs from Batches 8 - 11 in Luxor City and Qena, Aswan, and 6 th of October Governorates. All activities related to Batch 11 in Gharbia Governorate are considered complete since USAID has not made a decision regarding intervention activities in this area.
	Training of CDA and MOH RRs	12 training courses were conducted for 362 CDA and MOH RRs in Batches 7 - 10 from Luxor City and Qena, Aswan, Dakahlia, and 6 th of October Governorates. Batches 7 - 10 completed this activity.
	Capacity building for CDA board members	7 board training courses were conducted for 182 CDA Board Members in Batch 7 - 10 communities throughout Luxor City and Qena, Aswan, Dakahlia, and 6 th of October Governorates. This activity was completed in Batches 7 - 10.
	Implementing, monitoring, and reporting on CDA activities: home visits, seminars, etc.	At the end of FY09, 100% of CDA activities were implemented in Batches 3 - 6; 90% in Batch 7; and 75% in Batch 8, 15% in Batch 9 and 10% in Batch 10. The MCH center in 6 th of October Governorate activities were delayed due to the late receipt of the MOSS approval; and implementation of Batch 10 activities in the Sheikh Zayed community was delayed due to difficulty opening the CDA's bank account. This activity was completed in Batches 3 - 6, and is in progress in Batches 7 - 10.

	Scheduled Activity	Achievements
3.1.15	Collaborate with other agencies/projects/donors	
	Collaborate with NCW, NCCM on women and youth empowerment activities as applicable	Provided TA to the training for 6 th October Governorate outreach workers (RR) conducted by NCCM under the Child Trafficking project. Takamol TA included providing training sessions to RRs on communication and counseling skills, home visits, combating rumors etc.
	Collaborate with other projects and donors as applicable in intervention areas	See 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 MOH RR supervisors on simplified gender and RH rights manual	<i>This training has been integrated into the R1 training package starting with Batch 5.</i>
3.2.3	Train MOH RR supervisors and mothakef sokany in intervention governorates on couple communication (TOT)	Completed in FY07.
3.2.4	Conduct leadership TOT in intervention governorates for MOH RRs	Completed in FY07.
4	Result 4: Improved MOH Capacity to Sustain Performance of Integrated MCH/FP/RH Services	

	Scheduled Activity	Achievements
4.1	Sub-result 4.1: Increased Capacity of MOH Central Level Management Teams	
4.1.1	Coordinate and synchronize with MOH/PS, MCH, NPC and RCT workplans	Completed in FY07.
4.1.2	Provide TA to MOH Population and MCH sectors in developing results oriented workplans for 2008 and 2009	Completed in FY08.
4.1.3	Support MOH, NPC and RCT to review and update their strategic plans	
	Assist MOH Pop and MCH sectors, NPC and RCT to update strategic plans as requested	The MOHP underwent a transition this year and divided into the MOH and the Ministry of Family and Population Affairs. The NPC is no longer under the MOH and its policy is under review from the new ministry. TA was provided to the RCT and included a review of their status with recommendations to establish themselves as a legal entity and work on the development of a strategic marketing plan. No requests were made by the MOH for technical assistance(TA) in the updating of their strategic plans. This activity is completed.
4.1.4	Assist MOH in activating the Steering Committee and forming working groups as needed and requested	
	Regular meetings with the steering committee	4 steering committee meetings were held in FY09 during which Takamol provided the committee with updates on project activities and discussed a range of topics including challenges encountered, institutionalization of project activities within the MOH, and MTE recommendations, and scale up efforts.
	Meet regularly with the different WGs and train if requested by Steering Committee	During FY08: Contraceptive Security WG - 7 meetings (See activity 4.1.6) Replication WG -1 meeting (See activity 4.1.8)

	Scheduled Activity	Achievements
4.1.5	Provide TA for SR/WG within MOH 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 MOH staffing. Takamol conducted meetings to identify new members and define the scope of work, but the SRWG was never reformulated. Takamol has decided to stop efforts to form a SRWG and explore other potential partners to sustain its different SR activities. This activity was discontinued.
	Meeting with the private sector to initiate social responsibility initiatives and increase their awareness	<p>CSR partnerships in FY09 resulted in substantial initiatives.</p> <ul style="list-style-type: none"> --General Motors-Egypt paid the remaining balance, USD 19,475 of its committed USD 65,883, following the reopening of its sponsored MCH center in 6th of October Governorate. --Save the Children-UK collaborated with Takamol in the distribution of 24,200 wooly hats for newborns. --RWE Dea signed one MOU valued at USD 9,487 to sponsor 200 adult literacy classes and a second MOU worth USD 161,033 for the renovation of two PHC clinics in Kafr El Sheikh Governorate. --Banque du Caire agreed to pay USD 45,041 for the renovation of a PHC facility in Qena Governorate. --Orascom Telecom signed an MOU committing 115,764 USD to implement the complete Takamol model in a health clinic in Aswan Governorate. --The Mansour Group committed USD 178,253 to the Luxor City Council for the construction of a new PHC facility in Luxor City. The Luxor City Council award the construction responsibility to Takamol. --Mentor Graphics contributed USD 14,731 towards renovation costs of the Sheikh Zayed clinic in 6th of October Governorate. --Proctor and Gamble agreed to print the health-based literacy curriculum and provide in-kind donations totaling USD 171,254 per year for four years. <p>In addition, negotiations that increased corporate/private sector awareness of RH issues were held with Arab African International Bank, Khamis Foundation, and others.</p> <p>In total, USD 461,139 in-cash and USD 231,200 in-kind donations were leveraged in FY09.</p>

	Scheduled Activity	Achievements
	Build capacity of MOH to implement developed memoranda of understanding and partnerships with different partners from private and NGO sectors	The SRWG is the designated MOH body responsible for the implementation of developed MOUs. Due to the lack of interest from the MOH to reform the SRWG, no activity was conducted this year. This activity will be discontinued.
4.1.6	Assist MOH/PS achieve Contraceptive Security	
	Provide TA as needed for the contraceptive security working group	7 meetings were held with the CSWG and the following TA was provided: -a final report on the field work conducted as part of the CS supply chain assessment plan; -a 2009 activity plan to achieve main CSWG objectives; -determination of the technical criteria needed to be included in the bid for a logistics and warehousing company to replace the current arrangement paid for by USAID to the Egyptian Pharmaceutical Trading Company; -a policy paper on developing the MOH's central warehouse for family planning methods.
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	Several meetings were held with Dr. Azza El Desouky, MOH Primary Care Director and counterpart in the integrated supervision activities, to develop a leadership program and strengthen decree 75. A workshop was conducted during FY09/Q4 for central supervisors from the Primary Care and Family Planning sectors to develop the methodology to empower governorate and district teams, and to review all the integrated supervision tools available in both Takamol and the MOH.
4.1.8	Replication of the integrated MCH/FP/RH services (cross reference 1.1.5)	

	Scheduled Activity	Achievements
	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	<p>Takamol reviewed the current decrees looking at performance evaluation systems, incentives, income generation and fund disbursement mechanisms available in clinics. Takamol drafted a new decree that unifies the previous decrees and addresses the management aspects and financial rules and regulations that governs the work in clinics, districts and governorates.</p> <p>The Family Planning sector also requested Takamol to orient/train newly appointed central supervisors on management trainings--by joining with Takamol during trainings--to enable central supervisors to use these concepts in the way that supports governorates, districts, and clinics.</p> <p>A workshop was conducted during FY09/Q2 in collaboration with the Family Health central coordinators to strengthen their capacity to engage district teams to work on FH accreditation.</p> <p>TA was provided to MOH in development of an OJT model to be used with PHC physicians in hospitals.</p>
	Provide technical assistance as needed and requested by local governorate and district teams to replicate components of the model	<p>Discussions between Qena, Aswan, and Luxor Undersecretaries on SMCs, referral, and accreditation resulted in a SMC workshop. Planning of the referral workshop has been delayed by the MOH's current pre-occupation with the swine flu.</p> <p>Previously-trained Luxor district teams provided management training and preparation for FHU accreditation in the Armant and Esna Districts of Qena Governorate and helped Aswan teams to plan the FHU accreditation schedule and build their capacity to obtain FHU accreditation in non-intervention clinics. TA was also provided to the Kafr El Sheikh districts of Desouk and Metobus to replicate the clinic management, SIF trainings, and board formation activities.</p>
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	<p>The Primary Care Sector has requested TA in drafting of a new decree to cover primary care activities, which will replace current decrees nos. 239, 47, and others. The new decree 239 will include the adoption of Takamol's board formation methodology and elements of an incentive system proposed by Takamol earlier in the project. TA was also requested to unify decrees in order to allow for the integration of clinic incentives. The drafting and submission of this decree was completed, thus completing the TA needs of the MOH in the area of IQPA. This activity is completed.</p>

	Scheduled Activity	Achievements
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	Takamol will help implement the new decree and corresponding new financial procedures pending its approval by the Minister of Health. Decree implementation is planned to begin in Luxor City and Beni Suef Governorate. Takamol will use this experience to produce a draft for the national booklet on SIF roles and regulations, which will be reviewed and completed with input from the implementation experience gained in other geographic areas.
	Conduct workshops and develop manuals to help MOHP disseminate the new performance award system based on requests from the steering committee	Pending a request by the MOH, TA is expected to start next quarter with work in Luxor City and Beni Suef Governorate (see above).
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	Takamol discussed the insertion of management components, developed under Tahseen and used by Takamol, into the in-service training program and the MOH is considering its generalization to all governorates. Since the in-service training program will be affected by the adoption of the new decree 239, Takamol revised the management components to reflect the new decree, which will aid in the institutionalization of Takamol's program tools, new incentive system for clinics, and board formation methodology. Further TA will be provided to the MOH to adjust the training curricula to reflect the new decree and will be reported under a different activity. This activity is completed.
4.1.13	Provide additional technical assistance to NPC	

	Scheduled Activity	Achievements
	Provide ongoing TA to NPC as needed and requested	Coordinated with the NPC to develop the population-based curriculum for the AEA together with the CHL and MOH. Due to recent government changes, the NPC is currently working under the newly established Ministry of Population and Family Affairs. No further TA is expected due to these changes, thus this activity is completed.
4.1.14	Provide additional technical assistance to RCT	
	Provide ongoing TA to RCT as needed and requested	No new TA is required by RCT. This activity is completed.
4.2	Sub-Result 4.2: Increased Capacity of MOHP Governorate and District Level Management Teams	
4.2.1	Increase the capacity to develop result oriented integrated action plans at all levels	
	Provide training to FP and MCH governorate and district level staff on integration supervision and leadership skills	7 integrated supervision training courses were conducted for 176 participants from 11 districts in Batches 7, 8, and 10 in Qena, Aswan, Dakahlia, and 6th of October Governorates. Batch 9 integrated supervision courses were conducted during Batch 4 activities in FY08/Q2. Batches 7 - 10 have completed this activity.
	Coaching district level staff in intervention areas to master the integrated supervision and coaching skills	19 follow up visits were made by coaches to PHC units in completed Batches 2, 3, and 4 in Luxor City and Sharkia Governorate to make sure the district staff are using their learned skills. 246 OJT coaching visits were conducted to Batch 5 - 9 PHC units in Luxor City and Qena, Kafr El Sheikh, Aswan, Dakahlia, and 6th of October Governorates. This activity is completed in Batches 5 & 6 and in progress in Batches 7 - 9. Coaching of the Batch 10 district team was postponed until FY10/Q1 due to scheduling conflicts.
	Assist governorate and district level staff develop Integrated District Plans (IDPs) in intervention districts	In total, 4 IDP trainings were held for 127 participants from 7 district teams in Batches 5 - 8 in Kafr El Sheikh, Aswan, and Dakahlia Governorates. Batch 9 district teams in Luxor City completed this training in earlier batches. This activity was completed in Batches 5, 6, and 9, and is in progress in Batches 7 & 8.

