



Takamol Project FY09 Annual Workplan

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Acronyms and Abbreviations

AEA	Adult Education Agency
AEW	Agricultural Extension Workers
ANC	Antenatal Care
BCC	Behavior Change Communication
CDA	Community Development Association
CEDPA	Centre for Development & Population Activities
CEOC	Comprehensive & Essential Obstetric Care
CHL	Communication for Healthy Living
CQIS	Continuous Quality Improvement System
CSI	Clinical Services Improvement project
CSR	Corporate Social Responsibility
CSSD	Central Supply and Sterilization Department
EOAC	Essential Obstetric and Anesthetic Care
ESD	Expanding Service Delivery project
EWSO	Egyptian Women Speak Out
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
IMCI	Integrated Management of Childhood Illnesses
IPCC	Interpersonal Communication and Counseling
IQPA	Integrated Quality Performance Award
ISOP	Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services
LAM	Lactation Amenorrhea Method
LE	Lower Egypt
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
MOU	Memorandum Of Understanding
MOSS	Ministry Of Social Solidarity
NCCM	National Council of Childhood and Motherhood
NCU	Neonatal Care Units
NCW	National Council for Women
NGO	Non-Governmental Organization
NPC	National Population Council
OB/GYN	Obstetrics and Gynecology
OJT	On-the-Job Training
PAC	Post-Abortion Care
PHC	Primary Health Care
POP	Population
PMP	Project Monitoring Plan
PP	Post-Partum
PPC	Post-Partum Care
RCT	Regional Center for Training
RFP	request for proposal
RH	reproductive health
RHU	Rural Health Unit
RL	Religious Leader
RPC	Regional Population Council
RR	Raedat Rifiat
SAIFPS	Specialized Association for Improving Family Planning Services
STS&P	Sector of Technical Support and Projects
STW	Shabab Takamol Week
SIF	Service Improvement Fund
SMC	Safe Motherhood Committee
SR	Social Responsibility
TA	Technical Assistance
TL	Team Leaders
TOT	Training Of Trainers
UE	Upper Egypt
USAID	United States Agency for International Development
USG	United States Government
UNFPA	United Nations Family Planning Association
UNICEF	United Nations Children’s Fund

WG Working Groups

Executive Summary

This workplan is the result of a collaborative effort between Takamol project staff, project partners, and the Ministry of Health and Population (MOHP). It provides a comprehensive description of how the Takamol project will implement its activities during Fiscal Year Nine (FY09), which covers the period from October 2008 through September 2009. The workplan details the implementation plan for FY09 activities, and how the project envisions these activities will continue into Fiscal Year Ten (FY10). It should be noted, however, that at this time the project is committed only to FY09 activities described in the workplan, and will submit a FY10 workplan by September 2009.

FY08 saw the expansion of FY07's rapid planning and start up phase into full-scale implementation of renovation and equipping, community mobilization and sustainability activities that have been either fully or partially implemented in Lower Egypt Governorates including: Ismailia, Sharkia, Kafr El Sheikh and Dakahlia. The same activities have been either fully or partially implemented in Upper Egypt Governorates including Giza, Beni Suef, Luxor, Qena and Aswan as well as urban poor areas like Kafret Nassar and El Kablat in Greater Cairo.

During FY09 the project will complete the renovation and equipping of Batches 7 and 8 PHC units that began in the later stages of FY08, and will also initiate work in Batches 9-12. Each new batch of PHC units/hospitals is scheduled to begin physical renovations at the beginning of every quarter for a duration of five to six months. The project will continue to coordinate with the Sector of Technical Support and Projects (STS&P) on renovation designs, material specifications, sequence of activities, and areas of possible collaboration.

The conjoint model of activities implemented in Takamol intervention communities in FY07 and FY08 was invaluable in determining the extent to which Takamol's integrated model covers the STS&P's accreditation criteria. With regards to the project's collaboration with the STS&P, Takamol implements its integrated model and STS&P builds upon Takamol intervention in order to avoid duplication of work. This is essential as many core family health model activities are being covered through Takamol interventions. In this way, Takamol activities serve to facilitate the process towards the STS&P family health model.

During the upcoming collaboration process in FY09 and FY10, the STS&P will learn more about the Takamol integrated model and identify elements that can be added to their model to improve their activities. The STS&P will use district teams to implement on-the-job training (OJT) in other non-project intervention PHC units present in the same district.

Training of clinical staff will continue during FY09 and FY10, and is scheduled to coincide with renovation work to minimize service provision downtime. To improve the quality of integrated services at the PHC level, Takamol will provide PHC unit management training for PHC unit teams, while PHC unit boards that have been reactivated by the project will be trained to assume their functions. Clinical and management OJT for PHC staff is conducted for a period of six months following the completion of renovation.

All training materials incorporate MCH/FP/RH, interpersonal communication and counseling (IPCC), and gender components. Additional revision of materials will be conducted as necessary during FY09.

Takamol activities at the PHC unit level are complemented by improvements in the quality of integrated maternal and child health, family planning, and reproductive health (MCH/FP/RH) services at the hospital level in intervention governorates. The scope of project activities at the hospital level differs 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 focuses on orienting and training staff and Safe Motherhood Committee (SMC) members on integrating FP/RH components with MCH activities. Training on postpartum (PP) and post abortion care (PAC) programs, FP counseling services and breastfeeding for relevant staff, along with any additional training requested by hospital safe motherhood committees (SMC) will continue for hospitals in Upper Egypt in FY09.

In Lower Egypt however, the project implements a more comprehensive set of activities. The selection process for all 25 hospitals was completed in FY08. Assessment for clinical and managerial performances, equipment and training needs, and improvement plans will be conducted in the three months prior to hospital renovation. As with PHC units, the five to six months renovation period is used to train relevant staff. In addition, management and quality training will be conducted for members of reactivated hospital boards and SMCs.

The existing referral system will be strengthened in new communities through combined training of 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 the FP clinic in the district hospital and the obstetrics and gynecology (OB/GYN) departments. Work will continue at the central level to strengthen the neonatal care referral system.

The review and update of all previously developed relevant guidelines, protocols, training curricula, and standards for integrated comprehensive essential obstetric (CEOC), FP, RH, PAC, and postpartum care (PPC) (CEOC/FP/RH/PAC/PPC) will continue in FY09 and FY10. Relevant hospital staff in Upper and Lower Egypt will continue to be trained on the CQIS and on self-assessment of clinical and managerial performance.

Improvements to physical structures and health staff capacities in intervention governorates will be augmented through the promotion of healthier behaviors. Community training packages updated during FY07 and FY08 will continue to be reviewed and updated as needed during FY09. The project has adopted behavior change communication (BCC) materials designed by the Communication for Healthy Living (CHL) project, and will continue to collaborate with CHL as needed.

As renovation continues in new intervention governorates, Takamol will continue to establish and train governorate-level religious leaders and media working groups as a starting point for community level activities. Shabab Takamol Weeks (STWs), youth empowerment programs and peer-to-peer programs will be implemented soon after the project enters new communities to raise MCH/FP/RH awareness of youth and their families. Youth friendly and gender sensitive plays and skits will be held regularly and will target all community members with the assistance of religious leaders to mobilize communities around key MCH/FP/RH issues. The Egyptian Women Speak Out (EWSO) women empowerment program will be conducted in selected intervention communities upon completion of renovation work, combined with a leadership program for some outstanding EWSO graduates to develop community advocates/leaders. Agricultural extension workers (AEW) will receive training to conduct health awareness seminars for farmers to increase male involvement in MCH/FP/RH throughout a wide rural audience. Literacy facilitators will also play an active role in disseminating MCH/FP/RH messages. Moreover, agriculture extension workers and outreach workers will continue to be trained on avian influenza messages, thus increasing the community's knowledge regarding avian influenza.

Community development associations (CDAs) will continue to play a major role in community awareness-raising activities throughout FY09 and FY10. Prospective CDAs will be screened and assessed prior to being awarded grants to implement and replicate many of the community mobilization activities mentioned above. Training of CDA staff will be

conducted during renovation, including both CDA and MOHP raedat rifiats (RRs, also known as outreach workers) and mothakef sokany (male outreach workers) to create a strong bond of cooperation between them.

All community activities will be strengthened through collaboration with other agencies and initiatives, such as CHL in training, Ask/Consult network physicians and pharmacists. In addition, the project will seek to initiate new partnerships with other donors such as the United Nations Family Planning Association (UNFPA).

To ensure sustainability of improved integrated MCH/FP/RH service provision, Takamol will continue working extensively with MOHP staff and their partners at the central, governorate, district, and facility levels to manage priority programs once USAID technical assistance (TA) and financial support is finished. As part of Takamol's cross-cutting social responsibility theme, the project will continue to support the MOHP Social Responsibility (SR) Working Group in FY09 to encourage them to take a lead role in initiating and negotiating partnerships with the private sector. Capacity building of MOHP governorate and district level management teams to help them mobilize partners from the private sector will continue in each new governorate. These teams will also receive OJT covering many aspects of the integrated model, as their involvement is key to the success and scaling up of project activities.

Various initiatives to improve central level planning were incorporated in last year's workplan, including coordination with the Population and MCH sectors of the MOHP, the National Population Council (NPC) and the Regional Center for Training (RCT). Moreover, Takamol will continue providing TA in FY09 as needed to NPC and RCT. The project will increase the capacity of the MOHP Population and MCH sectors to strengthen the supervision and planning systems at the district level. 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. Takamol will work closely with the NPC and MOHP in the area of contraceptive security regarding forecasting, purchasing, and logistics management.

Takamol will assist the MOHP and Ministry of Finance (MOF) to finalize a national booklet on the Service Improvement Fund (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 TA provided to Specialized Association for Improving Family Planning Services (SAIFPS) during FY09, the project will collaborate with CHL to provide the organization with TA in further developing their marketing strategy and fund raising activities.

Introduction

Background

Takamol project staff has collaborated extensively with project partners along with the MOHP Population and MCH sectors to produce the workplan FY09. It provides a comprehensive description of how project activities will be implemented during the period October 2008 through September 2009, and outlines the flow of all interventions throughout FY10. It should be noted, however, that at this time the project is committing to FY09 activities only, while activities scheduled for FY10 are merely projections and subject to change. Takamol will submit a detailed FY10 workplan by September 2009.

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 is working 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 strengthens the capacities of general and district hospitals and PHC units to better serve the needs of their communities through renovation and equipping, training, outreach, community participation, and social responsibility. At the same time, it 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 uses a multi-sectored 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 key to ensuring that improvements in the quality, delivery, and use of integrated services are achieved, sustained, replicated, and continually improved in response to communities' needs. Global and Egyptian best practices are being 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

For budgeting and reporting purposes, the project cycle follows USAID fiscal years; so Years Four and Five of the project are referred to as Fiscal Year Nine and Fiscal Year Ten (FY09

and FY10) throughout the workplan, and are divided as outlined in the table below. Further, each year is divided into quarters and referred to accordingly (e.g. FY09/Q1, FY09/Q2 etc.).

Fiscal Year	Year	Start	End
Fiscal Year Nine	Project Year Four	October 1, 2008	September 30, 2009
Fiscal Year Ten	Project Year Five	October 1, 2009	September 30, 2010

As detailed in the three previous workplans, the project will renovate PHC units and relevant hospital departments in batches. Renovation is the focal point of the Takamol integrated model, since the timing of all activities is tied to the renovation process. For example, the majority of community mobilization activities begin after the unit is physically renovated and ready to receive the increased caseload expected to result from these activities.

