

TAKAMOL Project Workplan

October 2006-September 2007

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Table of Contents

ACRONYMS AND ABBREVIATIONS	1
EXECUTIVE SUMMARY	5
INTRODUCTION.....	9
BACKGROUND	9
THE TAKAMOL INTEGRATED MODEL.....	9
GEOGRAPHIC SCOPE AND TIME LINE.....	10
CHALLENGES	11
WORKPLAN NARRATIVE.....	13
PROCUREMENT ACTIVITIES	13
RESULT 1: INCREASED USE OF QUALITY INTEGRATED MCH/FP/RH SERVICES AT THE PHC LEVEL.....	13
SUB-RESULT 1.1: INCREASED DELIVERY OF INTEGRATED MCH/FP/RH SERVICES AT THE PHC LEVEL....	13
SUB-RESULT 1.2: IMPROVED QUALITY OF INTEGRATED MCH/FP/RH SERVICES AT THE PHC LEVEL.....	15
RESULT 2: INCREASED USE OF QUALITY INTEGRATED MCH/FP/RH SERVICES IN HOSPITALS	17
SUB-RESULT 2.1: INCREASED DELIVERY OF INTEGRATED MCH/FP/RH SERVICES IN HOSPITALS	17
SUB-RESULT 2.2: IMPROVED QUALITY OF INTEGRATED MCH/FP/RH SERVICES IN HOSPITALS	20
RESULT 3: POSITIVE BEHAVIOR CHANGE IN INTERVENTION COMMUNITIES	20
SUB-RESULT 3.1: EFFECTIVE AND SUSTAINABLE COMMUNITY-LEVEL BEHAVIOR CHANGE ACTIVITIES....	21
SUB-RESULT 3.2: STRENGTHENED INTERPERSONAL COMMUNICATION SKILLS OF PHC, HOSPITAL, NGO AND OUTREACH WORKERS.....	26
RESULT 4: IMPROVED MOHP CAPACITY TO SUSTAIN PERFORMANCE OF INTEGRATED MCH/FP/RH SERVICES.....	26
SUB RESULT 4.1: INCREASED CAPACITY OF MOHP CENTRAL LEVEL MANAGEMENT TEAMS.....	27
SUB RESULT 4.2: INCREASED CAPACITY OF MOHP GOVERNORATE AND DISTRICT LEVEL MANAGEMENT TEAMS	30
SUB RESULT 4.3: INCREASED CAPACITY OF HEALTH FACILITY TEAMS.....	32
MONITORING AND EVALUATION	32
ANNEX.....	35

Acronyms and Abbreviations

AEA	Adult Education Agency
AEW	agricultural extension workers
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
CSSD	central supply and sterilization department
EOAC	essential obstetric and anesthetic care
ESD	Expanding Service Delivery Project
EWSO	Egyptian Women Speak Out
FGM	female genital mutilation
FLE	Family life education
FP	family planning
FY	fiscal year
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
IPCC	Interpersonal Communication and Counseling
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
RCT	Regional Center for Training
RFP	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
TL	team leaders
TOT	training of trainers
USAID	United States Agency for International Development
WG	working groups
WP	work plan

Executive Summary

This workplan is the result of a collaborative effort between TAKAMOL Project staff, Project partners, and MOHP. It provides a comprehensive description of how the TAKAMOL Project will implement its activities during the period October 2006 through September 2007. The workplan was written to describe how the Project envisions the flow of activities into Year Three. It should be noted, however, that at this time the Project is only committing to the Year Two activities described in the workplan, and will submit a detailed Year Three workplan by September 2007.

TAKAMOL achieved a systematic and rapid start-up during Project Year One, laying the groundwork to commence implementation of Year Two activities. The Project will continue to intervene in the Year One governorates of Giza, Beni Suef, Ismailia and Sharkia and plans to commence activities in Qena, Behaira and Fayoum governorates. During the first months of Year Two, the Project will complete the renovation of Batch 1 clinics started during Year One, and initiate work in three more batches following a carefully scheduled renovation cycle. The renovation of each new batch of clinics/hospitals is expected to start at the beginning of a new quarter and last four months. Inspection and selection for the following batch will also be conducted during the four-month renovation period so that once started, renovations will be ongoing until all 200 facilities have been completed. The Project will continue to coordinate with the Health Sector Reform (HSR) on renovation designs, material specifications, sequence of activities and areas of possible collaboration. HSR systems will be used wherever possible to prevent duplication of effort.

Training of clinical staff will commence at the beginning of Year Two and is timed to coincide with renovation work to minimize service provision downtime. The review of available training materials to incorporate MCH/FP/RH, interpersonal communications and counseling (IPCC), and gender components will continue in Year Two. Courses include clinical training for physicians, nurses and lab technicians, safety and maintenance training, outreach worker training, and on-the-job training. TAKAMOL will continue to include the Regional Center for Training (RCT) in the technical review committee to ensure their full collaboration in Project activities.

To improve the quality of integrated services at the primary health care (PHC) level, TAKAMOL will provide clinic management training for entire clinic teams, while clinic boards that have been formed/reactivated by the Project will be trained to assume their functions. Assistance will be given to the MOHP to implement in-service training for newly-graduated physicians, and to execute the postpartum home visits program successfully piloted in Minia Governorate by the TAHSEEN Project.

TAKAMOL activities at clinic level will be complemented by improvements in the quality of integrated MCH/FP/RH services at the hospital level in intervention governorates. The scope of Project activities at the hospital level will differ greatly from Upper to Lower Egypt. In Upper Egypt, where OB/GYN related hospital departments underwent renovation during the Healthy Mother/Healthy Child (HM/HC) Project, TAKAMOL will focus on orienting and training staff and Safe Motherhood Committee (SMC) members on integrating FP/RH components with MCH activities. Training will include postpartum (PP) and postabortion care (PAC) programs, FP counseling services and breastfeeding.

In Lower Egypt however, the Project will implement a more comprehensive set of activities. Hospitals will be assessed for clinical and managerial performance, equipment and training needs, and improvement plans will be developed accordingly. Renovation and equipping of

the first batch of hospitals started in Year One, and will end in the second quarter of Year Two, with clinical, OJT, and training of trainers timed for the renovation period as with PHC clinics. In addition, management training will be conducted for members of re-formed hospital boards and SMCs.

The existing referral system will be strengthened through combined training for staff from PHC, hospital and district levels to ensure referral of patients between and within the various levels of care. Links will be established between clinics and district hospital OB/GYN departments and neonatal intensive care units (NICUs), coupled with work at the central level to strengthen the neonatal care referral system, and assisting the MOHP to develop and implement a tracking tool for neonatal deaths in NICUs.

All relevant guidelines, protocols and standards previously developed will be reviewed to incorporate combined MCH/FP/RH materials, while the continuous quality improvement system (CQIS) developed by Healthy Mother/Healthy Child (HM/HC) will be updated to include elements of FP, PAC and PP care.

Improvements to physical structures and health staff capacities in intervention governorates will be augmented through the promotion of healthier behaviors. Community training packages utilized by TAHSEEN and HM/HC will continue to be reviewed and updated to include all Project messages, IPCC components and made appropriate from a gender perspective. The Project will adopt behavior change communication (BCC) materials designed by the Communication for Healthy Living (CHL) project, along with new MCH/FP/RH material as needed.

During the renovation phase of clinics, TAKAMOL will begin to establish and train governorate-level youth, religious leaders and media working groups as a starting point for community level activities. Building on the involvement of Muslim and Christian religious leaders in TAHSEEN activities, TAKAMOL will train them to convey MCH/FP/RH messages within their local communities and through a range of TAKAMOL activities. The Shabab TAKAMOL Week youth empowerment program and the peer to peer program initiated under TAHSEEN will be expanded to raise MCH/FP/RH awareness of youth and their communities. Youth friendly and gender sensitive plays and skits will be held regularly, targeting all community members, with the involvement of religious leaders to mobilize communities around key MCH/FP/RH issues. The Project will conduct the Egyptian women speak out (EWSO) women's empowerment program in intervention communities at the completion of renovation, combined with a leadership program for some outstanding EWSO graduates to develop community advocates/leaders. Male involvement activities will include training of agricultural extension workers (AEW) to deliver MCH/FP/RH messages to a wide rural audience. Literacy facilitators will play an active role in disseminating MCH/FP/RH messages also.

Community Development Associations (CDAs) will play a major role in community awareness-raising activities. Prospective CDAs will be screened and assessed before being awarded grants to implement activities. Training of CDA staff will be conducted during renovation, including both CDA and MOHP *raedat rifat* (RRs) and *mothakef sokany* to create a strong bond of cooperation between them.

All community activities will be strengthened through collaboration with other agencies and initiatives, such as the National Council for Women (NCW) and the National Council of Childhood and Motherhood (NCCM) on youths' and women's empowerment issues; CHL in the training Ask/Consult network physicians and pharmacists; the USAID-funded LIFE-Lead Pollution Clean-up Project, the Extending Service Delivery (ESD) Project, and social

responsibility partners. In addition, the Project will initiate collaboration with other donors, such as UNFPA, UNICEF and the World Bank

To sustain the performance of integrated MCH/FP/RH services TAKAMOL will work extensively with MOHP staff and their partners at the central, governorate, district, and facility levels to manage priority programs well beyond the end of direct USAID technical and financial support. Year Two will see continued support to the MOHP Social Responsibility (SR) Working Group set up to strengthen links between the public and private sectors as part of TAKAMOL's cross-cutting social responsibility theme. The Project will also increase the capacity of the MOHP governorate and district level management teams to mobilize partners from the private sector to help achieve sustainability. These teams will also receive OJT to ensure their maximum capacity and collaboration, as their involvement is key to the success and scaling up of the model.