	Scheduled Activity	Achievements
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	In FY09, it became increasingly apparent that Regional Population Council Committees (RPCCs) were not sustainable entities due to their dependence on project funds. For this reason, Takamol worked to establish a new decree that authorizes the formation of governorate-level Sustainability Committees (SC). These committees maintain the basic structure and function of the RPCC, but receive their financial support from the governorate. During FY09, nine governors passed decrees to establish SC under the Regional Population Council office.
	Conduct meetings with the regional population councils in intervention governorates	Prior to the establishment of SCs, Takamol conducted governorate level meetings with Batches 1 - 8 to either follow up on replication activities or to orient officials on project activities. Since the establishment of the new decree, Takamol has conducted 5 orientation meetings for new SC members in Batches 5 - 8 in Qena, Kafr El Sheikh, Aswan, Dakahlia, and 6th of October Governorates. 30 follow up meetings were conducted with SCs in Luxor City, and Beni Suef, Sharkia, Qena, Kafe El Sheikh, Aswan, Dakahlia and 6th of October Governorates. This activity will resume an "In progress" status with all intervention governorates during FY10.
	Provide TA workshops to assist these councils develop steps to sustain and replicate the model	Takamol is waiting for the newly formed SCs to develop and implement one quarterly plan prior to holding the workshop.
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 251 participants from 11 Batch 5 & 7 districts in Kafr El Sheikh and Dakahlia Governorates. This activity was completed in Batches 5 & 7.
	Orient governorate and districts SMCs in Upper Egypt on their new expanded role for FP/RH	One regional workshop was conducted with Luxor City, Qena, and Aswan SMC representatives from both the governorate and district levels. The workshop is a different approach that will help SMCs at the district level become active and learn from each other. The regional workshop was followed up through a meeting with central supervisors from the MCH directorate. Follow up meetings will take place during FY10 in Luxor City and Qena and Aswan SMC representatives. This activity is completed in Batches 5, 6, 7, and 9 and ongoing in Batches 8 and 10.

	Scheduled Activity	Achievements
	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	Discontinued in FY08
4.2.4	Increase the capacity of MOHP to work with Ministry of Finance to effectively respond to the needs of the service providers	
	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	3 SIF orientation sessions were conducted for 112 participants in Batch 5 communities in Qena and Kafr El Sheikh Governorates. The Luxor City district team, previously oriented on the SIF as part of Batch 4 activities, was made responsible for implementation of this activity in Batch 7 as part of their skills development training. In Aswan, Dakahlia, and 6th of October Governorates, SIF training has been delayed by various problems related to using the SIF and the Project is working with teams through OJT to resolve these issues. This activity is ongoing in Batches 5 10.
	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

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

Replication and Sustainability

Throughout FY09, numerous non- intervention health clinics across Egypt replicated a component of the Takamol model by holding democratic elections for new clinic management board members. In coordination with the governorate’s SC, district teams orient clinic staff members to the Takamol model and assist the clinic to hold democratic clinic management board elections for both clinic and community representatives, with the board to be headed by the PHC physician. District teams then orient new members to the roles and responsibilities involved with board membership. The team and local coaches train clinic and board members on the core concepts of clinic management (i.e. how to develop a plan based on the current situation and desired results). Takamol receives verification that these boards are viable through documentation submitted to the Project that tracks board meetings.

These activities occurred in:

- 2 PHC clinics in Ismailia Governorate
- 81 PHC clinics in Beni Suef Governorate
- 3 PHC clinics in Luxor City
- 47 PHC clinics in Kafr El Sheikh
- 36 PHC clinics in Sharkia Governorate (35 PHC units and 1 hospital)
- 5 PHC clinics in 6th of October Governorate

Along with clinic board replications, other Project replication activities occurred throughout FY09:

Ismailia Governorate

- Two previous Takamol intervention CDAs – Rabaa and Shoieb – in Ismailia Governorate were awarded grants from the Danish International Development Agency (DANIDA) totaling USD 32,126 and 34,880, respectively. The grants were used to continue the implementation of home visits and other BCC activities initiated by the Project. Takamol contributes to the sustainability of CDAs by building the capacity of CDA board members in proposal writing, and in financial and administrative management. Though the Takamol project phased out of these communities in December 2007, both the Rabaa and Shoieb CDAs demonstrate the ability to use their trainings to raise, manage, and effectively utilize financial resources from donor agencies.

Beni Suef Governorate

- Takamol-trained female outreach workers (RRs) in Kafr Nasser village received a number of complaints from community members about various eye problems. RRs assessed the situation and identified two areas of concern: people did not know the basics of proper eye care; and there was a lack of access to affordable eye care services. The RRs responded by contacting representatives from “Right to Sight,” a United Nations initiative. The RRs successfully arranged for the eye doctors from “Right to Sight” to come to the community and conduct five eye-health awareness seminars as well as bring specialized equipment to perform individual consultations. The successful resolution to the problem illuminates the value and lasting impact of Takamol’s training programs. Takamol empowers RRs to become health advocates for their community and encourages them to actively seek out opportunities to improve the community’s health and well being.

Luxor City

- The MOH replicated components of Takamol's integrated package of essential MCH/FP/RH health services in Gournia District Hospital. Arrangements were made for the Head of the Neonatal Care Unit (NCU) at Luxor General Hospital and the staff of Luxor International Hospital to provide OJT for Gournia's NCU staff. As well, Gournia District Hospital's Safe Motherhood Committee (SMC) was formed and members attended the refresher training on the Continuous Quality Improvement System (CQIS). The SMC performed a self-assessment using the CQIS quality checklists and developed an improvement plan.
- Family Life Education (FLE) classes provide young people (aged 13 to 18) with information on basic life skills related to gender, physical and reproductive health issues; and cover topics such as nutrition, vaccination, smoking and addiction, and gender roles and responsibilities. In intervention areas, Takamol trains FLE facilitators and provides facilitators with the FLE curriculum and educational materials. In FY09/Q1, FLE classes were successfully replicated by trained facilitators from three CDAs. Replication classes were conducted using previously trained FLE facilitators and educational materials, which included Takamol-developed educational posters and cards.
- Zeneya District team conducted OJT visits and followed up on the replicated PHC unit of Saida using the same OJT tools (collecting monthly board meeting minutes, SIF forms, clinic performance check lists etc.) as are used in Takamol intervention units.

Kafr El Sheikh Governorate

- Takamol project referral activation activities were replicated by the district supervisor for all PHC facilities in the Beila District. The district supervisor conducted an orientation session to familiarize health facilities with the referral system, and printed and distributed the referral documents to all PHC facilities. The district team's collection of monthly referral reports and the hospital's response is an indication that the Beila District referral system is activated. The referral system is a MOH activity that has stagnated in the past, but is critical for ensuring that PHC clinic physicians refer patients to hospital specialists as needed. The replication of the referral activity in Beila District is a positive step towards a more efficient allocation of health service resources.
- Two districts replicated part of the Takamol model in 22 non-intervention PHC clinics. In Desouk and Metobas Districts, the Takamol trained district teams conducted a 2-day training on clinic management and service improvement fund (SIF) utilization for staff and board members. These activities were supervised by the Takamol Kafr El Sheikh Field Office. The Desouk District team also conducted the same 2-day step-down training for clinic staff for eight other non-intervention PHC clinics.

Sharkia Governorate

- The El Sadeen Hospital formed their own SMC, which is the body responsible for monitoring the quality of health services delivered at the hospital on a quarterly basis.

6th of October Governorate

- The 6th of October SC awarded five NGOs with USD 916 each to implement community mobilization activities similar to those conducted by Takamol. The NGOs had their workplans approved by the SC and are implementing health awareness activities in their communities.

Monitoring and Evaluation

During FY09, the Project continued to monitor and evaluate activities through data collected from a variety of sources. This data is used to calculate progress indicators, which are designed to measure the achievement of project goals. The following tables show different progress indicators such as: changes in knowledge and awareness of community members, client caseload figures, quality of care indicators; and the monetary value of resources leveraged through public-private partnerships and local contributions.

Table 1 illustrates the per cent of knowledge increase for participants from selected training courses conducted during FY09. The most remarkable increases are shown in the knowledge of participants attending NCU nurse refresher trainings in UE (162%), FLE trainings (148%), and literacy facilitator trainings (130%).

Table 1. Knowledge increase in the following selected FY09 training courses

Training Course	Target Group	% Pre	% Post	% Incr.
Integrated FP/RH/MCH training for PHC nurses	PHC level nurses	7	131	51
Safety and Maintenance training	PHC unit staff	14	203	44
PHC ultrasound training	PHC level physicians	9	84	65
Refresher training for NCU nurses (UE)	Hospital NCU nurses	1	30	162
Neonatal care training for NCU nurses	Hospital NCU nurses“	2	59	71
CQIS training for SMCs	SMC members	2	40	97
Capacity building for CDA board members	CDA board members	7	182	91
Leadership step-down	Community members	66	1418	69
Egyptian Women Speak Out	Community women	38	895	39
Shabab Takamol Week	Youth	42	840	57
FLE trainings	FLE facilitators	3	61	148
Literacy facilitator training	Literacy facilitators	4	93	130
Integrated approach for clinic management and supervision - Phase II	PHC level physicians	68	90	34
Integrated Management for health unit boards - Phase I	PHC unit board	15	559	57
Integrated Management for health unit boards - Phase II	PHC unit board	14	539	91
Integrated district planning	District teams	4	122	104
Integrated supervision training	District & directorate teams	7	177	107

Table 2 shows the values of relevant indicators from Takamol's Performance Monitoring Plan (PMP) for FY09

Table 2. Relevant indicators from Takamol's PMP during FY09

Indicator	FY09 Progress	Progress to date	Target as of end of FY09 (as per PMP)	LOP Target
Output Indicators				
#5. Number of PHC units where average number of postpartum care (PPC) home visits per delivered woman ≥ 3	37	110	117	179
#6a. Number of PHC units that reported 5% or more increase in the total caseload	45	135	117	179
#6b. Number of PHC units that reported 5% or more increase for new FP users (age <30 and parity ≤ 2)	41	123	117	179
#6c. Number of PHC units that reported 5% or more increase for new ANC users (age <30 and parity ≤ 2)	41	107	117	179
#7. Number of PHC units with quality score of health services $\geq 80\%$	46	136	118	180
#9. Number of PHC units where at least 40% of the clients received 2 or more MCH/FP/RH services during the same visit	40	137	118	180
#12. Number of quarterly governorate SMC meetings conducted to review MMSS data and develop self-improvement plans	18	33	25	40
#13. Number of hospitals with an average quality score of EOC, neonatal care, PPC/PAC and FP/RH services $\geq 80\%$	9	18	19	22
#14. Number of hospitals where at least 80% of the PAC and PPC clients received family planning counseling	12	20	19	22
#17. Number of PHC Units that have an active referral system	44	115	110	169

Indicator	FY09 Progress	Progress to date	Target as of end of FY09 (as per PMP)	LOP Target
#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\$ 2,061,969 (6.2% of total LOP operational expenditure)	US\$ 4,795,203 (14.3% of total LOP operational expenditure)	8% of total LOP operational expenditure	11% of total LOP operational expenditure
#20. Per cent of MOH staff at all levels who received capacity building training by the project	29	98	60	80
#21. Number of facilities/communities where MOH local authorities have replicated project interventions	244 PHC units/communities and 1 hospitals	297 PHC units and 5 hospitals	6 PHC units/communities and 2 hospitals	9 PHC units/communities and 3 hospitals
#22. Number of PHC unit and hospital management boards established/reactivated that meet regularly and work in support of MCH/FP/RH quality and integration in project intervention areas	40 PHC units and 11 hospitals conducted their 1 st meeting	126 PHC units and 20 hospital boards (at least one meeting per quarter for ≥ 2 quarters)	98 PHC units and 19 hospitals boards (at least one meeting per quarter for ≥ 2 quarters)	149 PHC units and 22 hospital boards
#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 improvements	40 PHC units and 7 hospitals	103 PHC units and 15 hospitals	107 PHC units and 19 hospitals	120 PHC units and 22 hospitals
Outcome Indicators				
#2. Number of PHC units achieving 3% improvement in couple years protection (CYP)	35	91	117	179
#8. Number of PHC units where the average client satisfaction score is $\geq 80\%$	44	123	118	180
#15. Number of hospitals where the percent of Neonatal Care Unit (NCU) surviving cases increased by $\geq 1.2\%$	10	16	19	22
#16. Number of hospitals where the average clients' satisfaction score $\geq 80\%$	10	19	19	22

Indicator	FY09 Progress	Progress to date	Target as of end of FY09 (as per PMP)	LOP Target
#18. Percent improvement in community participants' knowledge of key MCH/FP/RH messages	54%	N/A	≥ 20% (Pre/Post tests for community mobilization trainings/ events)	≥ 20% (Pre/Post tests for community mobilization trainings/ events)

Tables 3 and 4 (below) show CDA activities during FY09, including home visits by outreach workers, referral of women to PHC units, health awareness classes and seminars, EWSO, literacy classes and Shabab Takamol weeks.

