

TAKAMOL Project Workplan

March 2006-September 2007

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Takamol
Integrated Reproductive Health Services

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Acronyms and Abbreviations

AEW	agricultural extension workers
AAE	Authority for Adult Education
BCC	behavior change communication
CDA	community development association
CHL	Communication for Healthy Living
CM	clinic management
CQI	continuous quality improvement
CSI	Clinical Services Improvement Project
ESD	Expanding Service Delivery Project
EWSO	Egyptian Women Speak Out
FGM	female genital mutilation
FLE	Family life education
FP	family planning
GAAE	General Authority for Adult Education
GBV	gender based violence
GEI	Girl's Education Initiative
HFT	health facility teams
HM/HC	Healthy Mother/Healthy Child
HR	human resources
HSR	Health Sector Reform
IDP	integrated district plans
IFB	invitation for bid
IQPA	Integrated Quality Performance Award
ISOP	Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services
IST	in-service training
LEAD	A USAID-funded environmental project
M&E	monitoring and evaluation

MCH	maternal and child health
MIS	Management Information System
MMSS	Maternal Mortality Surveillance System
MOF	Ministry of Finance
MOHP	Ministry of Health and Population
MOHP/CO	Ministry of Health and Population/Central Office
MOHP/PS	Ministry of Health and Population/Population Sector
MOHP/RR	Ministry of Health and Population/Raedat Rifiat
MOLD	Ministry of Local Development
MOU	memorandum of understanding
NCCM	National Council of Childhood and Motherhood
NCU	neonatal care units
NCW	National Council for Women
NGO	non-governmental organization
NICU	neonatal intensive care unit
NPC	National Population Council
OB/GYN	obstetrics and gynecology
OJT	on-the-job training
PAC	postabortion care
PHC	primary health care
PP	postpartum
RFQ	request for proposal
RH	reproductive health
RHU	rural health unit
RL	religious leader
RR	raedat rifiat
SHW	Shabab Health Week
SIF	Service Improvement Fund
SMC	Safe Motherhood Committee
SR	social responsibility

SR/TF	Social Responsibility Task Force
TA	technical assistance
TAHSEEN	Previous USAID-funded FP/RH project
TL	team leaders
TOT	training of trainers
USAID	United States Agency for International Development
WG	working groups
WP	work plan

Strategic Framework

Since 1978, the United States Agency for International Development (USAID) has worked with the Egyptian Ministry of Health and Population (MOHP) and other partners to increase the availability and quality of family planning (FP), reproductive health (RH) and maternal and child health (MCH) services in Egypt, investing over \$862.5 million.

Partly as a result of this support, Egypt has made great strides in improving the reproductive and general health of its population through the use of MCH/FP/RH services. The total fertility rate has dropped from 5.3 in 1980 to 3.2; 60 percent of Egyptian women now use any contraceptive method compared to 24 percent in 1980¹; the infant mortality rate has been greatly reduced from 63/1000 live births in 1995 to 38/1000²; and the maternal mortality rate has been reduced by more than 50 percent, from 174/100,000 live births in 1992/3 to 84/100,000³.

Now the MOHP is challenged to sustain these gains and to scale up current efforts to achieve its MCH, FP and RH goals to reduce maternal mortality, infant mortality and neonatal mortality and reaching replacement level fertility by 2017.

To improve the health of underserved Egyptian women and children, the TAKAMOL Project will assist the MOHP to empower individuals, couples, and communities to adopt healthier behaviors related to maternal and child health, family planning and reproductive health. TAKAMOL will galvanize the achievements and best practices of two previous USAID projects - TAHSEEN, which focused on FP/RH under the leadership of Pathfinder International and Healthy Mother/Healthy Child (HM/HC), which focused on MCH under the leadership of John Snow, Incorporated (JSI).

The TAKAMOL Project will culminate almost three decades of USAID assistance in these two areas and provide a unified and efficient program of assistance for rapid scale-up of existing approaches to support the delivery of high quality integrated MCH/FP/RH services in primary health care (PHC) clinics and hospitals. The Project will crystallize gains in the health of women, men and children in Upper and Lower Egypt by achieving a demonstrable impact in intervention communities and by building the momentum and capacity to sustain and replicate the impact nationwide.

¹ El-Zanaty, Fatma and Ann A. Way. 2004. *2003 Egypt Interim Demographic and Health Survey*. Cairo, Egypt: Ministry of Health and Population [Egypt], National Population Council, El-Zanaty and Associates, and ORC Macro. p.16.

² Ibid. p. 90.

³ National Maternal Mortality Study, Egyptian Ministry of Health, 2002.

The Integrated Model

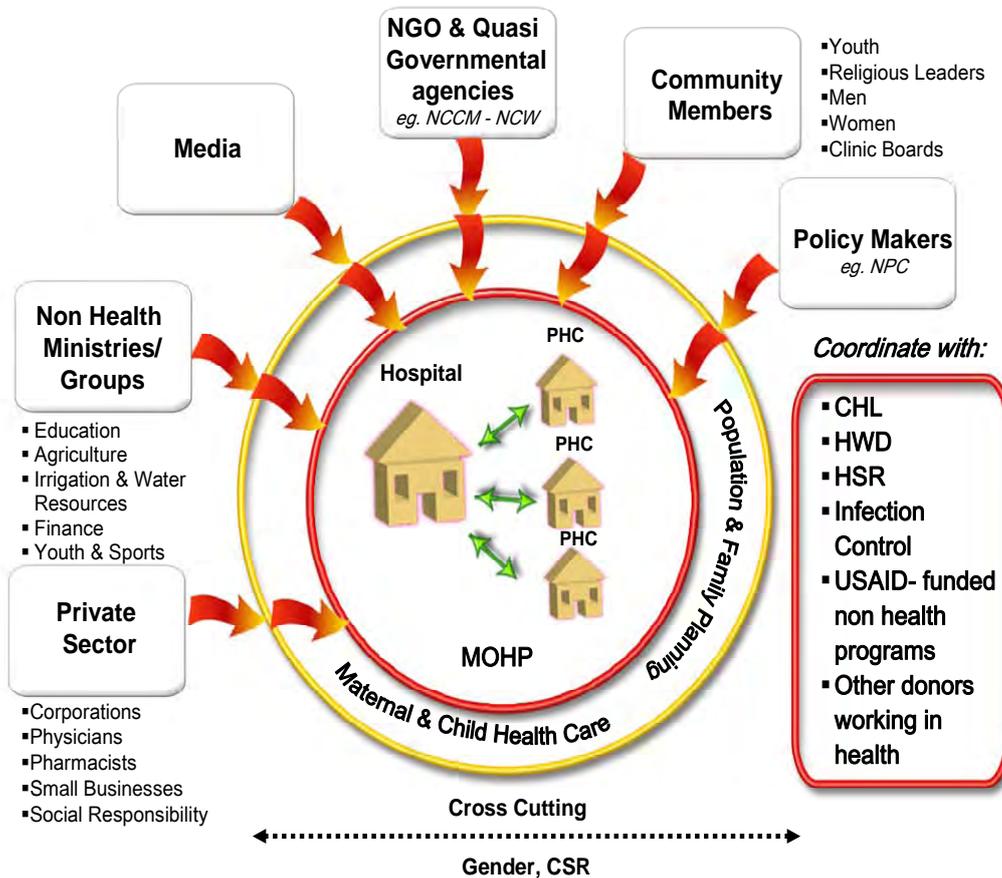
TAKAMOL's integrated model emphasizes the importance of both high quality integrated health service provision and community mobilization and involvement in local health facilities as driving forces for change, and presents ways to strengthen and sustain mechanisms that support change, such as diverse and capable facility management boards. It will scale up existing practices that build capacity to carry out continuous quality improvement (CQI) at each level of health care provision, including the capacity for district level training and integrated supervision and planning approaches that both empower and support PHC and hospital staff and managers to work as a team to improve their knowledge, skills and motivation. Finally, the Project will build the capacity of the MOHP at the governorate and national levels to implement, support, sustain and replicate the integrated package and Project interventions nationwide, through national and governorate level committees and working groups mandated to address and foster corporate /social responsibility, community mobilization, and ensure ongoing review and updating of integrated standards of practice.

Two cross-cutting themes, gender and mobilizing private companies and communities in partnering with health initiatives, have been woven into all Project activities presented in this workplan in order to better achieve targeted results. Activities that foster social responsibility at every level of intervention are an integral part of the workplan as well. Corporations and communities will have the opportunity to become involved in contributing to health outcomes through targeted activities with local businesses or community groups, and through empowered clinic boards that fully represent community interests. Strategic partnerships will be made with national women's empowerment organizations such as the National Council of Women and the National Council of Childhood and Motherhood that work to improve the status of women and the family.

The integrated model for strengthening MCH, FP and RH services will strengthen the capacities of general and district hospitals and PHC clinics to better serve the needs of their communities through renovation and equipment, training, outreach, community participation and social responsibility. At the same time it will encourage players from both health and non-health sectors to take responsibility for community health.

TAKAMOL will use a creative and multi-sectoral approach to address institutional, medical and socio-cultural barriers to the integration of MCH/FP/RH service delivery, quality and use, especially to reach underserved or vulnerable populations such as the urban poor and victims of gender-based violence. Innovative service delivery and communication strategies will be implemented to engage and reach the country's growing youth population with appropriate information and services as they enter their reproductive years. Community mobilization activities that strengthen the role of men to improve family health is as critical to Project implementation as fostering women's empowerment to reduce gender-linked barriers to improved health. Project investments to build the capacity of the institutions and people who manage Egypt's health system, train its workers, and provide its essential services at all levels, are considered key to ensuring that improvements in the quality, delivery and use of integrated services can be achieved, sustained, replicated, and continually improved in response to communities' diverse and emerging needs. In the context of health sector reform, global and Egyptian best practices will be applied to assure that high quality

integrated MCH/FP/RH services are available to all at the community level; and that community ownership of health is supported by the committed involvement of male and female religious leaders, corporations, local businesses, civil society, coordinated and well-managed health institutions and a progressive national health policy.



TAKAMOL Integrated Model

Introduction

Background

The TAKAMOL Project staff have held extensive discussions with MOHP and USAID on the content of the workplan with a special eye towards a rapid, yet carefully planned and systematic start-up of the project. During the first two weeks after the contract was awarded, TAKAMOL staff conducted a series of meetings with MOHP to share the first draft of the workplan. MOHP feedback was incorporated into the plan and a second draft was presented to USAID and MOHP on March 20, 2006. During the following weeks TAKAMOL fine-tuned the workplan and once again shared it with USAID and MOHP. A copy of the second draft was sent to the international partners who provided feedback that was incorporated. The final workplan that follows is testimony to the hard work and valuable feedback of the MOHP, USAID, international partners and staff.

Start Up

As depicted in the Gantt chart, the project has a number of start up activities. Some activities were completed during the first month of the project as explained below. Other activities such as office relocation, hiring of all staff, approval of workplan and (Project Monitoring Plan) PMP are expected to take place during the first four months of Year 1. It is important to note that start-up and implementation activities are overlapping and not sequential, thus implementation effectively begins immediately.

The Project has already benefited from a rapid start up. A number of issues have already been resolved during the first month of the project. Agreement between the Project, MOHP and USAID on the intervention governorates was given high priority, and governorates have already been identified based on MOHP recommendations and needs.

With the governorate selection completed, procurement remains the only rate limiting factor for the project, as the contract stipulates procurement only from the United States: the timing of renovating and equipping intervention clinics and hospitals is dependant on this step. Therefore, it is paramount to assist the MOHP to review and approve an equipment and specifications list as soon as possible. This task has been given high priority, and the Project has already agreed with the MOHP Integration Committee to establish a Medical Commodities Working Group to:

- Review all specifications for MCH and FP/RH medical equipment according to existing service standards
- Review technical offers and inspect provided samples
- Approve/accept delivered equipment

To expedite the procurement process, TAKAMOL submitted a waiver to USAID for the procurement of local equipment. By obtaining the waiver, the Project will be able to minimize the downside of the lengthy procurement process, which impacts the timing of renovations and training. .