Various initiatives to improve planning at the central level have been incorporated into this workplan, including coordination with the MOHP, National Population Council (NPC) and Regional Population Council (RCT) to synchronize their workplans with TAKAMOL's workplan to avoid duplication and maximize utilization of resources. In addition, technical assistance (TA) will be provided to the MOHP, NPC and RCT in developing results-oriented workplans for 2008. As for 2009 workplans, TAKAMOL anticipates it will providing TA to MOHP only, since USAID will have stopped funding NPC and RCT by 2009. TAKAMOL will also meet with MOHP, NPC and RCT to support them in reviewing and updating their strategic plans as required. The Project will increase the capacity of the MOHP Population and MCH sectors at the central level to strengthen the supervision and planning systems at the district level. An assessment of the maternal mortality surveillance system (MMSS) will be conducted and improvements made where necessary; and the Integrated Quality Performance Award (IQPA) system will be reviewed with the aim of aligning it more closely with the proposed Health Reform Incentive System and Family Health Fund. As the final USAID Project to address population issues, TAKAMOL will work closely with the NPC and MOHP in the area of contraceptive security, revolving around the formation of an advocacy committee, logistics forecasting and pipeline analysis.

TAKAMOL will assist the MOHP and MOF to finalize a national booklet on the SIF to clarify rules and regulations. Collaboration will also take place with the MOF to facilitate the smooth financial system operation in each district where the project intervenes.

As a follow up to the anticipated establishment of the Clinical Services Improvement Project (CSI) as an independent NGO during Year One, TAKAMOL will continue to provide it with technical assistance throughout Years Two and Three.

Introduction

Background

TAKAMOL Project staff have collaborated extensively with project partners along with the MOHP Population and MCH sectors to produce this Year Two workplan. It provides a comprehensive description of how Project activities will be implemented during the period October 2006 through September 2007, and outlines the flow of all interventions throughout Year Three. It should be noted, however, that at this time the Project is committing to Year Two activities only, while activities scheduled for Year Three are projections. TAKAMOL will submit a detailed Year Three workplan by September 2007.

The activities covered in the workplan are presented by result and address the requirements as put forth in the contract.

The TAKAMOL Integrated Model

TAKAMOL's integrated model emphasizes the importance of both high quality integrated health service provision and community mobilization as driving forces for change.

TAKAMOL will work on scaling up existing practices that build capacity to carry out continuous quality improvement (CQI) at each level of health care provision, with the objective of building the capacity of the MOHP at the governorate and central levels to implement, support, sustain and replicate the integrated model nationwide.

The model 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. Two cross-cutting themes, gender and social responsibility, have been woven into all workplan activities. This allows communities and corporations to contribute to health outcomes, and facilitates women's empowerment.

TAKAMOL will use a multi-sectoral approach to address institutional, medical and socio-cultural barriers to the integration of MCH/FP/RH service delivery, quality and use. Targeted populations include underserved or vulnerable urban poor groups, youth, men and women through innovative service delivery and communication strategies, and community mobilization activities.

Building the capacity of Egypt's health system managers, training health staff, and providing 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' needs. 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.

Geographic Scope and Time Line

During a steering committee meeting held in Year One, the MOHP provided the Project with the Minister's new list of priority governorates. Based on this, TAKAMOL revised original projections and plans to intervene in the following governorates throughout the life of the Project:

	Upper Egypt	Lower Egypt	Year
Governorate 1	Giza		Year 1
Governorate 2	Beni Suef		Year 1
Governorate 3		Ismailia	Year 1
Governorate 4		Sharkia	Year 1
Governorate 5	Qena and Luxor City		Year 2
Governorate 6		Behaira	Year 2
Governorate 7	Fayoum		Year 2
Governorate 8	Minia		Year 3
Governorate 9		Dakahlia	Year 3
Governorate 10		Kafr El Sheikh	Year 3
Governorate 11	Aswan		Year 4
Governorate 12		Gharbia	Year 4

For budgeting and reporting purposes, the Project cycle follows fiscal years, so Years Two and Three of the Project are referred to as Fiscal Year Two and Fiscal Year Three (FY2 and FY3) throughout the workplan, and are divided as outlined in the table below.

Year	Start	End
Project Year Two	October 1, 2006	September 30, 2007
Project Year Three	October 1, 2007	September 30, 2008

Throughout the five-year contract period the Project will renovate the clinics and relevant hospital departments in batches in a number of governorates. The Project considers renovation to be the focal point of its package since the timing of all activities is tied to the renovations. The majority of community mobilization activities for example, start after the clinic is physically renovated and ready to receive the increased caseload expected to result from these activities.

During Year Two, the Project will continue with the renovation of Batch 1 clinics started during Year One, and initiate renovation work in three more batches of clinics. In Year Three work will commence with four further 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	6	3	25	4	32	7
Year 2	Batch 2	2	6	3	12	2	20	5
	Batch 3		8	4	15	2	23	6
	Batch 4		4	2	13	2	17	4
Total Y2	Batch 2-4	2	18	9	40	6	60	15
Year 3	Batch 5-9	1	18	9	46	7	65	16

* No renovation/ facility upgrades will take place for Upper Egypt hospitals. See result 2 for details on interventions in Upper Egypt hospitals

These numbers are estimates only and are subject to change pending field visits to intervention governorates.

Challenges

This section outlines some of the challenges the TAKAMOL Project faces during implementation of the integrated model. The challenges outlined below are in no way a definitive list of the obstacles that must be overcome, nor do they appear in any particular order of priority.

- TAKAMOL must work closely with both the Population and MCH sectors of the MOHP and support cooperation between the two to achieve project goals. Although efforts have been made in previous years to promote closer collaboration between these two parallel sectors, each has its own mandate and set of goals, which take precedence over any TAKAMOL objectives requiring overlapping efforts from the two sectors. The challenge for TAKAMOL lies in encouraging closer relations between the Population and MCH sectors to facilitate complementarity and combined planning and implementation of activities.
- Many Result 4 activities rely on collaboration between the MOHP and ministries of finance, social solidarity, and local development; along with NPC and RCT. Coordinating the efforts of different ministries is challenging as each has its own predetermined agenda. Because a certain issue is a priority for TAKAMOL it may not be seen as so important for other partners. Obtaining ministerial approval on policy issues is challenging under normal circumstances, but when multiple parties are involved the process can become extremely lengthy and delay subsequent activities.
- Government reshuffling in 2005 led to the appointment of a new Minister of Health and Population. Early signs indicate that restructuring may take place at the ministry so TAKAMOL must work within a general atmosphere of uncertainty. The challenge here lies in trying to plan central-level activities with the MOHP when it is uncertain whether organizational structures and/or personnel will remain in place.
- Achieving the same standards of integrated health care in intervention hospitals in both Lower and Upper Egypt relies on the assumption that hospitals previously

upgraded during the Healthy Mother/Healthy Child Project in Upper Egypt have since been properly maintained. If the hospital renovations and/or new equipment provided through HM/HC are in disrepair or not functioning, TAKAMOL has no budget allocation to upgrade these facilities to match those in Lower Egypt hospitals where full MCH/FP/RH-related renovation and equipping will take place.

- Activating or forming hospital boards with 50% female and community representation is expected to be a challenge for TAKAMOL. Most hospitals already have well established, functioning boards consisting of senior medical staff. It is probable that moves by the Project to reorganize these boards to include more community and female representation will meet resistance.
- TAKAMOL will be implementing its integrated model in communities where the Health Sector Reform program is either already in place or is planned for implementation. The challenge for TAKAMOL in these areas will be to position its activities to ensure complementarity with those of HSR. While most TAKAMOL activities do not overlap those of HSR, some initiatives may be duplicated without joint planning and close collaboration.
- TAKAMOL will be implementing hospital-level activities in LE intervention governorates. As the HSR Program starts implementation of its activities/systems in district and general hospitals, it is expected that some initiatives may be conflicting and/or duplicative. Joint planning and close collaboration between the two parties must continue to ensure avoiding such a situation.
- TAKAMOL is mandated to work in 50 communities and in approximately 25 hospitals in Lower Egypt. The challenge here will be to positively strengthen the referral system and induce substantial change in intervention communities when it will be implementing the integrated model in just two communities at most per district.
- One of the Project's mandates is transforming the contraceptive security strategic plan into an action plan and assisting all stakeholders in implementing it. This mandate faces several challenges due to the involvement of various stakeholders (governmental institutions, e.g. MOHP, MOF, MOP, etc.), in addition to the various roles the private sector and civil society must play. This process will necessitate tackling policy issues such as price controls, the creation of a budget line item in coordination with the MOF, etc. TAKAMOL will do its best to advocate for these issues and will work closely with stakeholders to achieve the objectives; however the challenge still exists as the Project has no authority to enforce the MOHP, MOF or other parties to take the required action. A further consideration is the organizational development within the NPC and whether it is institutionally capable of playing the major role of coordinating such an important activity.
- Recent political tension in the Middle East means TAKAMOL will be conducting its activities amid an atmosphere of sensitivity and mistrust. The branding regulations required from the Project by USAID ensure that communities are aware of TAKAMOL's funding sources. TAKAMOL may meet resistance from some communities as a result of this.