Table 3. CDA outreach worker home visits*

Activity	Value
Number of home visits accomplished	416,757
Number of women met	505,484
Number of women referred to PHC units	211,051
% of women referred to PHC units	42

*Numbers in this table are those entered into the M&E system till FY09/Q4.

Table 4. CDA activities*

Activity	# conducted	# attendees
Seminars	749	22,801
Shabab Takamol week	150	3,054
Health awareness classes	261	6,379
EWSO	154	3,222
Literacy classes	82	1,540

As per its agreement with USAID, Takamol tracks follow-up M&E data on 15% of PHC units from previous intervention areas. Table 5 shows the previous intervention PHC units' capacity to maintain Project improvements over time.

Table 5. FY09 indicators of phased out intervention PHC units

Indicators	4 quarters since phase out	3 quarters since phase out	2 quarters since phase out
	Batches 1 & 2	Batches 3 & 4	Batch 5
Average per cent of quality of health services	91	95	94
Avg. per cent of clients' satisfaction scores	82	85	91
Avg. per cent increase in total caseload compared to baseline data	71	63	243
Average per cent of service improvement fund expenditures	32	51	82
Average PPC home visits per woman post delivery	3	3.1	3

Takamol also tracks follow-up M&E data on 15% of hospitals from previous intervention areas. Table 6 shows the previous intervention hospitals capacity to maintain Project improvements over time.

Table 6. FY09 indicators of phased out intervention hospitals

Indicators	3 quarters since phase out Hospitals: Batches 1 & 3
Average per cent of quality of health services	91
Avg. per cent of clients' satisfaction scores	96
Avg. per cent of the PAC and PPC clients who received family planning counseling	99
Avg. per cent increase of Neonatal Care Unit (NCU) surviving cases	4
Average per cent of service improvement fund expenditures	71

As part of Takamol's comprehensive Monitoring and Evaluation approach, Takamol conducts pre- and post-intervention Household (HH) surveys in eleven communities. The results are shown in Table 7.

Table 7. HHS information collected from the following 11 intervention communities

HHS-Indicators				
Ind. 1. Modern Contraceptive Methods Prevalence Rate (CPR)				
Community	Pre	Post	Value	Target
El Mandura	59%	73%	24%	% increase \geq 2-5%
El Debej	59%	60%	2%	
El Odaysat	53%	61%	15%	
El Boairat	68%	84%	24%	
El Heish*	74%	78%	5%	
Monshaat El Abassa*	56%	58%	4%	
Gharb Sohil	62%	71%	14%	
El Hella	64%	78%	22%	
El Maala	70%	86%	23%	
El karnak El Gedid	74%	75%	1%	
Monshaat Emary	65%	71%	9%	

Ind. 3. Percent of Mothers with Children Less than 12 months who Reported \geq 4 ANC Visits to the PHC Unit During their Last Pregnancy				
Community	Pre	Post	Value	Target
El Mandura	57%	81%	42%	% increase \geq 7%
El Debej	0%	90%	N/A(Pre =0)	
El Odaysat	0%	17%	N/A(Pre =0)	
El Boairat	89%	100%	12%	
El Heish*	24%	49%	104%	
Monshaat El Abassa*	20%	41%	105%	
Gharb Sohil	15%	87%	480%	
El Hella	0%	93%	N/A(Pre =0)	
El Maala	19%	86%	353%	
El karnak El Gedid	0%	79%	N/A(Pre =0)	
Monshaat Emary	0%	63%	N/A(Pre =0)	

Ind. 4. Percent of Births Attended by a Skilled Provider				
Community	Pre	Post	Value	Target
El Mandura	66%	95%	44%	% increase \geq 2.8%
El Debej	10%	93%	833%	
El Odaysat	98%	100%	3%	
El Boairat	100%	100%	0%	
El Heish*	100%	100%	0%	
Monshaat El Abassa*	82%	100%	22%	
Gharb Sohil	46%	100%	117%	
El Hella	27%	100%	270%	
El Maala	46%	100%	117%	
El karnak El Gedid	31%	100%	223%	
Monshaat Emary	48%	97%	102%	

Ind. 10. Percent of MWRA that were Visited at Home in Last 6 months by an Outreach Worker (RR)			
Community	Pre	Post	Target
El Mandura	52%	51%	Visit \geq 70% of the MWRA in the 6 months prior to the survey
El Debej	26%	93%	
El Odaysat	55%	100%	
El Boairat	59%	93%	
El Heish*	56%	87%	
Monshaat El Abassa*	55%	88%	
Gharb Sohil	11%	82%	
El Hella	9%	97%	
El Maala	22%	74%	
El karnak El Gedid	7%	72%	
Monshaat Emary	19%	76%	

Ind. 11. Percent of MWRA who were Referred to PHC unit by an Outreach Worker (RR)				
Community	Pre	Post	Value	Target
El Mandura	98%	78%	-20%	% increase \geq 20%
El Debej	92%	96%	4%	
El Odaysat	5%	79%	1480%	
El Boairat	39%	46%	18%	
El Heish*	51%	94%	84%	
Monshaat El Abassa*	68%	86%	26%	
Gharb Sohil	54%	74%	38%	
El Hella	56%	96%	71%	
El Maala	30%	98%	227%	
El karnak El Gedid	78%	74%	-5%	
Monshaat Emary	81%	82%	1%	

Ind. 18. Percent Improvement in Community Participants' Knowledge of Key MCH/FP/RH Messages				
Community	Pre	Post	Value	Target
El Mandura	44%	75%	70%	% increase \geq 10%
El Debej	35%	79%	126%	
El Odaysat	40%	68%	70%	
El Boairat	61%	78%	28%	
El Heish*	57%	80%	40%	
Monshaat El Abassa*	46%	80%	74%	
Gharb Sohil	41%	70%	71%	
El Hella	30%	75%	150%	
El Maala	35%	88%	151%	
El karnak El Gedid	41%	71%	73%	
Monshaat Emary	40%	72%	80%	

* reported/completed in FY08

Challenges

The following points outline the major challenges faced by Takamol during FY09:

- One of the major challenges encountered while working with PHC clinics is the proper activation of postpartum (PP) home visits. Three PP home visits should be conducted during the first week after delivery by a qualified nurse trained in PP and newborn care. In the second and third weeks, an additional two visits should be made. These visits have a direct impact on reducing maternal mortality rates through the early identification of PP problems. Visits also serve as a way to educate new mothers and their families about important PP care issues. The challenge to the activation of PP visits is the result of a variety of factors: a shortage of qualified, trained nurses in many Upper Egypt PHC facilities; the burden of conducting home visits experienced by nurses who already carry heavy workloads and cannot complete responsibilities at PHC clinics; and transportation issues. Transportation between the site of PP home visits and the PHC clinic is not paid for by the clinic, and therefore comes out of the already low pay that nurses receive. Takamol experts met with FP and MCH directors at both the directorate and district levels who agreed to encourage nurses to follow through on PP visits by stressing their importance. To date, however, there has been little improvement in the activation of PP visits. The cause is due to organizational and financial limitations of PHC clinics and their staff. The challenge of conducting PP visits represents an obstacle in the fulfillment of optimal quality health care services in intervention communities.
- Turnover of high level officials impacts the approval process required for many of Takamol's legal and formal activities. When key personnel are changed or replaced, the activities requiring their approval cannot be implemented. An example is in Aswan Governorate where the Director of Aswan District has changed five times since Takamol first intervened in FY08/Q2. Changes in the directorship have negatively impacted the efforts made by the coach for Aswan District to build the capacity of the district team. One of the duties of the Director is to appoint/approve district team members who will be involved with Takamol. Without a stabilized team, trainings to improve the team's performance as technical and managerial supervisors cannot be conducted. This has a ripple effect at the PHC level as OJT activities are performed by the district team to improve the performance of PHC clinics within their district.
- At the PHC level, the high turn-over rate of health service providers reduces the effectiveness of training programs and effects the coordination between the various partners necessary for activity implementation. From July 2008- January 2009, nine out of the twelve intervention clinics in Kafr El Sheik Governorate experienced a turn-over in the head doctor's position with some facilities going through multiple head doctors in less than six-months. Staff turn-over of the head doctor position makes it very difficult for the PHC clinics to implement Takamol activities as the Project relies on head doctors to lead the facilities' team and newly established management board, and follow through with the necessary activities. In all Kafr El Sheikh PHC facilities, only three of the current head physicians were trained on the Takamol model making follow through with activities difficult. This is posing a serious challenge in achieving the Project performance indicators for the Kafr El Sheikh clinics. Also, the rapid turn over of physicians is especially pronounced in the UE areas of Luxor City, Aswan, and Qena Governorates where the turnover problem is compounded by a shortage of physicians and nurses.
- During FY09/Q2, hospital directors in Kafr El Sheikh Governorate, namely in the Balteem, Metobus, and Desouk District Hospitals were changed frequently. At the latter

hospital in particular, the directorship had changed five times since Takamol first intervened, with three of these changes occurring during the quarter. With each new director, the Project must orient the person to the Takamol model and train them in the necessary management skills. Sometimes there is a difference of opinion regarding how Takamol resources are used (e.g., a newly-appointed hospital director wanted to put the patient beds supplied by Takamol for the labor and delivery ward, into the surgical unit to be used as operating tables).

- After the identification of potential partners to sponsor PHC clinics and coordinating with stakeholders in the MOH, governorate officials, and different donors, the Takamol project sometimes has difficulty closing the deal due to factors beyond the Project's control. The Abis 1 PHC clinic in Alexandria Governorate is one example where the Project had met with the Governor, MOH Undersecretary, and stakeholders from the community with all parties in agreement regarding the implementation of the Takamol- model in this facility. The Takamol project started to raise funds from the community, and some organizations conducted awareness activities based on this understanding. The MOH, working within its own set of challenges, ultimately decided to give this clinic to Wadi El Nile Company to be demolished and reconstructed. As a result, Takamol is no longer authorized to do any kind of work in this area.
- The sustainability of OJT in hospitals is questionable due to the lack of process ownership over this activity. Takamol's use of in-house OJT coaches in hospitals is challenged by the OJT coach's own job mobility; their lack of authority and/or expertise as perceived among their colleagues; and a general lack of incentives to motivate OJT trainers. The Project is working to resolve this issue by helping hospitals re-establish a dormant MOH training program that empowers a group of professionals within the hospital, not just one person, to manage the training activities. The designation of a responsible body to implement the OJT program will help ensure the sustainability of this activity after Project phase-out.
- The Project strives to increase NCU case survival by $\geq 1.2\%$. This target was not met in the Meet Ghamr Hospital in Dakahlia Governorate because of an artificial baseline measure of 100%. The NCU staff in said this percentage was due to the classification of neonatal deaths as either referral or discharge upon parents' request. Given a baseline of 100% neonatal survival, Takamol will not be able to increase upon this, and hence the target is unachievable for this facility. This issue was resolved by removing Meet Ghamr Hospital from the data calculations.
- Client satisfaction surveys show that many patients are dissatisfied with the services they receive in many intervention PHC clinics, in spite of the observed increase in case load. Analysis of clients' responses shows that the long waiting times and the minimal time spent with the doctor to answer questions are the main reasons for client dissatisfaction. This can be explained by a large increase in caseload without a corresponding increase in the number of service providers, thus reducing the physician's contact time with individual clients. As well, beneficiaries are becoming more aware of their right to receive proper services through Takamol's community mobilization activities. Service providers are under pressure to keep up the standards of performance that beneficiaries now expect and spend time in one-on-one counseling. This results in low customers satisfaction scores and is an ongoing challenge.

