



Takamol Project Annual Progress Report

October 1, 2009 – September 30, 2010

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Acronyms

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

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

Background

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

To build on these successes, a Pathfinder International-led consortium of international organizations that includes John Snow International, Johns Hopkins Bloomberg School of Public Health Center for Communications Program, Meridian Group International, and the American Manufacturers Export Group, in addition to its local partner Health Care International, was selected in February 2006 to assist the MOH in its efforts to integrate maternal and child health/family planning/reproductive health (MCH/FP/RH) services. This assistance is taking place through the implementation of the Integrated Reproductive Health Services Project. The project, known as Takamol, is anticipated to help Egypt achieve sustainable reduced fertility and improved health outcomes for mothers and newborns. Takamol builds on the achievements and best practices of two previous USAID-funded projects: Tahseen, which focused on family planning and reproductive health; and Healthy Mother/Healthy Child (HM/HC), which focused on maternal and child health care. Takamol partners with the MOH, building capacity at the national, governorate, district, and facility levels to better shape and implement integrated policies and practices. The complementary scale-up of corporate and community social responsibility activities and public-private partnership opportunities broadens the stakeholder base in the provision of quality care in local health facilities and serves to institutionalize sustainable practices.

This five-year (March 1, 2006 – February 28, 2011) technical assistance program will be implemented in 179 communities in 11 Upper and Lower Egypt governorates including selected urban poor areas in Cairo and Giza, and 21 district/general hospitals in Lower Egypt. It is comprised of three main components: (a) support for implementation of the Integrated Package of Essential Maternal and Child Health, Family Planning and Reproductive Health Services both at the primary health care (PHC) and hospital-based care levels; (b) community mobilization that includes community-level behavior change communication (BCC) activities and messages; and (c) strengthening MOH capacity to sustain program performance at the national, governorate, district, and facility levels. Two cross-cutting themes are central to all Takamol activities: gender, and mobilizing private companies to partner with health initiatives.

The purpose of this report is to present the achievements of the Takamol project during the period from October 1, 2009 – September 30, 2010.

Executive Summary

This Annual Progress Report details the achievements of the Integrated Reproductive Health Services Project – Takamol – in completing the scheduled work plan activities from October 1, 2009 to September 30, 2010. The fiscal year of 2010 marked the conclusion of all renovations and a renewed focus on activities and tools that strengthen the sustainability of integrated maternal and child health (MCH) and family planning/reproductive health (FP/RH) services in both project and non-project areas.

Culminating a year crowded with workshops, drafts, editing and formatting, Takamol produced an impressive number of protocols, handbooks, training curricula, and manuals. Each of these materials has been adopted by the Ministry of Health (MOH) to improve health services across Egypt and boost health care reforms.

Foremost among these tools are the seven updated protocols on maternal and neonatal health for physicians, nurses, and lab technicians working in Egypt's hospitals. The new protocols are the result of more than a year of research and consultations with experts from the MOH, hospital staff and faculty from training institutes. With the updated protocols, all district/general hospitals across Egypt can follow the same procedures in obstetrics and gynecology (OB/Gyn), neonatal care, anesthesia, and laboratory techniques. To facilitate the use of the protocols, Takamol prepared four pocket guides for hospital physicians and nurses in neonatal and OB/Gyn departments. These handbooks will allow easy reference of protocol information in clinical settings. Training curricula has also been prepared to accompany the protocols, as well as a Training of Trainers (TOT) manual for instructors who will be coaching physicians and nurses on the updated standards.

Takamol also completed the revision of the on-the-job training (OJT) manual for hospital providers. The project modified the manual to guide senior hospital staff in the practical skills training of newly recruited and junior staff members. The updated manual includes the revised OJT checklist, which reflects the updated service delivery protocols developed by Takamol.

Hospitals will also receive an updated manual on the Continuous Quality Improvement System (CQIS), which was produced by Takamol at the end of the fiscal year. This manual is accompanied by a training curriculum for hospital staff. The CQIS system assesses hospital facilities and MCH/FP/RH services on a quarterly basis using an updated checklist of standardized procedures. The CQIS checklist presents a snapshot of how a hospital is delivering MCH/FP/RH health services in comparison to the MOH standards outlined in the updated protocols. Takamol received MOH approval to conduct joint CQIS training for members of hospital Safe Motherhood and Quality committees in addition to governorate-level Quality Teams to encourage the expansion of process indicators into the monitoring systems for other hospital departments.

Takamol is in the process of preparing for the national distribution in FY11/Q1 of protocols, their corresponding training curricula, pocket guides, TOT and OJT materials.

For clinic physicians, Takamol produced the *Diagnosis & Management Handbook for Family Physicians*, which will be distributed to newly graduated doctors assigned to mostly rural clinics. The handbook describes conditions pertinent to MCH/FP/RH care in addition to basic management of a variety of other medical conditions that could be managed in family health

clinics. Experts from medical schools and different sectors of the MOH discussed the handbook's guidelines, which form part of the MOH campaign to improve care at primary health care clinics. The publication of the handbook is expected to be finalized in FY11/Q1. To further bolster clinic performance; Takamol also updated the *Integrated Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services (ISOP)*. This third edition of the ISOP outlines basic guidelines for physicians working at primary health care clinics. ISOP guidelines focus on a broad range of conditions affecting mothers, neonates, children and adolescents. To impact the mortality rate among mothers and neonates, the ISOP now emphasizes areas such as the Active Management of the Third Stage of Labor (AMTSL) and basic newborn care. After the document is formatted, it is expected to be delivered to MOH officials in FY11/Q1.

In the area of community outreach, Takamol built upon its successful strategy of combining adult literacy material with health messages. The new literacy and math books address concerns raised during the 2008 National Population Conference in Cairo. Titled Population Education for Literacy Programs, the books feature colorful and evocative drawings with simple texts on the consequences of high birth rates both within the family and for communities. The population in Egypt grew from 76 million in 2007 to 80 million in 2009, according to government figures. Since the fastest growing communities are in rural Egypt, literacy material for underserved areas could potentially influence a critical segment of the population. The new literacy book warns against early marriage, explores the consequences of the rural preference for male children and describes the improved living conditions of smaller families. The book also touches on larger demographic issues such as unemployment, immigration, school shortages and crowded public services. Takamol produced the books in collaboration with the MOH, Adult Education Agency (AEA), National Population Council, and the Communication for Healthy Living project.