Workplan Narrative

Procurement Activities

During Year One, TAKAMOL has laid the groundwork to facilitate procurement activities throughout the Project's lifespan. A waiver was obtained to purchase locally manufactured commodities to the value of US\$2 million. In addition, TAKAMOL developed a list of required medical commodities, including proper specifications, and had it approved by the MOHP.

As offshore procurement takes 6-8 months to arrive in country, TAKAMOL issued the first offshore Invitation for Bids (IFB) to cover the needs of approximately 50% of total intervention facilities, on the assumption that all facilities will require the full list of commodities. During Year Two, the Project will assess the actual commodity needs of each facility and deliver those items that are missing from the commodity list. Based on existing stocks and actual needs assessments, future offshore IFBs will be tailored accordingly. This process will also help tailor local procurement. Request for Quotations (RFQ) for locally procured items will be conducted when required as the lead time of 2-3 months is significantly less than for offshore procurement. This will be based on planned renovations, stock levels, warehousing capacity and shelf life for some of the supplies.

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 to 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 model 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

1.1.1 Renovation

- Commencing in FY2/Q1, upon receipt of clinic nominations from the MOHP and governorates, Batch 3 clinics will be inspected to determine which will be selected for renovation. The inspection team will consist of TAKAMOL staff along with governorate and district level counterparts. Inspection of batches 4-5 will commence in FY2/Q2 and FY2/Q3 respectively.
- Inspection of clinic batches 6 through 9 will take place during Year Three.
- Renovation of clinics in Batch 1 began in September 2006 and will continue through FY2Q2. Batch 2 clinics will begin renovation in FY2/Q2, Batch 3 in FY2/Q3, and Batch 4 in FY2/Q4—each new quarter seeing the start of renovation and equipping for a new batch of clinics. Clinic renovation and equipping is expected to take four months per clinic. This schedule will continue in Year Three with batches 5 through 8.

- Construction contractors will be procured for all new renovation work. This will take place once clinic selection is complete.

1.1.2 Training

Training will commence at the beginning of FY2, so that completion coincides with the completion of the renovations and equipping of the PHC clinics. This will minimize service provision downtime while clinics are undergoing renovation. A thorough review of all available training materials, involving the MOHP, USAID and other stakeholders, to ensure the full integration of MCH/FP/RH topics is ongoing.

- Clinical training will be conducted for physicians, nurses and lab technicians. Interpersonal communications and counseling (IPCC) and gender components have been added to the training curricula. The IPCC component will aim at improving service providers' counseling and communication skills, thereby improving the level of client satisfaction at the clinic level. Training will start in FY2/Q1 for physicians, nurses and lab techs from Batch 1 clinics to coincide with renovation activities. Training will continue thereafter for subsequent batches during the second through the fourth month of renovation. This coincides with the time immediately prior to the renovated clinics becoming operational.
- Safety and maintenance training will be provided to selected staff in intervention clinics including a doctor, nurse, health officer and cleaner, and will focus on general clinic maintenance, developing a maintenance schedule, and timing of repairs. The training course will start in FY2/Q2 for Batch 1 and be implemented for clinic batches 1-7 during Year Two and Three.
- Outreach workers will be trained on integrated messages and IPCC. The outreach worker trainings will commence in FY2/Q1 for Batch 1 clinics, and then follow in FY2/Q2, FY2/Q3 and FY2/Q4 for following batches. 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 approximately six 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. The project will also improve the technical capacity of the district team by including them in the integrated clinical training of the PHC staff as both attendees and co-trainers. Such an effort will build the capacity of the district team to continue supporting the PHC clinic after the Project has phased out. OJT is expected to start one month after completion of clinic renovation.

1.1.3 Provide technical assistance to CSI as needed

Following on the anticipated establishment of CSI as an NGO during Year One, technical assistance will be provided throughout Years Two and Three as follows:

- TA in updating the strategic plan (2006-2010) of the newly formed NGO
- TA to develop their first action plan
- Assist in the development of an internal auditing system that will monitor technical and financial performance

Additional TA, pending USAID contractual agreement, will be as follows:

- OJT for the board of the newly formed NGO
- OJT for the executive director, assisting with a needs assessment for both headquarters, branches and clinics to determine operational aspects that require improvement, and offer advice on sustainability
- Follow up and operational assistance at the clinic level and local management offices to create strategic business units
- TA to the Egyptian Family Planning Association (EFPA) to close the project and transfer its assets and operational systems to the newly founded NGO
- Provision of training to the board and management staff on NGO governance, proposal writing and adherence to USAID/International standard provisions
- Sign sub-agreement(s) with the newly formed CSI Association NGO

1.1.4 Community mobilization activities (See Result 3)

1.1.5 Collaboration with HSR

During Year One the Project coordinated with the Health Sector Reform (HSR) program to exchange information and share activity timelines so that HSR and TAKAMOL efforts are complementary and avoid duplication. For example renovation, equipping, client flow and training are compatible with HSR standards. TAKAMOL is not, however, implementing HSR, merely facilitating its execution in Project areas.

- During Year Two, TAKAMOL will continue to meet with HSR to discuss areas of collaboration. In addition, HSR will be invited to attend the Steering Committee meetings

1.1.6 Collaboration with RCT

As mentioned in the Year One workplan, a technical review working group was formed under the Steering Committee (See Sub result 4.1) and included members from the Population Sector, Integrated Health Care and Nursing Sector, RCT, USAID and TAKAMOL. RCT's involvement proved to be crucial in the review of the curricula.

- TAKAMOL will continue to include RCT in the technical review committee during FY2/Q1 to ensure their full collaboration in Project activities, and the synchronization of the Project's training curricula with those of RCT. After this collaboration will continue as required when new training materials need reviewing/updating.

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 three phases

Clinic management training is unique in that it involves the entire clinic team and injects a sense of team spirit into the clinic.

- Clinic management training will be conducted in three phases, taking around five months per clinic to complete. Batch 1 training will start in FY2/Q1, with each

subsequent batch beginning training during renovation. Clinic staff will be trained on using the concept of self-assessment to monitor the quality of care and to develop improvement plans.

- The same training cycle will follow in Year Three for batches 5 through 8.

1.2.2 Strengthen the clinic boards of the PHC facilities (cross result 4)

- The Project will form/reactivate clinic boards in the PHC clinics with 50% female representation and 50% community representation.
- The board members will receive three phases of training covering the roles of the board members, SIF orientation, community mobilization and planning to maximize resource usage. Training commences in FY2/Q1 for Batch 1 clinics and continues for each new batch during renovation throughout Years Two and Three.

1.2.3 Activate the current referral system

After the first batch of hospital staff is trained 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).

- PHC, hospital and district staff will be trained on danger signs, the correct method of patient referral to district hospitals, ensuring availability of referral forms, proper flow of data, timely feedback from hospitals, reporting mechanisms etc. Referral system training courses will commence in Batch 1 clinics and hospitals in FY2/Q2, and continue each quarter with a new batch during Years Two and Three.
- Follow up on the use of the referral system will be included in OJT for all relevant clinic and hospital medical staff.

1.2.4 Assist MOHP in implementing In-service Training (cross result 4.1)

- The first group of newly graduated physicians is estimated to receive in-service training during FY2/Q3 just prior to taking up their new posts at the PHC units. The Project will provide TA to the MOHP to implement the in-service training in intervention governorates (see 4.1).

1.2.5 Assist MOHP in implementing postpartum home visits program (cross result 4.1)

To reinforce the postpartum (PP) home visits program successfully piloted in Minia Governorate by the TAHSEEN Project, TAKAMOL in coordination with CHL will implement the following initiatives during Years Two and Three.

- The Project will assist the MOHP in training PHC nurses and outreach workers to implement the postpartum home visit program in intervention areas (see 4.1). During the training, special attention will be given to PP services provided to mothers and their newborns, and referral of detected PP risk cases.
- Activation of the PP home visits program will start in FY2/Q2 in intervention communities and be ongoing from that point forward. The visits will be conducted by both a nurse and an outreach worker—the nurse will provide the service while the outreach worker will be responsible for raising the health awareness of the mother.

- The capabilities of district chief nurses will be upgraded through OJT by increasing their coaching capabilities using the developed Integrated Supervisory Checklist, which includes items assessing the performance of this activity.
- Result 1 will coordinate with Result 4 in assisting the MOHP at district and governorate levels to utilize the postpartum home visit data collection tools previously developed and piloted by TAHSEEN in Minia.

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

In general, Result 2 will be achieved through improvements in the provision of comprehensive essential obstetric and neonatal care, the provision of integrated MCH/FP/RH services, quality post abortion care (PAC) and postpartum care (PPC), including FP and breastfeeding support in selected Lower Egypt hospitals. Hospital units in Lower Egypt 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.