As mentioned in last year's workplan, the MOHP had provided the project with the ministry's list of priority governorates during a steering committee meeting held in FY06. During FY08 and according to prioritized requests from health directorates, certain adjustments to the batches plan has been made. During FY09, the project will continue with the renovation of Batch 7 and 8 PHC units that were started in FY08, and initiate renovation work in four more batches (9-12). The revised projections and plans are as outlined in the table below. It is worthy to note that no renovation/facility upgrades will take place for Upper Egypt hospitals. (See result 2 for details on interventions in Upper Egypt hospitals). Moreover, number of facilities/ batch stated in the table below are estimates only and are subject to the findings of assessment visits to intervention governorates and requests from the MOHP.

Takamol 5 Years intervention plan

Governorate	Total		Year 1		Year 2 from 1-10-2006 to 30-9-2007								Year 3 from 1-10-2007 to 30-9-2008								Year 4 from 1-10-2008 to 30-9-2009								Year 5 from 1-10-2009 to 30-9-2010							
					Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4	
			Mar to Sep		Oct to Dec		Jan to Mar		Apr to Jun		Jul to Sep		Oct to Dec		Jan to Mar		Apr to Jun		Jul to Sep		Oct to Dec		Jan to Mar		Apr to Jun		Jul to Sep		Oct to Dec		Jan to Mar		Apr to Jun		Jul to Sep	
			B1		B2		B3		B4		B5		B6		B7		B8		B9		B10		B11		B12											
Hosp.	PHCs	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P	H	P					
Giza	3	16	2	13			1	3							0																					
Beni Suef	4	21	2	12			2	9																												
Luxor city	3	27							3			15					4			8																
Qena	5	26										5	7				11					8														
Aswan	4	36												4	6				6			9		9		6										
Fayoum	4	16																						4	16											
Minia	0	0																																		
Total UE	23	142	4	25	0	0	3	12	3	0	0	15	5	7	4	6	0	15	0	6	0	8	0	9	0	17	4	22	0	0	0	0	0	0		
Ismailia	2	4	2	4			0	0																												
Sharkia	8	19	1	2			3	6	4	8									3																	
Behira	0	0																																		
Kafr Al Sheikh	6	12										6	12																							
Dakahlia	5	10														5	10																			
Gharbia	4	8																					4	8												
Total LE	25	53	3	6	0	0	3	6	4	8	0	0	6	12	0	0	5	10	0	3	0	0	0	0	4	8	0	0	0	0	0	0	0	0	0	
Total Poor Urban Areas	0	5		1			1										0		1		1		1						0							
Quarterly Tot	48	200	7	32	0	0	6	19	7	8	0	15	11	19	4	6	5	25	0	10	0	9	0	10	4	25	4	22	0	0	0	0	0	0		
Quarterly cumulative			7	32	7	32	13	51	20	59	20	74	31	93	35	99	40	124	40	134	40	143	40	153	44	178	48	200								
Yearly total			7	32							13	42							20	60							8	66					0	0		
Yearly cumulative total											20	74							40	134							48	200					48	200		

Challenges

This section outlines some of the challenges that the Takamol project expects to encounter during the implementation of its integrated model. The challenges outlined below are divided into two sections:

- New challenges that the project expects to face in FY09
- Old challenges recognized in last year's workplan and expected to be ongoing during FY09

The following is in no way a definitive list of the obstacles facing the Project, nor do they appear in any particular order of priority.

New Challenges:

- The implementation of OJT activities is hindered for multiple reasons from one Governorate to the next. One general obstacle is the difficulty in finding qualified personnel with the capacity and skills needed to coach district teams on how to become coaches themselves. To deal with this problem, the project has resorted to identifying and then training coaches internally, consequently delaying and raising doubt about the OJT process. A second issue is the high turnover rate of the already limited number of suitable coaches. One solution has been to utilize available MOHP staff to serve as coaches. However, due to a lack of resources/funds available for the MOHP from USAID, additional challenges arise from this option as well. Thirdly, the average time required for OJT to achieve the needed behavioral and technical skills, as well as knowledge implementation in the field, varies widely from one district to another. As a result, the average allocated time for OJT has had to expand from six to nine months. A process of reformulation has also occurred in order to ensure that the same number of visits and same results achieved without requiring additional budgeting. It has also been noticed that the readiness of the district teams to change is affected by the level of interest of the Governorate team following up and supporting the process. The number of clinics in which the Project is currently intervening is also a factor; the higher the number of clinics, the more keen the district teams are in participating. Similarly, the lower the number of clinics, the smaller the interest of the Governorate team. It has therefore been more challenging for the project to achieve the required change in Lower Egypt than in Upper Egypt.
- Egypt is currently experiencing a lot of political and administrative reforms. One of the most recent changes has been the creation of 2 new Governorates: 6th of October and Helwan. Consequently, all of the districts that were formerly a part of Giza Governorate now fall under the scope of the 6th of October Governorate, which entails a lot of work for the Project. For example, the project was required to repeat the process of forming RPC committees, orienting them and holding workshops in order for them to be able to replicate the Takamol model. New Governors and RPC committees had to be oriented to their importance in capacity building as required by the model. Moreover, it is expected that changes with regards to secretary generals, traditionally the heads of RPC committees, will soon also occur all over Egypt. This change in leadership at the local level further complicates and compounds the problems created by changing leadership at the central level. Furthermore, changes to the undersecretaries of health in intervention Governorates will be occurring in the coming months of FY09 and consequently disrupting the capacity building process.

- The Project emphasizes areas of SMC activation during OJT and observes necessary changes in attitude and performance of integrated supervision, thus SMC training typically starts three months after the beginning of OJT. Based on our experiences in Ismailia and Sharkia Governorates in FY07 and FY08, training of SMCs was delayed because OJT revealed that the district teams were not yet ready to receive training. It is anticipated that this will continue to occur in FY09 in other Lower Egypt districts, where Governorate and District Safe motherhood committees are considerably weaker than those of Upper Egypt. This is due to the fact that the HM/HC project worked extensively in Upper Egypt, thus all SMCs formed and trained where as in Lower Egypt SMCs did not receive any TA or training from previous projects.
- During FY08, the Egyptian market witnessed a jump in the prices of construction materials and labor wages. This is due to the increase of raw materials world wide in addition to increased inflation rates in Egypt. This has affected renovation budgets and caused a lack of response from renovation sub contractors to Takamol bidding requests. During FY08, the Takamol engineering team went through a value engineering process in an attempt to minimize costs in addition to studying market rates to determine a ceiling for the bids. As construction and other costs continue to spiral upwards, the project will have to reassess its scope and range of activities that it is capable of implementing.
- As project interventions move into Upper Egypt, it has been observed that tribalism is one of the greatest challenges the project has seen to date. Tribalism and rigid cultural norms limit access of women of the reproductive age to the project's dissemination of important reproductive health messages and overall capacity building process. Tribalism is very common in Qena and Aswan Governorates where most of the project's interventions are located. Project activities like CDA-hosted awareness classes or seminars conducted by RRs have limited attendance by all women from the community because different tribes and families do not socialize with each other. CDA RRs will try to conduct seminars and classes in areas that are culturally acceptable for women to gather and socialize in order to increase attendance of women at the reproductive age.
- Lack of an existing technical supervision system in hospitals at the central and governorate levels constitutes a challenge towards the sustainability of the provision of quality services. The project is working in two ways to overcome this challenge. First, the Project identifies and trains lead trainers to ensure an ongoing training process. Secondly, a continuous self assessment system on CQIS is established for and utilized by SMC members in hospitals in order to identify areas of improvement and development of hospital improvement plans.
- The Project faces a big challenge when activating postpartum home visits. These visits are supposed to be conducted by nurses and RRs. RRs have been very active in raising awareness about avian flu messages, currently a priority at the national level, thus important MCH messages are not being disseminated. This poses a big challenge in the activation of postpartum home visits.

Old Challenges:

- Though a procedure to align with the needs of the MOF was developed, the opening of separate bank accounts within all intervention health facilities is still expected to take longer than anticipated, as it involves local and central level approvals from both the MOHP and MOF. This is further complicated by behavioral problems in certain intervention areas at the district and/or governorate level(s). This proves challenging

when establishing the clinic boards' functionality as they make decisions regarding the disbursement of SIF funds. It is challenging for the boards to feel a sense of ownership over the funds they manage and allocate when the mechanism is not well implemented. Furthermore, asking donors for their support and contributions becomes more difficult when donors realize available resources are not efficiently or properly utilized. In order to resolve this issue, the Project has already allocated more human resources to assist the MOHP at district and governorate levels to set-up and maintain separate, functional bank accounts. In an attempt to speed up this process, clinic Management Training will be used as a stepping stone for orientation and consensus before any procedures take place.

- Forming or reactivating hospital boards was expected to be a challenge for the Project and this continues to be the case. Most hospitals already have well established, functioning boards consisting of senior medical staff and community representatives. Moves by the project to reorganize the election process of these boards for the inclusion of more qualified and accepted community representatives have been met with resistance at both the community and governorate levels; and there is every indication that this pattern of resistance will be the same in each governorate where the Project works. It is challenging to find willing and eligible nominees for community representation who are also accepted and cleared by the concerned authorities. Consequently, the election process of community representatives becomes tedious and lengthy, and its democratic legitimacy is often questioned due to the concerned authorities' direct involvement. Nonetheless, the Project will continue to hold legitimate elections in the most transparent and democratic way possible.
- One of the Project's mandates is to transform the contraceptive security strategic plan into an action plan and to assist all stakeholders in its implementation. This mandate faces several challenges due to the involvement of various stakeholders (governmental institutions, e.g. MOHP, MOF, Ministry of Planning-MOP, NPC etc.); in addition to the various roles the private sector and civil society must play. One of these challenges is the recent change in leadership of the MOHP/PS since newly appointed leaders need to be well oriented to priority issues as well as to the numerous stakeholders involved. In addition, the political issues that were manifested at the population conference under the auspices of the President of Arab Republic of Egypt may lead to a speeding up of the process prematurely, resulting in an emphasis on the governmental role rather than the other sectors. It will require time and candid communication with NPC and MOHP to figure out the best way to help them achieve their objective for contraceptive security.
- The Middle East continues to be an area of high political tension and oftentimes project activities are conducted amid an atmosphere of sensitivity and skepticism. USAID branding regulations ensure that communities are aware of the Project's funding sources, which can sometimes lead to resistance from local residents. In some of our intervention communities, especially in Upper Egypt, some messages such as FGC need to be addressed in a very culturally sensitive manner. This is because rural communities strictly abide by their cultural norms and are usually not receptive to such messages. Takamol realizes the sensitivity of these messages in relation to its intervention communities and endeavors to gain the trust of local residents. The project addresses this challenge by working with key influential figures among the local population in order to guarantee a legitimate entrance into the community. Therefore, Takamol is tailoring its community intervention activities to be more suitable to the culture and traditions of local residents so as to avoid any resistance or controversies that might affect the implementation of the project's model.