The first batch of medical commodities for 110 PHC facilities and 15 hospitals will be based on the complete standard list for PHC facilities and hospitals, assuming that all commodities will be missing from these facilities. Concurrent assessments will be conducted to check the status of commodities in target facilities in order to provide only the missing items. Based on the commodity assessments from all facilities, the second procurement batch will be designed.

Geographic Scope and Time Line

As per the recommendations of the MOHP the Project will be intervening in the following governorates:

Upper Egypt	Lower Egypt
Giza	Kafr El Sheikh
Fayoum	Behera
Beni Suef	Ismailia
Minia	Sharkia
Qena and Luxor City	Gharbia
Aswan	Dakahlia

During Year One, the Project will establish a presence in Beni Suef, Giza, Ismailia and Sharkia governorates, adding Fayoum, Qena and Dakahlia governorates in Year Two. In this workplan governorates are referred to as follows:

Governorate 1	Giza
Governorate 2	Beni Suef
Governorate 3	Ismailia
Governorate 4	Sharkia
Governorate 5	Qena
Governorate 6	Fayoum
Governorate 7	Dakahlia

The Project anticipates that it will work in each governorate from one and a half to two years based on identified needs. The proposed five-year implementation plan is as follows:

Year	Year 1							Year 2					Year 3					Year 4					Year 5																										
	2006							2007					2008					2009					2010					2011																					
Gov	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Giza	█							█																																									
Bani Suef	█							█																																									
Ismailia	█							█																																									
Aswan								█					█																																				
Sharkia								█					█																																				
Fayoum								█					█																																				
Damietta													█					█																															
Luxor													█					█																															
Dakahlia													█					█																															
Minia																		█					█																										
Behira																		█					█																										
Gharbia																		█					█																										
Close out																												█																					
Number of Governorates / year	3							6					10					7					3																										

The activities covered in this workplan are presented by result and address the requirements as put forth in the contract. This workplan has been written to elaborate on the activities the Project will implement during Year One and Year Two. Since Year One covers a relatively short seven month period, and start up activities will dominate, but not wholly consume, the first four months (see rate limiting factors mentioned above), the majority of activities will commence at the beginning of Year Two. Therefore, the workplan was written to describe how the Project envisions the flow of activities during the first 19 months of the project. It should be noted that at this time the Project is only committing to the Year One activities described in this workplan, and will submit a detailed Year Two workplan by September 2006.

For budgeting and reporting purposes, Year One should be considered in essence, a seven month period starting in March 2006 and ending in September 2006. The following year will cover a 12 month period as outlined in the diagram below.

Year	Start	End
Project Year One	March 1, 2006	September 30, 2006
Project Year Two	October 1, 2006	September 30, 2007

Throughout the five-year contract period the Project will renovate the clinics in batches. The Project considers renovation to be the focal point of its package since the timing of all activities is tied to the renovations. Community mobilization activities for example, cannot start before the clinic is physically renovated and ready to receive the increased caseload expected to result from these activities.

During Year One, the Project will initiate renovation in only one batch of clinics. During Year Two, the Project envisions renovating three more batches.

Batches as described in this workplan are as follows:

Year	Batch	Urban	Lower Egypt PHC facilities	Lower Egypt hospitals	Upper Egypt PHC facilities	Upper Egypt hospitals	Total PHC facilities	Total hospitals
Year 1	Batch 1	1 ⁴	6	3	25	4	32	7
Year 2	Batch 2	1	6	3	26	3	33	6
Year 2	Batch 3		6	3	15	3	21	6
Year 2	Batch 4	1	4	2	15	3	20	5
Total		3	22	11	81	13	103	24

Challenges

Being the last USAID funded health project in Egypt, TAKAMOL team are faced with the responsibility of addressing all the gaps of previous health projects and work with the MOHP to ensure that project activities are scaled up and replicated. Due to its unique nature of integrating MCH and FP, the Project faces a number of challenges:

- At the national level, the restructuring of the MOHP, TAKAMOL's primary partner, under the leadership of the newly appointed minister, will have a direct impact on how the project implements its activities. As mentioned previously, the Project's mandate of integration is inherent to the fact that we are working with two main sectors, Population and Integrated Health Care and Nursing Sector for the implementation of the Project activities, while working with the NPC on policy issues. Restructuring and redistribution of roles within the ministry could pose as a challenge in the way TAKAMOL implements its activities.
- A second challenge is to institutionalize the participation of the private sector in sustaining health outcomes through a program of corporate and/or social responsibility. While general good will and the philanthropic concept exist in Egypt, corporate and social responsibility are underdeveloped in private and government circles. In addition there is a general distrust between the private and public sectors, which further complicates the issue of private sector participation in sustaining project achievements and health outcomes. The main challenge here is how to get the private sector fully engaged through clear and formal channels, since formal channels for directing contributions are lacking. The Project is faced with the challenge of formalizing public

⁴ This urban clinic has been adopted by Barclays Bank Egypt as part of its social responsibility activity. As such it is not limited to the rate limiting factors previously mentioned.

private partnerships to ensure the continuation of this relationship after the project ends.

- The contraceptive security strategic plan is scheduled for dissemination by the end of fiscal quarter three (June 2006). The project is facing the challenge of turning the strategy into an action plan that is agreeable to all stakeholders, due to the fact that this process is constrained by conflicting interests from the various stakeholders. Achieving contraceptive security requires synchronized actions from different governmental institutions, e.g. MOHP, MOF, MOP, etc. This is coupled by the different roles that need to be played by private sector and civil society to involve all concerned parties in raising the awareness and delivering the service. Representation of the private sector, especially in the provision of services at the national level is a tremendous challenge as their organization is poorly developed in the country. The NGO sector is still not powerful enough to act as a mediator between the government and the private sector.
- The final challenge, as TAKAMOL approaches full implementation, is to tailor its integrated model and menu of activities to the individual needs of the selected intervention communities; be they rural or urban, culturally conservative or more receptive to change.

Workplan Narrative

Result 1: Increased Use of Quality Integrated MCH/FP/RH Services at the PHC Level

Interventions proposed under Result 1 are designed to increase the availability and the quality and access of integrated MCH/FP/RH services at the PHC level, thereby expanding consumer choice and access to a broader range of information and services. Implementation of the Integrated Package of Essential MCH/FP/RH Interventions (“the Package”) will be customized according to the needs of Upper and Lower Egypt generally, and tailored to rural and urban poor populations.

Sub-Result 1.1: Increased Delivery of Integrated MCH/FP/RH Services at the PHC Level

TAKAMOL will start its grass root level interventions by fully renovating the PHC facility in every community in which it works. Selecting the right PHC facilities for intervention is key to the success of the project, and therefore the project will work closely with the MOHP to agree on the selection criteria. After agreement on selection criteria with MOHP, the Project will discuss with MOHP and the governorates clinic nominations to begin the inspection process.

Inspection of clinics is a time consuming process, given that the Project needs to inspect at least double the number of clinics that will be renovated to meet the agreed upon selection criteria. PHC clinics will be screened, assessed and selected by a joint team from the Project and the MOHP (governorate or district level staff). Inspection of clinics will also be in batches, to align with the pattern of renovation mentioned above. Based on previous experience, the shorter the period between the inspection and the physical renovation, the more likely the clinic is included in the renovation schedule. For example, MOHP prepares an annual list of clinics to be renovated or demolished, and if a clinic is inspected in Year One and chosen for renovation for Year Two, the odds are very high that this clinic might be renovated by MOHP or demolished before the Project commences its activities in the clinic in Year Two. Consequently, the Project will collaborate very closely with governorate and district level MOHP teams in choosing clinics to complement the ministry's annual renovation plan. Construction companies will be selected and contracted and renovations are scheduled to commence in September 2006. Equipping of the clinics will take place as soon as possible, but at the earliest January 2007.

Training will commence in the last quarter of 2006 (beginning of Project Year Two), so that completion coincides with the completion of the renovations and equipping of the PHC clinics; giving the Project time to implement a thorough review of all available training materials with MOHP, RCT and other stakeholders. As discussed in result 4, a technical review working group will be formed under the Steering Committee (See Sub result 4.1). The committee will be formed of members from the Population Sector, Integrated Health Care and Nursing Sector, RCT, USAID and TAKAMOL. RCT's involvement will be crucial in the review of the curricula to ensure full collaboration of the RCT in our activities and the synchronization of the Project's training curricula with RCT's training curricula.

Clinical training based on the integrated standards of practices will be conducted for physicians, nurses and lab technicians and an interpersonal communications (IPC) component added to the training curricula. The IPC component will aim at improving service providers' counseling and communication skills, thereby improving the level of client satisfaction at the clinic level.

Safety and maintenance training will be provided to selected staff members. Outreach workers will be trained on integrated messages and interpersonal communications. Outreach worker trainings will commence earlier as their activities are not dependent on a functioning clinic. It is worth mentioning that the outreach workers' training will be provided for MOHP and NGO *raedat rifiat* (RRs) together. This will reinforce the cooperation between them on the village level and avoid duplication of effort and resources. On-the-job training (OJT) will follow didactic training and will last six to eight months after the clinics resume provision of client services. The OJT will build the capacity of the PHC staff regarding clinical and managerial aspects. The Project will ensure that district supervisors master the supervisory skills needed to conduct OJT for the PHC level staff. Such an effort will build the capacity of the district team to continue supporting the PHC clinic after the Project has phased out.

Technical Assistance to CSI will start immediately to follow up and assist in the formation of the new legal entity and help manage the CSI during the transition phase making sure that it is well supervised. This will entail the development of job description, screening of candidates for the top positions namely executive director, senior financial analyst/auditor and business development manager, the documentation of the financial status and the prospective expenditure during the transition phase to NGO and the assistance to formulate the board and the founding members of the NGO. This will be followed by a meeting in July 2006 when the new NGO is fully legal to discuss the technical needs and will start a TA plan to be presented in September 2006 which will include cost analysis, strategic planning, capacity building of the organization to assume its new role and assist the organization in establishing strategic alliances allowing the new board access to different business options and working closely with board and the new executive director. These will further be determined in collaboration with USAID.

The Project will coordinate with the Health Sector Reform (HSR) to support the health care system. Not all HSR activities can be implemented within the Project's mandate but the Project envisions its work in the PHC clinics as preparing the way for implementation of the HSR in those clinics. Where possible HSR systems will be used to prevent duplication of effort. The Project will therefore discuss and agree with the HSR on renovation designs, material specifications, sequence of activities and areas of possible collaboration. .

Sub-Result 1.2: Improved Quality of Integrated MCH/FP/RH Services at the PHC Level

The clinical training at the PHC level will be complemented by training in clinic management and behavior change for clinic staff (cross reference Result 4). Staff will be trained on using the concept of self-assessment to monitor the quality of care and

to develop improvement plans. Clinic boards will be formed or reactivated and trained to assume their functions. The Project will assist the MOHP in training PHC nurses and outreach workers to implement the postpartum home visit program. (see 4.1)

After the first batch of hospital staff is trained (see 2.1) and the first group of PHC clinics has been handed over to the MOHP, the Project will provide assistance to the MOHP to strengthen the existing referral system (see 2.1).

The first group of newly graduated physicians is estimated to arrive at their posts in March 2007. The Project will provide TA to the MOHP to implement the In-Service Training in intervention governorates (see 4.1).

Result 2: Increase Use of Quality Integrated MCH/FP/RH Services in Hospitals

The level of effort will differ a great deal from Upper to Lower Egypt. In general, Result 2 will be achieved through improvements in the provision of comprehensive essential obstetric and neonatal care, quality post abortion care (PAC) and post partum care (PPC) including FP and breastfeeding support in selected Lower Egypt hospitals. The primary focus for these activities will be in Lower Egypt general and district hospitals with training geared towards Essential Obstetric Care (EOC), and the provision of integrated MCH/FP/RH services, with an emphasis on infection prevention. Hospital units that are used for obstetric and neonatal care will be renovated as needed according to service standards, essential equipment supplied if lacking, and the management of medical supplies improved.

In Upper Egypt the Project will introduce/ strengthen FP/RH, PAC and PPC services in intervention hospitals, in addition to technical assistance and refresher training in areas of weakness identified by SMCs using MMSS.