Interventions in Upper Egypt will differ from the interventions in Lower Egypt, where the Project will focus mainly on quality post abortion care (PAC) and postpartum care (PPC), including FP and breastfeeding support. The Project will also address other issues as identified by SMCs in every governorate.

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

2.1.1 Conduct hospital assessment for clinical and managerial performance, equipment and training needs

- Using the screening tool developed by the Project in cooperation with MOHP during Year One, priority hospitals for batches 4-8 will be selected for intervention, starting in FY2/Q2.
- After the selection of each hospital a detailed needs assessment will be conducted and a hospital improvement plan developed. Once these are completed a list of renovation blue prints and equipment and training needs will be done.

2.1.2 Renovation and equipping of hospitals in Lower Egypt

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 and equipping of Batch 2 hospitals is expected to start in FY2/Q2 and last approximately four months per batch. Batch 3 will start in FY2/Q3 and Batch 4 in FY2/Q4.
- Essential equipment for selected hospitals in Lower Egypt will be provided in time for the reopening of the newly renovated wards.

2.1.3 Training relevant staff in intervention hospitals in Lower Egypt

2.1.3.1 Clinical Training

Training for Batch 1 hospitals will start in FY2/Q1 and by the end of Year Three relevant staff from hospitals in batches 1-8 will have received the relevant training. Staff in relevant departments of the selected hospitals will be trained as follows:

- Integrated MCH/FP/RH package training for OB/GYN specialists (includes FP, PAC, PPC, EOC, ANC, active management of labor, etc)
- Orientation of senior OB/GYN specialists on integrated MCH/FP/RH package
- OB/GYN training for nurses including PAC/PPC/FP counseling and breastfeeding support
- Neonatal care training for neonatologists (physicians)
- Neonatal care training for NICU nurses
- Essential obstetric anesthesia training (EOAC) for anesthesiologists
- Central supply and sterilization training (CSSD) for CSSD nurses
- Orientation of infection control team on national standards of IC
- Ultrasound training for OB/GYN physicians

2.1.3.2 On the job clinical training for LE hospital staff

- Clinical training will be followed by a period of on the job training that is dependent on regular quality of care assessments and hospital improvement plans. Successive training groups will follow the same structure after that. During OJT the management coach will work with the hospital board in improving their skills in developing hospital improvement plans, and monitoring hospital performance after the plan is implemented. OJT clinical coaches will address areas of weakness as highlighted in the improvement plans.
- The Project anticipates the provision of OJT for 12 –18 months (based on needs) in each intervention hospital. Batch 1 hospitals will begin clinical OJT in FY2/Q2 with subsequent batches following throughout Years Two and Three.

2.1.3.3 Develop and use local training capacity

It is important to develop local training capacity as soon as possible in the Project cycle to assure sustainability.

- Following initial didactic integrated training, promising OB/GYN lead trainers from Lower Egypt hospitals will be identified and provided with 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 integrated clinical training to PHC physicians and nurses, including safe home delivery. The TOT courses will start in FY2/Q1 for Batch 1 hospitals and continue in FY2/Q2, FY2/Q3 and FY2/Q4 for subsequent batches. TOT for batch 5-7 hospitals will take place in Year Three.

2.1.3.4 Management Training (cross result 4)

- During Years Two and Three, the Project will work with hospitals to re-form the hospital boards in Lower Egypt and assure that the community is well represented. Assistance will also be provided to boards with the formation of hospital Safe Motherhood Committees (SMC).
- Following the boards' formation, hospital board training will be conducted for all board members.
- SMC training for SMC members on management skills and CQI will follow hospital board training.
- OJT will follow for a variable period of time depending on trainees' skills and achievements.

2.1.4 Training relevant staff in intervention hospitals in Upper Egypt

2.1.4.1 Clinical Training

- Selected staff from intervention hospitals in Upper Egypt will receive training in postpartum and postabortion care programs, FP counseling services and breastfeeding. Training courses for batch 1-4 UE hospitals will take place in FY2. During Year Three staff from batch 5-8 UE hospitals will receive the training.
- Additional clinical training to UE hospital staff as requested by SMCs will be provided where necessary.

2.1.5 Strengthen referral and tracking systems

Strengthening referral and tracking systems will be achieved through the following:

- Linking PHC facilities to district hospitals through the district SMC. This activity will start in FY2/Q2 for Batch 1 hospitals and continue throughout Years Two and Three. Training will be conducted for PHC, hospital and district staff on danger signs, the correct method of patient referral to district hospitals, ensuring availability of referral forms, proper flow of data, timely feedback from hospitals, reporting mechanisms etc.
- Establishing a link between the FP clinic and OB/GYN department in each intervention hospital for referral from the department to the clinic and vice versa. Starting with Batch 1 in FY2/Q2, a workshop will be conducted in intervention districts once both the hospital and clinic have been renovated. This will be followed by close monitoring of the referral between the FP clinic and OB/GYN department during OJT. Subsequent batches will follow the same pattern, with training taking place in the quarter after the completion of renovation in both the clinics and the hospitals.
- Working with the MOHP central level to strengthen the neonatal care referral system between hospital NICUs to ensure maximum use of incubators and trained staff in hospitals. The Project will collaborate with the MOHP to ensure that the system is implemented in TAKAMOL intervention hospitals. This will start in FY2/Q3 and continue for four months in each governorate.
- Assisting the MOHP to develop and implement a tracking tool for neonatal deaths in NICUs. This activity will begin in FY2/Q2 and last for 12 months.

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

- The Project will continue efforts started in Year one to assist the MOHP with the review process of 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 FY2/Q4.
- Other materials that will be reviewed/updated include:
 - ▶ Integrated EOC/FP/RH/PAC/PPC Protocol for OB/GYN specialists
 - ▶ Integrated EOC/FP/RH/PAC/PPC Protocol for OB/GYN Nurses
 - ▶ Integrated MCH/FP/RH/PAC/PPC Training Curriculum for OB/GYN Nurses
 - ▶ Integrated MCH/FP/RH Training Curriculum for OB/GYN Specialists
 - ▶ Neonatal Care Protocol for Neonatologists
 - ▶ Neonatal Care Protocol for Nurses

2.2.2 Training of relevant hospital staff on CQI system and self assessment (clinical and managerial performance)

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).

- SMC members in batches 1-4 Lower Egypt hospitals will be trained on the draft CQIS during Year Two, and SMC members from batches 5-8 during Year Three.
- Refresher training of hospital staff in Upper Egypt on the CQIS will be conducted based upon needs assessment.

2.2.3 Support MOHP Curative Care Sector to monitor and ensure continued quality of care

- Open discussions will start in FY2/Q1 with the MOHP curative care sector at the central level to design the parameters of a monitoring system for MCH/FP/RH and curative services.

Result 3: Positive Behavior Change in Intervention 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.

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.

During the renovation phase in each batch of clinics, TAKAMOL will train cadres of personnel such as religious leaders, agricultural extension workers (AEW), and literacy facilitators. This resource pool will then be utilized for the following 12 months in each batch of communities to disseminate Project messages within communities and assist with the implementation of project activities.

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

3.1.1 Review training materials and update as needed

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

3.1.2 Working with governorate level Working Groups (WG)

- Governorate level activities will commence during renovation. The Project will begin to establish and train governorate-level youth, religious leaders and media working groups in new intervention governorates. Groups will be established in new intervention governorates during Years Two and Three, commencing in FY2/Q1.
- The youth and media working groups will commence training soon after formation as the starting point for the community level activities that will start immediately after. This training will continue throughout Years Two and Three and is scheduled to start in a new governorate every two months.
- The Project will continue to provide technical assistance to the governorate-level working groups for approximately one year after their establishment through series of meetings. 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.
- 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 religious leaders and media groups, starting in FY2Q3.

3.1.3 Family Life Education (FLE)

Family Life Education (FLE) activities, based on the earlier CEDPA New Vision Program funded by USAID will be implemented in intervention governorates.

- TAKAMOL will identify master trainers who will conduct TOT for MOHP/NGO outreach workers from intervention communities.
- Trained MOHP/NGO outreach workers will be supported to open FLE classes in their communities. Implementation of the FLE activities in Batch 1 communities will commence in FY2/Q2.

3.1.4 Peer to peer program

- TAKAMOL will continue providing TA to peer educators in Beni Suef University during November-December 2006 and February-April 2007 (outside winter, summer and mid-year breaks), since TAHSEEN was active in this university and the program already exists.
- TAKAMOL will initiate and implement the peer to peer program in all intervention governorates. As mentioned earlier, by the end of Year Two, TAKAMOL expects to have established a presence in seven governorates. Four of these governorates (Beni Suef, Ismailia, Sharkia and Fayoum) have local universities in which TAKAMOL will attempt to implement the peer to peer program. In governorates where local universities do not exist, or university officials are not cooperative, TAKAMOL will explore implementation opportunities through youth clubs and high schools. Training will be provided to peer educators followed by regular TA as they carry out their peer to peer activities.

3.1.5 Religious Leaders (RL)

Building on the involvement of Muslim and Christian religious leaders in TAHSEEN activities, TAKAMOL will train local RL from intervention communities to convey MCH/FP/RH messages within their local communities and through a range of TAKAMOL activities. Especially in rural areas, religious leaders are unique in their potential to change misconceptions related to MCH/FP/RH and support an open dialogue among women and men of all ages.