Takamol worked to improve integrated services through a Management and Leadership program designed to strengthen supervision by MOH district and governorate managers. While Takamol's role in the program came to an end, MOH officials have incorporated OJT tools and integrated checklists into their own supervision program. The MOH is now following-up on the program and has assigned two central supervisors for each governorate to monitor the performance of district and governorate teams. Ministry officials have attributed the program to the recent successes seen in accrediting clinics in some governorates.

This fiscal year Takamol wrapped up the renovation and equipping activities that figured prominently in the earlier years, setting the stage for improvements in clinic and hospital health services. Renovations and/or equipping were completed in 33 clinics this fiscal year bringing the total number of renovated clinics to 178 and completing Takamol's renovation activities. The 179th intervention site was an entirely new facility in Luxor governorate built by Takamol with funding from the Mansour Group. The project then implemented its full package of clinical training and outreach activities. Luxor Governor Samir Farag praised activities at the facility, where Cargill Inc. also donated a playground.

As renovations concluded, Takamol also wound down the technical and managerial training for clinic staff. These courses increased the capacity and efficiency of personnel at all intervention facilities. During 2010, 247 doctors, nurses, and lab technicians received technical training and 98 participated in management training from Takamol.

Part of the improvement in quality of facility services can be traced back to the increased community involvement in hospital and clinic boards. During FY10, 30 intervention clinics held democratic board elections and 357 board members completed the final phase of board management training.

Also targeted for management training and integrated district planning were the district and governorate supervisors. This training helped them improve oversight and better guide clinics toward earning MOH accreditation.

As a reflection of improved facilities and services, progress was also made this year in the area of health clinic accreditation. Sixteen clinics earned Family Health Unit status with an average score of 74%. This accreditation acknowledges that the clinic is in compliance with Egypt's National Family Health Technical Protocols and Guidelines. From inception until the end of FY10, 97 clinics have received this accreditation.

Takamol's array of outreach activities declined during FY10 as implementation concluded in most intervention clinics. During FY10, 14 health based literacy classes were opened in intervention governorates and 318 beneficiaries were taught literacy skills. Educating Egypt's youth on good health habits so they can take the messages home and to school forms another part of the project's outreach. Takamol reached: 950 male and female adolescents through 45 Shabab Takamol Week activities and trained 16 life skills facilitators for Family Life Education classes. The empowerment of women has always formed an important part of the Takamol model--1,069 women were empowered through the EWSO and leadership programs. Reaching men is just as important in order to make them more aware of gender issues and MCH/RH/FP--783 males raised health awareness through various community activity training programs.

A phase-out workshop for 10 CDAs took place in December as Takamol said goodbye to partner NGOs in Dakahlia governorate. These grassroots community groups are a crucial link between the people they serve, the clinics and government officials. A central part of the Takamol project entails training members of the CDA and outreach workers on how to continue serving their communities after the phase out of Takamol. To ensure these CDAs are able to function effectively on their own, a final 5- hour workshop was organized with all community stakeholders to review past achievements and charter a sustainable plan for the future. Participants in the workshops include outreach workers, doctors and clinic staff, religious leaders, and members of the CDAs. Local businessmen are also invited so they can witness the capability of the CDAs and join in talks about how current activities can be sustained and new initiatives financed. The 10 CDAs receive no grant money prior to Takamol's departure. Instead, Takamol leaves behind the tangible resources of brochures/handouts, an outreach worker training manual, other training materials and literacy booklets. More importantly, by project phase-out a cadre of trained people are in place and fully capable of maintaining Takamol interventions and progress.

While traditional outreach activities wound down during FY10, Takamol launched a new grant program to spread nutritional messages and reinforce outreach activities in remote communities. The new initiative awarded \$10,000 to 20 Community Development Associations (CDAs) in six governorates with large populations and proven effectiveness. The CDAs are to incorporate a new nutritional dimension into the usual array of health messages in harder-to-reach areas of intervention communities. This new focus includes instructions for cheap but nutritious meals, the distinction between unhealthy and healthy

foods and guidelines on the nutritional needs of children. The messages are aimed at improving nutrition and reducing the high rates of anemia among Egypt's women and children. This popular program will continue into FY11/Q1.

With an eye toward sustainability, Takamol initiated new training schemes that build the capacity of Sustainability Committees (SCs) to expand quality MCH/FP/RH services in non-intervention areas. Established in each of nine intervention governorates, the SCs are composed of the governorate secretary general and the undersecretaries of health, education, social solidarity, youth and finance. The SCs are a key factor in ensuring Takamol activities continue beyond project phase out in 2011. Takamol trained three of the more effective SCs-- Luxor, Beni Suef and Kafr El Sheikh- in a Management Development program. These SCs now function as dynamic examples to other SCs and are expected to foster collaborative networks to continue implementing the Takamol model. Takamol also initiated training in Corporate Social Responsibility (CSR) for most SCs during 2010. This training enhances their abilities to encourage and foment private sector partnerships to benefit clinics and district hospitals. Four SCs were trained during 2010 and three SCs remain to be trained in FY11/Q1: Sharkia, Dakahlia and 6th of October.

SCs also played a critical role in supporting the promotion of health messages through the ministries of Education, Youth, and Social Solidarity. Non-health SC members identified district level leaders capable of becoming "Master Trainers" within their ministry. Takamol then trained these district leaders in behavior change communication, facets of the family health system, preventative health messages and information on common health problems. The "Master Trainers" then selected a group of peers within their ministries to receive the same information. Following training, these peers are expected to visit communities and train local leaders on health information.