Management as well as clinical performance in the hospitals will be improved through training, TA and the provision of tested and proven tools and approaches. The Project will work with hospital teams to upgrade the clinical skills of relevant hospital personnel to integrate quality MCH/FP/RH services and improve management – all within the context, community and culture of CQI, and in a manner that institutionalizes new approaches and skills for sustainability and replicability. As many district hospitals are utilized in much the same way as PHC units for FP services, the Project will implement, wherever needed, community mobilization activities in communities surrounding intervention hospitals.

For the first seven months of activities, six hospitals in Upper and Lower Egypt will be supported. In the next 12-month period, eight additional hospitals in Lower Egypt and nine additional hospitals in Upper Egypt will be supported (the latter figure will be based on governorate Safe Motherhood Committee requests).

Sub-Result 2.1: Increased Delivery of Integrated MCH/FP/RH Services in Hospitals

The Project in cooperation with MOHP will develop a screening tool to select priority hospitals for Project intervention. After the selection (see 1.1), the Project will assist MOHP to adapt the hospital assessment tool developed by the Healthy

Mother/Healthy Child (HM/HC) Project by including the FP/PAC/PPC aspects in the tool. After the tool is finalized a detailed needs assessments will be conducted in the selected hospitals.

After MOHP approval of the renovation specifications (blue prints, etc.), the physical renovations will start. Hospital renovations will follow the same pattern of batches as the clinics. Renovation of the first batch of hospitals is expected to start in three Lower Egypt hospitals in September 2006 along with the first batch of clinics. Essential equipment for selected hospitals in Lower Egypt will be provided in time for the reopening of the newly renovated wards. In the next year, the Project will work in eight additional hospitals in Lower Egypt.

Training in Lower Egypt

Necessary clinical training of relevant staff in intervention hospitals will differ from Upper to Lower Egypt. In Lower Egypt, physicians, nurses and lab technicians from applicable departments will receive comprehensive training as follows:

	Physicians	Nurses	Lab Technicians
OB/GYN	CEOC (including PAC/PPC/FP/ breastfeeding support) and IPC training for specialists	CEOC for nurses including PAC/PPC/FP counseling and breastfeeding support and IPC training	
Neonatology	Basic and advanced Neonatal Care training and IPC training	Neonatal Care training and IPC training	
Operating Room	Essential Obstetric Operating Room Anesthesia Training (EOAC)	Central Supply and Sterilization Training (CSSD) for OR / CSSD Nurses	
Laboratory/ Blood Bank	Essential Laboratory Services Training		Essential Laboratory Services Training

It is worth mentioning that training provided to OB/GYN physicians will depend on their experience. The CEOC will be given to all OB/GYN junior specialists. Senior specialists (PhD degree holders) will simply receive an orientation on the integrated MCH/FP/RH package.

Clinical training will be followed by a period of on-the-job training that is dependant of the outcomes of regular quality of care assessments. Successive training groups will follow the same structure after that. The Project anticipates the provision of OJT for 12-24 months in each intervention hospital according to the assessed needs.

Early on in the intervention, the Project will work with the hospital boards to reform and assure that the community is well represented in the three Lower Egypt hospitals and to form Safe Motherhood Committees (SMC). This process is expected to take approximately one month. Immediately following the boards' formation, hospital board training will be conducted followed by SMC training on management skills and

CQI. This activity will start by the end of year One and will be followed with a period of on-the-job training for a variable period of time depending on trainees skills and achievements.

The Project will assist MOHP to provide FP behavior change communication (BCC) materials in intervention hospitals after renovation, when the first group of trainees completes the didactic Comprehensive Essential Obstetric Care (CEOC) training to ensure maximum benefit from newly trained hospital staff.

Training in Upper Egypt

All hospitals in intervention governorates in Upper Egypt will receive training on FP information, counseling and services in postpartum and post-abortion care programs.

In districts where the project will intervene in PHC facilities, more effort will be done to link the PHC unit with the district hospital. In addition, as per the recommendations of Governorate Safe Motherhood Committees (based on Maternal Mortality Surveillance), the Project will provide TA to hospitals in interventions districts as follows:

- Quality improvement reinforcement (as needed)
- Comprehensive Essential Obstetric and Neonatal Care refresher training
- Postpartum care for mother/baby and breast-feeding support

Training will be tailored in Upper Egypt based on governorate SMC needs, according to results of the Maternal Mortality Surveillance System (MMSS) and focused on the main causes of maternal and neonatal mortality in each specific governorate, in addition to the results of CQI system for each hospital, which addresses areas that need improvement for quality care. Technical assistance for those hospitals will focus mainly on these issues, in addition to the introduction of FP/ PAC/ PPC and breastfeeding support. This package will be used in all hospitals in intervention hospitals in Upper Egypt.

In selected Upper Egypt districts the Project will implement the Integrated Package of Essential MCH/FP/RH and community mobilization activities at the PHC level. The Project will scale up TA to hospitals in these selected districts, linking PHC facilities to district hospitals, and strengthening the referral and internal CQI systems. In addition, refresher training for SMC members will be conducted and hospital boards activated. By the end of September 2007, a full model of quality integrated MCH/FP/RH services at PHC facilities that are linked to district hospitals, through an effective referral system with increased utilization of services generated through community mobilization activities, will be implemented in seven Upper Egypt districts.

Both Upper and Lower Egypt

The project will help the MOHP to strengthen the existing referral system. In project intervention districts in Upper and Lower Egypt, strengthening of referral will accomplished by:

- Training PHC physicians to identify maternal, neonatal and FP cases that need secondary level of care and referring them to district hospitals
- Linking PHC facilities to district hospitals through the district SMC. Workshops will be held and attended by PHC, hospital and district staff, to ensure availability of referral forms, proper flow of data, timely feedback from hospitals, reporting mechanisms....etc.
- Establishing a link between FP clinic and OB/GYN department in each intervention hospital for referral from the department to the clinic and vice versa
- Establishing or strengthening the neonatal care referral system between hospital NICUs in the same governorate, to ensure maximum use of incubators and trained staff in all intervention governorates
- Increasing community awareness of the alarming signs related to pregnancy and neonatal health during community awareness raising seminars and NGO community outreach worker training, and emphasizing the importance of seeking care at the PHC when any of the alarming signs are present

It is important to develop local training capacity as soon as possible to assure sustainability. Therefore, immediately following initial didactic CEOC training in approximately January 2007, promising lead trainers in Lower Egypt hospitals will be identified and provided with a training of trainers (TOT) course. Thereafter they will serve as co-trainers for their colleagues and assume responsibility for new resident physicians. They will also provide training to PHC physicians and nurses in the ISOP training provided by the project including safe home delivery training.

Sub-Result 2.2: Improved Quality of Integrated MCH/FP/RH Services in Hospitals

The Project will build on prior work to institutionalize appropriate skills, tools and culture for implementing a CQI system (CQIS) in hospitals that ensures the continuous improvement of maternal and neonatal services outcomes. To ensure full CQIS implementation, the Project will foster and support efficient and effective collaboration among community and hospital leadership; district, governorate and central Safe Motherhood Committees (SMCs); and PHC units, ensuring the use of the Maternal Mortality Surveillance System (MMSS).

During the first 19 months the Project will assist the MOHP to review the HM/HC CQIS and add FP, PAC and PPC elements. The Project expects that the MOHP will produce an expanded CQIS first draft in the third quarter in Year 2. SMC members in 11 Lower Egypt hospitals will be trained on the draft CQIS by the end of September 2007.

Open discussions with the MOHP curative care sector on developing a monitoring system for FP/MCH/RH and curative services will take place once the Project has benefited from the experience of providing on-the-job training and follow up to hospitals in both Upper and Lower Egypt.

Result 3: Positive Behavior Change in Target Communities

Result 3 directly concerns a set of behavior change interventions designed to improve communications and behavior that support improved MCH/FP/RH interventions implemented under Results 1 and 2. Interventions that will help to shift the social and community norms that influence health seeking behavior and particularly relate to gender issues will be at the forefront.

Close and proactive collaboration with the Communication for Health Living (CHL) Project, MOHP media efforts, and partnerships with local NGOs and other partners will ensure that these interventions are consistent and mutually reinforce other health initiatives in support of USAID/Egypt's strategic objectives. A comprehensive and multifaceted BCC implementation approach will be used that relies on a sound conceptual framework of knowledge transfer, role modeling, behavior endorsement, and complementary activities to ensure that behavior change is supported and rewarded.

Successful approaches and community mobilization activities implemented by previous projects will be replicated such as establishing partnerships with NGOs and CDAs as the Project's main implementing partner at the village level, linking to clinic boards, and training private physicians and pharmacists.

The Project will form a seamless link with CHL to maximize USAID's support to Egypt's national health program; linking service delivery directly to national communication initiatives for family health and MCH/FP/RH.

Sub-Result 3.1: Effective and Sustainable Community-level Behavior Change Activities

The project interventions described in the workplan have been scheduled to ensure informed and enthusiastic support and substantial contributions from local communities as early in the process as possible.

Consistency with national messages promoted through the CHL Project will be reinforced by TAKAMOL as it adopts the CHL-designed BCC materials for use. TAKAMOL will coordinate with CHL to develop new BCC material as needed as per the recommendation of the technical working group. This will assist the Project to more rapidly achieve stated goals for improved MCH/FP/RH knowledge, attitudes and behavior. The Project will apply direct personal communication and social mobilization methodologies to achieve these results. Plays and puppet shows, community awareness and empowerment programs, client counseling and other activities organized directly by the Project or through local NGOs will target women, men, youth, and religious leaders to mobilize around key MCH/FP/RH issues.

Training packages will be reviewed and updated as required. During the review process staff will ensure that all Project messages are incorporated in the training materials, that MCH messages have been integrated into pre-existing TAHSEEN community training materials and that all training materials are appropriate from a gender perspective.

In collaboration with the MOHP, the Project will partner with local CDAs and NGOs as its main implementing arm to carry out community based activities. Local capacity building is key to the success of the Project, its sustainability and its capacity to reach beyond its stated intervention areas. After selecting and contracting partner NGOs and CDAs, needs assessments will guide a program of capacity building that includes training anticipated to begin in October 2006. This training will be complemented by IPC, TOT for Egyptian Women Speak Out (EWSO) and couple communication training for NGO/CDA *raedat rifiat*. Continuous follow up by Project staff will provide feedback and further increase human and institutional capacity throughout the life of the Project.

Governorate level activities will commence prior to the renovation. The Project will begin to establish and train governorate-level youth, religious leaders and media working groups in new intervention governorates. It is expected that by November 2006, the Project will start training all three governorate working groups as the starting point for the community level activities that will start immediately after. The Project will continue to provide technical assistance to the three governorate working groups for approximately one year after their establishment. Religious leaders will be instrumental in community activities throughout the life of the Project's intervention and beyond. Technical assistance to the media working groups will be provided in close coordination with CHL.

Community mobilization activities around the hospitals will focus mainly on working with district NGOs/CDAs to mobilize the community within the hospital catchment area. The NGO's main focus will be to raise the awareness of women and men regarding the project's main MCH/FP/RH messages. The project will also engage community members in schools and universities, especially youth. Plays and puppet shows will also help to increase community members' awareness of relevant MCH/FP/RH issues. Religious leaders will also be engaged to impart MCH/FP/RH messages during their weekly sermons.

Under TAHSEEN, the CATALYST gender and rights training manual was simplified and adapted to the Egyptian context. This manual will be used to provide gender and rights training to media groups, religious leaders and MOHP/NGO RR starting in December 2006.

At the local level, youth mobilization weeks (Shabab TAKAMOL Week) will be held after identifying partner NGOs in intervention communities. The TAHSEEN-developed plays and puppet shows will be updated with new messages and implemented in intervention communities.

Agricultural extension workers (AEW) will be trained in delivering MCH/FP/RH messages. Both male and female AEWs will be engaged to ensure the dissemination to a wide rural audience Regular TA and follow up will be provided to the trained AEWs during their regular and on-going seminars with farmers. This activity will only be conducted in rural communities.