Expenditure and Pipeline

Summary of Disbursements and Cumulative Expenditure from Inception until September 30, 2009 (USD)

Budget Line Items	FY06 Totals	FY07 Totals	FY08 Totals	FY09/Q1 Totals	FY09/Q2 Totals	FY09/Q3 Totals	FY09/Q4 Totals	FY09 Totals	Total Disbursements To Date
	Mar.- Sep. 06	Oct.06–Sep. 07	Oct.07-Sep. 08	Oct.- Dec. 08	Jan.- Mar. 09	Apr.- June 09	July- Sep. 09	Oct.08-Sep.09	
Salaries	565,699	1,203,967	1,569,672	426,476	253,895	355,149	367,983	1,403,503	4,742,842
Benefits	78,150	290,355	380,408	299,090	150,942	95,842	227,845	773,719	1,522,633
Allowances	23,953	27,630	0	0	0	0	0	0	51,583
Consultants	45,686	220,603	90,092	34,275	96,556	61,989	87,346	280,166	636,547
Administrative	124,689	265,743	385,084	67,841	110,426	62,672	93,237	334,175	1,109,692
Travel and Transportation	31,557	179,520	356,896	71,279	93,785	79,975	100,448	345,486	913,459
Purchased Services	27,667	130,461	223,278	53,125	55,367	36,235	68,201	212,928	594,334
Supplies & Equipment	21,333	73,590	53,537	14,056	11,484	27,493	9,417	62,451	210,911
Participant Support Costs	18,662	174,509	203,630	23,024	57,245	68,883	49,442	198,594	595,395
Sub agreements	0	685,424	860,160	123,015	5,697	-1,060	146,753	274,406	1,819,990
Subcontracts	415,839	6,812,678	8,549,164	1,205,662	1,314,498	1,126,808	1,010,695	4,657,663	20,435,345
Subtotal of Direct Costs	1,353,235	10,064,480	12,671,923	2,317,844	2,149,895	1,913,986	2,161,367	8,543,092	32,632,730
Indirect Costs	162,388	676,630	1,041,221	197,531	158,188	147,766	259,637	763,122	2,643,362
Total Disbursements	1,515,623	10,741,111	13,713,144	2,515,375	2,308,083	2,061,752	2,421,003	9,306,214	35,276,092
Accruals (Renovation, Training, and Partners)									322,588
Total Disbursements Plus Accruals									35,598,680
Total Obligated Funds									39,412,585
Pipeline Remaining Balance									3,813,905

Appendices

FY09 Catchment Areas

Batch 10–FY09/Q1

Aswan Governorate		
Kom Ombo District		
1	Sedkia	3,909
2	Ismailia	3,678
3	Kavm El Deeb	2,536
4	Fateeva	6,621
5	Salo Kebly	11,120
6	Ezbet Al Arab	5,412
7	El Edwa	7,261
8	El Masaeed	5,028
Total		45,565
6th of October Governorate		
6th of October District		
1	El Sheikh Zayed	36,600
Total		36,600

Batch 11–FY09/Q2

Aswan Governorate		
Edfo District		
1	Hager El Bosilya	3,099
2	El Awadlab	3,257
3	El Shourafa	5,690
4	Naga Heikl	2,796

5	Abou Ebni	3,678
6	El Hag Zidan	5,000
Total		23,520
Qena Governorate		
Qena District		
1	El Shickhia	14,596
2	El Kalaa	8,280
3	El Zafria	5,928
4	El Kalaheen	19,235
5	Bear Anber	4,900
6	Nagaa Moaien	3,908
7	Nagaa El Baroud	4,545
Total		64,392
Nagada District		
1	El Zawida	23,214
2	El Awsat Oamouia	23,359
Total		46,573

Batch 11–FY09/Q3

Qena Governorate		
Qena District		
1	Al Hogairat	22,680
2	Geziret Al Tawabeya	12,864
3	Al Asraf Al Gharbia	4,006
Total		39,550

Aswan Governorate		
Edfo District		
1	El Akarmya	1,902
2	Al Saida Bahary	11,512
3	Hager Abou Khalifa	7,000
Total		20,414

Batch 12–FY09/Q3

Kafr El Sheikh Governorate		
Kafr El Sheikh District		
1	Dokmera	5,543
2	Al Halafy	9,864
Total		15,123
Aswan Governorate		
Kom Ombo District		
1	I Kojoj	15,000
Total		15,000
Nasr Al Noba District		
1	Dar El Salam	1,759
2	Armena	3,758
3	El Alaky	2,164
4	Korta	1,300
5	Al Siala	2,947
6	Al Ganina wa Al Shbak	1,021
Total		12,949

Batch 13–FY09/Q4

Luxor City		
El Zinia District		
1	El Zinia Bahary	8,000
Total		8,000

Renovation Summary FY09

PHC Units

Activity	FY09				
	Q1	Q2	Q3	Q4	Total
Number of screened facilities	6	12	2	2	22
Number of assessed facilities	6	12	2	-	20
Number of selected facilities	2	-	2	-	4
Number of facilities that started renovation process	9	15	15	1	40
Number of facilities that completed renovation	9	7	13	4	33
Number of equipped facilities	11	7	13	1	32

Lower Egypt Hospitals

Activity	FY09				
	Q1	Q2	Q3	Q4	Total
Number of screened facilities	1	-	-	-	1
Number of assessed facilities	-	-	-	-	0
Number of selected facilities	-	-	-	-	0
Number of facilities that started renovation process	-	-	-	-	0
Number of facilities that completed renovation	4	1	-	-	5
Number of equipped facilities	4	1	-	-	5

Actual Intervention (including renovation) – 2009

Year/Quarter Governorate	FY09								Total FY09	
	Q1		Q2		Q3		Q4		Hosp	PHC
	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC		
Giza										
Beni Suef										
Luxor City								1		1
Qena				9		3				12
Aswan	1	8		6		10			1	24
Total Upper Egypt	1	8	0	15	0	13	0	1	1	37
Ismailia										
Sharkia										
Kafr El Sheikh						2				2
Dakahlia										
Total Lower Egypt	0	0	0	0	0	2	0	0	0	2
Total Poor Urban Areas	0	1	0	0	0	0	0	0	0	1
Grand Total	1	9	0	15	0	15	0	1	1	40

Actual Renovation – 2009

Year/Quarter Governorate	FY09								Total FY09	
	Q1		Q2		Q3		Q4		Hosp	PHC
	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC	Hosp.	PHC		
Giza										
Beni Suef										
Luxor City								1		1
Qena				9		3				12
Aswan		8		6		10				24
Total Upper Egypt	0	8	0	15	0	13	0	1	0	37
Ismailia										
Sharkia										
Kafr El Sheikh						2				2
Dakahlia										
Total Lower Egypt	0	0	0	0	0	2	0	0	0	2
Total Poor Urban Areas		1								1
Grand Total	0	9	0	15	0	15	0	1	0	40

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 Moulak	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		

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
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	FY08/Q1
07	3	Sharkia	LE	RHU	El Reyad	FY07/Q2	Complete	FY08/Q1
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	El 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

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
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	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	Complete	FY08/Q2
08	5	Qena	UE	RHU	El Towairaat	FY07/Q4	Complete	FY08/Q2
08	5	Qena	UE	RHU	El Mounira El Haditha	FY07/Q4	Complete	FY08/Q2
08	5	Qena	UE	RHU	El Dier El Sharky	FY07/Q4	Complete	FY08/Q2
08	5	Qena	UE	RHU	El Homairaat	FY07/Q4	Complete	FY08/Q2
08	5	Qena	UE	RHU	El Ashraaf El Sharkeia	FY07/Q4	Complete	FY08/Q2
08	5	Qena	UE	RHU	Awlad Amr El Gharbeia	FY07/Q4	Complete	FY08/Q2
08	5	Qena	UE	Hospital	Qena General Hospital	N/A		
08	5	Qena	UE	Hospital	Esna District Hospital	N/A		
08	5	Qena	UE	Hospital	Armant District Hospital	N/A		
08	5	Qena	UE	Hospital	Nagada District Hospital	N/A		
08	5	Qena	UE	Hospital	Qeft District Hospital	N/A		
08	5	Kafr El Sheikh	LE	RHU	Kozman	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Bakatosh	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Mandora	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Shobas El Malh	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Gamagmoon	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Khalig Bahri	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Wakf Bahri	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Kafr Kata	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	Kafr El Agami	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Abadia	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Roba	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	RHU	El Shehabia	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Kellin District Hospital	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Dessouk District Hospital	FY07/Q4	Complete	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	Meoabas District Hospital	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Beyala District Hospital	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	El Hamoul District Hospital	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Baltim District Hospital	FY07/Q4	Complete	FY08/Q2
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	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	Completed	FY09/Q2
08	7	Qena	UE	RHU	El Nougoaa 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	LE	RHU	Meet Antar	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	LE	RHU	Sherinkash	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	LE	RHU	Maasarah	FY08/Q2	Completed	FY09/Q2

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
08	7	Dakahlia	LE	RHU	Rahmaniya	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	EI Marsah	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	Dimshalt	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	Kar Awad	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	Baktares	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	Kafr El Sheikh Attia	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	EI Saadwa	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	Hospital	Talkha District Hospital	FY08/Q2	Completed	FY09/Q3
08	7	Dakahlia	LE	Hospital	Meet Ghamr District Hospital	FY08/Q2	Completed	FY09/Q3
08	7	Dakahlia	LE	Hospital	Dekernes District Hospital	FY08/Q2	Completed	FY09/Q3
08	7	Dakahlia	LE	Hospital	Aga District Hospital	FY08/Q2	Completed	FY09/Q3
08	7	Dakahlia	LE	Hospital	Sherbeen District Hospital	FY08/Q2	Completed	FY09/Q3
08	7	Luxor City	UE	RHU	Monshaet El Amary	FY08/Q2	Completed	FY08/Q4
08	7	Luxor City	UE	RHU	EI Karnak El Gadid	FY08/Q2	Completed	FY08/Q4
08	7	Luxor City	UE	RHU	EI Kobahy Gharby	FY08/Q2	Completed	FY08/Q4
08	7	Luxor City	UE	RHU	Madamod Shrouk	FY08/Q2	Completed	FY08/Q4
08	8	Aswan	UE	RHU	EI Gaafra	FY08/Q3	Completed	FY09/Q2
08	8	Aswan	UE	RHU	EI Kefteya	FY08/Q3	Completed	FY09/Q2
08	8	Aswan	UE	RHU	Nagaa El Hagar	FY08/Q3	Completed	FY09/Q2
08	8	Aswan	UE	RHU	EI Mansourya Bahary	FY08/Q3	Completed	FY09/Q2
08	8	Aswan	UE	RHU	EI Ababda	FY08/Q3	Completed	FY09/Q2
08	8	Aswan	UE	RHU	Nagaa Al Omda	FY08/Q3	Completed	FY09/Q2
08	8	Giza	UE	UHC (urban)	6 th October MCH center	FY08/Q4	Completed	FY09/Q2

Renovation Table FY09

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
09	9	Luxor	UE	MCH	Luxor MCH Center	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	El Daman	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	Gad Al Kareem	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	Salem Meky	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	El Nadafeen	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	El Qebly Gamola	FY08/Q4	Completed	
09	9	Luxor	UE	RHU	El Odisat Bahary	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	El Habeil	FY08/Q4	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Sedgiya	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Ezbet El Arab	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Ismailia	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Karm El Deeb	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Edwa	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Fatera	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Selw Qebly	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Masaeed	FY09/Q1	Completed	
09	10	6 th of October	UE	MC	Sheikh Zayed	FY09/Q1	Completed	
09	11	Aswan	UE	RHU	Hager Al Bosilya	FY09/Q2	In progress	
09	11	Aswan	UE	RHU	El Awadlab	FY09/Q2	In progress	
09	11	Aswan	UE	RHU	El Shourafa	FY09/Q2	In progress	
09	11	Aswan	UE	RHU	Naga Heikl	FY09/Q2	In progress	
09	11	Aswan	UE	RHU	Abou Ebni	FY09/Q2	In progress	
09	11	Aswan	UE	RHU	El Hag Zidan	FY09/Q2	In progress	
09	11	Qena	UE	RHU	El Shikhia	FY09/Q2	In progress	
09	11	Qena	UE	RHU	El Kalaa	FY09/Q2	In progress	
09	11	Qena	UE	RHU	El Zafria	FY09/Q2	In progress	

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
09	11	Qena	UE	RHU	El Kalaheen	FY09/Q2	In progress	
09	11	Qena	UE	RHU	Bear Anber	FY09/Q2	In progress	
09	11	Qena	UE	RHU	Nagaa Moaien	FY09/Q2	In progress	
09	11	Qena	UE	RHU	Nagaa El Baroud	FY09/Q2	In progress	
09	11	Qena	UE	RHU	El Zawida	FY09/Q2	In progress	
09	11	Qena	UE	RHU	El Awsat Oamouia	FY09/Q2	In progress	
09	11	Kafr El Sheikh	LE	RHU	Dokmera	FY09/Q3	In progress	
09	11	Kafr El Sheikh	LE	RHU	El Halafy	FY09/Q3	In progress	
09	11	Qena	UE	RHU	El Hogairat	FY09/Q3	In progress	
09	11	Qena	UE	RHU	Gziret Al Toabya	FY09/Q3	In progress	
09	11	Qena	UE	RHU	El Ashraf Al Gharbia	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	El Akarmya	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	El Saaida Bahary	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	Hager Abou Khalifa	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	Dar El Salam	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	Armena	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	El Alaky	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	Korta	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	El Siala	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	El Ganina Wa Al Shbak	FY09/Q3	In progress	
09	12	Aswan	UE	RHU	Kajoj	FY09/Q3	In progress	
09	13	Luxor	UE	PHU	El Zinia Bahary	FY09/Q4	In progress	

Success Stories

First Lady of Egypt Visits Project Clinic

“Each one of you is important in the fight against female genital cutting.”