- There is a high staff turnover rate in many of the PHC units and hospitals where Takamol is working. The departure of newly trained personnel impacts on the retention of knowledge and skills at intervention facilities, which can sometimes negate recent improvements in the quality of service provision. The problem of staff turnover is seen particularly among hospital nurses, who often relocate to other hospitals or take leave of absences, hindering the ability of the PHC unit or hospital as well as the client to fully utilize the skills and knowledge they have accumulated from the training process. This challenge is offset somewhat through the training of district level teams to conduct OJT; nevertheless, high staff turnover can have a detrimental effect on what the Project is trying to achieve in intervention PHC units and hospitals. The Project will address this challenge at the PHC unit level by focusing on capacity building of the supervisory team during the OJT of the MOHP district teams. Furthermore the project will provide the district teams with the necessary tools to train the newly hired personnel. At the hospital level the project is addressing this challenge by identifying and training lead trainers to ensure the ongoing training and capacity building of new staff. This would avoid placing any budgetary implications on the project as it works towards resolving this issue and would increase the sustainability of its initiatives.
- One of the most challenging activities for the Project is providing TA to the MOHP in order to strengthen its referral system. Facing the Project is a two-dimensional challenge that is both cultural and systematic. The cultural dimension involves service utilization which is affected by the clients' inability and unwillingness to use the referral service between the PHC unit physician, typically a newly graduated general practitioner, and the hospital specialist. The clients are often poor and cannot afford paying both the fees of the PHC clinic physician (pre-referral) and hospital specialist (post-referral) for visits and transportation. The systematic dimension is based on the dormant nature of the nationwide referral service provision. The current medical system allows clients to have direct access to any kind of specialist, public or private, without the consultation or referral of the PHC clinic physician. This systematized problem is further enhanced by the MOHP's activity structure which utilizes vertical programs such as the Integrated Management of Childhood Illnesses (IMCI). The IMCI program has its own referral guidelines, procedures, and forms, which do not necessarily coincide with those of the MOHP referral system. Furthermore, the MOHP does not formally implement its written referral system plan, as it does not encourage PHC unit physicians and specialists to put the system into action, further perpetuating its inactivation. For example, in Aswan district there is no public hospital thus the PHC units refer to Aswan teaching hospital, which is not under the authority of Aswan MOHP directorate, therefore its hospital specialists are not obligated to activate the referral system nor can the project force them to apply it. Another factor that challenges referral system activation is the absence of the referral forms at the PHC unit and hospitals especially in the governorates where STS&P is not active. Due to the above mentioned circumstances, Takamol hopes to properly strengthen the MOHP's referral system; however, it cannot commit to activating or fully implementing it in its intervention governorates.
- In recent months, substantial changes to the MOHP's leadership have included: the head of the Sector of Technical Support and Projects, the head of the Family Planning and Population Sector, the head of Integrated Health Care and Nursing Sectors, and there has been a major shift in Governors. This increase in turnover of high ranking officials is still very challenging to the Project as it impedes the implementation of its mandate with the MOHP. Furthermore, such internal restructuring has huge

implications for the Project's budget and activities timeline as newly appointed officials might have a different vision than that of the Project. The orientation of new leaders requires time as the Project must introduce new officials to its model through sharing of workplans and progress reports, organizing field trips to its intervention areas, and inviting officials to participate in different events. Hence, an increase in the turnover of officials requires more time for the Project to orient the new members on its scope of work, and on past, present, and future technical assistance to the MOHP.

Workplan Narrative

Procurement Activities

Takamol laid the groundwork to facilitate procurement activities throughout the project's lifespan. Takamol developed a standard list of required medical commodities, including proper specifications, and had it approved by the MOHP.

A source and origin waiver was obtained to purchase locally manufactured commodities to the value of USD 2 million. Some other waivers were also obtained to buy equipment from geographic origin code 935 (free world) with the source code either 263 (Egypt) or 000 (United States).

As offshore procurement takes six to eight months to arrive in country, Takamol has issued offshore Invitations for Bid (IFB) to cover the needs of approximately 100% of total intervention facilities.

During FY09, the project will continue to assess the actual commodity needs of each facility. Based on these assessments, and taking into consideration existing stocks, planned renovations, warehousing capacity, and shelf life for some of the supplies, future procurement will be tailored accordingly.

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, 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 is 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

Renovation and equipping of Batches 7 and 8 PHC units that started in FY08 will be completed in FY09/Q1. PHC unit renovation and equipping is expected to take five to six months per batch.

Renovation and equipping of Batch 9 PHC unit will start in FY09/Q1 and will continue for five to six months. Subsequent batches will follow according to plan; Batch 10 PHC units will begin physical renovation in FY09/Q2, Batch 11 in FY09/Q3, and Batch 12, the last batch, in FY09/Q4.

1.1.2 Training

Training activities are scheduled to be conducted throughout the duration of the renovation of PHC unit and to be completed by the time the unit is re-opened. This minimizes service provision downtime while renovation work is taking place. A thorough review of all available training materials involving the MOHP, RCT, USAID, and other stakeholders was completed during FY07 to ensure the full integration of MCH/FP/RH topics in all training curricula and

guidelines. All the modifications that were made were included in the update of the Integrated Standards of Practice (ISOP) which took place in FY08.

The ISOP modifications were conducted by a task force that was established in close collaboration with the MOHP Integrated Health Care and Nursing Sector¹ and Population sectors. It included university staff members, RCT and MOHP representatives, as well as Takamol technical staff. The update was finalized during the first half of FY08.

During FY09 and FY10/Q1 clinical training for physicians, nurses, and lab technicians will continue. FY08/Q4 trainings will continue for Batches 7 and will coincide with renovation activities. Batch 8 and 9 will begin in FY09/Q1, Batch 10 in FY09/Q2, Batch 11 in FY09/Q3, and Batch 12 in FY09/Q4. These clinical staff members will therefore have finished their clinical training by the time renovated PHC units become operational.

Batches 7-12 will receive ultrasonography training during FY09 and FY10.

Safety and maintenance training is provided for the directorate and district maintenance teams to activate their respective roles. The training will also include selected staff in intervention PHC units including a nurse, health officer, and janitor, and focuses on general PHC unit maintenance, developing a maintenance schedule, and timing of repairs. This training course follows the same schedule as the ultrasonography course mentioned above. In FY09 the Safety and Maintenance training will be taken a step up to be adopted and replicated by the MOHP. Takamol will develop trainers at the governorate level and will equip them with a complete training kit as well as coaching/training skills to perform step down trainings to the selected staff from Takamol intervention PHC units. The MOHP directorates will be encouraged to use the expertise of the developed trainers to scale up the Safety and Maintenance training to non-Takamol intervention sites.

Outreach workers are trained on integrated messages and Interpersonal Communication and Counseling (IPCC). For outreach workers trainings, Batch 6 and 7 ended in FY08/Q4 and Batch 8 will start in FY09/Q1, with subsequent batches to follow as planned. Outreach workers from both the MOHP and local CDAs are trained together to reinforce the cooperation between them at the village level, and to avoid duplication of efforts and use of resources.

OJT follows didactic training and continues for approximately six to nine months after the PHC units resume provision of client services. OJT builds the capacity of the PHC staff regarding clinical performance and managerial aspects. Takamol ensures that district supervisors master the supervisory skills needed to conduct OJT for the PHC level staff. The project also improves 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. This builds the capacity of the district team to continue supporting the PHC unit after the project has phased out. OJT started in FY08/Q4 for Batch 6, and will continue in FY09 and FY10 for subsequent batches.

1.1.3 Provide technical assistance to the Specialized Association for Improvement of Family Planning Services (SAIFPS) as needed

After the establishment of SAIFPS (formerly the Clinic Service Improvement project) as an independent NGO in FY06, Takamol provided the organization with TA in evaluating the

¹ For simplicity purposes, the Integrated Health Care and Nursing Sector will be referred to as MCH sector throughout the document.

entire organization, namely the central office, the financial units, the local management offices, and the clinics. This comprehensive assessment yielded recommendations for organizational restructuring, which were adopted by SAIFPS. During FY09, the focus will be on providing TA to strengthen and/or change existing systems where needed, as well as assist the organization in achieving the strategic objectives set by its board of directors. This will entail systems development, and marketing and business development. For systems development, SAIFPS will need quality, clinic, and financial management systems. As for the marketing and business development, workshops will be conducted to launch SAIFPS' new portfolio. Takamol project will also provide SAIFPS with assistance on how to position themselves and sustain their work. The Project will also assist SAIFPS market and promote their new portfolio, which includes a range of new services that build upon the original family planning services it first offered. Additionally, the Project will help SAIFPS to position itself as a medical option that offers better quality services than those at the Ministry level, but below that of the private sector in terms of cost. SAIFPS will also collaborate with the Communication for Healthy Living (CHL) project, where CHL will assist in the marketing of SAIFPS services after the board finalizes their workplan and the organization begins providing an integrated package of services,

1.1.4 Community mobilization activities (see result 3)

1.1.5 Collaboration with STS&P (cross reference 4.1.8)

During FY06 and FY07, Takamol coordinated with the Sector for Technical Support and Projects (STS&P), which provides technical assistance to the MOHP's HSR program. Information and activity timelines were exchanged so that STS&P and Takamol efforts are complementary and avoid duplication. For example renovation, equipping, client flow, and training are all activities that are compatible with family health model standards. Takamol is not, however, implementing the family health model, but merely facilitating its execution in the project areas of intervention.

During FY08 and FY09, Takamol will continue collaborating with the STS&P to ensure their compliance with HSR's family health model according to MOHP strategy as well as to enhance the progression of HSR in Project's intervention areas.

1.1.6 Collaboration with Regional Center for Training (RCT)

During FY06, a technical review WG was formed under the Steering Committee (see sub-result 4.1) and included members from the Population Sector, MCH, RCT, USAID, and Takamol. RCT's involvement proved to be crucial in the review of training curricula. Furthermore during FY08 RCT was involved in the update of the ISOP.

Takamol will continue to include RCT in the technical review working group during FY09 as needed.

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

1.2.1 Training in clinic management for PHC unit staff in three phases

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

Clinic management training is conducted in three phases, taking around six to nine months per PHC unit to complete. Training for Batches 6 and 7 will continue in FY09 and Batches 8, 9,

10, and 11 training will start in FY09, PHC unit staff are trained in using the concept of self-assessment to monitor the quality of care and to develop improvement plans.

The same training cycle will follow in FY09.

1.2.2 Strengthen the management boards of PHC units (cross reference result 4)

The project forms/reactivates management boards in the PHC units during the renovation with the goal of achieving 50% community representation.

Board members receive three phases of training over a six-month period on the roles of board members, SIF orientation, community mobilization, and planning so as to maximize resource usage.

The same training cycle will follow in FY09.

1.2.3 Activate the current referral system

Takamol is providing TA to the MOHP to strengthen the existing referral system in all intervention governorates. This TA will continue in the form of orientation workshops for medical staff and follow-up meetings, in addition to monitoring through OJT (cross reference activity 2.1.5).

Upon activation of the referral cycle, PHC unit, hospital, district, and governorate level staff discuss its importance, the correct procedure of patient referral to district hospitals, ensure the availability of referral forms, the proper flow of data and timely feedback from medical institutions, and other reporting mechanisms. Referral system orientation workshops for Batch 7 will begin in FY9/Q1. Workshops will continue each quarter with a new batch throughout FY09 and FY10.

Follow up meetings on the use of the referral system will be conducted for all relevant PHC unit and hospital medical staff.

1.2.4 Assist MOHP in implementing In-service training (cross reference 4.1.12)

During FY08, the MOHP requested that 5,000 copies of the updated ISOP be printed and distributed to newly graduated physicians during their In-service training and before they begin work in PHC facilities. The 5,000 copies were printed and distributed in FY08. The updated ISOP has been institutionalized within the MOHP system and is the cornerstone of the In-service training. In FY09, Takamol will continue to collaborate with the MOHP to strengthen the in-service training program as needed and requested.