The Project will implement the EWSO program in intervention communities starting December 2006. For some outstanding EWSO graduates, a leadership program will be offered and implemented in intervention governorates to develop community advocates/leaders. The program will start with a TOT for the RR supervisors who will deliver the leadership training in the selected governorates. Following the TOT, an orientation workshop will be held to inform senior level governorate staff and all

concerned stakeholders about the program and its mode of implementation. RR supervisors will then implement a leadership course in selected intervention communities.

Family Life Education (FLE) activities, based on earlier USAID-funded CEDPA activities, will build on previously developed BCC tools addressing youth. This initial stage should be completed by November 2006 and will be followed by an orientation workshop for master trainers previously trained by CEDPA, about the use of the new BCC materials. Master trainers will then conduct training for health visitors in schools and MOHP/NGO outreach workers from each intervention district who will facilitate FLE activities in their communities. Implementation of the FLE activities will take place over a three-month period and consist of 15 sessions per group. They will be held in coordination with the MOHP at schools, clinics and NGOs.

TAKAMOL will continue providing TA to peer educators in Beni Suef University during Year One, since TAHSEEN was active in this university and the program already exists. In governorates with a local university, where no peer to peer program was initiated, extensive discussions with university staff to introduce the peer to peer program will take place. After agreement has been reached, training will be provided to peer educators followed by regular TA as they carry out their peer to peer activities. It is worthy to note that peer educator activities take place during school months only, with activities stopping during winter and summer breaks.

As agreed upon with CHL, TAKAMOL will seek CHL's help in training private pharmacists and physicians in TAKAMOL intervention areas. In communities where CHL is not active, TAKAMOL will be responsible for training private pharmacists and physicians using the CHL-developed MCH/FP/RH curriculum. An estimated 15-20 persons will be trained per district in Upper Egypt and an estimated 30 per district in Lower Egypt.

TAKAMOL will sign an MOU with the Authority for Adult Education (AAE) to identify areas of collaboration. The Project will coordinate with AAE to complement the FP/RH booklets that were developed during the TAHSEEN project by adding new literacy booklet(s) addressing MCH and neonatal topics. TAKAMOL will train AAE literacy facilitators and partner NGOs in selected governorates using the FP/RH, MCH and neonatal booklets. Follow up will be conducted in collaboration with AAE and NGO local offices.

The gender based violence manual will be reviewed and updated as needed. After the final version is translated into Arabic it will be made available to the National Council for Childhood and Motherhood (NCCM), the National Council for Women (NCW) and interested partner NGOs to curb gender based violence.

The Project will continuously collaborate, as applicable, with other agencies and projects such as the NCW and NCCM on empowerment activities for women and youth. An MOU with NCCM will be developed and programs implemented accordingly throughout the life of the Project.

Additionally the Project will collaborate with the USAID-funded LIFE-Lead Pollution Clean-up Project in one Cairo urban poor area, thus maximizing USAID investment and avoiding duplication of efforts. Community mobilization activities are expected to start in August 2006. The Project also plans to implement community mobilization activities in Kafret Nassar urban poor area in Giza Governorate, in collaboration with

Barclays Bank Egypt. Activities are expected to start in June 2006 after screening and selection of potential NGO partners is completed.

The Project will also collaborate with global reproductive health initiatives such as the Extending Service Delivery (ESD) Project to facilitate the distribution of lessons learned and best practices.

Sub-Result 3.2: Strengthened Interpersonal Communication Skills of PHC level, Hospital, NGO and Outreach Workers

The IPC –C component will be updated in all TAKAMOL training curricula in coordination with CHL. The Project will use the updated curricula in training PHC and related hospital staff on interpersonal communication skills and counseling to improve the quality of services provided at PHC units and hospitals. .

Under TAHSEEN, a couple communications manual and trainers' guide was developed for outreach workers. The materials and program will be tested during training sessions for RR and *muthakef sokany* (male outreach worker) on couple communication. Seminars will be conducted in intervention communities in Year Two. Seminar follow-up and TA to RR and *muthakef sokany* will be provided.

The MOHP and NGO RR will also receive training on the simplified gender and rights manual in order to help them conduct meetings from a gender-sensitive perspective.

Result 4: Improved MOHP Capacity to Sustain Performance of Integrated MCH/FP/RH Services

Activities under this result are designed to strengthen the capabilities of MOHP staff and their partners at the national, governorate, district, and facility levels to durably manage high-performing priority programs well beyond the end of direct USAID technical and financial support.

Sub Result 4.1: Increased Capacity of MOHP National Level Management Teams

The Project will provide technical assistance to the MOHP and the National Population Council (NPC) in developing results-oriented workplans in May and June 2006 for the final months of their 2006 workplans. Then in the fourth quarter of Year One, the Project will provide technical assistance to MOHP and NPC to develop workplans for the following year. TA will be provided to review and update their strategic plans taking into consideration governorate level plans. TAKAMOL will work with MOHP Population and MCH sectors and NPC to synchronize their work plans with TAKAMOL's work plan to avoid duplication and maximize utilization of resources.

Re-activation of the MOHP Integration/ Steering Committee is of utmost importance for guiding the project. The committee will determine the platform for decision-making about integration in the MOHP. Based on discussions with the committee,

several working groups will be formed to work hand in hand with TAKAMOL team and will be meeting on a regular basis to discuss and finalize specific issues.

To strengthen links between the public and private sectors, the Project will work with MOHP to establish a Social Responsibility (SR) Working Group under the umbrella of the Integration Committee. The role of the SR working group will be to help MOHP develop public-private partnership and the needed support to implement these partnerships. Once the SR Working Group becomes active, a training program will be designed for the members. The training will build the capacity of MOHP SR Working Group members to negotiate, develop memoranda of understanding and partner with different stakeholders from the private and NGO sectors. The private sector will be encouraged to initiate social responsibility initiatives and increase their awareness. A national conference will be held in the second quarter of 2007 to share national SR experiences.

As the final USAID Project to address population issues, the Project will work closely with the MOHP in the area of contraceptive security and couple efforts in contraceptive security with better contraceptive information in collaboration. The Project will help form a Contraceptive Security Working Group and provide TA as needed to implement the strategic framework developed under TAHSEEN/POLICY II including supply chain, commodity procurement, and storage and distribution.

For sustainability of efforts, it is important to increase the capacity of the MOHP Population and MCH sectors on the central level to strengthen the supervision and planning systems at the district level. Therefore the Project will provide technical assistance to the MOHP to finalize the *Integrated Supervision and Leadership Implementation Methodology Manual* and will support the MOHP in implementing its use as requested thereafter. In addition, the central office staff will be supported in evaluating the integrated district planning methodology. The Project will assist implementation of the revised methodology in the intervention areas (see 4.2).

TA will be provided to the MOHP in finalizing the *Clinic Management Manual* and adjusting the *In-service Training Manual*. The Project will then help build the capacity of MOHP to implement the in-service training as a way to sustain and replicate the model in the intervention areas. This technical assistance will be timed so that the intervention governorates are fully prepared when the new graduates arrive.

The Project will determine technical assistance to the MOHP to improve the MMSS and national SMC support to the governorates based on an assessment of the system.

Towards the end of 2006, the Project will assist the MOHP to review the Integrated Quality Performance Award (IQPA) system that was developed with technical assistance from TAHSEEN and find ways to align it with the proposed Health Reform Incentive System and Family Health Fund and any ministerial directions.

The Project will assist the MOHP to link with the Ministry of Finance in making a national booklet on service improvement fund (SIF) rules and regulations. This booklet, the text of which will also appear in the *Clinic Management Manual*, will clarify use of the SIF, thus eliminating one of the main obstacles to its use. As the *Clinic Management Manual* needs to be finalized quickly, this support has priority and will be finished by the beginning of project Year 2.

Integration of services needs to be supported by an integrated management information system (MIS). The Project will work with the MOHP upon request to identify the areas of improvement required to share decision-making information between the MOHP/MCH and PS sectors.

Sub Result 4.2: Increased Capacity of MOHP Governorate and District Level Management Teams

Involving the governorate and the district teams is crucial to the success and the scaling up of the model. To complement the technical training for facility staff, the governorate and district level staff will be fully trained to ensure their maximum capacity and collaboration. They will be provided didactic training in integrated supervision and leadership, followed by on-the-job training.

The Project will build on TAHSEEN and HM/HC integrated district planning (IDP) efforts. Under the TAHSEEN Project, 16 districts were supported in implementing IDP. The methodology will be fine-tuned and modified as needed in collaboration with MOHP central office staff, who will be assisted by the Project to develop annual integrated district plans in intervention governorates.

The Project will increase the capacity of the MOHP governorate and district level management teams to mobilize partners from other government agencies, NGOs and the private sector with a focus on supporting health facilities on the governorate level. The Project will hold workshops in each intervention governorate to link with the regional population councils and to assist them to develop steps to sustain and replicate the model in the intervention governorates before the end of 2006.

The Project will support SMCs in intervention governorates and districts to maximize use of the MMSS and ensure that the output of the system is well utilized by governorate and district-level SMCs as an ongoing activity. The SMCs will be oriented to provide technical support to city councils and governorate popular councils in their efforts to increase community awareness of preventable causes of maternal deaths. As the SMCs begin to link with the district and governorate level councils and governorate popular councils, the Project will be available to provide technical assistance.

For the success of the SIF it is important to hold district level meetings between MOHP and MOF to facilitate the smooth financial system operation in each district where the Project intervenes. This will help with the formation of and access to local bank accounts, etc. This step should be finalized when renovations are nearing completion.

Sub Result 4.3: Increased Capacity of Health Facility Teams

In order to improve day-to-day management of the facility, to sustain improvements in the quality of care, and to reconnect the clinics with the communities they serve, the Project will implement facility management training for facility staff as mentioned in Result 1 and 2. This training will provide facility staff with the tools to engage in continuous quality improvement, results-focused management techniques, work

planning, and monitoring the quality of care while creating an unprecedented sense of staff ownership over the quality of care.

Boards will be formed or re-activated and trained as needed in all facilities. TAKAMOL will use a participatory approach in which board member nominations will be sought from local schools, local village councils, agriculture extension units, *omda*(mayors) etc., leading to a broad cross-section of community representation on the boards.

Clinic staff will nominate and elect representatives to the clinic management board, and the community will follow a similar nomination and election process for community representatives. Once elected, board members will be oriented to their new roles and trained to establish a common vision between the staff of the rural health unit and the community, identify current community health needs not being served by the facility and find ways to overcome these challenges through an intervention of the board. The program will complement the facility management training thus producing clarity, support and challenge in the work environment, which is one major contributor to sustainable performance improvement.

TAKAMOL will work with hospitals in Lower Egypt to reform the hospital boards and assure that the community is well represented. In addition the project will form hospital Safe Motherhood Committees (SMC) to serve as the monitor/ process owner to issues related to safe motherhood among the diverse varieties of secondary care available in the hospital. Immediately following the boards' formation, hospital board training will be conducted followed by SMC training on management skills and CQI.

Through this program board members will learn the skills with which to mobilize communities; seek nontraditional sources of support for their clinics by seeking the donations of local associations and individuals; and manage and disburse their funds in a fiscally responsible manner

On-the-job training will ensure skills and behaviors are well practiced. After the initial training the facilities will be assisted to better manage the facility and link and work with other institutions especially schools, youth centers and CDAs/NGOs.