Collaboration with the private sector has resulted in a series of win-win partnerships in FY10. Three completely new clinics were financed in less than six months through private and public donations. Located in Luxor governorate, the three clinics are being built by the Project, which also covered the cost of furnishing and equipping the facilities. The first new facility, the El Zinia Bahary clinic, was financed by the Mansour Group, and mentioned earlier. The remaining two clinics will be finished in FY11/Q1. The first of these is the Suzanne Mubarak Family Health Unit, financed by the Egyptian Al-Ahram newspaper, and located in Armant district. The second facility is the El Karia clinic financed by the Egyptian Ministry of Investment and located in the underserved district of Esna. To facilitate the organization of outreach activities in the three clinics, Takamol will provide on-the-job training to Luxor's Sustainability Committee which will implement project activities.

Private sector partners continued to be active in the area of clinic renovations as well. During 2010, four clinics were renovated through CSR initiatives:

The Dokmera and Halafi clinics, sponsored by the German gas and oil exploration company RWE-Dea, opened in April in Kafr El Sheikh governorate. Prior to opening ceremonies Gov. Ahmed Zaki Abdeen met with executives of RWE-Dea and Takamol to express his appreciation for the initiative. The remaining balance of funds was used to refurbish the dental unit in the Halafi clinic and financed shelves in the Dokmera clinic. A new MOU will finance 200 literacy classes in Kafr El Sheikh governorate and 200 classes in the Greater Cairo area.

The El Akarmeya clinic, sponsored by Orascom Telecom, was inaugurated in June by Aswan Governor Gen. Moustafa El Sayed and Orascom Telecom's Ms. Manal Abdel-Hamid, director of Public Relations and Corporate Communications. The international telecommunications company donated funds for the renovation and implementation of the complete Takamol model in the clinic, which will serve a poor community. They later agreed to finance a dental clinic and a washing machine to allow the facility to earn Family Health Unit accreditation.

The El Hogaryat clinic in Qena governorate, sponsored by Banque du Caire (BDC), opened in July. El Hogaryat is the first renovated clinic sponsored by an Egyptian firm in collaboration with USAID. An ancient blood feud in surrounding areas caused opening ceremonies to be postponed a month until the situation calmed. BDC donated funds for renovations while Takamol contributed equipment, clinical training and outreach activities. Before the ceremonies, Qena Governor Magdy Ayoub met with leaders of the feuding families to broker a permanent peace.

In other Corporate Social Responsibility news, a 2009 tripartite outreach campaign between Proctor & Gamble (P&G) USAID and Egypt's Adult Education Agency has been completed. P&G donated funds to print health-based literacy books and distributed free samples of P&G products to literacy students in 13 governorates. USAID's program organized training in hygiene and health-based messages for instructors who teach the literacy facilitators. USAID also provided oversight by subcontracting a distribution agency that assured the samples and literacy material were distributed to all the literacy facilitators as planned.

In total, US\$507,537 in cash and US\$390,532 in-kind donations were received through private sector funding this fiscal year.

Achievements

The following table details the Project's achievements in relation to the 2010 work plan. The key below provides definitions to clarify the start and completion status of activities:

Early Start: Activity started ahead of its scheduled start date provided in the FY09 work plan.

As Planned: Activity started as scheduled in FY09 work plan (or as scheduled in previous work plan if applicable)

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

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

IMPORTANT TO NOTE: Numbers used in the following achievement table are obtained from the Project's M&E system. The final numbers may be less than the sum of the quarterly figures because the system only counts an individual once, even if that person is involved in the activity in two different quarters.

	Scheduled Activity	Achievements
	Procurement	
1	Result 1: Increased Use of Quality Integrated MCH/FP/RH Services at the PHC Level	
1.1	Sub-Result 1.1: Increased Delivery of Integrated MCH/FP/RH Services at the PHC Level	
1.1.1	Renovation	
	Renovation and equipping of PHC facilities	<p>FY10 brought to a close all renovation activities for Takamol.</p> <p>3 clinics in Batches 9 and 10 completed equipping in Luxor, Aswan and 6th of October governorates.</p> <p>30 Batch 11 and 12 health clinics completed renovations and equipping in Qena, Kafr El Sheikh, and Aswan governorates.</p> <p>1 clinic in Batch 13 in Luxor governorate was newly constructed by Takamol with funding from a private sector organization as part of the Project's Corporate Social Responsibility work.</p> <p>In total, 34 clinics received physical upgrading bringing the total to 179 intervention clinics to have completed renovation (or construction) and equipping activities.</p> <p>At the request of the Luxor governor, Takamol also built two other health clinics--one in Esna district with funding from Al Ahram; and the other in Armant district with funding from the Ministry of Investment.</p> <p>Activity 1.1.1 has been completed in all batches.</p>
1.1.2	Training	
	Review and update of all training materials with MOH and other stakeholders as needed	Takamol developed an updated draft of the ISOP in collaboration with the MOH. The draft was shared with the MOH and their feedback incorporated into the revised draft. The Project is now waiting to receive inputs from the Population Council and UNFPA and will then decide with USAID whether to include them in the final ISOP draft.
	Implement integrated clinical training for physicians	A total of 42 doctors completed Takamol's integrated clinical training course in Batches 11 and 12 in Qena, Kafr El Sheikh, and Aswan governorates. For cost effectiveness, training was conducted on-site for 2 more physicians from Batch 13 in Luxor governorate. This activity has been completed in all batches.
	Implement integrated clinical training for nurses	A total of 154 nurses completed Takamol's integrated clinical training in Batches 11 and 12 in Qena, Kafr El Sheikh, and Aswan governorates. For cost effectiveness, training was conducted on-site for 2 more nurses from Batch 13 in Luxor governorate. This activity has been completed in all batches.