1.2.5 Assist MOHP in implementing postpartum home visits program

Takamol will reinforce the MOHP's PP home visits program in intervention governorates as follows:

During the integrated clinical training of nurses, special attention is given to PP services provided to mothers and their newborns, as well as to the referral of detected PP risk cases. 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.

In its efforts to provide TA to the clinics on the PP home care program, the Project will continue to enhance the coaching skills development of district chief nurses through OJT and by increased utilization of the developed Integrated Supervisory Checklist, which includes assessment items for measuring their performance for this activity.

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

In general, Result 2 is achieved by improvements in the provision of comprehensive essential obstetric and neonatal care, the provision of integrated MCH/FP/RH services, quality PAC and PPC, including FP and breastfeeding support in selected Lower Egypt hospitals. Obstetric department and neonatal care units in selected Lower Egypt hospitals are renovated as needed according to service standards, essential equipment supplied if lacking, and the clinical performance of staff is improved.

Interventions in Upper Egypt differ from those in Lower Egypt, where the project will focus mainly on quality PAC and 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.

Detailed needs assessments will be conducted and hospital improvement plans developed for Batch 11 hospitals in Lower Egypt in Gharbia Governorate in FY09/Q2. Once the assessment is completed, renovation blue prints and list of equipment and training needs will be completed.

Training needs assessment for Batch 12 Upper Egypt hospitals will be conducted during FY09/Q4.

2.1.2 Renovation and equipping of hospitals in Lower Egypt

After MOHP approval of the renovation needs for each hospital (blue prints, etc.), the physical renovations start. Hospital renovations follow the same pattern of batches as the PHC units.

Renovation of Batch 11 hospitals is expected to start in FY09/Q3 and last approximately four months. Once renovation is completed essential equipment will be provided on time for the re-opening of the newly renovated ward. Equipping is expected to be completed within two months.

2.1.3 Training relevant staff in intervention hospitals in Lower Egypt

2.1.3.1 Classroom Clinical Training

Training for Batch 11 hospitals will begin in FY09/Q3 and by the end of FY10/Q2 selected staff from all 25 hospitals will have received training relevant to their specialty. Hospital related trainings will be as follows:

- Orientation of hospital senior staff from relevant departments
- Integrated CEOC/FP/RH package of training for OB/GYN specialists (includes FP, PAC, PPC, CEOC, ANC, active management of labor, etc.)
- Training of OB/GYN specialists on ultrasonography
- Integrated CEOC/FP/RH package of training for nurses including PAC/PPC/FP counseling and breastfeeding support
- Neonatal care training for neonatologists (physicians), basic and advanced course

- Neonatal care training for NCU nurses
- Essential obstetric anesthesia training (EOAC) for anesthesiologists
- Essential laboratory services training for lab physicians and technicians
- Training of operating room nurses

2.1.3.2 On the job training for LE hospital staff

As Takamol adopts a competency-based training approach, didactic classroom training is followed by a period of OJT, a form of individualized training. This allows the participants to attain the required skills and behavior on the job. It is conducted through an organized process known as structured or planned OJT.

The project anticipates the provision of OJT for approximately 9 months (based on needs) in each intervention hospital. Batch 1, 2, 3 and 5 hospitals began OJT in FY07 & FY08. Batches 1, 2 and 3 are expected to complete OJT by FY09/Q1, while Batch 5 will finish by FY09/Q3. Batch 7 hospitals will start OJT in FY09/Q2, whereas Batch 11 hospitals will start OJT in FY10.

2.1.3.3 Develop and use local training capacity

Since its inception, the project has been working on developing local training capacity in its intervention hospitals to assure sustainability.

Following the start of the OJT, promising OB/GYN lead trainers from Lower Egypt hospitals are identified and provided with training of trainers (TOT) instruction. They serve as co-trainers for their colleagues and assume responsibility for new resident physicians. TOT courses for Batch 7 and 11 will be conducted during FY09/Q3 and FY10/Q2 respectively.

2.1.3.4 Management Training

During FY08, the project started working with Batch 5 and 7 hospitals in Lower Egypt to reform the hospital boards and assure that the community is well represented. Assistance has also been provided for boards in the formation of hospital SMCs. Following board formation, training is conducted in three phases for all board members.

- Management training for hospital boards will be completed by FY09/Q2 for Batch 7 hospitals. The boards of Batch 7 hospitals will activate the SMCs in FY09/Q1, and the SMCs will complete the management training by FY09/Q2.
- Activation and training of Batch 11 hospital boards will commence in FY09/Q3, and is expected to be completed within 12 months.
- The boards of Batch 11 will be activated to form SMCs in FY09/Q4 with, management training for Batch 11 SMCs to begin in FY10/Q1.

OJT for hospital boards and SMCs is as mentioned in 2.1.3.2. During OJT, the management coach works with the hospital board and the quality coach works with SMCs to improve their skills in developing hospital improvement plans, and monitoring hospital performance after the plan is implemented.

2.1.4 Clinical training for relevant staff in intervention hospitals in Upper Egypt

Staff from intervention hospitals in Upper Egypt have completed all trainings in PPC and PAC programs, FP counseling services, and breastfeeding. During FY09, no additional trainings will be provided for Upper Egypt hospitals except for Batch 12 UE hospitals in FY10.

Additional classroom 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:

- Establishing a link between the FP clinic and OB/GYN department in each intervention hospital to improve referrals between the department and FP clinic. Starting with Batch 7 in FY09/Q3, and Batch 11 in FY10/Q2, a workshop will be conducted in intervention districts once both the hospital and FP clinic have completed renovation and are considered operational. This will be followed by monitoring of the referrals between the FP clinic and OB/GYN department during OJT.
- Working with the MOHP on the central level to strengthen the neonatal care referral system between hospital NCUs in order to maximize utilization of NCUs within and among intervention governorates. The project will continue to collaborate with the MOHP to ensure that the system is implemented in Takamol intervention hospitals. This activity began in FY07 and is ongoing until the end of the project.
- Linking PHC units to district hospitals: cross reference 1.2.3.

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

2.2.1 Review/updating of guidelines, protocols and standards, and systems development

For the duration of the project, Takamol will continue to build on its comprehensive updates to assist the MOHP with the review of guidelines, protocols and standards, and systems development as follows:

- HM/HC Continuous Quality Improvement System (CQIS) and add FP, PAC, and PPC elements along with producing a first draft
- Integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN specialists
- Integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN nurses
- Neonatal care protocol for neonatologists
- Neonatal care protocol for nurses
- Integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN specialists
- Integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN nurses
- Neonatal training curriculum for neonatologists
- Neonatal training curriculum for nurses

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

Continued improvements in the quality of services are expected by training providers and managers on the CQIS as developed and implemented by HM/HC. The CQIS instituted in Upper Egypt, proposed for Lower Egypt, is entirely internal to each facility and is designed to help with self-assessment and self-improvement. The intention is to motivate staff to assume greater responsibility for the quality of care that they provide, and to feel proud to work in a

facility that is recognized by the MOHP as meeting all the requirements for providing quality care. Additionally, self-assessment and improvement requires fewer resources and promotes greater sustainability. To support CQIS implementation in hospitals, the project trains SMC members in quality management, as well as how to establish, operate, and maintain an ongoing collaborative system capable of carrying out the main quality functions.

SMC members of Batch 7 Lower Egypt hospitals will be trained on the draft CQIS in FY09/Q2. Training will follow for SMC members of Batch 11 hospitals in FY10/Q1.

Refresher CQIS training of hospital staff of Batch 12 Upper Egypt hospitals will be conducted in FY09/Q4.

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

This activity was completed in FY08.

Result 3: Positive Behavior Change in Intervention Communities

Result 3 directly involves a set of behavior change interventions designed to improve communication and behavior that support improved MCH/FP/RH interventions implemented under Results 1 and 2. Interventions that help to shift the social and community norms that influence health-seeking behavior and particularly relate to gender issues are 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 PHC units, Takamol trains cadres of personnel such as religious leaders, AEW, and literacy facilitators. This resource pool is then 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.

Not all types of activities are necessary or relevant in all intervention areas, thus Takamol will assess the situation in collaboration with local stakeholders and make decisions regarding training needs as indicated by the local condition.

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

3.1.1 Review training materials and update as needed

During FY08, all community mobilization training curricula were updated to include the concept of FP compliance and the voluntary family planning principles. The updates were included in both the trainer and trainees' guides. This review/update process will continue as required.

3.1.2 Working with governorate level Working Groups (WG)

Governorate level activities commence during renovation. Groups will be established in new intervention governorates during FY09, beginning with Dakahlia in FY09/Q1.

The working groups will begin training soon after their formation as the starting point for community level activities that begin immediately after renovation activities and continue throughout FY09. This will be followed by-refresher trainings for the governorate level

working groups and capacity building where necessary. Technical assistance to the media WGs is provided in close coordination with CHL project.

3.1.3 Family Life Education (FLE)

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

Takamol will select potential candidates from each community based on pre-determined criteria. These candidates will be oriented on the Takamol project, and on their expected role in the FLE program. The selection and orientation process was completed for Batches 4, 5 and 6 in FY08, started for Batch 7 in FY08/Q4, and will continue in subsequent batches according to plan.

Selected facilitators for Batches 4, 5 and 6 received TOT in FY08 to equip them with the needed skills and knowledge to conduct FLE classes while TOT will start for Batch 7 in FY09 and will follow for subsequent batches according to plan.

Trained facilitators will then be knowledgeable enough to open FLE classes in their communities. Implementation of FLE activities in Batch 7 communities will commence in FY09 and will follow for subsequent batches according to plan. Takamol will follow-up regularly on FLE implementation.

3.1.4 Peer-to-peer program

During FY08, the peer-to-peer program was completed in Beni Suef and Sharkia.

The program will be initiated in Dakahlia governorate in FY09/Q1. Communication with Mansoura University has started by explaining the objective of the program.

3.1.5 Religious Leaders (RL)

Takamol will continue to train local RL from intervention communities to convey MCH/FP/RH messages within their local communities through a range of Takamol activities. In rural areas especially, RLs 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.

Beginning with Batch 7 in FY09/Q1, RL at the community level will be selected to receive MCH/FP/RH training. Selection and the subsequent training of RL will continue throughout FY09. Collaboration with the trained RL will continue by involving them in community mobilization activities.

For 12 months after the renovation of each batch of PHC units, regular meetings with trained RL will take place in order to receive feedback on their activities during the previous month. The project also makes use of these meetings to discuss new topics for them to incorporate into their program.

3.1.6 Shabab Takamol Week (Youth Mobilization Week)

Takamol will continue raising the MCH/FP/RH awareness of youth, as well as that of their community, through STW—a youth health awareness program, which takes place at the local village or hamlet school, youth center, PHC unit, or sometimes at the home of a natural community leader. Activities in STW include community service projects, MCH/FP/RH awareness raising sessions, question and answer seminars with RL and medical professionals, sporting events, and parents' seminars.

STW implementation will continue for Batches 3, 4, 5 and 6 during FY09 and will begin in Batch 7 communities in FY09/Q2. STW will continue throughout FY09 as subsequent

batches undergo renovation. A 12-month timeframe per batch is allocated to conduct STW in communities as appropriate.

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.

In FY09 CHL will continue to conduct training for private physicians and pharmacists in Takamol intervention communities as needed. Takamol will coordinate with CHL by providing them with a list of the selected Takamol intervention communities. Training takes place after renovation is completed for intervention facilities.

3.1.8 Gender Based Violence (GBV) Manual

The gender based violence manual, which was reviewed at the end of FY06 and translated into Arabic during FY07, will continue to be made available for interested parties to adopt for future trainings.