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Rapid start up activities																						
Contractual Activities																						
Sign the Project Contract	Signed Project Contract	Mar-06	1 month	X	X																	
Prepare and sign all partner subcontracts	Signed Subcontracts	Mar-06	2 months	X	X																	
Human Resources and Staffing Activities																						
Hiring staff and HR functions	Hired staff	Mar-06	5 months	X	X	X	X	X														
Members of the Project Management Team assume duties		Mar-06	1 month	X																		
Key Technical Staff assume duties		Mar-06	4 months	X	X	X	X															
Program and Support Staff assume duties		Mar-06	4 months	X	X	X	X															
HR system (Organizational chart, job descriptions, appraisal, contracts, salary grades and hiring procedures, etc.)	Systems developed	Mar-06	3 months	X	X	X																
Establish field office(s) as needed in intervention governorates	Established field office	Jun-06	As needed				X															
Office Procedures and Databases																						
Finalize the databases and train staff on their utilization		Mar-06	4 months	X	X	X	X															
Purchase and install all start-up technology equipment		Mar-06	4 months	X	X	X	X															
Make ready and equip office		Mar-06	4 months	X	X	X	X															
Design operations support systems (finance, travel etc.)		Mar-06	4 months	X	X	X	X															
Workplan Activities																						
Meet with stakeholders		Mar-06	2 months	X	X																	

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Agree on intervention governorates		Mar-06	2 months	X	X																	
Meet with other Projects with which the Project is likely to collaborate		Mar-06	3 months	X	X	X																
Develop workplan		Mar-06	2 months	X	X																	
Develop Project Monitoring Plan (PMP)		Mar-06	2 months	X	X																	
Partners and staff review the workplan and PMP		Apr-06	1 month		X																	
WP and PMP draft shared with USAID and MOHP		Apr-06	1 month		X																	
Submit Workplan and PMP for approval		Apr-06	1 month		X																	
Final Approval for workplan, M&E plan, budget, reporting format		May-06	2 months			X	X															
Hold workplanning meeting for Year 2		Aug-06	1 month						X													
Submit Year 2 workplan		Aug-06	1 month						X													
Governorate Level Activities																						
Governorate level introductory meetings		Apr-06	On going		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Draft and sign MOUs with representatives from intervention areas		May-06	On going			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Reporting and Communicating with USAID																						
Prepare and submit quarterly program reports to USAID/Partners					X			X			X			X			X			X		
Procurement																						
Review and develop commodity standards lists and specs		Apr-06	3 months		X	X	X															
Reach consensus with MOHP on items & Specs		Apr-06	3 months		X	X	X															
Apply for and Receive Waiver		May-06	2 months			X	X															
Issue the RFQ for Local Commodities		Jun-06	2 months				X	X														

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Bidders Collect RFQ & Prepare their Quotations		Jun-06	2 months				X	X														
Quotations Received & Reviewed by Tech & Fin. Committee		Jul-06	1 month					X														
Issue POs for Local Commodities		Jul-06	1 month					X														
Receive Local Commodities @ Warehouse		Aug-06	2 months						X	X												
Prepare Invitation for Bid and Send it to USAID for Approval		Jul-06	1 month					X														
US Bidders Collect IFB & prepare their Bids		Jul-06	2 months					X	X													
Offers received in the US and Sent to Egypt		Aug-06	2 months						X	X												
Offers Received in Egypt.		Sep-06	1 month							X												
Quotations Received & Reviewed by Tech & Fin. Committee		Sep-06	2 months							X	X											
Send Award Recommendations to USAID for Approval		Oct-06	1 month								X											
Receive USAID Approval and Issue Purchase Orders		Oct-06	2 months								X	X										
Receive Commodities @ USA		Dec-06	3 months									X	X	X								
Consolidate and Ship Commodities from the States		Jan-07	2 months										X	X								
Receive Offshore Commodities @ Port		Feb-07	2 months											X	X							
Clear Commodites and Receive @ Warehouse		Feb-07	2 months											X	X							
Result 1: Increase use of Quality Integrated FP/RH and MCH Care at PHC Level																						
1.1	Sub-Result 1.1: Increased Delivery of Integrated MCH/FP/RH Services at the PHC Level																					
1.1.1	Renovation:																					

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Collaboration with HSR to agree on design of renovation	Minutes of meeting	Apr-06	2 months		X	X																
Development of screening form for selection of PHC facilities	Screening form	Mar-06	2 months	X	X																	
Inspection of potential PHC facilities	Final list of clinics																					
Inspection of Batch 1 clinics (clinics to be renovated in Y1)		Apr-06	2 months		X	X																
Inspection of Batch 2 clinics (clinics to be renovated in Y2)		Jul-06	2 months					X	X													
Inspection of Batch 3 clinics (clinics to be renovated in Y2)		Oct-06	2 months								X	X										
Inspection of Batch 4 clinics (clinics to be renovated in Y2)		Jan-06	2 months											X	X							
Inspection of Batch 5 clinics (clinics to be renovated in Y3)		May-06	2 months															X	X			
Procurement of construction management services		Apr-06	4 months		X	X	X	X														
Procurement of construction contractors		Jun-06	3 months				X	X	X													
Renovation and equipping of PHC facilities	Handing over documents to MOHP																					
Renovation of Batch 1 clinics		Sep-06	4 months							X	X	X	X									
Renovation of Batch 2 clinics		Jan-07	4 months											X	X	X	X					
Renovation of Batch 3 clinics		Apr-07	4 months														X	X	X	X		
Renovation of Batch 4 clinics		Jun-07	4 months															X	X	X	X	
1.1.2	Training:																					

					Fiscal Year One						Fiscal Year Two											
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Review and update of all training materials with MOHP and other stakeholders as needed	Updated curricula	Apr-06	6 months		X	X	X	X	X	X												
Implement integrated clinical training for physicians	Training report																					
For Kafret Nassar (urban poor area)		May-06	2 weeks			X																
For Batch 1 clinics		Nov-06	2 weeks									X										
For Batch 2 clinics		Feb-07	2 weeks											X								
For Batch 3 clinics		May-07	2 weeks														X					
For Batch 4 clinics		Aug-07	2 weeks																		X	
Implement integrated clinical training for nurses	Training report																					
For Kafret Nassar (urban poor area)		May-06	10 days			X																
For Batch 1 clinics		Nov-06	10 days									X										
For Batch 2 clinics		Feb-07	10 days											X								
For Batch 3 clinics		May-07	10 days														X					
For Batch 4 clinics		Aug-07	10 days																		X	
Implement lab technicians training	Training report																					
For Kafret Nassar (urban poor area)		May-06	5 days			X																
For Batch 1 clinics		Nov-06	5 days									X										
For Batch 2 clinics		Feb-07	5 days											X								
For Batch 3 clinics		May-07	5 days														X					
For Batch 4 clinics		Aug-07	5 days																		X	
Implement outreach workers training	Training report																					

					Fiscal Year One									Fiscal Year Two								
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	For Kafret Nassar (urban poor area)		5 days																			
	For Batch 1 clinics	Oct-06	5 days								X	X										
	For Batch 2 clinics	Feb-07	5 days											X	X							
	For Batch 3 clinics	Apr-07	5 days													X	X					
	For Batch 4 clinics	Sep-07	5 days																			X
	Implement safety and maintenance training	Training report																				
	For Kafret Nassar (urban poor area)	Aug-06	2 days						X													
	For Batch 1 clinics	Feb-07	2 days											X								
	For Batch 2 clinics	Apr-07	2 days													X						
	For Batch 3 clinics	Jul-07	2 days																	X		
	For Batch 4 clinics (in the following year)																					
	Provide on-the-job training	Training report																				
	For Kafret Nassar (urban poor area)	Jul-06	8 months					X	X	X	X	X	X	X	X							
	For Batch 1 clinics	Jan-07	8 months											X	X	X	X	X	X	X	X	X
	For Batch 2 clinics	Mar-07	8 months													X	X	X	X	X	X	X
	For Batch 3 clinics	Jun-07	8 months														X	X	X	X	X	X
	For Batch 4 clinics	Sep-07	8 months																			X
1.1.3	Provide technical assistance to CSI to become an independent NGO																					
	Hold meetings with CSI to discuss technical needs	Reports and documents	Apr-06	4 months		X	X	X	X													

					Fiscal Year One						Fiscal Year Two												
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Assist CSI to become an independent NGO by providing it with job descriptions/ organizational charts/ recruitment procedures and manage the transition period	Reports and documents	Apr-06	6 months		X	X	X	X	X	X												
	Provide financial support to CSI through awarding subagreements	Financial and technical progress reports	Jun-06	4 months				X	X	X	X												
	Develop plan for TA after discussing with MOHP and USAID	Reports and documents	Aug-06	2 months						X	X												
	Provide TA to the independent CSI NGO that will be established		Sep-06	13 months							X	X	X	X	X	X	X	X	X	X	X	X	X
1.1.4	Community Mobilization activities (See Result 3)	see result 3																					
1.1.5	Collaboration with HSR																						
	Meet with HSR to discuss areas of potential collaboration	Minutes of Meeting	May-06	2 months			X	X															
	Prepare shared integrated activities time line	Shared plan	Jul-06	2 months					X	X													
1.1.6	Collaboration with RCT																						
	Meet with RCT to discuss areas of potential collaboration	Minutes of Meeting	Jul-06	2 months					X	X													
	Include RCT in review of training curricula	Working group report	Jun-06	12 months				X	X	X	X	X	X	X	X	X	X	X	X				
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	Training report																					

					Fiscal Year One									Fiscal Year Two									
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	For Kafret Nassar (urban poor area)		Jun-06	5 months				X	X	X	X	X											
	For Batch 1 clinics		Oct-06	5 months								X	X	X	X	X							
	For Batch 2 clinics		Jan-07	5 months											X	X	X	X	X				
	For Batch 3 clinics		Apr-07	5 months													X	X	X	X	X		
	For Batch 4 clinics		Jul-07	3 months																	X	X	X
1.2.2	Strengthen the clinic boards for the PHC facilities (cross result 4)																						
	Form/ reactivate clinic boards	report on the reactivated clinic boards																					
	For Kafret Nassar (urban poor area)		Apr-06	2 weeks			X																
	For Batch 1 clinics		Oct-06	2 weeks								X											
	For Batch 2 clinics		Jan-07	2 weeks										X									
	For Batch 3 clinics		Apr-07	2 weeks													X						
	For Batch 4 clinics		Jul-07	2 weeks																	X		
	Train clinic boards in 3 phases	Training report																					
	For Kafret Nassar (urban poor area)		Jun-06	5 months				X	X	X	X	X											
	For Batch 1 clinics		Oct-06	5 months								X	X	X	X	X							
	For Batch 2 clinics		Jan-07	5 months											X	X	X	X	X				
	For Batch 3 clinics		Apr-07	5 months													X	X	X	X	X		
	For Batch 4 clinics		Jul-07	3 months																	X	X	X
1.2.3	Activate the current referral system																						
	Train medical staff on referral system (cross result 2)	Training report																					

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	For Kafret Nassar clinic (urban poor area)		Aug-06	2 days					X													
	For Batch 1 clinics and hospitals		Feb-07	2 days										X								
	For Batch 2 clinics and hospitals		Apr-07	2 days													X					
	For Batch 3 clinics and hospitals		Jul-07	2 days																X		
	Follow up on the use of the referral system as part of OJT																					
	For Kafret Nassar (urban poor area)		Aug-06	8 months					X	X	X	X	X	X	X	X						
	For Batch 1 clinics		Feb-07	8 months										X	X	X	X	X	X	X	X	X
	For Batch 2 clinics		Apr-07	6 months													X	X	X	X	X	X
	For Batch 3 clinics		Jul-07	3 months																X	X	X
1.2.4	Assist MOHP in implementing In Service Training (cross with 4.1)	report	Nov-06	3 months								X	X	X								
1.2.5	Assist MOHP in implementing PP home visits program (cross with 4.1)	report	Jan-07	7 months										X	X	X	X	X	X	X		
Result 2: Increase use of Quality Integrated FP/RH and MCH Care in Hospitals																						
Sub-Result 2.1: Increased Delivery of Integrated MCH/FP/RH Services in Hospitals																						
2.1.1	Conduct hospital assessment for clinical & managerial performance, equipment, training needs																					
	Develop a screening tool to select priority hospitals for the project intervention	Hospital screening form	Mar-06	2 weeks	X																	
	Assist MOHP to adapt HM/HC assessment tool for district & general hospitals for integrated MCH /FP/RH services	Updated Hospital screening form	Apr-06	1 month		X																