	Scheduled Activity	Achievements
	Implement lab technicians training	A total of 51 lab technicians completed Takamol's technical training in Batches 11 and 12 in Qena, Kafr El Sheikh, and Aswan governorates. For cost effectiveness, training was conducted on-site for one additional laboratory technician from Batch 13 in Luxor governorate. This activity has been completed in all batches.
	Implement ultrasonography training	66 PHC physicians completed ultrasonography training in Batches 9, 10, 11 & 12 in Luxor, Qena, Kafr El Sheikh, Aswan, and 6 th of October governorates. This total includes newly-appointed physicians from Batches 1, 5, 6, 7, and 8 who also received the training. For cost effectiveness, one 3-day training was conducted on-site for one physician from Batch 13 in Luxor governorate. This activity has been completed in all batches.
	Implement safety and maintenance training	Safety and Maintenance training courses were held for 219 participants. This training was completed in Batches 9, 10, 11, and 12 in Luxor, Qena, Kafr El Sheikh, Aswan, and 6 th of October governorates. For cost effectiveness, one training was conducted on-site for 3 participants from Batch 13 in Luxor governorate. This activity has been completed in all batches.
	Implement outreach workers training (cross reference 3.1.14)	
	Provide on-the-job training	OJT was provided for Batches 5, 7, 8, 9, 10, 11, 12 and 13 in Luxor, Qena, Kafr El Sheikh, Aswan, Dakahlia, and 6 th of October governorates. During FY10, this activity was completed in Batches 5, 7, 8 and 10 and will continue in Batches 9, 11, 12, and 13.
1.1.3	Provide technical assistance to SAIFPS	
	Provide TA to the independent NGO SAIFPS as needed	Takamol facilitated a partnership between the Specialized Association for Integrated Family Planning Services (SAIFPS) and DKT (a private sector organization involved in social marketing) to help SAIFPS establish relationships to sustain its activities. As SAIFPS required no further technical assistance from Takamol, this activity has been completed.
1.1.4	Community mobilization activities (See Result 3)	
1.1.5	Collaboration with STS&P (cross referenced 4.1.8)	

	Scheduled Activity	Achievements
	Continue collaborating with the STS&P to ensure the compliance to HSR's family health model according to MOH strategy and to enhance the progression of HSR in Takamol intervention governorates	The pocket guide " <i>Diagnosis & Management Handbook For Family Physicians</i> " was developed for PHC physicians in coordination with the MOH. This document has received final approval from the ministry. A total of 16 Takamol intervention units from Aswan, Qena, and Luxor governorates received accreditation as Family Health (FH) units during FY10. This brings the project total to 97 Takamol clinics that have received this accreditation.
1.1.6	Collaboration with RCT	
1.2	Sub-Result 1.2: Improved Quality of Integrated MCH/FP/RH Services at the PHC Level	
1.2.1	Training in Clinic Management for clinic staff in 3 phases	Takamol completed Clinic Management training for clinic staff from Batches 6, 7, 9, 10, 11, and 12 in Luxor, Qena, Kafr El Sheikh, Aswan, and 6th of October governorates. District teams in Aswan Batches 11 and 12 will conduct the final phase of training with clinic staff as part of their on-the-job training. For Batch 13, Takamol is handing over management training to the El Zinia district supervisors as part of the Sustainability Committee's replication of project activities in Luxor governorate. This team received training earlier in the project. Activity 1.2.1 has been completed in all batches.
1.2.2	Strengthen the clinic boards of the PHC facilities (cross result 4)	
	Form/reactivate PHC unit management boards	In FY10, clinic boards of 30 PHC units in Batches 11 and 12 were formed and received official approval from their respective governors in Qena, Kafr El Sheikh, Aswan and 6th of October governorates. Takamol also received the governor's decree authorizing the formation of the clinic board in Batch 10's Sheikh Zayed clinic in 6th of October governorate. For Batch 13, the El Zinia district team will be responsible for board formation activities as part of the Sustainability Committee's replication of project activities in Luxor governorate. This activity has been completed in all batches.
	Train PHC unit management boards in 3 phases	Takamol completed management training for clinic boards of directors in Batches 7 - 12 in Luxor, Qena, Kafr El Sheikh, Aswan, and 6th of October governorates. For Batch 13, the three-phase training course will be conducted by the El Zinia district team as part of the Sustainability Committee's replication of project activities in Luxor governorate. This activity has been completed in all batches.

	Scheduled Activity	Achievements
1.2.3	Activate the current referral system	
	Conduct orientation workshops for medical staff on referral system (cross reference 2.1.5)	11 referral workshops were conducted for 326 participants from clinics, hospitals and district teams in Batches 10 - 12 in Qena, Kafr El Sheikh, Aswan, and Dakahlia governorates. Due to the difficulty of holding workshops in urban areas, no workshops were held in 6 th of October governorate. USAID agreed to suspend this activity in poor urban areas. For Batch 13, referral activities were previously conducted with personnel in Luxor District Hospital, thus clinic teams received the orientation workshop on site. This activity has been completed in all batches.
	Hold follow up meetings on the referral activation	Follow up meetings on referral were held for participants in Batches 9 - 12 in Luxor, Qena, Kafr El Sheikh, and Aswan governorates. Follow-up on referral activation starts one month after implementation of the activity in order to ensure proper continuous implementation. Batches 9 - 10 completed this activity and follow-up meetings are ongoing in Batches 11 - 12. For Batch 13, referral activation is being followed-up on during OJT. Follow-up meetings on referral will not be held in 6 th of October governorate as per the agreement to not work on referral activities in poor urban areas.
1.2.4	Assist MOH in implementing In-service Training (cross with 4.1.12)	
1.2.5	Assist MOH in implementing PP home visits program	This activity is covered during the training of nurses, and is followed-up on during OJT. This activity builds the capacity of nurses to provide PP home care services and improve district teams' supervision of the program. Throughout the life of the project, nurses from all intervention governorates receive PPC training during the integrated clinical training. Through OJT, the number and quality of home visits conducted are being evaluated to assure maximum efficiency and effectiveness.
2	Result 2: Increased Use of Quality Integrated MCH/FP/RH Services in Hospitals	
2.1	Sub-Result 2.1: Increased Delivery of Integrated MCH/FP/RH Services in Hospitals	