3.1.9 Different BCC activities/tools

Consistency with national messages promoted through the CHL project is reinforced by Takamol through its adoption of CHL-designed BCC materials.

Takamol coordinates with CHL to use the BCC materials they have developed for MOHP and NGO outreach workers. In addition, Takamol will develop new materials in collaboration with CHL as needed according to recommendations of the technical review WG. This assists the project to rapidly achieve stated goals for improved MCH/FP/RH knowledge, attitudes, and behavior. This coordination will continue throughout FY09.

Youth friendly and gender sensitive plays and skits will be performed in selected intervention communities throughout the duration of Takamol interventions. Performances will continue in Batch 6 communities and subsequent batches during FY09. Performances will commence in Batch 7 communities in FY09/Q1. The plays are performed by actors from state-sponsored governorate Cultural Palaces before large community audiences, while the skits are smaller productions addressing one health message per performance.

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

The project, in collaboration with MOHP, implements the EWSO program in intervention communities after the completion of renovation. Implementation of EWSO for Batch 7 communities will start in FY09/Q2 and continue according to the renovation schedule for subsequent batches. It is envisaged that implementation in each batch of communities will take place during the 12 months following renovation.

For some outstanding EWSO graduates and potential female community leaders, a leadership program is offered and implemented in some intervention communities to develop community advocates/leaders. The leadership program will start in FY09 for Batches 5, 6, 7, 8 and 9. It is expected that the leadership program will be completed within a six months period for each batch.

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

AEW are trained in delivering MCH/FP/RH messages in their communities. Both male and female AEW are engaged to ensure the dissemination of messages to a wide rural audience.

Training will start in FY09/Q2 for Batch 8 communities in order to coincide with the renovation process. Training will be conducted over a three-month period for each batch.

Follow up will be done during the AEW's regular and ongoing seminars with farmers. Regular meetings will be held with trained AEW to discuss and address new topics for a period of 12 months.

This activity will only be conducted in rural intervention communities.

3.1.12 Literacy Facilitators

During FY08 the project has coordinated with the Adult Education Agency (AEA) to complement the FP/RH booklets that were previously developed by creating two new literacy booklets addressing MCH and neonatal topics, and adapting the facilitator's guide accordingly.

Takamol will continue to train literacy facilitators at the community level and partner CDAs. Training takes place during renovation with Batch 8 communities starting in FY09/Q2 and will continue for subsequent batches as planned.

Follow up on all operating classes will continue to be conducted in collaboration with the Adult Education Agency (AEA) and local CDAs.

3.1.13 Couple Communication

During FY07, Takamol, in collaboration with MOHP, conducted TOT courses on couple communication for RR supervisors and *mothakef sokany* (male outreach workers) in all intervention governorates, as mentioned below under 3.2.3.

Following the TOT, RR supervisors and *mothakef sokany* conduct communication seminars in selected intervention areas. Takamol then monitors the implementation of these seminars. Seminars for Batches 5 and 6 which began in FY08 will continue in FY09. Batch 7, 8 and 9 will begin in FY09.

3.1.14 CDAs/Community Activities

Local CDAs are considered Takamol's implementing arm in intervention communities. The CDAs' main focus is raising the awareness of women, men, and youth regarding the project's main MCH/FP/RH messages, and linking community members to the services provided in renovated PHC units.

During FY09, the project will continue to provide the following sequential activities in Batches 4-10:

- Orientation of the head of the MOSS at the governorate level, along with other relevant MOSS officials, on the Takamol project and its program of activities, as well as the invitation of all active CDAs in each intervention community to attend the project orientation meeting.
- Submission of proposal by each CDA that meets Takamol's selection criteria outlining their relevant experience in implementing community activities and providing details of their projected activities covering the 12 month grant period. Screening and assessment of prospective CDA capacity is expected to last two months per batch.
- Selection of proposals is sent to USAID for approval, followed by approval from the MOSS in order to receive funding from Takamol. This process typically occurs during the renovation cycle.

- Following the signing of the grant agreement, the CDA selects volunteer RRs from the respective communities to work with the project. Training is undertaken to build the capacity of CDA volunteer RRs, along with MOHP RRs, through training on communication skills to enable them to effectively disseminate MCH/FP/RH messages within the community.
- Training of CDA board members takes place immediately prior to or in early stages of the grant agreement period to build the capacity of the CDA board regarding the technical and financial management aspects of the grant, and how to best mobilize and utilize community resources. The training also covers USAID rules and regulations pertaining to the grant, including FP compliance.
- The CDA begins implementing a wide array of community mobilization and health awareness activities as outlined in their sub-agreement. This implementation is monitored by Takamol and reported on in monthly progress reports submitted by each CDA throughout the duration of the grant period.

3.1.15 Collaborate with other agencies/projects/donors

The project continuously collaborates with other agencies and projects in a variety of activities.

In FY09, the project will incorporate the Population Council's updated curriculum of PAC and Lactation Amenorrhea Method (LAM) in its protocols.

During FY07, Takamol also collaborated with NCCM in the Girl's Education Initiative (GEI) program by training GEI facilitators on MCH/FP/RH health messages in communities where both projects are active. During FY08, the trained facilitators disseminated these messages in girls' classes. In FY09 Takamol will continue to collaborate with GEI in areas where both projects are intervening.

In order to follow up on the recommendations of the population conference, Takamol is currently exploring avenues for collaboration with the AEA and the NPC with regards to the development of a population based literacy curriculum. Similar to the Health Awareness Curriculum that Takamol developed with the AEA in FY08, the population based literacy curriculum will target beneficiaries of literacy education classes – namely, the rural poor. Takamol, the AEA, and the NPC will work together to develop the content of this new curriculum to include messages related to the consequences of Egypt's dramatic population increase on development efforts and the daily lives of the beneficiaries of the literacy classes.

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

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

The IPCC component has been updated in all Takamol training curricula in coordination with CHL project. The Takamol project uses the updated curricula in training PHC units and related hospital staff on interpersonal communication skills and counseling to improve the quality of services provided at PHC units and hospitals. During FY09, any new training curricula used will be reviewed to ensure the inclusion of relevant IPCC material.

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

Starting in Batch 5, the gender and rights training was integrated in the physicians and nurses' training curricula. In FY09, the gender and rights training will continue to be conducted as part of the integrated clinical trainings for physicians and nurses.

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

This activity was completed in FY07 for all communities in the project's intervention governorates (see 3.1.13).

3.2.4 Conduct leadership TOT in intervention governorates for MOHP RRs

TOT for the RR supervisors who deliver the leadership training (see 3.1.10) in all communities in the project's intervention governorates was completed in FY07.

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

Activities under result 4 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

This activity was completed in FY07.

4.1.2 Provide TA to MOHP Population and MCH sectors, NPC and RCT in developing results oriented workplans for FY09 and FY10

This activity was completed in FY08/Q4 since USAID decided to stop funding MOHP implementation letters starting FY10. As for NPC and RCT, this activity was completed in FY07/Q4 since USAID stopped funding their implementation letters.

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

Takamol will continue to support these institutions as needed and requested.

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 throughout FY09 and FY10.

Working groups have evolved as tools to address specific issues like contraceptive security, social responsibility, etc. Hence, the composition of these WGs may be changed according to the needs and/or maturation of the issues that they address. The project will continue meeting with the different working groups as needed and will provide training 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 FY06, the project assisted in the establishment of an MOHP Social Responsibility (SR) Working Group to strengthen links between the public and private sectors. Late in FY07, with the change of MOHP officials, SR WG was put on hold. During FY08 the project provided TA to MOHP to reactivate SR WG. The project will continue to hold monthly meetings with SR WG members from PHC and PS.

The project will identify further training needs of the working group during FY09 and will provide training as necessary and requested by MOHP.

Takamol will continue to build the capacity of the MOHP SR WG during FY09 by working closely with them to initiate and 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 partnerships and increase their awareness of SR. These meetings will continue throughout FY09 as partnerships develop.

4.1.6 Assist MOHP/PS achieve contraceptive security

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 FY06 and the ongoing TA provided throughout FY07 and FY08 which involved examining the inventory and supply chain and assisting MOHP in fine tuning the forecasting mechanism and the procurement process, Takamol will continue to assist the contraceptive security working group as needed during FY09 to strengthen MOHP internal systems of forecasting, purchasing, and logistics management. It is expected that MOHP will need assistance in the following:

1. Assist MOHP as requested in creating a separate line item for contraceptives purchasing in their finance plan,
2. Assist MOHP in adding the contraceptive tools to their essential drug list,
3. Assist in building MOHP capacity to ensure and test the contraceptive methods that they purchase are meeting the technical specifications required,
4. Assist in implementing renovation/upgrade plans for the contraceptive security supply chain, and
5. Assist the contraceptive security WG in producing policy presentations and/or coordination activities within MOHP, and/or with the private sector, and/or with other government agencies to achieve contraceptive security (as needed).

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.

During FY07, Takamol partnered with STS&P, MCH, and Population sectors and other primary care vertical programs in strengthening the integrated supervision system that is

based on Ministerial Decree 75/2006. Follow up and further assistance will be given throughout FY09 and FY10 to strengthen and institutionalize the supervision system in an effort to prepare all levels to provide integrated services paving the way for HSR. During FY08, further capacity building to the central office staff supervisors was carried out in an attempt to clarify the kind of support that the central team will give to the governorates. The Population sector took the initiative, with support from Takamol; to emphasize the skills of OJT at the governorate level in order to support the district teams that will in turn, support the clinic teams to improve the quality of work. It is expected that during FY09, assistance will be given in assessing the degree to which supervisory teams are integrated at the central office, as well as, in providing feedback on their performance. This assistance will be provided until supervisory teams are fully capable of conducting the OJT and documenting it leading to their desired results.

4.1.8 Replication of the integrated MCH/FP/RH services

During FY08 Ismailia Governorate was aided in producing a financial booklet that took Takamol's model in activating the board and SIF to the whole governorate as part of the activities of the committee of the regional population council. Takamol is currently working with the governorate team of Aswan making sure that they are fully engaged in the implementation of Takamol activities. They are being coached to carry out these activities themselves in order to prepare them to transfer components of the model to at least another 40 clinics in the governorate. It is expected that in FY09, Takamol will provide TA to governorate and district level teams as requested to replicate components of the integrated reproductive health model. It is foreseen that some governorates and/or districts will be interested in replicating some of Takamol activities in other non-intervention areas within their respective districts or governorates. These teams will require assistance in building their capacity to replicate these activities and/or adapting some of the activities to the MOHP context. Based on their request, the assistance will be designed on an as needed basis.

4.1.9 Support the maternal mortality surveillance system (MMSS)

This activity was completed in FY07.

4.1.10 Assist MOHP in implementing the Integrated Quality Performance Award system

The Integrated Quality Performance Award (IQPA) system that was developed with technical assistance from TAHSEEN was reviewed in FY07 and further developed in Quarter 4 of FY08 to include recommendations that had been made regarding its alignment with the proposed Health Reform Incentive System, Family Health Fund, and ministerial directions. TA will be provided as needed at the request of the steering committee to finalize relevant decrees related to IQPA throughout FY09 and FY10.

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

In FY07, a training curriculum for inventory control was developed, thus completing this activity.

Pending the finalization and approval of the IQPRA, Takamol will conduct a series of workshops during FY09 and FY10 to develop manuals in order to help the MOHP disseminate the new performance award system developed under 4.1.10. In these workshops, the population and MCH sectors will review the proposed IQPA as well as the strategic direction from the Ministers in order to propose a new decree for the IQPA.