--First Lady, Mrs. Mubarak, speaking to Project trained community members.

As the recipient of the World Health Organization’s highest honor “The Health for All Gold Medal” in 1994, First Lady of Egypt, Mrs. Suzanne Mubarak, has long advocated for the improvement in the quality of life for Egypt’s women and children. Working towards the same goal, the USAID-funded Integrated Reproductive Health Services Project (Takamol) was honored to show the First Lady how USAID supports Egyptian families through the integration and strengthening of maternal and child health (MCH), family planning (FP), and reproductive health (RH) care services in intervention communities.

The First Lady visited the Takamol-intervention clinic of Nagaa El-Tawil in Luxor City on December 20, joined by their Excellencies the Ministers of: Health and Population, Education, and International Cooperation as well as the Head of Luxor’s Supreme Council. At the clinic, visitors observed the results of Takamol’s renovation and equipping efforts; and learned how Takamol conducted staff trainings and mobilized community groups to disseminate relevant health messages. The First Lady also met with community beneficiaries who expressed a new awareness of issues like female genital cutting, and improved negotiation skills & empowerment. During the briefing on Takamol’s integrated model, the Minister of Health highlighted several aspects of the Project. He recognized the role men play in family decision-making and praised Takamol’s efforts to educate men on RH issues through the training of religious leaders and agricultural extension workers. He stressed that 50% of the clinic’s management board positions are now held by community members which helps to better meet the needs of its beneficiaries. Lastly, he proposed that the integration of community mobilization into the work of the health clinic could alleviate 80% of the problems seen in clinics today; and expressed his desire to incorporate a community mobilization component, like Takamol’s, into the National Family Health Model.

The First Lady’s visit was aired on several ground and satellite TV channels, and provided an excellent opportunity to exhibit the support that the American people are providing to Egypt through USAID-funded programs.



First Lady of Egypt, Mrs. Suzanne Mubarak, is welcomed by USAID/Egypt Program Manager Lisa Childs to the Nagaa El-Tawil Health Clinic on December 20, 2008.

Management Training Opens Up Opportunities for CDAs

After receiving training from the USAID-funded Integrated Reproductive Health Services project - Takamol - on proposal writing, outreach work, and project management, two Ismailia community development associations (CDAs) were awarded grants from an international development agency. The Danish International Development Agency (DANIDA) awarded grants to Rabaa and Shoieb CDAs totaling USD 32,126 and 34,880 (LE 175,000 and LE 190,000), respectively, to implement environmental and health awareness activities in their communities. After receiving the DANIDA grants, the CDAs were able to conduct home visits and initiate other behavior change communication activities i.e., youth mobilization weeks, health seminars, and the Egyptian Women Speak Out empowerment program.

DANIDA's work in Egypt has focused on the environment (water and sanitation) and involving women in the development process. DANIDA's choice to work with local CDAs fits well with their focus as CDAs are well-integrated and respected organizations that have proven to be an effective means by which to implement behavior change activities. Takamol trainings prepare CDAs to be self-sustaining, by working with CDA board members to enhance their capacity to handle the financial and administrative aspects of managing an organization. Takamol also works with CDA members to assist them in the preparation of operational plans, and to develop their capacity both in grant writing and project management. The CDAs' work with Takamol – which is funded by USAID - also gives them a record of valuable work experience with an international organization. International organizations give credence to this type of experience when they assess an organization's capacity to receive funding.

Though Takamol faded out of the Rabaa and Shoieb communities in December 2007, these CDAs have retained the skills and knowledge gained from Takamol trainings. As an active presence in the community, they continue to implement a variety of community service projects and collaborate with local primary health care (PHC) clinics and officials.



Female outreach workers receive training to conduct health seminars (like the one shown above), which provide important health information to women of all ages.

U.S. Diplomats Witness Improved Health Care for Communities

“We appreciate what you are doing.”

--Comment by a member of the US Congressional Wives delegation to Takamol project staff.

Most Americans know their tax dollars are being spent on infrastructure projects and the bail-out of the financial sector at home, but what they may not realize is that U.S. tax dollars are also being channeled through USAID to improve the well-being of the Egyptian people through programs like the USAID-funded Integrated Reproductive Health Services Project (Takamol). This five-year project works to improve and integrate maternal and child health, family planning (FP), and reproductive health services at all levels of the health system in order to reduce fertility and improve health outcomes for Egyptian mothers and their newborns.

As the senior representative of the American people in Egypt, Ambassador Margaret Scobey visits locations where US assistance has impacted the lives of Egyptians. In November, Ambassador Scobey toured the neonatal intensive care unit (NICU) in Ismailia General Hospital that Takamol had renovated and furnished with incubators, radiant warmers, and vital sign monitors with USAID-funding. Of importance, the Project moved the NICU adjacent to



American Ambassador Margaret Scobey visits a Takamol-intervention health facility.



Dr. Mohamed Radwan, Meet Rahina PHC Facility Manager and clinic staff member pose with some of the congressional spouses during their tour of the facility.

the Labor & Delivery ward, allowing newborn babies to remain close to their mothers post-delivery. Improved patient flow through hospital wards, equipment, and staff trainings in both medical and management areas are examples of the positive impact US foreign assistance can have on Egypt’s mothers and infants.

Similarly, the wives of US congressional members visited a primary health care (PHC) clinic where Takamol had intervened two years earlier to see how USAID projects can promote lasting changes in a community. The group toured the renovated and equipped Meet Rahina clinic. They also met with a few of the Project’s beneficiaries who explained their role in the Project and the impact it made on their lives.

Though Takamol has phased out of the area, the facility remains in excellent working condition with an active outreach program organized through the Takamol-trained local community development association. This visit allowed these Americans the chance to see the effect that U.S. financial assistance can have on the lives of everyday Egyptian men, women, and children through programs like Takamol.

Empowering Outreach Workers Improves Community Health

Can female outreach workers (Raedat Rifiat - RRs) in Maternal and Child Health (MCH), Family Planning (FP) and Reproductive Health (RH) messages improve a community's access to eye care? The answer is -yes- if these RRs feel empowered to be an active voice in their community. The USAID-funded Integrated Reproductive Health Services Project – Takamol - trains RRs to spread MCH/FP/RH messages to community members during home visits. Because Takamol trainings increase RR's knowledge and understanding of MCH/FP/RH issues, it enables RRs to be viewed by community members as a reference point for medical information. RRs also refer clients in need of medical assistance to their local Primary Health Care (PHC) clinics, thus acting as a link between village members and local health care facilities. Respected by the community and in a position to interact with local health facilities, RRs are empowered to advocate for the health needs of both individuals and their community.



During a Takamol training in Qena Governorate, participants increase their knowledge of MCH/FP/RH information and learn how to effectively relay this information to their community.

An example of how Takamol-trained RRs identify and respond to community needs occurred in Kafr Nasser village in Beni Suef Governorate this past October, several months after Project activities had phased out. Local RRs from the village's Community Development Association and PHC clinic saw the need for improved eye care. In response to this need, the RRs contacted representatives from the "Right to Sight" project, a United Nations initiative to reduce preventable eye diseases that works with consultants from the Maghrabi Eye Hospital. "Right to Sight" consultants agreed to conduct five eye-health awareness seminars focusing on basic eye care and prevention of common eye infections. "Right to Sight" eye doctors also brought specialized equipment and consulted on 350 cases. They prescribed glasses for 80 community members and identified 50 others that needed some type of surgical intervention.

The empowerment of Kafr Nasser RRs to seek out opportunities to enhance community members' well-being, demonstrates the potential of Takamol's RR trainings to contribute to sustainable, healthier communities.

Empowered Youth Link with Local Community Development Association

Empowerment is defined as the process whereby an individual is equipped or supplied with an ability. True to the spirit of the word, the USAID-funded Integrated Reproductive Health Services Project (Takamol) implements community outreach activities to enable different segments of Egyptian society to take control of and improve their quality of life, specifically with regards to maternal and child health (MCH), family planning (FP), and reproductive health (RH) issues. Many of Takamol's programs, including its Peer-to-Peer program and Shabab Takamol Week (STW), a youth mobilization program, target Egypt's youth. During STW, Egyptian youth are invited to attend health education sessions, engage in community cleanup and school beautification projects, plant trees, and listen to religious leaders and health professionals on a variety of FP/RH/MCH topics.

Recently, the Project received information that the youth in one of the intervention communities, had become more involved in community service activities. The youth of Kafr El Agamy, a community in Kafr El Sheikh Governorate, recently demonstrated the potential of Takamol's youth mobilization program to empower individuals. After participating in Takamol's STW, several of the youth (aged 10 to 15) organized and submitted a proposal to the head of the local community development association (CDA). The proposal asked for the authority to form a youth association that would be linked to and perform voluntary services for the CDA. After receiving CDA-board approval, the youth association was officially formed. Since that time, the young adolescents have contributed their time and energy for the beautification of their community, and conducted home visits for the purpose of fundraising for the CDA.

The empowerment of youth to proactively and pragmatically find ways to improve their surrounding community is a long-term consequence of Takamol's community mobilization activities, and is supported by such profound successes as that observed in Kafr El Agamy.



A young female adolescent works to beautify her community after participating in the Takamol project's Shabab Takamol Week (STW). STWs empower local youth to become active in the improvement of their communities.

Health-Based Literacy Curricula Impacts Success of Adult Education Classes



Several young women attend an adult literacy class conducted by Egypt's Adult Education Agency that uses the Takamol-developed health-based literacy curriculum.

Illiteracy among adults and youth is a common problem in many rural communities across both Upper and Lower Egypt. To combat this, Egypt's Adult Education Agency (AEA) conducts adult literacy education classes, which are free to students who qualify to take the course. The AEA trains literacy facilitators to teach the classes, and administers final examinations to test knowledge attained.

Beginning in 2007, the USAID-funded Integrated Reproductive Health Services Project (Takamol) joined the AEA in its effort to fight illiteracy. Their joint collaboration resulted in the creation of the Health-based curriculum, which simultaneously teaches adults how to read using texts that center on maternal and child health (MCH), family planning (FP), and reproductive

health (RH) messages and topics. In governorates where the use of the Health-based curriculum was piloted, adult literacy classes produced lower attrition rates and increased student exam scores.

More than a year later, collaboration between the Takamol project and the AEA is ongoing. Classes that use the Health-based curriculum continue to be implemented. Recently, analysis of adult literacy classes in four governorates lends further support to the usefulness of Takamol's Health-based literacy curriculum. For example, literacy students in Qena Governorate who used Takamol's Health-based curriculum had a passing rate of 83% compared to 54% achieved in classes utilizing a standard literacy curriculum. Similar results were achieved in Kafr El Sheikh Governorate where literacy students using the Health-based curriculum outscored students using the standard curriculum by 31%. In Luxor City, students exposed to the Health-based curriculum had a passing rate of 81% in contrast to 64%, while the passing rate in Sharkia Governorate was 86% compared to 80%.

CDA Trainings Lead to Lasting Health Awareness

Community development associations (CDAs) are a central component in the USAID-funded Integrated Reproductive Health Services Project's (Takamol) model for provision of quality health services in Egypt. When Takamol intervenes in communities, one of its responsibilities is to provide training for CDAs. Highly trusted by their community, CDAs are an ideal mechanism to disseminate fundamental health messages. Management, administrative, and



Women attend a health-awareness seminar conducted by a community development association (CDA). The seminar provides important health information to women of all ages.

financial trainings are provided, as is training in proposal-writing, linking with donors, utilizing grants, and effective delivery of health messages to the communities.

While previously implementing its integrated model in Giza Governorate, the Project provided the aforementioned training to several CDAs. One year after the project had phased out, two of the CDAs continued to sustain and replicate Takamol initiated activities.