- During Years Two and Three, RL at community level will be selected to receive MCH/FP/RH training. For Batch 1, selection and training of RLs will start during FY2/Q1 to coincide with renovation, and subsequent batches will follow the same pattern. Training will follow after selection for each group of RLs. Collaboration with the trained RLs will continue by involving them in community mobilization activities.
- For 12 months following the renovation of each batch of clinics, regular meetings with trained RLs will take place to receive feedback on their activities during the previous month and to discuss new topics.

3.1.6 Shabab TAKAMOL Week (Youth Mobilization Week)

The TAHSEEN Project was highly successful in raising the FP/RH awareness of youth, as well as that of their community, through Shabab TAHSEEN Week—a youth health awareness program implemented by the governorate level youth working group and local NGO, which took place at the local village or hamlet school, youth center, clinic, or sometimes at the home of a natural community leader.

- Youth mobilization weeks (renamed Shabab TAKAMOL Week - STW) will be continued at the local level after identifying partner CDAs in intervention communities. Activities in Shabab TAKAMOL Week will include community service projects, MCH/FP/RH awareness raising sessions, question-and-answer seminars with RLs and medical professionals, sporting events and parents' seminars. STW implementation will start in FY2/Q2 with Batch 1 communities and be repeated through Years Two and Three as subsequent batches undergo renovation.

3.1.7 Ask/Consult

The Ask/Consult network of private physicians and pharmacists was developed under the Pop IV Project and expanded by TAHSEEN by intensifying training and greatly expanding its geographic scope.

- As agreed upon with CHL, TAKAMOL will coordinate with them in training private physicians and pharmacists in TAKAMOL intervention areas as required. In communities where CHL is not active, they will explore the possibility of conducting the training. Otherwise TAKAMOL will be responsible for training network members using the CHL-developed MCH/FP/RH curriculum. Training will take place after renovation, starting with Batch 1 in FY2/Q2 and FY2/Q3.
- TAKAMOL will also explore the possibility of securing private sector (pharmaceutical) support for the program.

3.1.8 Gender Based Violence (GBV) Manual

The gender based violence manual developed by TAHSEEN was reviewed at the end of Year One.

- Translation of the manual into Arabic is currently in progress, with the final version expected to be available in FY2/Q2 to share with and 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. Interested parties would then be encouraged to adopt the manual for future training.

3.1.9 Different BCC activities/tools

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 make available the BCC materials required for MOHP and NGO outreach workers, in addition to developing new BCC materials as needed according to recommendations 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 collaborate with CHL in the development of MCH/FP/RH BCC materials. This process started in Year One and will continue throughout Years Two and Three.
- Youth friendly and gender sensitive plays and skits will be held regularly in intervention communities throughout Years Two and Three starting from FY2/Q2. The plays will be performed by actors from state-sponsored governorate Cultural Palaces before large community audiences, while the skits will be performed on a smaller scale by community group members and NGO staff.

3.1.10 Women's Empowerment (Egyptian Women Speak Out and leadership program)

- The Project, in close collaboration with the local CDA, will implement the EWSO program in intervention communities after the completion of renovation. Implementation of EWSO in Batch 1 will start in FY2/Q2. It is envisaged that

implementation in each batch of communities will take place during the 12 months following renovation. .

- In coordination with the Ministry of Agriculture, and in particular with the extension department, the EWSO program was adapted by TAHSEEN to include a session teaching the participating women skills enabling them to start their own micro projects. Under TAKAMOL, the curriculum has been updated with MCH messages.
- For some outstanding EWSO graduates, a leadership program will be offered and implemented in intervention governorates to develop community advocates/leaders.
- TAKAMOL will encourage support for women's empowerment activities from civil society/private sector

3.1.11 Men's Involvement (Agricultural and Irrigation Extension Workers)

- 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. Training will start during FY2/Q1 to coincide with the renovation process.
- Regular meetings will be held with trained AEW to discuss/address new topics for a period of 12 months. Follow up will be done during their regular and on-going seminars with farmers. This activity will only be conducted in intervention rural communities.

3.1.12 Literacy facilitators

- The Project will coordinate with Adult Education Agency (AEA) to complement the FP/RH booklets that were developed during the TAHSEEN project by developing new literacy booklet(s) addressing MCH and neonatal topics, and adapting the facilitator's guide accordingly.
- TAKAMOL will train AEA master trainers at the central level, literacy facilitators at the community level and partner CDAs. Training will take place during renovation, with Batch 1 communities starting in FY2/Q1 in selected governorates. Follow up will be conducted in collaboration with AEA and local CDAs.

3.1.13 Couple Communication

Under TAHSEEN, a couple communication manual and trainer's guide were developed for outreach workers to enhance the communication between husband and wife on various health issues.

- Activities will begin by conducting a TOT for the RR supervisors and *mothakef sokany* (male outreach workers on couple communication). TOT will commence in FY2/Q3 for selected governorates (mentioned below under 3.2.3). The Project will follow up on RR supervisors and *mothakef sokany* in the implementation of couple communication seminars in selected intervention areas starting FY2/Q4.

3.1.14 CDAs/Community Activities

- The Project will orient MOSS officials and MOHP representatives in intervention areas on the TAKAMOL project during the quarter prior to renovation. MOSS will

invite all active CDAs to attend the project orientation meetings. For Batch 2 communities this is expected to take place during FY2/Q2.

- Once the communities are selected TAKAMOL will orient potential CDAs from selected communities. Screening and assessing local CDAs' capacities will follow the orientation.
- Suitable CDAs will be required to submit proposals to the Project and those selected will sign agreements to conduct community activities as outlined. This process will follow the renovation cycle throughout Years Two and Three as the project moves into new communities.
- The CDAs' main focus will be raising the awareness of women and men regarding the project's main MCH/FP/RH messages.
- Training will be undertaken during renovation to build the capacity of the CDAs to mobilize the community, while both CDA and MOHP RRs will receive training on MCH/FP/RH messages and outreach work in order to reinforce dissemination of the same messages, and create a strong bond of cooperation between them.
- Monitoring of the CDAs' activities will be conducted by TAKAMOL throughout the CDA grant period.

3.1.15 Collaborate with other agencies/projects/donors

- The Project will continuously collaborate with other agencies and projects such as the NCW and NCCM on empowerment activities for women and youth (child labor, FGM, GEI, and others) as applicable.
- An MOU with NCCM will be finalized for collaborative activities in urban poor and other joint areas, with programs implemented accordingly throughout the life of the Project.
- The Project will collaborate with the USAID-funded LIFE-Lead Pollution Clean-up Project in Kablat community in Greater Cairo, thus maximizing USAID investment and avoiding duplication of efforts. Community mobilization activities started in June 2006 and are planned to continue until FY3/Q1.
- The Project plans to implement community mobilization activities in Kafret Nassar urban poor area in Giza Governorate, in collaboration with Barclays Bank Egypt. Activities started in June 2006 and are planned to continue until FY2/Q3.
- 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.
- Collaboration will continue with the LEAD Foundation Program for micro credit.
- The Project will initiate collaboration with other donors, such as UNFPA, UNICEF and the World Bank

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

3.2.1 Train PHC staff, and related hospital staff in communication skills and counseling (cross ref. result 1)

- The IPCC component is being 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.

3.2.2 Train PHC physicians and nurses, and MOHP RR supervisors on simplified gender and RH rights manual

- Under TAHSEEN, the CATALYST gender and rights training manual was simplified and adapted to the Egyptian context. This manual will be used to provide training to PHC physicians and nurses in selected intervention communities during FY2/Q2.
- MOHP has previously conducted this training for governorate level RR supervisors in all 27 governorates. At the request of MOHP, TAKAMOL will conduct a two-day refresher course for RR supervisors in intervention governorates. This training is expected to take place during FY2/Q3.

3.2.3 Train MOHP RR supervisors and *mothakef sokany* in intervention governorates on couple communication (TOT)

- See 3.1.13

3.2.4 Conduct leadership TOT in intervention governorates for MOHP RRs

- 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 at the governorate level will be held to inform senior level governorate staff and all concerned stakeholders about the program and its mode of implementation.
- The training will take place during FY2/Q3 for MOHP RR supervisors from intervention governorates.

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 central, 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 Central Level Management Teams

4.1.1 Coordinate and synchronize with MOHP/PS, MCH, NPC and RCT workplans

- TAKAMOL will continue to work with MOHP Population and MCH sectors, NPC and RCT to synchronize their work plans with TAKAMOL's work plan to avoid duplication and maximize utilization of resources. TAKAMOL will conduct a workshop with all four partners in FY2 to explore ways to improve the coordination and synchronization of future workplans.

4.1.2 Provide TA to MOHP Population and MCH sectors, NPC and RCT in developing results oriented workplans for 2008

The Project will provide technical assistance to the MOHP, NPC and RCT in developing results-oriented workplans for the period Oct 2007- Sep 2008.

- Individual meetings between members of each sector/institution will be held during FY2/Q3 and FY2/Q4.
- A collective workshop to coordinate the finalization of the plan with the Project and other partners will take place during FY2/Q4.
- The process will be duplicated in 2008 for the following year's (Oct 2008- Sep 2009) plan.