	Scheduled Activity	Achievements
2.1.1	Conduct hospital assessment for clinical and managerial performance, equipment and training needs	Completed during FY09.
2.1.2	Renovation and equipping of hospitals in Lower Egypt	Completed during FY09.
2.1.3	Training relevant staff in intervention hospitals in Lower Egypt	
2.1.3.1	<u>Classroom Clinical Training</u>	Completed during FY09.
2.1.3.2	<u>On the job clinical training for hospital staff</u>	The following OJT visits were conducted in 6 Kafr El Sheikh and 5 Dakahlia intervention hospitals: 96 visits for OB/Gyn physicians, 85 for OB/Gyn nurses, 87 for NCU physicians, 89 NCU for nurses, 131 for Supportive Services staff, 55 for SMC members, and 42 for hospital board members. 150 additional visits were made to intervention hospitals requesting further technical assistance in Batches 1, 2, 3, 5, 7 and UE. Finally, 7 follow-up visits were made for PHC physicians being trained in hospitals bringing the total to 742.
	Revise/Update the OJT manual	The OJT manual was developed, printed and will be ready for distribution in FY11/Q1. The updated manual is designed for senior hospital staff to coach less-experienced members of their teams and includes updated checklists which reflect Takamol's modifications of the Service Delivery Protocols.
2.1.3.3	<u>Develop and use local training capacity</u>	Completed during FY09.
2.1.3.4	<u>Management Training</u>	Completed during FY09.
2.1.4	Clinical training for relevant staff in intervention hospitals in Upper Egypt	Completed during FY09.
2.1.5	Strengthen referral and tracking systems	

	Scheduled Activity	Achievements
	Conduct a workshop to strengthen referral between FP clinic in the hospital and OB/GYN department in LE hospitals	Completed during FY08.
	Assist MOH at the central level to develop links and cross referral system between Neonatal Care Units (NCU) in all intervention hospitals within each governorate	Completed during FY09.
	Assist MOH in strengthening the cross referral system between PHC facilities and intervention district hospitals (cross reference 1.2.3)	
2.2	Sub-Result 2.2: Improved Quality of Integrated MCH/FP/RH Services in Hospitals	
2.2.1	Review/updating of guidelines, protocols and standards, systems development	
	Assist MOH to review the CQIS system of HM/HC, add elements of FP, PAC & PP Care and produce first draft	
	Review and update CQIS based on updated protocols	The CQIS manual was reviewed/updated. Participant feedback from the first two field orientation visits will be incorporated into the material to produce a final draft. The finalized version is expected to be printed in-house during FY11/Q1. The CQIS checklist was also updated and used in 34 hospitals. A detailed analysis of each hospital was made with evaluations of physical structure, furniture, equipment, instruments, supplies, medications, medical procedures and management .
	Review and update CQIS training curriculum	Material used to train health providers on the updated CQIS manual has been updated. Participant feedback from the first two field orientation visits will be incorporated into the material to produce a final draft. The finalized version is expected to be printed in-house during FY11/Q1.

	Scheduled Activity	Achievements
	Refresher training of hospital staff in Lower Egypt intervention hospitals to introduce updated CQIS	For cost effectiveness, Takamol decided to replace refresher training courses with orientation field visits. During these visits Takamol staff will simultaneously distribute the updated CQIS and orient hospital staff on the new material. Visits will be conducted when all seven protocols, pocket guides, training curricula, and other related material are ready for distribution.
	Review/update seven hospital-level protocols for: OB/GYN specialists, OB/GYN nurses, neonatologists, neonatal care nurses, laboratory technicians, laboratory care for physicians, and obstetric-related anesthesia for physicians	Takamol completed the revision of the seven hospital protocols that were updated, edited and formatted last year. In FY10, consensus-building workshops were held with MOH stakeholders for each of the seven updated protocols. Workshop participants recommended few changes, and the MOH gave approval of the documents. Recommended changes were incorporated into protocol drafts and the seven final drafts were prepared for printing. A printing house was chosen and the published protocols delivered to the project for final distribution. Distribution of the protocols and CDs containing electronic copies of materials will take place during FY11/Q1.
	Review/update integrated training curriculum for each of the seven protocols	Takamol organized the revision of training materials for each of the seven updated protocols. Chapters from the protocols were distributed to relevant consultants who edited the training materials to reflect the new information contained in each of the protocols. These chapters were collected and reviewed by Takamol specialists. Following revisions, materials were edited, formatted, and printed. All training curricula are ready for distribution scheduled for FY11/Q1.
	Refresher training of hospital staff in Lower Egypt intervention hospitals to introduce updated protocols	Takamol will orient hospital staff to the new information contained in the protocols through orientation field visits. These visits will simultaneously distribute materials and inform staff. Visits will be conducted in FY11/Q1.
	Develop pocket guide for OB/GYN and Neonatal physicians and nurses	Pocket guides for NCU physicians and nurses and OB/Gyn physicians and nurses were developed, approved by the MOH, formatted and printed. Pocket guides will be distributed in FY11/Q1.
	Conduct dissemination workshop for protocols	The dissemination workshop was planned to coincide with the end of project conference. Since the end-of-project conference will not take place, the dissemination of updated protocols has been scheduled instead for FY11/Q1. Coaches in each specialty, oriented on the changes in the updated protocols, will visit all intervention hospitals and meet with nurses and physicians from neonatal and OB/Gyn units, laboratory technicians, laboratory physicians and anesthesia physicians.
2.2.2	Training of relevant hospital staff on CQIS and self assessment (clinical and managerial performance)	Completed in FY09.