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 1.2)

The implementation of this activity is quite challenging due to the fact that in-service training is not on the priority list of the MOHP. Moreover, this activity entails the coordination of various sectors within the MOHP, each having its own agenda. However, during FY07, the project assessed the MOHP's interest in adapting their in-service training program to replicate the model implemented by TAHSEEN. Based on this assessment in FY08, the MOHP utilized the integrated curricula for physicians updated and developed by Takamol and began an integrated in-service training for physicians. TA will be provided as needed at the request of the steering committee during FY09.

4.1.13 Provide additional technical assistance to NPC

In FY08's National Population Conference, Egypt's commitment to issue of over-population was emphasized. The strategic directions that will arise from this conference, however, will mandate changes in the NPC's structural composition and role in addition to political changes that have been occurring within it recently. TA will be provided as needed and requested by the NPC and within Takamol's budgeting limitations.

4.1.14 Provide additional technical assistance to RCT

During FY09, the project will provide TA to the RCT as needed and requested by the RCT and USAID within Takamol's budgeting limitations. During FY09 it is expected that the project will assist RCT in reviewing the documents of the legal status and the marketing strategy and plan.

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 are fully trained to ensure their maximum capacity and collaboration.

Training is provided to FP and MCH governorate and district level staff on integrated supervision and leadership skills. This will be done after the PHC unit management training and before the PHC unit OJT starts. Training will start for Batches 7, 8, 9, and 10 in FY09.

District level staff will be coached during the PHC unit OJT in intervention areas to master the integrated supervision and coaching skills. OJT will continue for Batches 3, 4, 5, and 6 and will start for Batches 7, 8, 9 and 10. Typically, OJT starts one month after the integrated supervision and leadership skills training. OJT will last for 6-9 months depending on the status of the district being coached, and the clinics with which Takamol is involved.

Assistance will be given to governorate and district level staff to develop Integrated District Plans (IDPs) in intervention districts throughout FY09 and FY10. 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 in the central office's next workplan. IDP training for Batch 5 will continue during FY09 and will start for Batches 6, 7, 8, and 9 and will continue for approximately three months after the integrated supervision training.

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 increases 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 the governorate level.

The project links with regional population councils (RPCs) through governorate-level meetings. The first of these meetings for Batch 4 governorates started in December 2007. Qena Governorate RPC meetings began in July 2008. During FY09, meetings will begin with the RPCs of Kafr El Sheikh, Dakahlia and Gharbia Governorates and will continue with Batches 2, 3, 4, 5, 6 and 7 governorates.

TA workshops will be held in Luxor starting November 2008 to assist the RPCs develop steps to sustain and replicate the model in the intervention governorates. TA workshops for Qena, Aswan, Kafr El Sheikh, Dakahlia and Gharbia will follow until the end of FY09 as scheduled.

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

The project trains 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 take place in FY09/Q1 and Q2 for district SMCs in Dakahlia. This will be done one month after the integrated district planning training.

Upper Egypt governorate SMCs were oriented in FY07. The project will orient district SMCs in Upper Egypt on their new expanded role for FP/RH following the same schedule as in Lower Egypt.

The meetings that were planned to link SMCs with city councils were seen as unnecessary by the SMCs as the district and governorate teams engaged in regular meetings with city and governorate popular councils. As the SMCs are able to address issues of common interest at these regularly scheduled meetings, this activity has been cancelled.

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 are held between the MOHP and MOF to facilitate smooth operation of the financial system in each intervention district, assisting in the formation of and access to local bank accounts, etc. Meetings will begin for district teams after the clinic management training phase II is completed, and only after clinics have their own bank accounts with signatories from the clinics. A collective meeting is usually held after the integrated supervision training is completed.

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 PHC units with the communities they serve, the project implements facility management training for facility staff as mentioned in Results 1 and 2. This training provides 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 include:

- Training in PHC unit 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 results 1 and 2)
- Training facility boards (cross reference results 1 and 2)
- Providing OJT to make sure that skills and behaviors are well practiced by facility teams (cross reference results 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 are formed or re-activated and trained as needed. A key part of this training covers the financial aspects of PHC unit management, and the need to ensure that funds are adequate for the efficient and effective operation of the facility.

The project orients 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 are attended by both district and PHC unit staff.

The project also orients 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 during FY09 and FY10 as detailed in the Performance Monitoring Plan (PMP) previously submitted to USAID.

Pre-intervention household surveys to collect baseline information were implemented in nine communities during FY08 as follows: three in Dakahlia, two in Luxor, two in Qena, one in Kafr El Sheikh, and one in Aswan governorates. Post-intervention data for these communities will be collected during FY09 to measure the project's impact. Both pre-and post-intervention surveys will continue to be conducted in selected Takamol intervention communities during FY09 and FY10.

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 FY09 to produce baseline and post-intervention values of the different progress indicators included in the PMP.

In terms of reporting, Takamol will submit an Annual Report for FY08 by October 30, 2008, along with four quarterly reports. Success stories will be captured throughout the course of FY09 and submitted along with the quarterly reports.

The Project realized some progress indicators mentioned in the performance monitoring plan, in addition to the distribution of targets over time, needed some fine tuning in order to correspond with the actual implementation of project activities. This process was finalized; the adjusted indicators and targets were submitted to and approved by USAID/Egypt.

Given the importance of conforming to the FP compliance requirements for voluntary family planning, Takamol dedicates special effort to ensure that appropriate, tangible, and timely

interventions are deployed. The Project has drafted and implemented a FP compliance monitoring plan which will continue to ensure and promote compliance with the US policy and statutory regulations. The plan includes activities such as reviewing all training materials and NGOs' grant agreements to make sure they are FP-friendly as well as conducting follow up visits to intervention facilities. These visits will promote completion of the FP compliance checklist and ensure that rectifying actions are taken accordingly as needed. Random site visits and interviews with a sample of FP clients at intervention facilities will also take place to guarantee compliance with USAID FP statutory regulations.

Annexes

Takamol Project Fiscal Year Nine and Ten 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 Nine(Oct 08-Sep 09)									Fiscal Year Ten(Ocy 09- Sep 10)														
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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 8 PHC units		FY09/Q2	3 months					X	X	X																	
	For Batch 9 PHC units		FY09/Q3	3 months							X	X	X															
	For Batch 10 PHC units		FY09/Q4	3 months										X	X	X												
	For Batch 11 PHC units		FY10/Q1	3 months													X	X	X									
	For Batch 12 PHC units		FY10/Q2	3 months																X	X	X						
	Implement outreach workers training (cross reference 3.1.14)	Training report																										
	Provide on-the-job training	Training report																										
	For Batch 2 PHC units		FY07/Q3	18 months	X																							
	For Batch 3 PHC units		FY08/Q2	12 months	X	X	X																					
	For Batch 4 PHC units		FY08/Q2	11 months	X	X	X																					
	For Batch 5 PHC units		FY08/Q3	11 months	X	X	X	X	X	X																		
	For Batch 6 PHC units		FY08/Q4	9 months	X	X	X	X	X	X																		
	For Batch 7 PHC units		FY09/Q1	11 months		X	X	X	X	X	X	X	X															
	For Batch 8 PHC units		FY09/Q2	10 months					X	X	X	X	X	X	X		X	X										
	For Batch 9 PHC units		FY09/Q3	11 months							X	X	X	X	X	X	X	X	X	X	X							
	For Batch 10 PHC units		FY09/Q4	11 months										X	X	X	X	X	X	X	X	X	X	X				

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)												Fiscal Year Ten(Ocy 09- Sep 10)											
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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
	Assist MOHP at the central level to develop links and cross referral system between neonatal care units (NCU) in all intervention hospitals within each governorate	MOHP approved inter hospital referral system	FY07/Q2	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Assist MOHP in strengthening the cross referral system between PHC facilities and intervention district hospitals (cross reference 1.2.3)	Quarterly reports from the district office																										
2.2	Sub-result 2.2: Improved Quality of Integrated MCH/FP/RH Services in Hospitals																											
2.2.1	Review/updating of guidelines, protocols and standards, systems development																											
	Assist MOHP to review the CQIS of HM/HC, add elements of FP, PAC & PPC and produce first draft	Integrated CQIS	FY07/Q1	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Review/update integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN specialists	Updated integrated protocol for specialists	FY07/Q4	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Review/update integrated CEOC/FP/RH/PAC/PPC protocol for OB/GYN nurses	Updated integrated protocol for nurses	FY07/Q4	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN specialists	Updated integrated training curriculum for specialists	FY09/Q1	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Review/update integrated CEOC/FP/RH/PAC/PPC training curriculum for OB/GYN nurses	Updated integrated training curriculum for nurses	FY09/Q1	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 Nine(Oct 08-Sep 09)												Fiscal Year Ten(Ocy 09- Sep 10)											
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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
	Review/update neonatal care protocol for neonatologists	Updated protocol for neonatologists	FY07/Q3	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Review/update neonatal care protocol for nurses	Updated protocol for nurses	FY07/Q3	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Review/update neonatal training curricula for neonatologists	Updated training curricula for neonatologists	FY09/Q1	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Review/update neonatal training curricula for nurses	Updated training	FY09/Q1	Ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
2.2.2	Training of relevant hospital staff on CQIS and self assessment (clinical and managerial performance)																											
	Training of hospital SMCs in Lower Egypt on draft expanded CQIS	Training report																										
	For Batch 7 LE hospitals		FY09/Q2	3 months				X	X	X																		
	For Batch 11 LE hospitals		FY10/Q1	3 months											X	X	X											
	Refresher training of hospital staff in Upper Egypt on draft expanded CQIS based upon needs assessment	Training report																										
	For Batch 12 UE hospitals		FY09/Q4	3 months							X	X	X															
2.2.3	Support MOHP Curative Care Sector to monitor and ensure continued quality of care		completed in FY08																									
3	Result 3: Positive Behavior Change in Intervention Communities																											

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)												Fiscal Year Ten(Ocy 09- Sep 10)											
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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 9 communities		FY09/Q2	3 months						X	X	X																
	For Batch 10 communities		FY09/Q3	3 months									X	X	X													
	For Batch 11 communities		FY10/Q1	3 months												X	X	X										
	For Batch 12 communities		FY10/Q2	3 months													X	X	X									
	Hold regular meetings with trained religious leaders to discuss new topics	Monthly meeting report																										
	For Batch 4 communities		FY08/Q2	12 months	X	X	X																					
	For Batch 5 communities		FY08/Q3	12 months	X	X	X	X	X	X																		
	For Batch 6 communities		FY08/Q4	12 months	X	X	X	X	X	X																		
	For Batch 7 communities		FY09/Q1	12 months			X	X	X	X	X	X	X	X	X													
	For Batch 8 communities		FY09/Q3	12 months							X	X	X	X	X	X	X	X	X	X	X	X						
	For Batch 9 communities		FY09/Q3	12 months									X	X	X	X	X	X	X	X	X	X	X	X				
	For Batch 10 communities		FY09/Q4	12 months										X			X	X	X	X	X	X	X	X	X			
	For Batch 11 communities		FY10/Q1	12 months													X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q3	12 months																X	X	X	X	X	X			
3.1.6	Shabab Takamol Week (Youth Mobilization Week)																											