					Fiscal Year One						Fiscal Year Two												
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
Major Activities		Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Select hospitals for intervention		MOHP approved list of selected Hospitals																					
Select Batch 1 hospitals			May-06	2 weeks			X																
Select Batch 2 hospitals			Aug-06	2 weeks						X													
Select Batch 3 hospitals			Sep-06	2 weeks							X												
Select Batch 4 hospitals			Nov-06	2 weeks									X										
Conduct detailed needs assessment & development of hospital improvement plans in intervention hospitals		Hospital Improvement plans																					
For Batch 1 hospitals			May-06	1 month			X																
For Batch 2 hospitals			Aug-06	1 month						X													
For Batch 3 hospitals			Oct-06	1 month								X											
For Batch 4 hospitals			Dec-06	1 month									X										
Prepare inventory for equipment & renovations & training needs		Inventory of hospital needs																					
For Batch 1 hospitals			Jul-06	1 month					X														
For Batch 2 hospitals			Sep-06	1 month							X												
For Batch 3 hospitals			Nov-06	1 month								X											
For Batch 4 hospitals			Jan-07	1 month										X									
2.1.2	Renovation and equipping of hospitals in Lower Egypt																						
Submit specifications for renovations of LE hospitals to MOHP (blueprints, etc.) for approval		MOHP approved hospital blue prints																					
For Batch 1 LE hospitals			Aug. 06	1 month						X													

					Fiscal Year One									Fiscal Year Two									
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	For Batch 2 LE hospitals		Nov-06	1 month									X										
	For Batch 3 LE hospitals		Feb-07	1 month												X							
	For Batch 4 LE hospitals		May-07	1 month															X				
	Renovation and equipping																						
	For Batch 1 LE hospitals		Sep-06	3 months						X	X	X											
	For Batch 2 LE hospitals		Dec-06	3 months									X	X	X								
	For Batch 3 LE hospitals		Mar-07	3 months												X	X	X					
	For Batch 4 LE hospitals		Jun-07	3 months															X	X	X		
2.1.3	Training relevant staff in intervention hospitals in Lower Egypt																						
2.1.3.1	Clinical Training																						
	Training for all staff in relevant departments of Batch 1 hospitals	Training report																					
	Integrated Package MCH/FP/RH training for OB/GYN specialists		Nov-06	3 months									X	X	X								
	Orientation of senior Ob&Gyn specialists on Integrated MCH/FP/RH package		Nov-06	1 month									X										
	Ob&Gyn training for nurses including PAC/PPC/FP counseling and breastfeeding support		Nov-06	3 months									X	X	X								
	Neonatal care training for neonatologists (physicians) BASIC Course		Nov-06	3 months									X	X	X								
	Neonatal care training for neonatologists (physicians) ADVANCED Course		Jan-07	4 months											X	X	X	X					

					Fiscal Year One									Fiscal Year Two									
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
Neonatal care training for NICU nurses		Nov-06	3 months									X	X	X									
Essential Obstetric Anesthesia Training (EOAC) for Anesthesiologists		Nov-06	3 months									X	X	X									
Essential Laboratory Services Training for Physicians		Nov-06	3 months									X	X	X									
Essential Laboratory Services Training for technicians		Nov-06	3 months									X	X	X									
Central Supply and Sterilization Training (CSSD) for OR / CSSD Nurses		Jan-07	1 month											X									
Training on Neonatal Resuscitation for physicians		Dec. 06	1 month										X										
Orientation of Infection control Committee on National standards of IC		Jan-06	1 month											X									
Training for all staff in relevant departments of Batch 2 hospitals in Lower Egypt	Training report																						
Integrated Package MCH/FP/RH training for OB/GYN specialists		Jan-07	3 months											X	X	X							
Orientation of senior Ob&Gyn specialists on Integrated MCH/FP/RH package		Feb-07	1 month												X								
Ob&Gyn training for nurses including PAC/PPC/FP counseling and breastfeeding support		Jan-07	3 months											X	X	X							

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
Neonatal care training for neonatologists (physicians) BASIC Course		Jan-07	3 months											X	X	X							
Neonatal care training for neonatologists (physicians) ADVANCED Course		Feb. 07	4 months																				
Neonatal care training for NICU nurses		Jan-07	3 months											X	X	X							
Essential Obstetric Anesthesia Training (EOAC) for Anesthesiologists		Jan-07	3 months											X	X	X							
Essential Laboratory Services Training for Physicians		Jan-07	3 months											X	X	X							
Essential Laboratory Services Training for technicians		Jan-07	3 months											X	X	X							
Central Supply and Sterilization Training (CSSD) for OR / CSSD Nurses		Apr-07	1 month														X						
Training on Neonatal Resuscitation for physicians		May-07	1 month																				
Orientation of Infection control Committee on National standards of IC		May-07	1 month																				
Training for all staff in relevant departments of Batch 3 hospitals in Lower Egypt	Training report																						
Integrated Package MCH/FP/RH training for OB/GYN specialists		Apr-07	3 month														X	X	X				

					Fiscal Year One									Fiscal Year Two								
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Orientation of senior Ob&Gyn specialists on Integrated MCH/FP/RH package		Apr-07	1 month														X					
Ob&Gyn training for nurses including PAC/PPC/FP counseling and breastfeeding support		Apr-07	3 months														X	X	X			
Neonatal care training for neonatologists (physicians) BASIC Course		Apr-07	3 months														X	X	X			
Neonatal care training for neonatologists (physicians) ADVANCED Course		May-07	4 months															X	X	X	X	
Neonatal care training for NICU nurses		Apr-07	3 months														X	X	X			
Essential Obstetric Anesthesia Training (EOAC) for Anesthesiologists		Apr-07	3 months														X	X	X			
Essential Laboratory Services Training for Physicians		Apr-07	3 months														X	X	X			
Essential Laboratory Services Training for technicians		Apr-07	3 months														X	X	X			
Central Supply and Sterilization Training (CSSD) for OR / CSSD Nurses		Jun-07	1 month																X			
Training on Neonatal Resuscitation for physicians		Jul-07	1 month																	X		
Orientation of Infection control Committee on National standards of IC		Jun-07	1 month																X			

					Fiscal Year One									Fiscal Year Two									
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
Training for all staff in relevant departments of Batch 4 hospitals in Lower Egypt	Training report																						
Integrated Package MCH/FP/RH training for OB/GYN specialists		Jul-07	3 months																		X	X	X
Orientation of senior Ob&Gyn specialists on Integrated MCH/FP/RH package		Jul-07	1 month																		X		
Ob&Gyn training for nurses including PAC/PPC/FP counseling and breastfeeding support		Jul-07	3 months																		X	X	X
Neonatal care training for neonatologists (physicians) BASIC Course		Jul-07	3 months																		X	X	X
Neonatal care training for neonatologists (physicians) ADVANCED Course		Aug-06	4 months																			X	X
Neonatal care training for NICU nurses		Jul-07	3 months																		X	X	X
Essential Obstetric Anesthesia Training (EOAC) for Anesthesiologists		Jul-07	3 months																		X	X	X
Essential Laboratory Services Training for Physicians		Jul-07	3 months																		X	X	X
Essential Laboratory Services Training for technicians		Jul-07	3 months																		X	X	X
Central Supply and Sterilization Training (CSSD) for OR / CSSD Nurses		Sep-07	1 month																				X

					Fiscal Year One									Fiscal Year Two									
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Training on Neonatal Resuscitation for physicians		Oct. 07	1 month																			
	Orientation of Infection control Committee on National standards of IC		Oct. 07	1 month																			
2.1.3.2	<u>On the job clinical training for LE hospital staff</u>	OJT report																					
	For Batch 1 LE hospitals		Jan-07	12 months											X	X	X	X	X	X	X	X	X
	For Batch 2 LE hospitals		Apr-07	12 months													X	X	X	X	X	X	X
	For Batch 3 LE hospitals		Jul-07	12 months																	X	X	X
	For Batch 4 LE hospitals		Oct-07	12 months																			
2.1.3.3	<u>Develop and use local training capacity</u>																						
	Conduct TOT for OB/GYN specialists in district hospitals (Lead Trainers)	Training report																					
	For Batch 1 LE hospitals		Nov-06	1 month									X										
	For Batch 2 LE hospitals		Feb-07	1 month											X								
	For Batch 3 LE hospitals		Apr-07	1 month													X						
	For Batch 4 LE hospitals		Jul-07	1 month																	X		
	Support lead trainers train PHC physicians on various issues including safe home delivery	Training report																					
	For Batch 1 LE hospitals		Nov-06	1 month									X										
	For Batch 2 LE hospitals		Feb-07	1 month											X								
	For Batch 3 LE hospitals		Apr-07	1 month													X						
	For Batch 4 LE hospitals		Jul-07	1 month																	X		

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
2.1.3.4	Management Training (cross result 4)																						
	<i>SMCs Training</i>																						
	<i>Activation and training of hospital boards</i>	Training report																					
	For Batch 1 LE hospitals		Sep-06	1 month							X												
	For Batch 2 LE hospitals		Nov-06	1 month									X										
	For Batch 3 LE hospitals		Feb-07	1 month												X							
	For Batch 4 LE hospitals		May-07	1 month															X				
	Activate hospital boards to form SMCs	Minutes of meeting of hospital board nominating SMC members																					
	For Batch 1 LE hospitals		Sep-06	1 month							X												
	For Batch 2 LE hospitals		Dec-06	1 month										X									
	For Batch 3 LE hospitals		Mar-07	1 month													X						
	For Batch 4 LE hospitals		Jun-07	1 month																X			
	Train SMC members on management skills	Training report																					
	For Batch 1 LE hospitals		Sep-06	1 month							X												
	For Batch 2 LE hospitals		Dec-06	1 month										X									
	For Batch 3 LE hospitals		Mar-07	1 month													X						
	For Batch 4 LE hospitals		Jun-07	1 month																X			
2.1.4	Training relevant staff in intervention hospitals in Upper Egypt																						
2.1.4.1	Clinical Training																						

					Fiscal Year One									Fiscal Year Two									
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Clinical training of Upper Egypt hospitals staff in PAC/FP counseling/postpartum care and breastfeeding	Training report																					
	For Batch 1 UE hospitals		Oct. 06	6 months								X	X	X	X	X	X						
	For Batch 2 UE hospitals		Nov-06	1 month									X										
	For Batch 3 UE hospitals		Jan-07	1 month											X								
	For Batch 4 UE hospitals		Mar-07	2 months													X	X					
	Clinical training to Upper Egypt hospital staff as requested by SMCs	Minutes of Meeting with SMC																					
	For Batch 1 UE hospitals	Training report	Oct. 06	6 months								X	X	X	X	X	X						
	For Batch 2 UE hospitals	Training report	Nov-06	1 month									X										
	For Batch 3 UE hospitals	Training report	Jan-07	1 month											X								
	For Batch 4 UE hospitals	Training report	Mar-07	2 months													X	X					
2.1.5	Strengthen referral and tracking systems																						
	Assist MOHP to provide FP BCC materials in intervention Hospitals	Receiving report	Jan-07	12 months											X	X	X	X	X	X	X	X	X
	Conduct a workshop to strengthen internal referral between departments in 6 intervention hospitals	Workshop report																					
	For Batch 1 hospitals		Feb-07	1 month												X							
	For Batch 2 hospitals		Apr-07	1 month														X					
	For Batch 3 hospitals		Jul-07	1 month																	X		
	For Batch 4 hospitals		Oct-07	1 month																			

					Fiscal Year One									Fiscal Year Two								
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Assist MOHP at the central level to Develop links and cross referral system between Neonatal Care Units (NCU) in all intervention Hospitals within each governorate	MOHP approved inter-hospital referral system	Apr-07	4 months														X	X	X	X		
Assist MOHP in strengthening the cross referral system between intervention district hospitals and PHC facilities	Quarterly reports from the district office																					
For Batch 1 hospitals		Feb-07	Ongoing											X	X	X	X	X	X	X	X	X
For Batch 2 hospitals		Apr-07	Ongoing														X	X	X	X	X	X
For Batch 3 hospitals		Jul-07	Ongoing																	X	X	X
For Batch 4 hospitals		Oct-07	Ongoing																			
Assist MOHP to Develop and implement a tracking tool for neonatal deaths in NCUs	MOHP approved neonatal deaths tracking tool	Jan-07	2 months											X	X							
Sub-Result 2.2: Improved Quality of Integrated MCH/FP/RH Services in Hospitals																						
2.2.1	Review /Updating of guidelines, protocols and standards, Systems development																					