	Scheduled Activity	Achievements
2.2.3	Support MOH Curative Care Sector to monitor and ensure continued quality of care	Completed in FY08.
3	Result 3: Positive Behavior Change in Intervention Communities	
3.1	Sub-Result 3.1: Effective and Sustainable Community Level Behavior Change Activities	
3.1.1	Review training materials and update as needed	
	Review and update training materials	All training materials were reviewed and updated to assure the inclusion of messages on neonatal and maternal care. Materials used in HIV/AIDS sessions now include the effects of stigma on HIV positive and AIDS patients. New refresher training curricula for outreach workers were developed on child care and female genital cutting (FGC). And a new TOT was designed to strengthen the capacity of Adult Education Agency master trainers.
3.1.2	Working with governorate level Working Groups (WG)	
	Establish and train religious leaders and media WG in new governorates as applicable	As a result of group member turnover, 12 newly selected media professionals from Luxor governorate received the basic training. This activity has been completed in all governorates.
	Hold refresher training for newly formed WG	8 refresher training courses were held for Working Groups: 7 Media WGs with 185 media professionals and community stakeholders, and 2 RL WGs with 17 RLs from Luxor, Qena, Aswan, and Dakahlia governorates. Takamol met with the Ministry of Endowment director from Aswan to request the inclusion of messages related to female genital cutting, family planning, and child care in Aswan district's MOE plan for both intervention and non-intervention areas. This activity was completed in governorates 5, 6, 8 & 9 and has been completed for all selected governorates.
3.1.3	Family Life Education (FLE)	

	Scheduled Activity	Achievements
	Select and orient FLE facilitators	175 nominated candidates attended an orientation about the Takamol project in Qena, Kafr El Sheikh, Aswan, and 6th of October governorates. Of those nominated, 98 candidates were interviewed and selected to participate in the FLE TOT program. For cost effectiveness, 2 previously trained FLE facilitators from Luxor governorate were chosen as FLE facilitators for Batch 13. Batches 8, 10, 11, 12, and 13 completed this activity. This activity has been completed in all batches.
	Conduct FLE TOT for FLE facilitators	Selected participants completed FLE TOT programs in Batches 8, 10, 11 and 12 from Qena, Aswan, and 6th of October governorates. The FLE TOT for 6 th of October governorate communities (Batches 8 and 10 MCH clinic and Sheikh Zayed communities) was combined for cost effectiveness. No training was conducted in Batch 13 as the selected FLE facilitators were previously trained. Batches 8, 10, 11, 12, and 13 completed this activity. This activity has been completed in all batches.
	Implement program in intervention communities	Classes in Luxor, Qena, Kafr El Sheikh, Aswan, and 6th of October governorates completed all 15 sessions of the FLE program. Batches 8 - 13 completed this activity. The 6 th of October governorate communities (MCH clinic and Sheikh Zayed) were combined for cost effectiveness. This activity has been completed in all batches.
3.1.4	Peer to Peer program	Discontinued in FY09
3.1.5	Religious Leaders (RL)	
	Selection and training of RL group at the community level	4 basic RL training courses were held for RLs in Aswan and Kafr El Sheikh governorates. 78 RL from Batch 11 and 12 communities completed basic training on various MCH/FP/RH messages and how to disseminate this information to their constituents. This activity has been completed in all batches.
	Hold regular meetings with trained religious leaders to discuss new topics	55 meetings were attended by 1,305 trainees (previously-trained RLs) to introduce new topics in Batch 8 - 12 communities in Luxor, Qena, Aswan, and 6th of October governorates. Refresher trainings for 6th of October governorate Batches 8 and 10 were combined for cost effectiveness. This activity has been completed in Batches 8 - 10 and is in progress in Batches 11 and 12.
3.1.6	Shabab Takamol Week (Youth Mobilization Week)	
	Implement STW in some intervention communities	45 Shabab Takamol Weeks were implemented for 950 beneficiaries in Batch 9 - 12 communities in Luxor Qena, Aswan, and 6 th of October governorates. During FY10, Batches 9 and 10 completed this activity and it is in progress in Batch 11 - 13.
3.1.7	Ask/Consult	

	Scheduled Activity	Achievements
	CHL will train private pharmacists and physicians in new intervention areas on CHL-developed curriculum as needed	CHL trained 46 private physicians and 70 pharmacists from Qena and Aswan governorates. This activity has been completed.
3.1.8	Gender Based Violence (GBV) Manual	
	Make translated GBV Manual available to interested parties as appropriate	Takamol met with the Reproductive Rights group at the National Council for Human Rights to maximize the benefits of the <i>Gender Based Violence Manual</i> . One hard copy and one CD of the manual were left as resources for the organization. This activity has been completed.
3.1.9	Different BCC activities/tools	
	Support and collaborate with CHL in the development of national MCH/FP/RH BCC activities	Reviewed the poster on "post partum IUD insertion" developed by the CHL project. IEC fliers, brochures posters, and New Medical Eligibility Criteria Wheel for Contraceptive Use (2008 update) were made available to all Takamol PHC clinics and hospitals. This activity has been completed.
	Implement youth friendly and gender sensitive plays	39 plays were staged in Batch 9 - 12 communities in Luxor, Qena, Aswan, and 6th of October governorates for an estimated 15,950 audience members. This activity was completed in Batches 9 and 10 and is in progress in Batches 11 and 12. Batch 13 was scheduled to begin in FY10/Q4, but was shifted to start in FY11.
	Implement youth friendly and gender sensitive skits	33 skits were performed in Batch 9 - 13 communities in Luxor, Qena, Aswan, and 6th of October governorates. This activity was completed in Batches 9 and 10 and is ongoing in Batches 11, 12, and 13.
3.1.10	Women's Empowerment	
	EWSO Program	
	Implement EWSO program in intervention communities	43 EWSO programs involving 1,019 women were implemented in Batch 9 - 13 communities in Luxor, Qena, Kafr El Sheikh, Aswan, and 6th of October governorates. This activity was completed in Batch 9 - 13. This activity has been completed in all batches.
	Leadership Program	
	Implement leadership programs in intervention communities	30 Leadership programs attended by 650 participants were implemented in Batch 9 - 13 communities in Luxor, Qena, Kafr El Sheikh, Aswan, and 6th of October governorates. This activity was completed in Batches 8 - 13 thus concluding it in all batches.
3.1.11	Men's Involvement (Agricultural and Irrigation Extension Workers)	