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)									Fiscal Year Ten(Ocy 09- Sep 10)														
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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
	Support and collaborate with CHL in the development of national MCH/FP/RH BCC activities	Minutes of meeting with CHL	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Implement youth friendly and gender sensitive plays in selected communities	Activity report																										
	For Batch 5 communities		FY08/Q3	12 months																								
	For Batch 6 communities		FY08/Q4	12 months	X	X	X	X	X	X	X	X	X															
	For Batch 7 communities		FY09/Q1	12 months			X	X	X	X	X	X	X	X	X													
	For Batch 8 communities		FY09/Q2	12 months					X	X	X	X	X	X	X	X	X	X										
	For Batch 9 communities		FY09/Q3	12 months								X	X	X	X	X	X	X	X	X	X							
	For Batch 10 communities		FY09/Q4	12 months										X	X		X	X	X	X	X	X	X	X				
	For Batch 11 communities		FY10/Q1	12 months											X	X	X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q2	12 months															X	X	X	X	X	X	X			
	Implement youth friendly and gender sensitive skits	Activity report																										
	For Batch 5 communities		FY08/Q3	12 months	X	X	X	X	X	X																		
	For Batch 6 communities		FY08/Q4	12 months	X	X	X	X	X	X	X	X	X															
	For Batch 7 communities		FY09/Q1	12 months			X	X	X	X	X	X	X	X	X													
	For Batch 8 communities		FY09/Q2	12 months					X	X	X	X	X	X	X	X	X	X	X	X	X							
	For Batch 9 communities		FY09/Q3	12 months								X	X	X	X	X	X	X	X	X	X							

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)												Fiscal Year Ten(Ocy 09- Sep 10)											
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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 4 communities		FY08/Q4	6 months	X	X	X																					
	For Batch 5 communities		FY09/Q1	6 months			X	X	X	X	X	X																
	For Batch 6 communities		FY09/Q2	6 months				X	X	X	X	X	X															
	For Batch 7 communities		FY09/Q3	9 months							X	X	X	X	X	X	X	X	X									
	For Batch 8 communities		FY09/Q4	6 months										X	X	X	X	X	X									
	For Batch 9 communities		FY09/Q4	6 months										X	X	X	X	X	X									
	For Batch 10 communities		FY10/Q1	6 months													X	X	X	X	X	X						
	For Batch 11 communities		FY10/Q2	6 months													X	X	X	X	X	X	X	X				
	For Batch 12 communities		FY10/Q3	6 months																			X	X	X			
3.1.11	Men's Involvement (Agricultural and Irrigation Extension Workers)																											
	Train AEW in intervention areas	Training report																										
	For Batch 7 communities		FY08/Q4	6 months	X	X	X																					
	For Batch 8 communities		FY09/Q2	3 months				X	X	X																		
	For Batch 9 communities		FY09/Q2	3 months						X	X	X																
	For Batch 10 communities		FY09/Q3	3 months							X	X	X															
	For Batch 11 communities		FY09/Q4	3 months									X	X	X													

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)									Fiscal Year Ten(Ocy 09- Sep 10)														
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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		FY08/Q3	12 months	X	X	X	X	X	X	X																	
	For Batch 7 communities		FY08/Q4	17 months	X	X	X	X	X	X	X	X	X	X	X													
	For Batch 8 communities		FY09/Q3	12 months							X	X	X	X	X	X	X	X	X									
	For Batch 9 communities		FY09/Q3	12 months								X	X	X	X	X	X	X	X	X	X							
	For Batch 10 communities		FY09/Q4	12 months								X	X	X	X	X	X	X	X	X	X	X	X	X				
	For Batch 11 communities		FY10/Q1	12 months											X	X	X	X	X	X	X	X	X	X	X			
	For Batch 12 communities		FY10/Q2	12 months														X	X	X	X	X	X	X	X			
3.1.12	Literacy facilitators																											
	Update AEA and NGOs' literacy facilitators training package to include MCH messages		FY07/Q3	12 months																								
	Train literacy facilitators																											
	For Batch 7 communities		FY08/Q4	6 months	X	X	X																					
	For Batch 8 communities		FY09/Q2	3 months				X	X	X																		
	For Batch 9 communities		FY09/Q2	3 months					X	X																		
	For Batch 10 communities		FY09/Q3	3 months							X	X	X															
	For Batch 11 communities		FY09/Q4	3 months								X	X	X	X													
	For Batch 12 communities		FY10/Q2	3 months													X	X	X									
	Follow up on literacy classes in intervention areas	Follow up report																										

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)									Fiscal Year Ten(Ocy 09- Sep 10)														
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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 11 communities		FY09/Q2	3 months					X	X	X																	
	For Batch 12 communities		FY09/Q3	2 months								X	X															
	Selection of CDAs	List of selected CDAs																										
	For Batch 9 communities		FY08/Q4	2 months																								
	For Batch 10 communities		FY09/Q1	1 month			X																					
	For Batch 11 communities		FY09/Q2	2 month					X	X																		
	For Batch 12 communities		FY09/Q4	1 month									X															
	Receive proposals from CDAs	Activity report																										
	For Batch 9 communities		FY09/Q1	2 months	X	X																						
	For Batch 10 communities		FY09/Q1	1 month			X																					
	For Batch 11 communities		FY09/Q2	1 month					X																			
	For Batch 12 communities		FY09/Q4	1 month									X															
	Review proposals and submit to USAID	Activity report																										
	For Batch 9 communities		FY09/Q1	2 months		X	X																					
	For Batch 10 communities		FY09/Q2	2 months				X	X																			
	For Batch 11 communities		FY09/Q3	2 months							X	X																

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)												Fiscal Year Ten(Ocy 09- Sep 10)											
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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 8 communities		FY09/Q1	2 months	X	X																						
	For Batch 9 communities		FY09/Q1	2 months			X	X																				
	For Batch 10 communities		FY09/Q2	2 months						X	X																	
	For Batch 11 communities		FY09/Q3	2 months							X	X																
	For Batch 12 communities		FY10/Q1	2 months										X	X													
	Training of CDA and MOHP RRs	Training report																										
	For Batch 8 communities		FY09/Q1	2 months		X	X																					
	For Batch 9 communities		FY09/Q2	2 months				X	X																			
	For Batch 10 communities		FY09/Q3	2 months						X	X																	
	For Batch 11 communities		FY09/Q4	2 months								X	X															
	For Batch 12 communities		FY10/Q1	2 months											X	X												
	Capacity building for CDA board members	Training report																										
	For Batch 8 communities		FY09/Q1	2 months		X	X																					
	For Batch 9 communities		FY09/Q2	2 months				X	X																			
	For Batch 10 communities		FY09/Q3	2 months						X	X																	
	For Batch 11 communities		FY09/Q4	2 months								X	X															

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)												Fiscal Year Ten(Ocy 09- Sep 10)											
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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
	Build capacity of MOHP to implement developed memoranda of understanding and partnerships with different partners from private and NGO sectors	Minutes of meeting and MOUs implementation reports	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4.1.6	Assist MOHP/PS achieve contraceptive security																											
	Provide TA for the contraceptive security working group as needed and requested by MOHP	Minutes of meeting	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4.1.7	Increase the capacity of the MOHP to strengthen the supervision system																											
	Follow up and provide technical assistance to strengthen the new integrated supervision system as needed and requested by MOHP	Activity reports	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4.1.8	Replication of the integrated MCH/FP/RH services (cross reference 1.1.5)																											
	Provide technical assistance as needed and requested to the Replication Working Group to replicate the integrated model in collaboration with HSR and in accordance with MOHP strategy	Activity reports	FY07/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Provide technical assistance as needed and requested by local governorate and district teams to replicate components of the model	Activity reports	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4.1.9	Support the maternal mortality surveillance system (MMSS)	Completed in FY07																										
4.1.10	Assist MOHP in implementing the Integrated Quality Performance Award system																											

#	Activity	Deliverable	Start Date	Duration	Fiscal Year Nine(Oct 08-Sep 09)									Fiscal Year Ten(Ocy 09- Sep 10)														
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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
	Follow up and provide technical assistance as needed and requested by the steering committee to finalize relevant decrees related to IQPA	Activity reports	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4.1.11	Increase the capacity to develop and automate the MOHP's financial and inventory system.																											
	Assist MOHP relevant sectors in developing a training curriculum for inventory control	Completed in FY07																										
	Provide TA to MOHP to link with MOF in making a national booklet on SIF roles and regulations as needed and requested by MOHP		FY06/Q4	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Conduct workshops and develop manuals to help MOHP disseminate the new performance award system based on requests from the steering committee	Activity reports	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	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 1.2.4)																											
	Technical assistance provided as needed and requested by the MOHP to adapt and implement the TAHSEEN model	Activity reports	FY08/Q1	ongoing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4.1.13	Provide technical assistance to NPC																											
	Provide ongoing TA to NPC as needed and requested	Activity reports	FY08/Q1	ongoing	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 technical assistance to RCT																											
	Provide ongoing TA to RCT as needed and requested	Activity reports	FY07/Q1	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 Nine(Oct 08-Sep 09)												Fiscal Year Ten(Ocy 09- Sep 10)											
					FY09/Q1			FY09/Q2			FY09/Q3			FY09/Q4			FY10/Q1			FY10/Q2			FY10/Q3			FY10/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
	District teams of Batch 7 PHC units		FY09/Q1	9 months			X	X	X	X	X	X	X	X	X	X												
	District teams of Batch 8 PHC units		FY09/Q2	9 months						X	X	X	X	X	X	X	X	X										
	District teams of Batch 9 PHC units		FY09/Q3	9 months								X	X	X	X	X	X	X	X	X	X							
	District teams of Batch 10 PHC units		FY09/Q4	9 months										X	X	X	X	X	X	X	X	X						
	District teams of Batch 11 PHC units		FY10/Q1	9 months													X	X	X	X	X	X	X	X	X			
	District teams of Batch 12 PHC units		FY10/Q2	9 months															X	X	X	X	X	X	X			
	Assist governorate and district level staff develop Integrated District Plans (IDPs) in intervention districts	IDPs																										
	District teams of Batch 5 PHC units		FY08/Q4	3 months	X																							
	District teams of Batch 6 PHC units		FY09/Q1	3 months	X	X	X																					
	District teams of Batch 7 PHC units		FY09/Q2	3 months				X	X	X																		
	District teams of Batch 8 PHC units		FY09/Q3	3 months						X	X	X																
	District teams of Batch 9 PHC units		FY09/Q4	3 months									X	X	X	X												
	District teams of Batch 10 PHC units		FY10/Q1	3 months											X	X	X											
	District teams of Batch 11 PHC units		FY10/Q2	3 months													X	X	X									
	District teams of Batch 12 PHC units		FY10/Q3	3 months																X	X	X						

Takamol Project International Travel Plan: October 2008 – September 2009

International short term technical assistance will be based on operational needs that will be identified and discussed with USAID.

Before the end of FY09, it is expected to have a representative from Pathfinder's management in addition to the subcontractors (JSI, AMEG, Meridian and JHU) to travel to Egypt to attend year 4 work planning workshop and attend technical and management meetings.

Travel Concurrences will be submitted to USAID CTO to obtain approval on international travel fifteen days before the date of travel.

Per Diem for international travel is based on the rates established by the US Department of State and incidents. In case a need arises for any additional travel by the Egypt staff, required approvals will be submitted to USAID CTO.

During FY09, a minimum of six trips are planned from Egypt.

- Two trips are expected for technical project staff to attend Global Health Council.
- One trip is planned for management to travel to HQ in Boston for planning, management, and technical meetings.
- One trip is planned for management and budgeting senior staff to travel to the US to visit HQ in Boston and the offices of project partners for financial and budgeting meetings.
- Other trips might be required for technical staff to participate in international conferences (based on accepted papers and abstracts) to present the work done by the project to an international audience. We are aware that we have to receive approval from USAID for these trips on a case by case basis.