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Assist MOHP to review the CQI system of HM/HC, add elements of FP& PAC & PP Care and produce first draft	Integrated CQI system	Aug-06	12 months						X	X	X	X	X	X	X	X						
2.2.2	Training of relevant Hospital staff on CQI system and self assessment (Clinical & Managerial Performance)																						
	Training of Hospital SMCs in Lower Egypt on draft expanded CQI system	Training report																					
	For Batch 1 LE hospitals		Oct-06	1 month								X											
	For Batch 2 LE hospitals		Dec-06	1 month									X										
	For Batch 3 LE hospitals		Mar-07	1 month												X							
	For Batch 4 LE hospitals		Jun-07	1 month														X					
	Refresher Training of Hospital staff in Upper Egypt on CQI system based upon needs assessment	Training report																					
	For Batch 1 UE hospitals		Oct-06	6 months								X	X	X	X	X	X						
	For Batch 2 UE hospitals		Nov-06	1 month									X										
	For Batch 3 UE hospitals		Dec-07	1 month										X									
	For Batch 4 UE hospitals		Feb-07	2 months												X	X						
2.2.3	Support MOHP Curative Care Sector to Monitor and ensure continued quality of care																						
	Assist MOHP / curative care in designing parameters of a monitoring system for hospital care quality	Minutes of meeting	Jan-07	Ongoing											X	X	X	X	X	X	X	X	X
	In Governorate 2		Dec-06	2 months									X	X									
	In Governorate 3		Jan-07	2 months											X	X							
	In Governorate 4		Feb-07	2 months												X	X						

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	In Governorate 5	Mar-07	2 months													X	X					
	In Governorate 6	Aug-07	2 months																		X	X
Result 3: Positive Behavior Change in 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																					
	Integrate MCH messages in all existing curricula and adjust as needed [cross reference IR 1.1.2]	May-06	6 months			X	X	X	X	X	X											
	Review training materials from a gender perspective and update as needed	May-06	6 months			X	X	X	X	X	X											
3.1.2	Working with governorate Working Groups (WG)																					
	Establish youth, religious leaders and media WG in new governorates as applicable	List of names of the WGs																				
	In Governorate 1	Sep-06	2 months							X	X											
	In Governorate 2	Nov-06	2 months									X	X									
	In Governorate 3	Dec-06	2 months										X	X								
	In Governorate 4	Jan-07	2 months											X	X							
	In Governorate 5	Feb-07	2 months												X	X						
	In Governorate 6	Jul-07	2 months																	X	X	
	Train newly formed youth and media WG	Training report																				
	In Governorate 1	Nov-06	2 months									X	X									
	In Governorate 2	Dec-06	2 months										X	X								
	In Governorate 3	Jan-07	2 months											X	X							
	In Governorate 4	Feb-07	2 months												X	X						
	In Governorate 5	Mar-07	2 months													X	X					
	In Governorate 6	Aug-07	2 months																		X	X

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Hold regular meetings with newly formed WG (TA to media WG in collaboration with CHL)	Activity Report																					
	In Governorate 1		Feb-07	9 months												X	X	X	X	X	X	X	X
	In Governorate 2		Mar-07	5 months													X	X	X	X	X		
	In Governorate 3		Apr-07	5 months														X	X	X	X	X	
	In Governorate 4		May-07	5 months															X	X	X	X	X
	In Governorate 5		Jun-07	5 months																X	X	X	X
3.1.3	Family Life Education (FLE)																						
	Develop BCC tools for FLE beneficiaries	BCC tools developed	May-06	7 months			X	X	X	X	X	X	X										
	Conduct orientation meeting for FLE facilitators	Workshop Report																					
	For Batch 1 clinics		Dec-06	1 month										X									
	For Batch 2 clinics		Feb-07	1 month											X								
	For Batch 3 clinics		May-07	1 month															X				
	For Batch 4 clinics		Aug-07	1 month																		X	
	Conduct FLE TOT for health visitors and NGO/MOHP RR	Training Report																					
	For Batch 1 clinics		Dec-06	1 month										X									
	For Batch 2 clinics		Feb-07	1 month											X								
	For Batch 3 clinics		May-07	1 month															X				
	For Batch 4 clinics		Aug-07	1 month																		X	
	Implement program in intervention communities	Activity Report																					
	For Batch 1 clinics		Jan-07	3 months											X	X	X						
	For Batch 2 clinics		Mar-07	3 months													X	X	X				
	For Batch 3 clinics		Jun-07	3 months																X	X	X	
	For Batch 4 clinics		Sep-07	1 month																			X

					Fiscal Year One									Fiscal Year Two									
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
3.1.4	Peer to Peer university-based program																						
	Implement peer to peer program in university in Ismailia	List of peer educators	Nov-06	10 months									X	X	X	X	X	X	X	X	X	X	X
	Provide TA to existing peer educators in Beni Suef as they carry out their follow-on peer to peer activities	Reports	Apr-06	12 months		X							X	X		X	X	X					
3.1.5	Religious Leaders (RL)																						
	Selection of RL group at the community level	List of names																					
	For Kafret Nassar (urban poor area)		Sep-06	1 month							X												
	For Batch 1 clinics		Oct-06	2 months								X	X										
	For Batch 2 clinics		Dec-06	2 months										X	X								
	For Batch 3 clinics		Mar-07	2 months												X	X						
	For Batch 4 clinics		Jun-07	2 months																X	X		
	Train RL on integrated MCH/FP/RH messages	Report																					
	For Kafret Nassar		Sep-06	1 month							X												
	For Batch 1 clinics		Nov-06	2 months								X	X										
	For Batch 2 clinics		Jan-07	2 months										X	X								
	For Batch 3 clinics		Apr-07	2 months													X	X					
	For Batch 4 clinics		Jul-07	2 months																	X	X	
	Continue collaborating with trained RL in different community activities	Report of monthly meeting	Dec-06	10 months									X	X	X	X	X	X	X	X	X	X	X
	Train religious leaders and media professionals using simplified gender and rights manual	Training report	Mar-07	1 month												X							

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
3.1.6	Shabab TAKAMOL Week (Youth Mobilization Week)																						
	Implement STW in some intervention communities	Activity monthly report																					
	For Kafret Nassar (urban poor area)		Sep-06	1 month							X												
	For Batch 1 communities		Jan-07	5 months											X	X	X	X	X				
	For Batch 2 communities		Apr-07	5 months														X	X	X	X	X	
	For Batch 3 communities		Jun-07	4 months																X	X	X	X
	For Batch 4 communities		Sep-07	1 month																			X
3.1.7	Ask/Consult																						
	Train private pharmacists and physicians in new intervention areas on CHL-developed curriculum as needed	Training report																					
	For Batch 1 communities		Feb-07	1 month												X							
	For Batch 2 communities		May-07	1 month															X				
	For Batch 3 communities		Jul-07	1 month																	X		
	For Batch 4 communities		Sep-07	1 month																			X
3.1.8	Gender Based Violence (GBV manual)																						
	Review GBV manual and update as needed	Updated manual	May-06	5 months			X	X	X	X	X												
	Translate manual into Arabic	Translated manual	Oct-06	4 months								X	X	X	X								
	Make manual available to NCCM, NCW and interested partner NGOs	Distribution report	Feb-07	1 month												X							
3.1.9	Different BCC activities/tools																						

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Support and collaborate with CHL in the development of national MCH/FP/RH BCC activities	Minutes of meeting with CHL	Aug-06	14 months						X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Integrate MCH messages into the different BCC activities (plays and seminars)	Adapted Script/ or CD	Apr-06	5 months		X	X	X	X	X													
	Implement youth friendly and gender sensitive plays	Activity Report																					
	For Kafret Nassar (urban poor area)		Jun-06	1 month				X															
	For Batch 1 districts and/ or communities		Jan-07	5 months										X	X	X	X	X					
	For Batch 2 districts and/ or communities		Apr-07	5 months													X	X	X	X	X		
	For Batch 3 districts and/ or communities		Jun-07	4 months															X	X	X	X	
	For Batch 4 districts and/ or communities		Sep-07	1 month																			X
	Implement youth friendly and gender sensitive skits	Activity Report																					
	For Batch 1 communities		Jan-07	5 months										X	X	X	X	X					
	For Batch 2 communities		Apr-07	5 months													X	X	X	X	X		
	For Batch 3 communities		Jun-07	4 months															X	X	X	X	
	For Batch 4 communities		Sep-07	1 month																			X
3.1.10	Women Empowerment (Egyptian Women Speak Out/Leadership)																						
	Implement EWSO program in intervention communities	Monthly activity report	Dec-06	9 months									X	X	X	X	X	X	X	X	X	X	

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
For Kafret Nassar (urban poor area)		Jul-06	1 month					X														
For Batch 1 communities		Jan-07	5 months											X	X	X	X	X				
For Batch 2 communities		Apr-07	5 months														X	X	X	X	X	
For Batch 3 communities		Jun-07	4 months																X	X	X	X
For Batch 4 communities		Sep-07	1 month																			X
Hold leadership orientation workshop	Workshop report																					
In Beni Suef		May-07	1 month															X				
In Giza		Jun-07	1 month																X			
Implement leadership training program in intervention areas targeting EWSO graduates	Monthly activity report																					
For Kafret Nassar (urban poor area)		Nov-06	1 month									X										
In Beni Suef		Jul-07	2 months																	X	X	
In Giza		Aug-07	2 months																		X	X
3.1.11 Men Involvement (Agricultural and Irrigation Extention Workers)																						
Train AEW in intervention areas	Training report																					
For Batch 1 communities		Nov-06	3 months									X	X	X								
For Batch 2 communities		Feb-07	3 months												X	X	X					
For Batch 3 communities		Apr-07	3 months														X	X	X			
For Batch 4 communities		Jun-07	3 months																X	X	X	
Follow up on AEW seminars in intervention areas	Seminars report																					
For Batch 1 communities		Dec-06	10 months									X	X	X	X	X	X	X	X	X	X	X
For Batch 2 communities		Mar-07	7 months													X	X	X	X	X	X	X

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	For Batch 3 communities		May-07	5 months															X	X	X	X	X
	For Batch 4 communities		Jul-07	3 months																	X	X	X
3.1.12	Literacy facilitators																						
	Update GAAE and NGOs' literacy facilitators training package to include MCH messages	Booklets	Jun-06	7 months				X	X	X	X	X	X	X									
	Train literacy facilitators																						
	For Kafret Nassar (urban poor area)		Aug-06	1 month						X													
	In Governorate 1		Feb-07	1 month												X							
	In Governorate 2		Feb-07	1 month												X							
	In Governorate 3		Feb-07	1 month												X							
	In Governorate 4		Feb-07	1 month												X							
	In Governorate 5		Feb-07	1 month												X							
3.1.13	Couple Communication																						
	Follow up on RRs in the implementation of couple communication seminars in intervention areas	Seminars report																					
	For Batch 1 communities		Jul-07	3 months																	X	X	X
	For Batch 2 communities		Jul-07	3 months																	X	X	X
	For Batch 3 communities		Jul-07	3 months																	X	X	X
	For Batch 4 communities		Jul-07	3 months																	X	X	X
3.1.14	CDAs/ Community Activities																						
	Orientation of CDAs of Ministry of Solidarity district level officials about Takamol	Activity report																					
	For Batch 1 communities		Apr-06	1 month		X																	
	For Batch 2 communities		Aug-06	1 month						X													
	For Batch 3 communities		Nov-06	1 month								X											

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
For Batch 4 communities		Mar-07	1 month													X						
Screening and assessing local CDAs	CDA assessing forms																					
For Batch 1 communities		May-06	3 months			X	X	X														
For Batch 2 communities		Sep-06	3 months							X	X	X										
For Batch 3 communities		Dec-06	2 months										X	X								
For Batch 4 communities		Apr-07	3 months														X	X	X			
Selection of CDAs	Screening Report																					
For Batch 1 communities		Jul-06	1 month					X														
For Batch 2 communities		Dec-06	1 month										X									
For Batch 3 communities		Feb-07	1 month											X								
For Batch 4 communities		Jul-07	1 month																		X	
Submission of proposals and contracting of CDAs	Proposals & contracts																					
For Batch 1 communities		Aug-06	2 months						X	X												
For Batch 2 communities		Jan-07	1 month											X								
For Batch 3 communities		Mar-07	1 month													X						
For Batch 4 communities		Aug-07	1 month																			X
Capacity building for CDAs as needed	Training report																					
For Batch 1 communities		Oct-06	2 months								X	X										
For Batch 2 communities		Feb-07	2 months												X	X						
For Batch 3 communities		Apr-07	2 months														X	X				
For Batch 4 communities		Sep-07	1 month																			X
Training of CDA RRs	Training report																					
For Batch 1 communities		Oct-06	2 months								X	X										
For Batch 2 communities		Feb-07	2 months												X	X						