	Scheduled Activity	Achievements
	Train AEW in intervention areas	3 basic training sessions were held for 85 AEWs from Qena and Aswan governorates. This activity is not applicable for the urban communities of 6 th of October governorate. In Kafr El Sheikh governorate, Takamol will hand over this activity to the Sustainability Committee. This activity has been completed.
	Conduct monthly meetings with AEW	During monthly meetings in FY10, 21 refresher trainings were attended by 423 AEWs from Batch 8 - 12 communities in Luxor, Qena, and Aswan governorates. This activity is not applicable for the urban communities of 6 th of October governorate. This activity was completed in Batches 8 - 12. Monthly meetings for Batch 13 were previously conducted with the Project's earlier work in Luxor.
	Follow up on AEW seminars in intervention areas	2,513 seminars were conducted for 37,303 beneficiaries in Batch 8 - 12 communities in Luxor, Qena and Aswan governorates. This activity is not applicable for the urban communities of 6 th of October Governorate. This activity was completed in Batches 8, 9, and 10, and is in progress in Batches 11-13.
3.1.12	Literacy facilitators	
	Update AEA and NGOs' literacy facilitators training package to include MCH messages	This activity was completed in FY09.
	Development of Demography and Population literacy curricula.	Takamol continued the development of the Demography and Population literacy curriculum for adult education classes begun in FY09. During FY10, the curriculum's text and supporting pictures underwent further modification following a pilot testing phase. Recommended modifications were made and the text was sent to and received back from the final reviewer. The reviewer's changes were incorporated into the text resulting in a final copy. Takamol selected a printing house and is producing 3,000 copies of the curriculum to be delivered to the AEA for use in their national literacy program in FY11.
	Train literacy facilitators	4 trainings were held for 78 literacy facilitators from Batch 9, 11 and 12 communities in Luxor, Qena, and Aswan governorates. This activity will not be implemented in 6 th of October governorate communities (Batch 8 MCH center and Batch 10 Sheikh Zayed) or in Batch 13 for cost effectiveness. This activity has been completed in all batches.
	Follow up on literacy classes in intervention areas	14 literacy classes were opened for 318 participants in Luxor, Qena, and Aswan governorates. In total, 287 follow-up visits were conducted. This activity will not be implemented in 6 th of October governorate communities (Batch 8 MCH center and Batch 10 Sheikh Zayed) or in Batch 13 for cost effectiveness. Visits are conducted by Takamol specialists who follow up on literacy classes in each intervention community. Regular follow-up is also conducted by CDAs, project sub-office staff and local AEA representatives. This activity was completed in Batches 8 - 10 and in progress in Batches 11 and 12.
3.1.13	Couple communication	

	Scheduled Activity	Achievements
	Follow up on RRs in the implementation of couple communication seminars in intervention areas	27 couple counseling seminars for 535 participants were held in Batch 9 - 13 communities in Luxor, Qena, Aswan, and 6th of October governorates. Each seminar includes about 20 women and 20 men. This activity was completed in Batches 9, 10, 11, and 13 and is in progress in Batch 12.
3.1.14	CDAs/Community Activities	
	Orientation of Ministry of Social Solidarity district level officials about Takamol	2 orientation meetings were held with Luxor MOSS officials covering the Batch 13 clinic. This activity has been completed in all batches.
	Orientation of active CDAs in Takamol intervention communities	Oriented 3 CDAs from Batch 13 in Luxor governorate. This activity has been completed in all batches.
	Screening and assessing local CDAs	Screened and assessed 15 CDAs from Batches 12 and 13 in Luxor, Kafr El Sheikh and Aswan governorates. This activity has been completed in all batches.
	Selection of CDAs	Selected 10 CDAs from Batches 12 and 13 in Luxor and Kafr El Sheikh governorates. This activity has been completed in all batches.
	Receive proposals from CDAs	10 proposals were received from CDAs in Batches 12 and 13 in Luxor, Kafr El Sheikh, and Aswan governorates. This activity has been completed in all batches.
	Review proposals and submit to USAID	31 proposals from Batch 11 - 13 CDAs in Luxor, Qena, Kafr El Sheikh, and Aswan governorates were submitted to USAID for review. This activity has been completed in all batches.
	Obtain MOSS approval	10 CDAs from Batch 12 - 13 communities in Luxor, Kafr El Sheikh, and Aswan governorates obtained MOSS approval. This activity has been completed in all batches.
	CDAs sign agreements	31 CDAs in Batch 11 - 13 communities signed agreements in Luxor, Qena, Kafr El Sheikh, and Aswan governorates. This activity has been completed in all batches.
	Selection of CDA RRs	127 RRs were selected by CDAs from Batches 12 - 13 in Luxor, Kafr El Sheikh, and Aswan governorates. This activity has been completed in all batches.
	Training of CDA and MOH RRs	14 Training courses were conducted for 376 CDA and MOH RRs in Batches 11 & 12 from Qena and Aswan governorates. In addition, Batch 13 has completed this activity. This activity has been completed in all batches.
	Refresher training of CDA and MOH RRs	54 refresher training courses were held for 1,234 CDA and MOH RRs in Batches 8 - 13 from Luxor, Qena, Kafr El Sheikh, Aswan, and 6th of October governorates. This activity was completed in Batches 8 - 10 and is in progress in Batches 11 - 13.