4.1.3 Support MOHP Population and MCH sectors, NPC and RCT to review and update their strategic plans

TA will be provided to the MOHP Population and MCH sectors, NPC and RCT to review and update their strategic plans.

- TAKAMOL will conduct a workshop during FY2/Q2 with MOHP related sectors, NPC and RCT to review their strategic plans and provide recommendations as required.

4.1.4 Assist MOHP in activating the Steering Committee and forming working groups as needed

- Regular meetings will continue to be held with the Steering Committee and the working groups throughout Years Two and Three. Working groups will be trained where necessary as requested by the Steering Committee.

4.1.5 Provide TA for Social Responsibility working group within MOHP to negotiate win-win agreements with partners from other government ministries, agencies, NGOs and private sector

During Year One, the Project assisted with the establishment of a MOHP Social Responsibility (SR) Working Group to strengthen links between the public and private sectors.

- To complement training conducted in Year One, the Project will solicit further training needs of the working group during Year Two. Training will be provided

during Year Three so that group members can act as trainers for governorate staff who would then take the lead on SR efforts within their governorates.

- TAKAMOL will continue to build the capacity of the MOHP by working closely with them to implement developed memoranda of understanding and strengthen partnerships with different partners from private and NGO sectors.
- Meetings with the private sector will be organized to initiate social responsibility initiatives and increase their awareness of SR. These meetings will continue throughout Years Two and Three as partnerships develop.
- A national conference to showcase successful partnerships and share SR experiences will take place during Year Two.

4.1.6 Assist MOHP/PS achieve Contraceptive Security

As the final USAID Project to address population issues, the Project will continue to work closely with the NPC and MOHP in the area of contraceptive security and couple efforts in contraceptive security with better contraceptive information.

- Based on the draft action plan developed during Year One, activities will include, but will not be limited to the formation of an advocacy committee, assisting the contraceptive security WG and relevant units in the MOHP in logistics forecasting and pipeline analysis. This activity will start early in Year Two. The Project will assist the NPC and MOHP in the implementation and follow up on the developed action plan ensuring synchronization with the strategic framework. Towards the end of Year Two, the Project will work on developing an action plan for Year Three. Further TA will be provided at the request of the working group throughout Year Two and Three.
- Pending USAID contractual approval, TAKAMOL will also perform a warehousing and inventory system assessment for contraceptive pipeline. TAKAMOL will then upgrade the warehousing and inventory operational systems in intervention governorates.

4.1.7 Increase the capacity of the MOHP to strengthen the supervision system

For sustainability of efforts, it is important to increase the capacity of the MOHP Population and MCH sectors at the central level to strengthen the supervision and planning systems at the district level.

- The Project will work with the quality and systems working group to design a system for implementing the integrated supervision checklist developed by the working group during Year One. Implementation of completed components in intervention governorates under sub result 4.2.1

4.1.8 Replication of the integrated MCH/FP/RH services

- Central level 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).

- TAKAMOL will assist MOHP related sectors to fine-tune the implementation of the Integrated District Planning implementation methodology (IDP) in FY2/Q2 based on the experience of the Population Sector in implementing the methodology.
- The clinic management manual will be finalized by FY2/Q2 and included as part of the in-service training package.
- The Project will assist MOHP related sectors to adapt the OJT manual and curriculum to include management topics. This will start in FY2/Q1.

4.1.9 Support the maternal mortality surveillance system (MMSS)

- The Project will conduct an assessment during FY2/Q1 to determine the improvements necessary for the MMSS and the central level support to the governorates. Based on this assessment and discussion with MOHP, steps to be taken during the remainder of Year Two and Three will be determined.

4.1.10 Assist MOHP in implementing the Integrated Quality Performance Award system

- TAKAMOL will assist the MOHP to review the Integrated Quality Performance Award (IQPA) system that was developed with technical assistance from TAHSEEN, and present recommendations on ways to align it with the proposed Health Reform Incentive System and Family Health Fund, and any ministerial directions. To achieve this TAKAMOL will organize 2-3 workshops for MOHP related sectors, MOF and MOP. The workshops are expected to take place during FY2/Q2 and Q3.

4.1.11 Increase the capacity to develop and automate the financial and inventory system

- During FY2/Q3, the Project will assist MOHP relevant sectors in developing a training curriculum for inventory control, which will be used by MOHP central level trainers to train governorate and district level warehouse staff.
- TAKAMOL will work with the MOHP to amend Decree 239 taking into consideration synchronization with decrees 147 and 256 regarding issues such as fees for services, disbursements from the SIF to the governorate level and clinic employees, etc.
- TAKAMOL will provide TA to the MOHP and Ministry of Finance in making a national booklet on service improvement fund (SIF) rules and regulations. This booklet, will clarify use of the SIF, thus eliminating one of the main obstacles to SIF use. A final draft of the booklet will be available in FY2/Q3.
- TAKAMOL will meet with the MOHP in FY2/Q2 to help them identify areas of improvement required to share decision-making information between MCH and Population sectors.

4.1.12 Build the capacity of MOHP to implement the in-service training developed by TAHSEEN as a way to sustain and replicate the model in intervention areas (cross reference result 1)

- The Project will provide TA to the MOHP during FY2/Q2 to assess the methodology used to implement the in-service training as piloted under the TAHSEEN Project. In-service training courses take place at 12-month intervals commencing FY2/Q2.

4.1.13 Provide additional technical assistance to NPC

During Year Two the Project (pending USAID contractual agreement) will provide additional TA to the NPC in a variety of ways.

- TAKAMOL will start by assisting NPC in performing its organizational development study as requested
- The Project will then assist NPC in finding solutions to the gaps that were identified by the organizational development study
- In addition, TAKAMOL will work with NPC to improve reporting relationships between NPC, the Regional Population Councils and the MOHP
- The Project will respond to any additional technical assistance that may be requested by NPC that is within budget limitations

4.1.14 Provide additional technical assistance to RCT

During Year Two the Project (pending USAID contractual agreement) will provide TA to RCT.

- TAKAMOL will review RCT's board structure and its internal bylaws
- As a follow up to activity 4.1.3, TAKAMOL will work with RCT to develop a strategic plan for RCT for the period 2007-2010 including a marketing strategy
- TAKAMOL will then provide TA to RCT to develop the first action plan of the new strategic plan
- The Project will provide assistance to reformulate RCT in becoming a pilot center of excellence in the Middle East, Asia and Africa
- Finally, TAKAMOL will help RCT in developing its internal systems and build the capacity of staff using local and international consultants

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

4.2.1 Increase the capacity to develop results oriented integrated action plans at all levels

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.

- Training will be provided to FP and MCH governorate and district level staff on integrated supervision and leadership skills. Courses to train OJT coaches will take place for the district teams of new batches of clinics. This will be done after the clinic management training and before the OJT starts. Training will start in FY2/Q1 for Batch 1 and continue for subsequent batches based on the renovation cycle.
- District level staff will receive OJT in intervention areas to master the integrated supervision and coaching skills. OJT will begin for Batch 1 clinics in FY2/Q2, and FY2/Q3 and Q4 for batches 2 and 3. Typically, OJT starts one month after completion of clinic renovation.

- Assistance will be given to governorate and district level staff to develop Integrated District Plans (IDPs) in intervention districts throughout the year. IDP training will be provided to those involved during FY2/Q3 for batch 1 and 2 clinics. This will enable the district teams to produce district level plans and replicate the model. These plans will be shared with the central office so that areas requiring support can be included the central office's next workplan.

4.2.2 Increase the capacity to mobilize partners from other government agencies, NGOs and private sector focusing on supporting the health facilities at governorate level

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 at governorate level.

- The Project will link with the regional population councils (RPCs) in Batch 1 intervention governorates, through a meeting scheduled for FY2/Q2. Meetings with RPCs in other governorates will follow once the first batch of clinics in those governorates has been renovated.
- TA workshops will be held for Batch 1 starting FY2/Q3 to assist the RPCs to develop steps to sustain and replicate the model in the intervention governorates.
- TA will be provided to MOHP governorate level FP and MCH staff to foster partnerships with associations at governorate level e.g. businessmen's associations, chambers of commerce.

4.2.3 Strengthen governorate-level SMCs in Upper Egypt and activate SMCs in Lower Egypt in intervention governorates and districts

- The Project will train governorate and district SMCs in Lower Egypt on MCH/FP/RH issues, ensuring that MMSS is functional and that the output of the system is well utilized by governorate and district-level SMCs as an ongoing activity. Training will start in FY2/Q2 for SMCs of Batch 1 clinics and continue for each new batch.
- The Project will orient governorate and district SMCs in Upper Egypt on their new expanded role for FP/RH following the same schedule.
- The SMCs at governorate and district levels will be linked with city councils and governorate popular councils and oriented on how to address issues of common interest. Meetings to facilitate this will be ongoing from FY2/Q2.

4.2.4 Increase the capacity of MOHP to work with Ministry of Finance to effectively respond to the needs of the service providers

- District level meetings will be held 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. Meetings will commence in FY2/Q2 for Batch 1 clinics, with other batches following once clinics have been renovated.