					Fiscal Year One									Fiscal Year Two												
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4					
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9			
	For Batch 3 communities		Apr-07	2 months														X	X							
	For Batch 4 communities		Sep-07	1 month																			X			
	Monitoring implementation of CDA activities: home visits, seminars, etc.	CDA monthly progress report																								
	For Batch 1 communities		Dec-06	10 months									X	X	X	X	X	X	X	X	X	X	X			
	For Batch 2 communities		Apr-07	6 months													X	X	X	X	X	X	X			
	For Batch 3 communities		Jun-07	4 months														X	X	X	X	X	X			
3.1.15	Collaborate with other agencies/ projects																									
	Collaborate with NCW, NCCM on women and youth empowerment activities (child labor, FGM,GEI, and others) as applicable		Jul-06	15 months					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Develop a cooperative agreement with NCCM for working in urban poor areas	MOU	Apr-06	3 months		X	X	X																		
	Collaborate with LEAD Project in Kablat community in Greater Cairo	Activity report	Aug-06	6 months						X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Implement community mobilization activities in Kafret Nassar (Barclays Bank Egypt)	Activity report	Jun-06	7 months				X	X	X	X	X	X													
	Collaborate with global reproductive health initiatives such as ESD project																									
3.2	Sub-Result 3.2: Strengthened Interpersonal Communication Skills of PHC, Hospital, NGO and Outreach Workers																									

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
3.2.1	Train PHC staff, and related hospital staff in communication skills and counseling using the integrated MCH/FP/RH counseling package (cross ref. result 1)	Training Curricula																					
3.2.2	Train MOHP RR supervisors and NGO RR on simplified gender and rights manual	Training report																					
	In Governorate 1		Dec-06	1 month										X									
	In Governorate 2		Jan-07	1 month											X								
	In Governorate 3		Feb-07	1 month												X							
	In Governorate 4		Mar-07	1 month													X						
	In Governorate 5		Apr-07	1 month														X					
3.2.3	Train MOHP RR supervisors and mothakaf sokany in intervention governorates on couple communication (TOT)	Training report																					
	In Governorate 1		Jun-07	1 month																	X		
	In Governorate 2		Jun-07	1 month																	X		
	In Governorate 3		Jun-07	1 month																	X		
	In Governorate 4		Jun-07	1 month																	X		
	In Governorate 5		Jun-07	1 month																	X		
3.2.4	Conduct leadership TOT in intervention governorates for MOHP RRs	Training report																					
	In Governorate 1		Apr-07	1 month																	X		
	In Governorate 2		Apr-07	1 month																	X		
	In Governorate 3		Apr-07	1 month																	X		
	In Governorate 4		Apr-07	1 month																	X		

					Fiscal Year One									Fiscal Year Two								
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	In Governorate 5		Apr-07	1 month													X					
Result 4: Improved MOHP Capacity to Sustain Performance of Integrated FP/RH/MCH Services																						
4.1	4.1. Increase capacity of MOHP National Level Management Team																					
4.1.1	Coordinate and synchronize with MOHP/PS, MCH and NPC workplans																					
	Hold 3-5 meetings for 2006 Workplan	Meetings Report	May-06	2 months			X	X														
4.1.2	Provide TA to MOHP POP sector and MCH, NPC and RCT in developing results oriented workplans for Year 2007																					
	Meetings individually between the members of each sector/institution	Minutes of meeting	Jun-06	2 months				X	X													
	A collective workshop to coordinate the finalization of the plan with the project and other partners	Workshop report and developed workplan	Aug-06	1 month						X												
4.1.3	Support MOHP, NPC and RCT to review and update their strategic plans taking into consideration governorate level plans																					
	Meetings with the governorate representatives	Meetings Report	Sep-06	3 months							X	X	X									
	Meetings with the representatives of each organization	Meetings Report	Sep-06	3 months							X	X	X									
4.1.4	Assist MOHP in activating the Integration committee and forming working groups as needed																					

					Fiscal Year One						Fiscal Year Two												
					FY1/Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Activate the Integration Committee that was formed under TAHSEEN and HM/HC	Names and/or Decree	Mar-06	2 months	X	X																	
	Assist the MOHP to form working groups as necessary	Names of members of WG	Apr-06	6 months		X	X	X	X	X	X												
	Meet regularly with the different WGs and train if requested by Integration Committee	Minutes of meetins and training reports if any	May-06	5 months			X	X	X	X	X												
4.1.5	Provide TA for SR/WG within MOHP to negotiate win-win agreements with partners from other government ministries, agencies, NGOs and private sector																						
	Assist the MOHP to form Social Responsibility working group	Criteria/ Names	Jun-06	1 month				X															
	Support MOHP to finalize curriculum for the capacity building of the SR/ WG	Updated Curriculum	Jul-06	1 month					X														
	Training of the SR working group	Training Report	Aug-06	2 months						X	X												
	Meeting with the private sector to initiate social responsibility initiatives and increase their awareness	MOUs & meeting reports	Apr-06	6 months		X	X	X	X	X	X												
	Build capacity of MOHP to implement developed memoranda of understanding and partnerships with different partners from private and NGO sectors	OJT and MOUs implementation reports	Oct-06	12 months								X	X	X	X	X	X	X	X	X	X	X	X

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Organize a national conference to share SR experiences with all stakeholders	Conference report	Jan-07	3 months											X	X	X						
4.1.6	Assist MOHP/PS achieve Contraceptive Security																						
	Provide TA as needed for the contraceptive security working group to implement the strategic framework including supply chain, commodity procurement, storage and distribution.	Minutes/Report/Scheme	Jul-06	3 months					X	X	X												
4.1.7	Increase the capacity of the MOHP to strengthen the supervision system																						
	Provide TA to the MOHP to finalize the implementation methodology manual of the integrated supervision and leadership	Documentation of the methodology	May-06	4 months			X	X	X	X													
4.1.8	Replication of the integrated MCH/FP/RH services																						
	Assist MOHP related sectors to fine tune the implementation of the Integrated District Planning implementation methodology (IDP)	Final methodology	Sep-06	2 months							X	X											
	Assist MOHP related sectors in finalizing the clinic management manual to be included in the in-service training	Final clinic management manual	Aug-06	3 months						X	X	X											
	Assist MOHP related sectors to adapt the OJT manual and curriculum to include management topics	Final OJT manual	Nov-06	3 months									X	X	X								
4.1.9	Support the maternal mortality surveillance system (MMSS)																						

					Fiscal Year One									Fiscal Year Two										
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
	Assess the need of MOHP to improve the MMSS and the national SMC support to the governorate	Needs identification report	Oct-06	2 months								X	X											
4.1.10	Assist MOHP in implementing the Integrated Quality Performance Award system																							
	Review the system that was developed under TAHSEEN and find ways to align with the proposed health reform incentive system	Review report and recommendations	Nov-06	3 months									X	X	X									
4.1.11	Increase the capacity to develop and automate the financial and inventory system.																							
	Provide TA to MOHP to link with MOF in making a national booklet on SIF roles and regulations	Meetings report and the final draft of the booklet	Aug-06	2 months						X	X													
	Work with the MOHP upon request to identify areas of improvement required to share decision-making information between MCH and FP sectors	Needs identification report	Jan-07	2 months											X	X								
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 at the intervention areas (cross reference result 1)	Reports	Dec-06	3 months									X	X	X									
4.2	Sub-Result 4.2: Increased Capacity Of MOHP Governorate and District Level Management Teams																							

					Fiscal Year One									Fiscal Year Two								
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4	
Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
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	Training Reports																				
	District team of Kafret Nassar (urban poor area)		Jul-06	2 months			X	X														
	District teams of Batch 1 clinics		Oct-06	2 months							X	X										
	District teams of Batch 2 clinics		Jan-07	2 months									X	X								
	District teams of Batch 3 clinics		Apr-07	2 months												X	X					
	District teams of Batch 4 clinics		Jul-07	2 months																X	X	
	Assist governorate and district level staff develop Integrated District Plans (IDPs) in intervention districts	IDPs																				
	District teams of Batch 1 clinics		Apr-07	3 months												X	X	X				
	District teams of Batch 2 clinics		Apr-07	3 months												X	X	X				
	District teams of Batch 3 clinics		Jun-07	2 months														X	X			
	Coaching district level staff in intervention areas to master the integrated supervision and coaching skills	OJT report																				
	District team of Kafret Nassar (urban poor area)		Jul-06	6 months				X	X	X	X	X	X									
	District team of Batch 1 clinics		Nov-06	6 months								X	X	X	X	X	X					
	District team of Batch 2 clinics		Feb-07	6 months										X	X	X	X	X	X			
	District team of Batch 3 clinics		May-07	5 months												X	X	X	X	X		
	District team of Batch 4 clinics		Aug-07	2 months																	X	X

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
4.2.2	Increase the capacity to mobilize partners from other government agencies, NGOs and private sector focusing on supporting the health facilities on the governorate level																						
	Link with the regional population councils at the intervention governorates	Meetings report	Sep-06	3 month							X	X	X										
	Provide TA workshops to assist these councils develop steps to sustain and replicate the model	Workshops report	Jan-07	3 months											X	X	X						
4.2.3	Strengthen governorate-level SMCs in Upper Egypt and activating SMCs in Lower Egypt in intervention governorates and districts																						
	Orient governorate and districts SMCs in Lower Egypt on how to use the MMSS and on their new expanded role for FP/RH	Orientation report																					
	Governorate and District SMCs of Batch 1 clinics		Dec-06	one month										X									
	Governorate and District SMCs of Batch 2 clinics		Mar-07	one month													X						
	Governorate and District SMCs of Batch 3 clinics		Jun-07	one month																X			
	Governorate and District SMCs of Batch 4 clinics		Sep-07	one month																			X

					Fiscal Year One									Fiscal Year Two									
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Orient governorate and districts SMCs in Upper Egypt on their new expanded role for FP/RH	Orientation report																					
	Governorate and District SMCs of Batch 1 clinics		Dec-06	one month										X									
	Governorate and District SMCs of Batch 2 clinics		Mar-07	one month													X						
	Governorate and District SMCs of Batch 3 clinics		Jun-07	one month																X			
	Governorate and District SMCs of Batch 4 clinics		Sep-07	one month																			X
	Link the SMC's at the district and governorate levels with city councils and governorate popular councils and orient them on how to address issues of common interest	Meeting report	Jan-07	9 months											X	X	X	X	X	X	X	X	X
4.2.4	Increase the capacity of MOHP to work with Ministry Of Finance and Ministry Of Local Development structures to effectively respond to the needs of the service providers																						
	Hold district level meetings between MOHP and MOF at local level to facilitate the smooth financial system operation in each district where the project intervenes	Minutes of meeting	Jan-07	9 months											X	X	X	X	X	X	X	X	X
4.3	Sub-Result 4.3: Increased Capacity of Health Facility Teams in Intervention Areas																						
4.3.1	Increase the capacity of health facilities to work with community																						

					Fiscal Year One							Fiscal Year Two											
					FY1 /Q2	FY1/Q3			FY1/Q4			FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4		
	Major Activities	Deliverable	Start Date	Duration	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
	Training in clinic management for PHC staff (cross reference result 1)	Training report																					
	Training in hospital management for the hospital staff & SMC teams (cross reference result 2)	Training report																					
	Form / reactivate facility boards (cross reference result 1& 2)	Decree																					
	Train facility boards (cross reference result 1& 2)	Training report																					
	Provide OJT to make sure that skills and behaviors are well practiced to facility teams (cross reference result 1& 2)	Workshops report																					
4.3.2	Support 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	Workshop report	Jan-07	9 months											X	X	X	X	X	X	X	X	X