Trip	Person	Date	Country
Global Health Conference	2 Technical Staff	May 2009	USA
Pathfinder management meeting	Management	TBD	USA
Financial and Closeout Budgeting meeting	One Management and one budgeting senior staff	TBD	USA
Other international conferences	Technical Staff	TBD	TBD

Medical Commodities Procurement Plan for Year 4 (Oct '08 – Sep '09)

Item Code	Item Description	Estimated Quantity Year 4
EQUIPMENT/TOOLS		
E030	Ambubag, Neonate, Mask sizes 0,1 & 2	46
E040	Anesthesia Machine w Ventilator and Monitor	4
E050	Autoclave, 40 L with 4 Drums	73
E060	Baby Measuring Device (Recumbent Length Measurement for Babies)	51
E084	Bowl, Double, with mobile stand	0
E086	Bowl, Kidney-shaped, S/S	0
E090	Bunsen Buner	51
E100	Casco's Speculum (L)	332
E110	Casco's Speculum (M)	219
E120	Casco's Speculum (S)	117
E130	Centrifuge, Bench - Top	55
E150	Defibrillator	6
E153	Drum, Sterilization, Size A	1
E154	Drum, Sterilization, Size B	12
E160	Fetal Heart Detector	0
E170	Forceps, Artery, Curved 7 inch	267
E180	Forceps, Artery, Straight 7 inch	273
E190	Forceps, Artery, toothed for Dressing 7 inch	326
E200	Forceps, Crocodile, Long (30 cm)	186
E210	Forceps, Handling, 10.5 inch	188
E220	Forceps, Kocher, Straight 7 inch	283
E230	Forceps, Low Delivery " Wrigley"	11
E260	Hemoglobinmeter	55
E270	Hot Air Oven, 20 L	42
E300	Incubator Neonatal, Normal Care	0
E310	Infusion Pump, with no pecial set	5
E330	Kit, Instrument, Abdominal Surgery	4
E340	Kit, Instrument, C- Section	3
E350	Kit, Instrument, D & C Surgical	4
E360	Kit, Instrument, Normal Delivery	0
E370	Laryngoscope, Adult	5
E380	Laryngoscope, Pediatric (Neonatal)	9
E390	Microscope	0
E400	Monitor, Vital Signs, Basic	6
E410	Monitor, Vital Signs, Neonatal	2
E420	Nebulizer, Electric	0
E430	Nitrous Oxide Cylinder & Regulator	2
E440	Oxygen Cylinder w Gauge & Wrench	242

Item Code	Item Description	Estimated Quantity Year 4
E450	Oxygen Head box, Neonatal	3
E460	Oxygen Mask, Adult	424
E470	Oxygen Mask, Neonatal	77
E480	Oxygen Mask, Premature	125
E490	Phototherapy Unit, Neonatal	0
E500	Pulse Oximeter	0
E510	Radiant Warmer	5
E520	Resuscitation Box	0
E530	Scale, Adult w height measure	33
E545	Scale, Infant/ Neonatal, Manual	10
E560	Scale, Neonatal, Manual (Zonborki)	55
E570	Scalpel handle no. 4	173
E580	Scissors, Blunt, for IUD thread cutting, curved (7")	184
E590	Scissors, Blunt, for IUD thread cutting, straight (7")	176
E600	Soap Dispenser	0
E610	Sphygmomanometer, Adult	0
E620	Stethoscope, Adult	0
E630	Stethoscope, Neonatal	0
E640	Stethoscope, Pediatric	0
E652	Stop Watch, Digital	101
E662	Suction Unit, Electric (one canister)	9
E670	Suction Unit, Electric, Neonatal (One canister)	59
E680	Syringe Pump	0
E690	Thermometer, Adult	432
E710	Thermometer, Neonatal	332
E720	Tray for Instruments, w cover, Large	77
E730	Tray for Instruments, w cover, Medium	66
E732	Tray, Perforated, for Instruments, w cover, Medium	0
E738	Ultrasound Machine, Chison 600M (with Sony 895 MD Printer & Trolley)	64
E750	Uterine sound	360
E760	Vacuum Extractor	16
E780	Vulsellum, Single toothed curved	317
FURNITURE		
F010	Bassinet, Neonatal	0
F020	Bed for Patients Adult with IV Stand	18
F030	Bed for PHCs Living Quarters	144
F035	Bed Mattress for Patients	0
F040	Bed Mattress for PHCs Living Quarters	197
F050	Bed Pillow	791
F060	Bed Pillow Case	1,491
F070	Bed Sheet	1,194

Item Code	Item Description	Estimated Quantity Year 4
F077	Blankets, Neonatal	125
F080	Cabinet/ locker (physician / Nurse)	204
F100	Cabinet, Drawers	13
F110	Cabinet, Files	343
F120	Cabinet, Instruments, Large	108
F130	Cabinet, Instruments, Small	0
F160	Chair Desk, Swivel	221
F170	Chair, Metal, Stationary	852
F180	Chair, Side (Visitor)	493
F190	Chairs, Waiting, set of 3 plastic shell seats	271
F200	Clock	120
F210	Container for Hazardous Waste, Blue	83
F220	Container for Hazardous Waste, Red	78
F230	Cooker w Gas Cylinder	100
F240	Crib Sheets	122
F260	Desk, Large (Double Pedestal)	214
F270	Desk, Small (Single Pedestal)	313
F290	I.V. Stand	131
F300	Lamp, Examination, OB/GYN (Not Halogen)	166
F310	Light, Emergency	128
F320	Paravan	275
F325	Receptacle for Used Gowns	25
F330	Refrigerator, No Frost, 10.5"	179
F340	Shelves, Storage	328
F350	Stool, Step	223
F355	Stabilizer, Electric	0
F360	Stool, Swivel	139
F370	Stretcher	1
F380	Table, Anesthesia (75*40*86 cm) s/s	0
F390	Table, Bedside	0
F400	Table, Delivery, w Accessories	18
F410	Table, Examination, Adult	149
F420	Table, Examination, Neonatal	3
F430	Table, Examination, ob/GYN	14
F440	Table, Instruments	251
F450	Table, Instruments, Mayo	0
F455	Table, Operating	9
F460	Thermometer for Room	17
F470	Trash Bin, Pedal Operated Lid, 15 L Capacity S/S	704
F472	Trash Bin, Pedal Operated Lid, 15 L Capacity Plastic	120
F490	Wardrobe, Patient	0

Item Code	Item Description	Estimated Quantity Year 4
F500	Wardrobe, PHC Staff Accn.	150
F510	Wheel Chair	91
F520	X- Ray Viewer	8
SUPPLIES		
S010	Airway Size 1	109
S020	Airway Size 2	90
S030	Airway Size 3	194
S040	Airway Size 4	194
S050	Airway Size 5	90
S060	Airway, Size Neonatal	15
S070	Alcohol swabs	62
S080	Anesthetic Mask, Adult	35
S090	Anesthetic Mask, Neonatal	45
S100	Antiseptic, Alcohol Bottle 70 %, 4L	120
S110	Antiseptic, Betadine Bottle 5 %, 4L	208
S115	Antiseptic, Betadine Bottle 10 %, 4L	0
S120	Antiseptic, Chlorine Bottle 4L	198
S125	ANTISEPTIC CHLORINE 5.25%	0
S130	Attire Cotton, CSSD, M	67
S140	Attire Cotton, CSSD L	67
S150	Attire Cotton, CSSD, XXL	31
S160	Ayre's T- Piece	9
S170	Bacterial Filter	44
S180	Bain's Curcuit	4
S190	Blood Compression Bags	20
S200	Cannula IV, Size 18	11,900
S210	Cannula IV, Size 20	11,075
S220	Cannula IV, Size 22	1,150
S230	Cannula IV, Size 24	800
S240	Catheter Foley 14	400
S250	Catheter Foley 16	2,360
S260	Catheter Foley 18	500
S270	Catheter Suction, size 6	1,100
S280	Catheter Suction, size 8	1,325
S290	Catheter Suction, size 10	350
S300	Catheter umbilical, size 6	80
S310	Catheter Urinary, size 18	3,780
S320	Catheter Urinary, size 20	4,130
S332	Chromic Catgut w needles, size 0, Pack of 12	2,234
S342	Chromic Catgut w needles, size 1, Pack of 12	2,254
S350	Circle System Tubing, Y piece	2

Item Code	Item Description	Estimated Quantity Year 4
S360	Connector for Syringe Pump	500
S370	Gauze Dressing	18,600
S380	Gauze Roll, 05 cm	1,310
S390	Gauze Roll, 11 cm	1,280
S400	Gauze Roll, 15 cm	1,280
S410	Gloves Surgical, Sterile, size 7.5	339
S420	Gloves Surgical, Sterile, size 8	429
S430	Gloves Surgical, Sterile, size 8.5	154
S440	Gloves Disposable Latex	261
S450	Gown Examination, Plastic	789
S460	Gown Patient, Cloth Reusable size large	475
S470	Gown Surgical, Cloth Reusable large	490
S480	Hair Cover	78
S490	Infusion Set	11,960
S500	Mask, Surgeon	139
S510	Measuring Tape	136
S520	Medicated Cotton	1,816
S525	Mouth Gag	50
S530	Muconium Aspirators	79
S550	Plaster Surgical, 5cm	1,007
S560	Plastic Bags large	220
S570	Plastic Bags Small	440
S574	Pricking Lancet, box/100	122
S576	Safety Box for Syringes Disposal	0
S595	Shampoo, Betadine, 7.5%,4L	0
S611	Soap Liquid, without classic soda 4L	43
S620	Soda Lime /Kg	0
S630	Strips, Glucose, Protein (Albumin) & PH in Urine	643
S640	Strips, Pregnancy Test	247
S650	Suction Bulb, 1 oz	1,525
S660	Suction Bulb, 2 oz	1,525
S670	Syringe Disposable, 02 ml	800
S680	Syringe Disposable, 02.5 ml	25,400
S690	Syringe Disposable, 03 ml	31,015
S700	Syringe Disposable, 05 ml	30,000
S710	Syringe Disposable, 10 ml	31,400
S720	Syringe Disposable, 20 ml	1,110
S730	Syringe Disposable, 50 ml	0
S740	Test Tube 13x 100 ml	2,240
S750	Test Tube 16x 100 ml	2,040
S760	Test Tube Holder	303

Item Code	Item Description	Estimated Quantity Year 4
S770	Test Tube Rack	89
S780	Tongue Depressor	486
S790	Trivalve for Exchange Transfusion	75
S810	Tube Endotracheal, size 2.5	0
S820	Tube Endotracheal, size 3	140
S830	Tube Endotracheal, size 3.5	0
S840	Tube Endotracheal, size 6	848
S850	Tube Endotracheal, size 7	848
S860	Tube Endotracheal, size 8	648
S870	Tube Nasogastric, size 6	0
S890	Tube Nasogastric, size 8	820
S900	Umbilical Cord Clip	6,455
S910	Urine Collection Bag, Adult	0
S920	Urine Collection Bag, Neonatal	300

Above are estimated quantities. Actual quantities may vary after the assessment of intervention facilities. Quantities may be less than what is listed, if some of this commodity (especially equipment) are already available and in a good working condition in some of the facilities (especially hospitals). Quantities may also be more due to higher caseloads (more supplies) or bigger size (more furniture) of some facilities.