Three outreach workers in the Taril El Maraa El Refeia CDA have continued to conduct home visits that promulgate Takamol's health messages to the community. This CDA has also continued to hold health awareness seminars lead by physicians and religious leaders. And recently, Taril El Maraa El Refeia CDA

received a grant for LE 2,000 from the Egyptian Center for Women's Rights to support women's empowerment programs. The CDA used the grant to pay for 30 ID card applications and to issue 150 voting cards to women in their community, free of charge.

Sidi Khalil CDA is another Takamol-trained CDA from earlier interventions that successfully reproduced Takamol activities. Four Takamol-trained outreach workers are conducting home visits in non-intervention communities, and the CDA has maintained an awareness class every three months in which topics relevant to the community are addressed and discussed by physicians and other community leaders. The CDA has also linked and collaborated with neighboring CDAs to hold periodic awareness seminars. As CDAs are often lacking venues, funding, or discussion leaders for their seminars, the linking with other CDAs allows the pooling of resources for the implementation of these beneficial seminars.

U.S. Congressmen's Wives Tour Egyptian Health Facility

Primary health care (PHC) clinic renovation is one of the USAID-funded Integrated Reproductive Health Services Project's (Takamol) key intervention activities implemented to improve quality of health services in Egypt's health sector. The Takamol project believes that continuous improvements in and delivery of high quality health services occur by developing the skills and knowledge of clinic staff, and by providing a health facility that is hygienic, functional, well-maintained, and outfitted with needed, modern equipment.



The wives of US Congressman met with religious leaders from the community who were involved in Takamol's community mobilization efforts.

Part of Takamol's efforts to sustain the improvements that occur following clinic renovation, equipping, and training of staff includes the training of clinic management boards on the efficient administration of clinics funds, development of the clinic operational plans, and establishment of linkages with community development associations (CDAs) and private donors. Takamol also works with local CDAs to increase their capacity to source funds and implement community-focused projects.

A tour of Giza Governorate's Meet Rahina PHC clinic by the wives of U.S.

Congressmen in January demonstrated the realistic capacity for Takamol interventions to be sustained. The wives met with the clinic's beneficiaries and toured the Takamol-renovated facility, witnessing first-hand the impact of Takamol's intervention on the community. Though Takamol phased out of this facility two years prior to the visit, the clinic continues to successfully maintain an active clinic board composed of higher numbers of female and nurse representatives than existed previously. Additionally, it has linked and maintained a working relationship with its partner CDA, whose outreach workers continue to spread important family planning (FP) and reproductive health (RH) messages during vaccination campaigns. This activity requires close cooperation with the local health facility in order to coordinate both visits as well determine the health messages.

"Thank you so much for my wonderful visit. This is very important work you are doing. The women, children, and families are very lucky to have you. Keep up all you are doing!"

Sherry Gortney, a U.S. Congressional Wife on her tour of the Meet Rahina clinic-a previous Takamol intervention clinic.

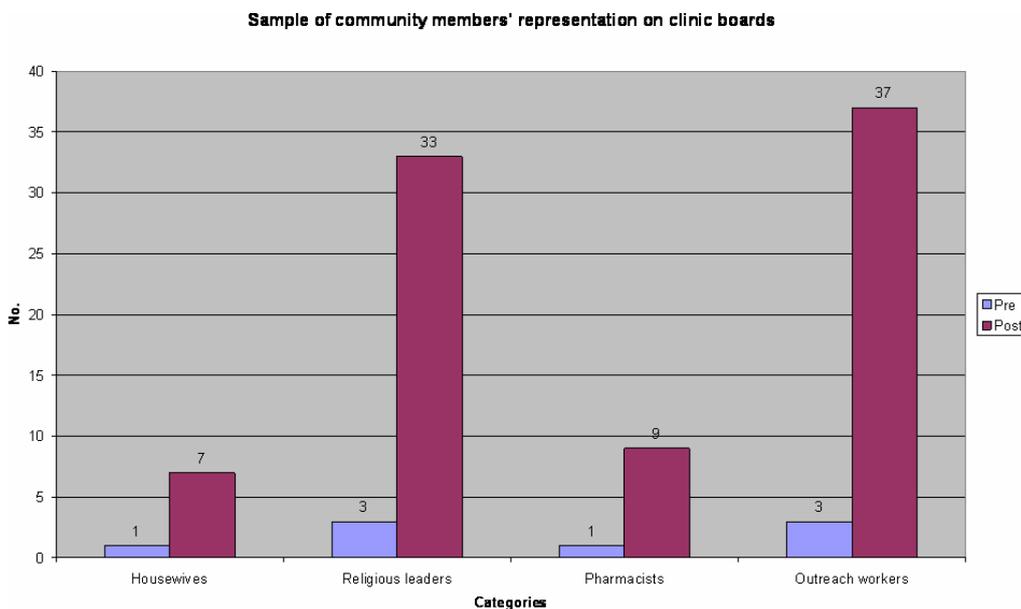
Democratic Elections Diversify Clinic Management Boards

To sustain improvements in the quality of care at intervention primary health care (PHC) facilities, the USAID-funded Integrated Reproductive Health Services Project (Takamol) facilitates the democratic election of facility staff and community representatives to reactivated clinic management boards. These boards, which are mandatory according to Egyptian law, are traditionally filled by men and physicians. The Takamol project helps to increase the number of underrepresented components of both the clinic staff and the community, such as women, nurses, and local community leaders. This effectively increases ownership of the board and impacts the decisions it makes.



In the picture above, democratically elected clinic management boards are trained on their new roles and responsibilities including proper spending, management, and fundraising.

Throughout 85 intervention clinics in seven Egyptian governorates, the Takamol project has increased the participation of community members on clinic boards. The graph below exhibits a sampling of occupations held by representatives of intervention clinic management boards.



Since the project's inception until this quarter, representation of housewives on the boards has grown from 1 to 7; the number of nurses—who are always female and do not receive the professional respect given to physicians—rose from 88 to 157; pharmacists increased from 1 to 9; religious leaders from 3 to 33, and female outreach workers from 3 to 37.

“Knit One, Save One” Campaign Helps Egypt’s Efforts against Infant Mortality

“Nothing is impossible; we can prevent the deaths of children.”

– Stephen Ashby, Country Director of SCUK - Egypt

The USAID-funded Integrated Reproductive Health Services Project – Takamol – works closely with Egypt’s Ministry of Health (MOH) and other partners to improve maternal and child health (MCH) services throughout the country. Recently, the Takamol project partnered with Save the Children - United Kingdom (SCUK) and joined their global campaign “Knit One, Save One”. In this campaign, 40,000 members of the British public knitted over 550,000 woolly hats for newborns around the world. The purpose of the campaign is to raise awareness of the high rate of global child mortality – 9 million deaths per year – due to preventable diseases.

February 3rd marked the official launch of this effort in Egypt, known as “Save the Children’s Newborn & Child Survival Campaign.” Held under the auspices of the MOH, SCUK, and the Takamol project, and hosted by the Conrad Cairo Hotel, the campaign is set to distribute 20,000 woolly hats to newborns in several communities throughout Upper and Lower Egypt. On the hats is sewn a health message in Arabic that reads “Breastfeeding: Nutrition and Prevention.”

Additional health messages will be verbally disseminated to mothers during the actual distribution of hats reminding them to keep their infants warm, especially in cold weather. The Takamol project was instrumental in obtaining customs clearance for the hats, assisted in the development of the health messages inscribed on the hats, and will be a key partner during hat distribution.

The Project is happy to be a part of these joint efforts that strive to improve the health and well being of society’s most vulnerable member, the newborn child.



Pictured are clippings from the Al-Ahram and Roselyoussef newspapers publicizing the launching of Save the Children’s Newborn & Child Survival Campaign in cooperation with the Takamol project.



Regional Population Council Committees Address Health Challenges

Capacity building is at the core of USAID's Integrated Reproductive Health Services Project (Takamol) work with Regional Population Council Committees (RPCCs). These Takamol-formed and Governor-approved committees are comprised of Undersecretaries from Egypt's Ministries of Health, Finance, Education, Social Solidarity, and the National Youth Council from each intervention governorate. RPCCs are trained by Takamol to oversee and advocate for the implementation/replication of project activities, and thus serve as tools local governments can use to help maintain and replicate these activities for the improvement of health services in their communities.

Undersecretaries from the various ministries hold governmental positions of authority, which allows RPCCs to coordinate their efforts to address issues facing the local health system. When Luxor's Undersecretary of Health discussed the city's shortage of lab technicians during a recent RPCC meeting, the Undersecretary of Education suggested using biology teachers. Biology teachers receive basic laboratory training as part of their teaching certification, and can be taught to perform some of the routine procedures conducted by lab technicians. After training, participating biology teachers will be used to fill in at hospitals experiencing the most severe staff shortages.

During the same meeting, the Undersecretary of Finance reported that insufficient paper resources would impede the printing of the Takamol-developed Service Improvement Fund booklets. To resolve this issue, the Undersecretary of Education volunteered to donate paper in order to ensure that the booklets—which help clinics transparently manage and dispense clinic funds—are printed.

As evidenced above, building the capacity of RPCCs can help local health systems reach their goal of sustainable, quality health services.



In Luxor City, the RPCC members worked together to solve some of the problems facing the region's health system e.g. insufficient number of lab technicians available to work in the area's hospitals.

Clinic Boards Liaise with Communities to Improve Services



The Project- trained community board representatives from the Meet Antar PHC clinic in Dakahlia Governorate mobilized local residents to help procure a dental chair for the clinic.

A review of studies conducted during 1966-2000 found that involving clients in the planning and development of health care improves the quality of service delivery; can change health facility policies, enhances user confidence, and improves patient information.¹ One way the USAID-funded Integrated Reproductive Health Services Project (Takamol) model encourages people to be involved in improving health care is through participation on local health clinic management boards. As half of all management boards in Takamol project clinics are composed of democratically elected members from the community, these representatives can act as a liaison between local health needs and health services and play an active role in the clinic's decision-making process.

This past month, two Takamol intervention primary health care (PHC) clinics in Dakahlia Governorate demonstrated the impact the Project's management training of community board representatives can have on local health care. In Meet Antar village, the PHC clinic needed a dental chair but lacked the 18,500LE (USD

3,306) necessary to purchase one. Community board representatives raised 12,000 LE in donations from the local residents and persuaded a local businessman to fund the remaining 6,500 LE to cover the cost of the chair.

To receive accreditation as a Ministry of Health Family Health Unit, PHC clinics need to be able to keep a medical file on each family in their catchment area. The El Marsa PHC clinic's lack of file storage space was an obstacle to their achieving accreditation. When community board representatives explained the situation to area residents, a local carpenter volunteered to make shelves for the filing room at his own expense ~700 LE (USD 125). The community is now working on the other requirements needed for the clinic's filing room.

These examples show how empowered community board representatives can engage local residents to help improve the quality of health services available in their communities.

“Everything in the PHC clinic was renovated except for that chair, and since this clinic benefits us (local residents), I decided to pay the rest of the amount needed to buy the dental chair.”

-Local businessman from Meet Antar.

¹ M. Crawford et al., **Systematic review of involving patients in the planning and development of health care** BMJ, Nov 2002; 325: 1263.

Health Center's Opening Highlights the Power of Private Sector Partnerships

“When I look at this beautiful facility it makes it clear to me that its success was the result of the great work of the Government of Egypt, USAID, and General Motors--the public sector contributor to this clinic--as well as the people of this community.”

--Mr. John Groarke, USAID/Egypt Deputy Mission Director

While a company's largest and most direct economic impact results from decisions made regarding plant locations and employment levels, some companies feel compelled to do more to promote the health and vitality of neighboring communities. In their desire to give back to the community, General Motors-Egypt (GME) partnered with the USAID-funded Integrated Reproductive Health Services Project (Takamol) to renovate and equip a Maternal and Child Health (MCH) center located in a poor urban area of Greater Cairo. The site was chosen for its proximity to the GME plant and its potential to provide quality health services for the estimated 50,000 women and children beneficiaries living in the surrounding community.



Mr. Mohamed Abdel Rahim Al Boraee, Deputy to the 6th of October Governor; Mr. John Groarke, Deputy Mission Director USAID/Egypt; Mr. Rajeev Chaba, Chairman & Managing Director of GME, and Dr. Nagwa Samir, Takamol project team leader for Primary Health Care services, gather just before the ribbon cutting ceremony at the 6th of October MCH center.