Sub Result 4.3: Increased Capacity of Health Facility Teams

4.3.1 Increase the capacity of health facilities to work with community

In order to improve day-to-day management of the facility, to sustain improvements in the quality of care, and to connect 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 a sense of staff ownership over the quality of care. Specifically, activities will include:

- Training in clinic management for PHC unit staff (cross reference result 1)
- Training in hospital management for the relevant hospital staff and SMC teams (cross reference result 2)
- Formation/reactivation of facility boards (cross reference result 1 and 2)
- Training facility boards (cross reference result 1 and 2)
- Providing OJT to make sure that skills and behaviors are well practiced by facility teams (cross reference result 1 and 2)

4.3.2 Support management boards of intervention facilities to maximize the utilization of available resources from the SIF and MOHP budget

Boards will be formed or re-activated and trained as needed. A key part of this training covers the financial aspects of clinic management, and the need to ensure that funds are adequate for the efficient and effective operation of the facility.

- The Project will orient facility staff/board members on how to best utilize the SIF and MOHP available resources (cross reference 4.2.4). These are the same orientation courses that will be attended by both district and PHC unit staff.
- The Project will orient facility staff/board members/RR on the concept of SR and its direct impact on sustainability.

Monitoring and Evaluation

Monitoring and evaluation of all TAKAMOL activities will be ongoing as detailed in the Performance Monitoring Plan (PMP) previously submitted to USAID. During Year One, a consulting firm was selected to collect data by means of household (HH) surveys throughout the duration of the Project. HH surveys began in Year One and will continue during Year Two to collect pre-intervention data from five communities in Year One intervention governorates. Pre-intervention data will also be collected from one community per Year Two governorate—namely Qena, Behaira and Fayoum, along with an urban poor area. Post-intervention data will be collected from the above-mentioned Year One communities during Year Two, while post-intervention data for Year Two communities will be collected during Year Three.

Data regarding training, community events, partner CDAs, service statistics for intervention PHC units and hospitals, quality checklists, client satisfaction, social responsibility and maternal mortality will be collected and analyzed during Year Two to produce baseline and post-intervention values of the 25 indicators included in the PMP.

In terms of reporting, TAKAMOL will submit a Year One Annual Report, along with three quarterly reports. Success stories will be captured throughout the course of Year Two and submitted along with the quarterly reports.

Annex

TAKAMOL Project Year Two and Three Activity Timeline

(The start dates included in the timeline are estimates and may change due to unforeseen circumstances).

Activity	Deliverable	Start Date	Duration	Fiscal Year Two												Fiscal Year Three											
				FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4		
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
For Batch 1 clinics		FY2/Q1	6 months	X	X	X	X	X	X																		
For Batch 2 clinics		FY2/Q2	6 months				X	X	X	X	X	X															
For Batch 3 clinics		FY2/Q3	6 months							X	X	X	X	X	X												
For Batch 4 clinics		FY2/Q4	6 months										X	X	X	X	X	X									
For Batch 5 clinics		FY3/Q1	6 months													X	X	X	X	X	X						
For Batch 6 clinics		FY3/Q2	6 months																X	X	X	X	X	X			
For Batch 7 clinics		FY3/Q3	6 months																			X	X	X	X	X	X
For Batch 8 clinics		FY3/Q4	6 months																						X	X	X
Provide on-the-job training	Training report																										
For Batch 1 clinics		FY2/Q2	6 months					X	X	X	X	X	X	X													
For Batch 2 clinics		FY2/Q3	6 months										X	X	X	X	X										
For Batch 3 clinics		FY2/Q4	6 months													X	X	X	X	X	X						
For Batch 4 clinics		FY3/Q1	6 months																X	X	X	X	X	X			
For Batch 5 clinics		FY3/Q2	6 months																	X	X	X	X	X	X	X	X
For Batch 6 clinics		FY3/Q3	6 months																						X	X	X
For Batch 7 clinics		FY3/Q4	6 months																								X
For Batch 8 clinics		FY4	6 months																								
1.1.3 Provide technical assistance to CSI as needed																											
Provide TA to the independent CSI NGO that has been established		FY2/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	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																											
Continue to meet with HSR to discuss areas of potential collaboration	Minutes of Meeting	FY2/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.1.6 Collaboration with RCT																											
Include RCT in review of training curricula	Working group report	FY2/Q1	6 months	X	X	X	X	X	X																		

Activity	Deliverable	Start Date	Duration	Fiscal Year Two									Fiscal Year Three														
				FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4		
				10	11	12	1	2	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) ADVANCED Course		FY2/Q2	3 months					X	X	X																	
Training on Neonatal Resuscitation for physicians		FY2/Q3	1 month										X														
Neonatal care training for NICU nurses		FY2/Q2	3 months				X	X	X																		
Essential Obstetric Anesthesia Training (EOAC) for Anesthesiologists		FY2/Q2	3 months				X	X	X																		
Essential Laboratory Services Training for Physicians		FY2/Q2	3 months				X	X	X																		
Essential Laboratory Services Training for technicians		FY2/Q2	3 months				X	X	X																		
Central Supply and Sterilization Training (CSSD) for CSSD Nurses		FY2/Q3	1 month										X														
Training of Operating Room Nurses		FY2/Q3	2 months										X	X													
Orientation of Infection control team on National standards of IC		FY2/Q3	2 months										X	X													
Training for all staff in relevant departments of Batch 3 hospitals in Lower Egypt	Training report																										
Orientation of senior OB/GYN specialists on Integrated MCH/FP/RH package		FY2/Q3	3 months										X														

					Fiscal Year Two									Fiscal Year Three														
					FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4		
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Activity	Deliverable	Start Date	Duration																									
	For Batch 5 LE hospitals		FY3/Q2	2 months																X	X							
	For Batch 6 LE hospitals		FY3/Q3	2 months																			X	X				
	For Batch 7 LE hospitals		FY3/Q4	2 months																						X	X	
	For Batch 8 LE hospitals		FY4	2 months																								
	Support lead trainers train PHC physicians on various issues including safe home delivery	Training report																										
	For Batch 1 LE hospitals		FY2/Q1	2 months			X	X																				
	For Batch 2 LE hospitals		FY2/Q3	2 months							X	X																
	For Batch 3 LE hospitals		FY2/Q4	2 months										X	X													
	For Batch 4 LE hospitals		FY3/Q1	2 months													X	X										
	For Batch 5 LE hospitals		FY3/Q2	2 months																X	X							
	For Batch 6 LE hospitals		FY3/Q2	2 months																			X	X				
	For Batch 7 LE hospitals		FY3/Q4	2 months																						X	X	
	For Batch 8 LE hospitals		FY4	2 months																								
2.1.3.4	Management Training (cross result 4)																											
	Activation and training of hospital boards	Training report																										
	For Batch 2 LE hospitals		FY2/Q1	3 months			X	X	X																			
	For Batch 3 LE hospitals		FY2/Q2	3 months				X	X	X																		
	For Batch 4 LE hospitals		FY2/Q3	3 months							X	X	X															
	For Batch 5 LE hospitals		FY3/Q1	3 months										X	X	X												
	For Batch 6 LE hospitals		FY3/Q1	3 months													X	X	X									
	For Batch 7 LE hospitals		FY3/Q2	3 months																X	X	X						
	For Batch 8 LE hospitals		FY3/Q3	3 months																			X	X	X			
	Activate hospital boards to form SMCs	Minutes of meeting of hospital board nominating SMC members																										
	For Batch 2 LE hospitals		FY2/Q1	2 months			X	X																				
	For Batch 3 LE hospitals		FY2/Q2	2 months				X	X																			

					Fiscal Year Two									Fiscal Year Three														
					FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4		
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Activity	Deliverable	Start Date	Duration				X	X	X	X	X	X	X	X	X	X	X	X										
	Assist MOHP to Develop and implement a tracking tool for neonatal deaths in NCUs	MOHP approved neonatal deaths tracking tool	FY2/Q2	12 months				X	X	X	X	X	X	X	X	X	X	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																											
	Assist MOHP to review the CQI system of HM/HC, add elements of FP& PAC & PP Care and produce first draft	Integrated CQI system	FY2/Q1	13 months	X	X	X	X	X	X	X	X	X	X	X	X												
	Updating Integrated EOC/FP/RH/PAC/PPC Protocol for Ob&Gyn specialists	Updated integrated protocol	FY2/Q4	24 months										X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Updating Integrated EOC/FP/RH/PAC/PPC Protocol for Ob&Gyn Nurses	Updated integrated protocol	FY2/Q4	24 months										X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Review /Updating Integrated MCH/FP/RH/PAC/PPC training curriculum for OB&Gyn Nurses	Updated integrated MCH/FP/RH training curriculum for nurses	FY3/Q2	12 months																X	X	X	X	X	X	X	X	X