In this partnership, GME donated 355,000 L.E. (USD 65,883) to fund the renovation and equipping of the MCH center, and Takamol conducted the renovation activities and implemented a comprehensive package of trainings for MCH center staff and board members. Takamol continues to implement on-the-job training activities in conjunction with the Ministry of Health's (MOH) 6th of October district team to build the team's capacity to coach and train health service providers after Project phase-out. This partnership between GME, USAID, and the MOH is significant because it is only the second time in project history that a clinic's renovation and equipping activities have been solely funded by a private sector organization.

The opening ceremony for the completed MCH center was held on May 4, 2009, and attended by Mr. Rejeev Chaba, GME Chairman & Managing Director, Mr. Mohamed Abdel Rahim Al Boraee, Deputy to the 6th of October Governor, Mr. John Groarke, USAID/Egypt Deputy Mission Director, and Dr. Mohamed Sarhan, 6th of October Undersecretary of Health. Following the ribbon cutting ceremony, the dignitaries toured the renovated facility as clinic staff members welcomed them with a traditional celebratory call "zagharit" and community beneficiaries looked on. News covering the opening appeared in the weekly magazine "Nisf El Donia" and the Al Ahram newspaper.

RWE-Dea Connects with USAID's Takamol Project to Improve Health

Kafr El Sheikh Governorate lies in the north of the country along the western branch of the Nile and is where RWE Dea, a German oil and gas company, does most of their work. As a way to serve the community, RWE Dea is sponsoring the renovation of two of the area's primary health care (PHC) clinics. Mr. Hans Andreae, RWE Dea General Manager, said his company feels a responsibility to serve the community, and that RWE Dea has found "a good partner" in USAID's Integrated Reproductive Health Services Project (Takamol). RWE Dea has donated over one million L.E (USD 200,000) to support improved health care services for



Secretary General of Kafr El Sheikh Governorate, Dr. Hafez Essawy and Undersecretary of Health, Dr. Osama Farid; listen as General Manager of RWE Dea, Mr. Hans Andreae, comments on RWE Dea's experience in health development.

selected communities in Kafr El Sheikh Governorate. Beyond the two new renovation projects, RWE Dea has provided funding for the renovation, equipping, and furnishing of 12 women's clubs in PHC clinics, and sponsored 200 health-based literacy classes for ~3,000 adults as part of a tripartite agreement between RWE Dea, Takamol project, and Egypt's Adult Education Agency. RWE Dea has also sponsored the renovation of two Girls' Friendly Schools in another agreement with Takamol and the National Council for Childhood and Motherhood.

This month, a memorandum of understanding (MOU) was signed between the General Manager of RWE Dea, Secretary General and Undersecretary of Health from Kafr El Sheikh

Governorate, and Takamol's Chief of Party. In the MOU, RWE Dea committed 891,000 L.E. (USD 158,457) to fund the renovation of the Halafi and Dokmera PHC clinics. Takamol agreed to implement these activities and provide on-the-job training for the staff of both clinics.

During the event Dr. Osama Farid, Kafr El Sheikh Undersecretary, said that sustainability and commitment to improved health care are the "bigger steps". He praised the Takamol model of involving community members in the PHC clinic boards and believes that this creates a sense of belonging between the community and the clinics. Kafr El Sheikh Secretary General, Dr. Hafez Essawy lauded Takamol intervention activities and said that it was, "a model to follow". He went on to promise that the Governorate of Kafr El Sheikh officials will do their best to apply the Takamol model in all 250 PHC clinics in the governorate within the next two years.

"RWE DEA feels a responsibility to serve the community... we have found a good partner in Takamol"

- Mr. Hans Andreae, RWE Dea General Manager

Giving Back to the Community



Photo: Pathfinder International

The Takamol project empowers people like Nagwa (shown teaching one of her literacy classes) to take an active role in their communities.

The USAID-funded Integrated Reproductive Health Services Project (Takamol) mobilizes individuals to work for the well-being of their communities. In Nagaa El Hagar village in Aswan Governorate, Nagwa, enrolled in the local Egyptian Women Speak Out (EWSO) program—Takamol’s empowerment program for women—held at her local PHC clinic. It was Nagwa’s involvement with the EWSO program that inspired her to open a literacy class in her village.

Arrangements were made for Nagwa to take the Adult Education Agency’s exam to become a literacy facilitator.

After passing the exam, Nagwa signed

an agreement to open a literacy class for women in her village. Nagwa now has 12 students who meet regularly in her home. When asked why she opened such a class, she said, "I want to serve my fellow villagers and neighbors. They wanted to learn to read and write, and so after I attended the EWSO program, which taught us that we should take part in serving our community and solving its problems, I decided to open the class..."

Public and Private Sectors Join Hands to Eliminate Illiteracy and Improve Health Knowledge

The Corporate Social Responsibility (CSR) team at the USAID-funded Reproductive Health Services Project (Takamol) acts as a mediator between the public and private sectors in order



Mrs.Teti Moussa, RWE Dea CSR specialist; Dr.Raafat Radwan, AEA Chairman, and Eng.Mohamed Abou Nar, Takamol project COP pictured during the MOU signing on May 7, 2009.

to improve the quality of life for community residents. This month, Takamol's CSR team managed to bring together RWE Dea, a leading multinational oil and gas company, and Egypt's Adult Education Agency (AEA). In this collaboration, RWE Dea agreed to donate a sum of 52,490 LE (USD 9,342) to open 200 AEA literacy classes in Kafr El Sheikh Governorate with Takamol providing the literacy teachers' training and the health-based curriculum materials.

On May 7, 2009, Takamol hosted an event at the Sofitel Hotel in Cairo attended by Mrs.Teti Moussa, RWE Dea CSR specialist; Dr. Raafat Radwan, Chairman of the AEA; and Eng. Mohamed Abou Nar, Takamol project's Chief of

Party (COP). A memorandum of understanding (MOU) was signed, and members from each party expressed their belief that education is a critical issue in Egypt. All parties spoke of the integration of health messages into the literacy curriculum is a great accomplishment as it will bring maternal-child health, family planning, and reproductive health information to adult students to improve their knowledge—and ultimately—impact their decision making. It is worth mentioning that Takamol developed the health-based curriculum in collaboration with the Ministry of Health and the AEA.

During the event, Eng. Mohamed Abou Nar thanked the AEA and RWE Dea for their collaboration saying, "this is a great agreement because the public and private sector are joining hands." Mrs.Moussa went on to say that this agreement would be just the beginning, as RWE Dea is willing to fund other literacy classes in the near future. And finally, Dr. Radwan spoke of how the health-based literacy curriculum is more than literacy material, it is also becoming a much needed health reference for women.

"The health-based curriculum has become a health reference for many women who refer to the curriculum to know what to do when their children get sick."

--Dr. Radwan, AEA Chairman

Community Members Work Together to Stop Female Genital Cutting

The USAID-funded Integrated Reproductive Health Services Project (Takamol) conducts community level training to increase knowledge of, and change attitudes towards, specific health practices within intervention areas. Included in community training programs are courses for male and female religious leaders, literacy facilitators, Ministry of Health and community development association (CDA) outreach workers, and agricultural extension workers. These trainings not only empower individuals to function as agents of change, but also ensure that community members hear consistent health messages from various sources.

During a home visit, a woman told a Luxor City CDA outreach worker (RR) of her plans to circumcize her youngest daughter as soon as she could afford the cost of the procedure. The RR did not immediately comment, but went to see the woman's literacy class facilitator, to discuss ways to provide the woman with more information. The literacy facilitator raised the subject of female circumcision or *female genital cutting* (FGC) during class and enumerated the associated hazards. She also gave the students examples of uncircumcized girls who are now 13 and healthy, without excessive "sexual desire". The facilitator told the class "it is the mind that controls our desires and if we raise our daughters properly, they will grow up normal". The facilitator then visited the woman at home to discuss the dangers of FGC relaying the story of a girl who almost bled to death during the procedure.



"Circumcision is a custom not a religious obligation"

The RR also re-visited the woman and brought her posters and photos of the FGC process. Finally convinced, the woman managed to persuade her husband, who was reassured by both the Sheikh and the doctor that circumcision is not a religious obligation, and has many psychological, health and social complications.

Another woman in Luxor City planned to circumcize her one year old daughter for chastity and hygiene reasons. The RR told her that circumcision has nothing to do with either chastity or religion, it is just a bad custom. After the RR stated the dangers of FGC including: bleeding, shock, sexual frigidity, blockage of the urinary tract, pain during intercourse, and deformation of the outer female organ, the woman was convinced and decided not to circumcize her daughter.

Outreach Workers Promote Literacy and Health Awareness

"You are right, I can learn at this age and I am going to be the top of my class, and all women will want to do what I am doing."

--Sayyeda from Alkabahe Algharby village

Saed Al Sadek, his wife and daughter are three of Egypt's estimated 17 million people who cannot read or write. The USAID-funded Integrated Reproductive Health Project (Takamol) supports people like Saed and his family to develop their literacy skills while also providing them with fundamental reproductive health information. As part of this work, Takamol collaborated with Egypt's Adult Education Agency (AEA) to develop a health-based literacy curriculum and trains AEA literacy class facilitators on the Project's health messages. Takamol also trains outreach workers from intervention community development associations (CDAs) to recruit students, supply basic writing materials, and follow up on students who have dropped out of the classes. Below are examples of how Takamol-trained outreach workers or *raedat rifiat* (RRs) empower people to improve their lives.

A Takamol-trained RR was conducting a home visit with the daughter-in-law of Sayyeda when the older woman said, "instead of these health messages why don't you teach us how to read and write first? I feel sometimes that I am blind as I can not read anything; I cannot even write my own name!" The RR then told Sayyeda she could join a near-by literacy class. The daughter-in-law was astonished and asked, "Could she learn at her age?" The RR replied, "It is never too late to learn."

A second example is Sabah, who felt ashamed of her illiteracy as it prevented her from helping her children with their homework. When the RR first told Sabah that she could join a literacy class, she was worried about what people would say. After further discussion with the RR, Sabah decided it was the right thing to do and convinced her husband to let her join the class. Not only did she learn how to read and write, but she insisted on attending all seminars organized by the CDA, and requested to also join the health awareness classes.

In Saed's case, the insistence of the daughter and the persistence of the RR ultimately resulted in Saed not only allowing his wife and daughter to attend literacy classes, but in his request to attend the class himself.



Literacy classes are promoted through poster's like the one above which states, "The teacher's guide: reproductive health messages in literacy classes"

Community Members Acknowledge Youth Program's Efforts

One aspect of the USAID-funded Integrated Reproductive Health Services Project (Takamol) is a week long youth empowerment program that educates young people on different issues concerning their health and well-being. During the five days of the Project's Shabab Takamol



A sample of the graduation certificates community members printed for the STW participants.

Week (STW), teachers, social workers, physicians, and religious leaders discuss various topics such as the importance of family, the hazards of smoking and drugs, the benefits of sport participation, and the services offered at the local primary health care (PHC) clinic. An average of 20 youth between the ages of 12 and 15 typically attend the STW in each intervention community.

In an effort to foster volunteerism, the youth are asked to do some kind of community service e.g. plant trees in their school garden, paint the walls of their local community development association (CDA) building, or design health awareness posters. On the final day of the STW, parents of participating youth attend a seminar where a physician and a religious leader are available to answer parent's questions on the best ways to communicate with their adolescent children.

In El Karaya village in Qena Governorate, members of the community were so impressed with the program and its impact on their local youth that they decided to donate a total of 450 LE (80.00 USD) to print out graduation certificates and distribute gifts among the boys and girls. Gifts included 3-piece training suits and dresses for participating boys and girls, as well as a donation of these gifts to 15 orphans living in the community.

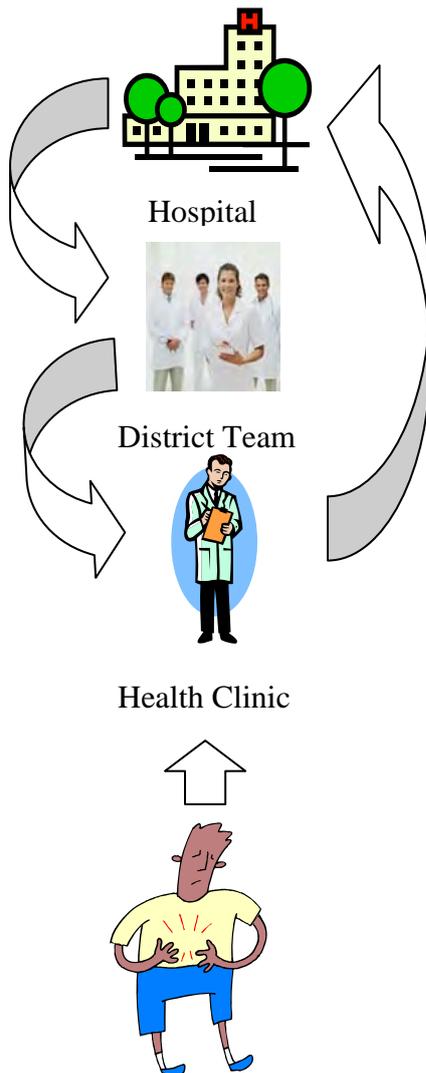


A participating youth from El Karaya village in Qena Governorate receives a graduation certificate.

During the STW's closing ceremony, Mr. Abdel Salam Ramadan, chairman of the board of directors of the El Karaya CDA, praised the role Takamol played in educating youth and their families on various health issues. Mr. Ramadan went on to highlight the importance of holding STW events as a mechanism to provide relevant health information to youth and empower them to be more involved in their communities.

Referral Process Links Hospitals and Health Clinics for Improved Care

The USAID-funded Integrated Reproductive Health Services Project (Takamol) works hard to re-invigorate the patient referral system between primary health care (PHC) clinics and hospitals in the Project’s intervention governorates. The referral system ensures that patients have access to the appropriate level of health services, and provides a feedback mechanism for indirect continuous medical education for PHC staff. The referral system is considered activated when:



- PHC physicians refer patients for hospital services and give each patient a referral form
- Patients bring the referral forms to the district hospital
- District hospital physicians either treat the patient or refer the patient to a higher level of services. If the physician manages the patient, he/she writes the diagnosis, treatment, and identified follow up on the referral form and sends it to the district team (a mid-level Ministry of Health body responsible for supervisory activities within the Governorate).
- District team collects the forms from the hospital and return them to the PHC clinics
- PHC clinics perform any identified follow up care.

Takamol trains members of the district team, intervention PHC clinic staff, and 6-8 members of the district hospital staff on referral activation, and provides a master copy of the necessary referral forms.

In Talkha District, Dakahlia Governorate, the Project’s efforts are paying off as the Takamol-trained district team successfully replicated the referral training for 16 PHC clinics (2 Takamol-intervention and 14 non-intervention) and gained the support of Talkha District Hospital to receive, manage, and return referral forms.

Hospital buy-in has been a challenge as referral-trained

hospital staff must convince all other hospital specialists and nurses to participate in the system. Other challenges are the distribution of referral forms to all district PHC clinics; reminding patients to show their referral forms to hospital personnel, and informing patients of the various services available at each level of health care.

The Talkha District team overcame these challenges and can now offer a wider range of health options for the district’s consumer.

Health Center Finds Local Solutions to Problems

The Nagaa El Hagar PHC clinic in Aswan Governorate needed medications and medical equipment for people suffering from diabetes and high blood pressure, and a supply of medicines to offer children from the village’s poorest families. The local CDA—after the completion of training activities with the USAID funded Integrated Reproductive Health Services Project (Takamol)—was empowered to respond. The Takamol project works with CDAs in all intervention areas to: increase community health awareness; strengthen the relationship between the community and the renovated PHC clinic to create a sense of ownership; and mobilize community resources to sustain awareness activities.



To address the needs at the Nagaa El Hagar clinic, the CDA decided to organize a fund-raising campaign with the slogan, “Nagaa El Hagar PHC Clinic is Our Responsibility”. The CDA met with influential community members including: the clinic’s physician and outreach workers (RRs), a member of the clinic’s board of directors, an agricultural extension worker (AEW), and the village’s religious leader to mobilize support and coordinate fund-raising activities. Campaign supporters coordinated their efforts to disseminate information on the goals of the campaign through home visits by RRs, with farmers during AEW seminars, and at meetings with village leaders and heads of families. Religious leaders supported fund-raising activities at the mosque, and the pharmaceutical company in Aswan Governorate was contacted to ask for contributions. In total, the campaign successfully raised USD 387, comprised of USD 303 in cash and a USD 84 in-kind donation of a new ironing machine. As well, the pharmaceutical company offered a 35% discount on its medications.

The Nagaa El Hagar CDA was able to identify an area of need and mobilize community resources to find a solution. The campaign’s slogan reinforced the concept that the clinic belongs to the community and will need the continued support of community beneficiaries to reach its ultimate goal of high quality service provision for all.

“Nagaa El Hagar Health Clinic is Our Responsibility”

-clinic’s fund-raising slogan

Takamol Teams Up with National Bank

Photo: Pathfinder International



Above are (left to right) Undersecretary of Health Dr. Ayman Mohamed Abdel Moneim; CEO Banque du Caire Mr. Mohamed Kafafi; Governor Magdy Ayoub; Head of Local Public Council Eng. Nabil Hefny; and Takamol project Chief of Party Eng. Mohammed Abou Nar at the MOU signing in Qena Governorate. Not pictured is the Secretary General Eng. Sabry

Corporate social responsibility (CSR)—or the inclusion of [public interest](#) into corporate [decision-making](#)—is a business theory that promotes win-win partnerships between organizations and the communities in which they work. An organization “wins” by finding access to untapped markets, cost-efficient suppliers, or appealing to the growing number of socially-oriented consumers and investors, while the community “wins” through increased investment in the area. The USAID-funded Integrated Reproductive Health Services Project (Takamol) actively seeks out potential CSR partners who are interested in contributing to Egypt’s health sector. While the Takamol project has previously only collaborated with

multinational corporations, for the first time Takamol is joining forces with one of Egypt's national banks; Banque du Caire.

In this partnership, Banque du Caire (BDC) agreed to sponsor the El Hogayrat primary health care (PHC) clinic in Qena Governorate, committing USD 45,641 towards the clinic’s renovation. As per the agreement, Takamol will implement the physical renovation of the facility based on Ministry of Health-approved standards and conduct clinical, managerial, and support services training for clinic staff. The memorandum of understanding (MOU) was signed July 21, 2009, by the Chief Executive Officer of BDC, Qena Governorate’s Secretary General and Undersecretary of Health in the presence of the Governor, and Takamol’s Chief of Party in Qena Governorate.

Significantly, this MOU also marks the first time USAID has partnered with an Egyptian national bank in health development, and is BDC’s largest investment in CSR activities to date. This time, *Egyptian* money is being invested to improve the health of the Egyptian people, with assistance from USAID. With one of the bank’s branches located in Qena Governorate, the bank is currently exploring other CSR opportunities in order to capitalize on their interest in the area.

“I am very pleased with Banque du Caire’s efforts and hope they will do more in Qena in the future.”

--Qena Governor Magdy Ayoub

Orascom Telecom Funds Full Takamol Model in Aswan Governorate

"Takamol not only provides technical support, it also monitors the sustainability of the work done."

-H.E Mr. Mostafa Elsayed, Governor of Aswan

The Corporate Social Responsibility (CSR) team at the USAID-funded Integrated Reproductive Health Services Project (Takamol) added another success to its chain of successes with the signing of a memorandum of understanding (MOU) between Takamol, Aswan Governorate, the Ministry of Health (MOH), and Orascom Telecom (OT). In this MOU, OT committed LE 637,000 (USD 115,755), to fund the implementation of the complete Takamol model in El- Akarmeya health clinic in Aswan Governorate. This clinic is located in a poor community of 3-4 thousand people and was only marginally operational due to the condition of the facility.

This partnership is only the second time in project history that a private sector organization has solely funded Takamol to renovate and equip the health clinic, conduct staff trainings to enhance service providers skills and management capabilities, and work with multiple segments of society including religious leaders, literacy instructors, agricultural extension workers, outreach workers, and local community development organizations to raise reproductive health awareness. During the signing event, the Governor of Aswan thanked Takamol for its efforts and the Public Relations and Communication Director for OT, stated "Orascom Telecom admires Takamol's accomplishments" and that "this is just the beginning (of their collaborations)".

OT is an international telecommunication company and part of the Orscom Telecom Holding, whose CSR initiatives have focused on improving the living situation for people in Upper Egypt. When Takamol approached OT regarding an initiative in Aswan Governorate, they almost immediately said yes, even though their CSR budget for 2009 was finished. Within two weeks, OT found the money to support Takamol because OT couldn't "pass up the opportunity to accomplish one more worthwhile activity in Upper Egypt during 2009".



The MOU signing held in Aswan Governorate with (left to right) Mr. Adel Saeed, Undersecretary of Health Aswan Directorate; H.E. Mr. Mostafa Elsayed, Aswan Governor; Dr. Shahira Hussein, Takamol's assistant deputy COP; Mrs. Manal Abdelhamid, Public Relations and Communication Director at Orascom Telecom

Takamol Trained Community Leaders are Changing Lives

One aim of the USAID-funded Integrated Reproductive Health Services Project (Takamol) is to raise people's reproductive health awareness. Takamol is able to bring health messages to a broader audience by working with community leaders e.g., female outreach workers or *raedat rifiat* (RRs), religious leaders (RLs), and physicians and nurses at health clinics in each intervention area.



Part of the "no to circumcision" seminar held at Elgeziria, Aswan Governorate

Sheikh Omar Hasab Allah Mohamed is a RL in Elgaafra village, Aswan

Governorate. He, along with other RLs, attended Takamol's health messages training for RL to improve their communication skills and help RLs advocate for the adoption of healthier behaviors. Since his training, Sheikh Omar has used his training in numerous situations.

Once, a mother of three children told a visiting RR that using contraceptives went against



Sheikh Omar Hasab Allah from Elgaafra village, Aswan Governorate states that his communication skills improved immensely after attending Takamol's RL training.

Islamic beliefs. The RR invited the woman to attend a health awareness seminar conducted by Sheikh Omar and the clinic's physician. After Sheikh Omar instructed the woman on Islam's opinion on family planning, the woman decided to use contraceptives. The RR referred her to the clinic at Elgaafra, providing options for birth spacing and creating a link between the woman, her family, and the health clinic.

Another example comes from Elgeziria village in Aswan Governorate. Parents of an eight year old girl told a visiting RR of their plans to have her circumcised. The RR tried to dissuade family members, but to no avail. The RR then asked Sheikh Omar and the clinic physician to visit the family. These community leaders were able to persuade the family that circumcision was medically harmful and not necessary religiously. The Sheikh and physician so thoroughly convinced the family that afterwards the family held a seminar entitled "No to Circumcision" at their own house.

Project Fosters Proctor & Gamble's Commitment to Health and Literacy

The public/private partnership between the Adult Education Agency (AEA), Procter & Gamble (P&G), and the USAID-funded Integrated Reproductive Health Services Project (Takamol) was finalized September 8, 2009 in the presence of the Minister of Education.

After nearly a year of preparations, P&G chose a four year plan to spread messages on good



Pictured above (right to left) are Dr. Raafat Radwan, Chairman of the AEA, Mr. Mohamed Sultan, P&G General Manager, and Takamol COP, Eng. Abou Nar, during the MOU signing on September 8th, National Literacy Day.

health and hygiene practices through the AEA literacy class platform. P&G hopes to reach 330,000 rural women during the partnership's first year and gradually expand activities to include men as they work toward scaling up nation-wide. For this MOU, P&G will contribute USD 169,690 in cash and in-kind donations per year for four years to print the Takamol-developed health based literacy curriculum to be used in AEA classes and provide P&G product samples to students. Takamol's role will be to train AEA literacy trainers and facilitators on the curriculum's health messages and incorporate messages related to hygiene and P&G products.

This is the first time a private sector company has agreed to work with the AEA at the national level. The length of this collaboration (four years) also ensures a longstanding partnership between AEA and P&G and exemplifies how Takamol is working to build sustainable relationships between the public and private sectors in order to spread health messages.

The AEA showed appreciation and enthusiasm for this partnership by hosting the MOU signing on the same day as the National Literacy Day. The Minister of Education presented Takamol's COP with a plaque in acknowledgement the project's vital role in linking the health and education sectors and in recognition of the partnership established between the AEA and P&G.



Takamol's Eng. Abou Nar receives a plaque from Dr. Yossry El Gamal, the Egyptian Minister of Education, in recognition of the Project's work in linking the health and education sectors.