					Fiscal Year Two									Fiscal Year Three															
					FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4			
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
Activity	Deliverable	Start Date	Duration																										
	For Batch 1 clinics		FY2/Q1	6 months		X	X	X	X	X	X	X																	
	For Batch 2 clinics		FY2/Q2	6 months				X	X	X	X	X	X																
	For Batch 3 clinics		FY2/Q3	6 months							X	X	X	X	X	X													
	For Batch 4 clinics		FY2/Q4	6 months										X	X	X	X	X	X										
	For Batch 5 clinics		FY3/Q1	6 months													X	X	X	X	X	X							
	For Batch 6 clinics		FY3/Q2	6 months																X	X	X	X	X	X				
	For Batch 7 clinics		FY3/Q3	6 months																			X	X	X	X	X	X	
	For Batch 8 clinics		FY3/Q4	6 months																						X	X	X	
	Hold regular meetings with trained religious leaders to discuss new topics	Monthly meeting report	FY2/Q3	ongoing							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
3.1.6	Shabab TAKAMOL Week (Youth Mobilization Week)																												
	Implement STW in some intervention communities	Activity monthly report																											
	For Batch 1 communities		FY2/Q2	12 months				X	X	X	X	X	X	X	X	X	X	X	X										
	For Batch 2 communities		FY2/Q3	12 months							X	X	X	X	X	X	X	X	X	X	X	X							
	For Batch 3 communities		FY2/Q4	12 months										X	X	X	X	X	X	X	X	X	X	X	X				
	For Batch 4 communities		FY3/Q1	12 months													X	X	X	X	X	X	X	X	X	X	X	X	
	For Batch 5 communities		FY3/Q2	12 months																X	X	X	X	X	X	X	X	X	
	For Batch 6 communities		FY3/Q3	12 months																			X	X	X	X	X	X	
	For Batch 7 communities		FY3/Q4	12 months																						X	X	X	
	For Batch 8 communities		FY4	12 months																									
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		FY2/Q2	3 months				X	X	X																			
	For Batch 2 communities		FY2/Q3	3 months							X	X	X																
	For Batch 3 communities		FY2/Q4	3 months										X	X	X													
	For Batch 4 communities		FY3/Q1	3 months													X	X	X										
	For Batch 5 communities		FY3/Q2	3 months																X	X	X							

Activity	Deliverable	Start Date	Duration	Fiscal Year Two									Fiscal Year Three														
				FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4		
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
For Batch 6 communities		FY3/Q2	12 months																		X	X	X	X	X	X	
For Batch 7 communities		FY3/Q4	12 months																					X	X	X	
For Batch 8 communities		FY4	12 months																								
3.1.12 Literacy facilitators																											
Update AEA and NGOs' literacy facilitators training package to include MCH messages	Booklets	FY2/Q3	7 months										X	X	X	X	X	X	X								
Train literacy facilitators																											
For Batch 1 clinics		FY2/Q1	6 months		X	X	X	X	X	X																	
For Batch 2 clinics		FY2/Q2	6 months				X	X	X	X	X	X															
For Batch 3 clinics		FY2/Q3	6 months							X	X	X	X	X	X												
For Batch 4 clinics		FY2/Q4	6 months										X	X	X	X	X	X									
For Batch 5 clinics		FY3/Q1	6 months													X	X	X	X	X	X						
For Batch 6 clinics		FY3/Q2	6 months														X	X	X	X	X	X					
For Batch 7 clinics		FY3/Q3	6 months															X	X	X	X	X	X	X	X	X	
For Batch 8 clinics		FY3/Q4	6 months																				X	X	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		FY2/Q4	3 months										X	X	X												
For Batch 2 communities		FY2/Q4	3 months										X	X	X												
For Batch 3 communities		FY2/Q4	3 months										X	X	X												
For Batch 4 communities		FY2/Q4	3 months										X	X	X												
For Batch 5 communities		FY2/Q4	3 months										X	X	X												
For Batch 6 communities		FY2/Q4	3 months										X	X	X												
For Batch 7 communities		FY3/Q4	3 months																				X	X	X		
For Batch 8 communities		FY3/Q4	3 months																				X	X	X		
For Batch 9 communities		FY3/Q4	3 months																				X	X	X		
For Batch 10 communities		FY3/Q4	3 months																				X	X	X		
For Batch 11 communities		FY3/Q4	3 months																				X	X	X		
For Batch 12 communities		FY3/Q4	3 months																				X	X	X		

					Fiscal Year Two									Fiscal Year Three														
					FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4		
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Activity	Deliverable	Start Date	Duration																									
	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	FY2/Q2	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 in intervention areas (cross reference result 1)	Reports	FY2/Q3	3 months							X	X	X										X	X	X			
4.1.13	Provide additional technical assistance to NPC	Reports																										
	Provide ongiong TA to NPC		FY2/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.1.14	Provide additional technical assistance to RCT	Reports																										
	Provide ongoing TA to RCT		FY2/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.2	Sub-Result 4.2: Increased Capacity of MOHP Governorate and District Level Management Teams																											
4.2.1	Increase the capacity to develop result oriented integrated action plans at all levels																											
	Provide training to FP and MCH governorate and district level staff on integration supervision and leadership skills	Training Reports																										
	District teams of Batch 1 clinics		FY2/Q1	5 months		X	X	X	X	X																		

					Fiscal Year Two									Fiscal Year Three															
					FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4			
Activity		Deliverable	Start Date	Duration	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
District teams of Batch 8 clinics			FY3/Q2	3 months																				X	X	X			
Coaching district level staff in intervention areas to master the integrated supervision and coaching skills		OJT report																											
District team of Batch 1 clinics			FY2/Q2	6 months				X	X	X	X	X	X	X															
District team of Batch 2 clinics			FY2/Q3	6 months								X	X	X	X	X	X	X											
District team of Batch 3 clinics			FY2/Q4	6 months											X	X	X	X	X	X	X								
District team of Batch 4 clinics			FY3/Q1	6 months													X	X	X	X	X	X	X						
District teams of Batch 5 clinics			FY3/Q2	6 months																X	X	X	X	X	X				
District teams of Batch 6 clinics			FY3/Q3	6 months																					X	X	X	X	
District teams of Batch 7 clinics			FY3/Q4	6 months																								X	
District teams of Batch 8 clinics			FY4	6 months																									
4.2.2	Increase the capacity to mobilize partners from other government agencies, NGOs and private sector focusing on supporting the health facilities at governorate level																												
Meet with the regional population councils at the intervention governorates		Meetings report																											
Governorates in Batch 1 clinics			FY2/Q2	ongoing				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Activity	Deliverable	Start Date	Duration	Fiscal Year Two									Fiscal Year Three																
				FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4				
				10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9		
Governorates in Batch 2 clinics		FY2/Q3	ongoing									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Governorates in Batch 3 clinics		FY2/Q4	ongoing													X	X	X	X	X	X	X	X	X	X	X	X	X	X
Governorates in Batch 4 clinics		FY3/Q1	ongoing															X	X	X	X	X	X	X	X	X	X	X	X
Governorates in Batch 5 clinics		FY3/Q2	ongoing																		X	X	X	X	X	X	X	X	X
Governorates in Batch 6 clinics		FY3/Q2	ongoing																					X	X	X	X	X	
Governorates in Batch 7 clinics		FY3/Q4	ongoing																								X	X	
Governorates in Batch 8 clinics		FY4	ongoing																										
Provide TA workshops to assist these councils develop steps to sustain and replicate the model	Workshops report																												
Governorates in Batch 1 clinics		FY2/Q3	2 months									X	X																
Governorates in Batch 2 clinics		FY2/Q4	2 months											X	X														
Governorates in Batch 3 clinics		FY3/Q1	2 months														X	X											
Governorates in Batch 4 clinics		FY3/Q2	2 months																X	X									
Governorates in Batch 5 clinics		FY3/Q3	2 months																		X	X							
Governorates in Batch 6 clinics		FY3/Q4	2 months																							X	X		
Governorates in Batch 7 clinics		FY4	2 months																										
Governorates in Batch 8 clinics		FY4	2 months																										

					Fiscal Year Two									Fiscal Year Three														
					FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4		
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Activity					Deliverable					Start Date					Duration													
Governorate and District SMCs of Batch 8 clinics										FY4					ongoing													
4.2.4	Increase the capacity of MOHP to work with Ministry of Finance to effectively respond to the needs of the service providers																											
	Hold district level meetings between MOHP and MOF to facilitate the smooth financial system operation in each district where the project intervenes				Minutes of meeting					FY2/Q2																		
	Districts of Batch 1 clinics									FY2/Q2					ongoing													
	Districts of Batch 2 clinics									FY2/Q3					ongoing													
	Districts of Batch 3 clinics									FY2/Q4					ongoing													
	Districts of Batch 4 clinics									FY3/Q1					ongoing													
	Districts of Batch 5 clinics									FY3/Q2					ongoing													
	Districts of Batch 6 clinics									FY3/Q2					ongoing													
	Districts of Batch 7 clinics									FY3/Q4					ongoing													
	Districts of Batch 8 clinics									FY4					ongoing													
4.3	Sub-Result 4.3: Increased Capacity of Health Facility Teams																											
4.3.1	Increase the capacity of health facilities to work with community																											
	Training in clinic management for PHC staff (cross reference result 1)				Training report																							
	Training in hospital management for the hospital staff & SMC teams (cross reference result 2)				Training report																							

					Fiscal Year Two									Fiscal Year Three																													
					FY2/Q1			FY2/Q2			FY2/Q3			FY2/Q4			FY3/Q1			FY3/Q2			FY3/Q3			FY3/Q4																	
					10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9															
Activity					Deliverable				Start Date				Duration																														
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 management boards of intervention facilities to maximize the utilization of available resources from the SIF and MOHP budget																																										
Orient facility staff/board on how to best utilize the SIF and MOHP available resources					Workshop report				FY2/Q2				9 months																														