	Scheduled Activity	Achievements
	Capacity building for CDA board members	6 board training courses were conducted for 151 CDA Board Members in Batch 11 & 12 communities throughout Qena, and Aswan governorates. In addition, Batch 13 has completed this activity. This activity has been completed for all batches.
	Implementing, monitoring, and reporting on CDA activities: home visits, seminars, etc.	At the end of FY10, 100% of CDA activities were completed in Batches 7 - 9 in Dakahlia; 6th of October, Aswan; and Luxor governorates. In Batch 10, 100% of activities were completed in Aswan governorate and 85% completed in 6th of October governorate. In Batch 11, 75% were completed in Qena and Aswan governorates; 75% in Batch 12 Aswan and Kafr El Sheikh governorates, and 50% in Batch 13 Luxor governorate. This activity was completed in Batches 7 - 9 and is in progress in Batches 10 - 13.
3.1.15	Collaborate with other agencies/projects/donors	
	Collaborate with NCW, NCCM on women and youth empowerment activities as applicable	Takamol trained NCW outreach workers in 6th of October governorate on home visits, communication and counseling skills, FP and optimal birth spacing. Collaborated with NCCM in their "Family Friends" program, which trains participants to conduct outreach worker activities. Takamol trained program participants on health messages.
	Collaborate with other projects and donors as applicable in intervention areas	Takamol provided technical assistance to employees of the National Council for Human Rights on topics related to violence against women and conducted a series of FGC seminars at the request of the Caritas office in Qena governorate. The Project also helped facilitate a strategic management, communication and leadership workshop for Ministry of Population and Family Affairs staff based in Cairo, and in Menya and Ismailia governorates in collaboration with CHL. In Qena governorate, one seminar on FGC was conducted in collaboration with the Center for Egyptian Women's Issues.
3.2	Sub-Result 3.2: Strengthened Interpersonal Communication Skills of PHC, Hospital, NGO and Outreach Workers	
3.2.1	Train PHC staff, and related hospital staff in communication skills and counseling (cross ref. result 1)	
3.2.2	Train PHC physicians and nurses, and MOH RR supervisors on simplified gender and RH rights manual	<i>This training has been integrated into the R1 training package starting with Batch 5.</i>

	Scheduled Activity	Achievements
3.2.3	Train MOH RR supervisors and mothakef sokany in intervention governorates on couple communication (TOT)	Completed in FY07.
3.2.4	Conduct leadership TOT in intervention governorates for MOH RRs	Completed in FY07.
4	Result 4: Improved MOH Capacity to Sustain Performance of Integrated MCH/FP/RH Services	
4.1	Sub-result 4.1: Increased Capacity of MOH Central Level Management Teams	
4.1.1	Coordinate and synchronize with MOH/PS, MCH, NPC and RCT workplans	Completed in FY07.
4.1.2	Provide TA to MOH Population and MCH sectors in developing results oriented workplans for 2008 and 2009	Completed in FY08.
4.1.3	Support MOH, NPC and RCT to review and update their strategic plans	Completed in FY09.
4.1.4	Assist MOH in activating the Steering Committee and forming working groups as needed and requested	
	Regular meetings with the steering committee	3 steering committee meetings were held in FY10 during which Takamol provided the committee with updates on project activities and discussed progress to date, steps taken to sustain project improvements and moves to replicate activities in non-project areas.

	Scheduled Activity	Achievements
	Meet regularly with the different WGs and train if requested by Steering Committee	During FY10, one Contraceptive Security WG meeting was held (See activity 4.1.6). No more planning meetings are scheduled with working groups. Implementation and follow-up meetings are now being carried out with concerned parties under the guidance of the FP sector head. This activity has been completed.
4.1.5	Negotiate win-win agreements with partners from other government ministries, agencies, NGOs and private sector	
	Meeting with the private sector to initiate social responsibility initiatives and increase their awareness	<p>CSR partnerships in FY10</p> <p>--The renovation of the Sheikh Zayed clinic in 6th of October governorate was funded by: Mentor Graphics, Procter & Gamble, Price Waterhouse Coopers, Cargill Trading Egypt and General Motors Egypt.</p> <p>--<u>Cargill</u>: A new dental unit, landscaping, and two shade pergolas were funded for the Sheikh Zayed clinic in 6th of October governorate.</p> <p>--<u>RWE Dea</u>: Renovations were completed for the two sponsored PHC clinics in Kafr El Sheikh governorate. The remaining balance of funds refurbished the dental unit in the Halafi clinic and financed shelves in the Dokmera clinic. A new MOU will finance 200 literacy classes in Kafr El Sheikh governorate and 200 classes in the Greater Cairo area. Half the total funds have been transferred.</p> <p>--<u>Banque du Caire</u>: The sponsored Al Hogayrat clinic in Qena governorate completed renovation and was opened with the Qena governor in attendance.</p> <p>--<u>Orascom Telecom</u>: The sponsored Al Akameya clinic in Aswan governorate completed renovation and an opening ceremony was held. The Company agreed to sponsor the purchase of the clinic's dental unit and an automatic washing machine. These purchases complete the identified basic needs of the clinic and allow it to seek accreditation as a Family Health Unit.</p> <p>--<u>The Mansour Group</u>: Takamol completed the construction of El Zinia Bahary clinic, a new PHC facility in Luxor governorate.</p> <p>--<u>Procter and Gamble</u>: The pilot phase and 1st year of expansion were completed for the initiative in which P&G and the AEA print health-based literacy books, distribute free samples of P&G products and teach hygiene-based health sessions. The MOU for new microfinance program "Woman to Woman" was signed, but has since been tabled due to a lack of local buy-in by sellers.</p> <p>-- Negotiations that increased corporate/private sector awareness of RH issues were held with Etisalat, CIB, Afia International Company and others.</p> <p>In total, \$507,538 in-cash and \$390,532 in-kind donations were leveraged in FY10.</p>
4.1.6	Assist MOH/PS achieve Contraceptive Security	

	Scheduled Activity	Achievements
	Provide TA as needed for the contraceptive security working group	<p>1 meeting was held with the CSWG. Technical assistance was given to compile and detail the specifications needed to upgrade the MOH central warehouse for FP commodities. Takamol also helped plan and then participated in the June 30 Contraceptive Security Workshop, which discussed the Contraceptive Security Procurement Manual. Workshop participants identified potential gaps in the contraceptive purchasing plan so as to minimize delays in purchasing and prevent subsequent declines in inventory levels.</p> <p>Takamol developed a documentation system to aid the Management Information System (MIS) in the FP sector. The Project designed and distributed a questionnaire to determine current MIS programming needs. Based on the results of the questionnaire, a workshop was held resulting in an action plan. The plan is being implemented to upgrade the software and coach MIS staff at district and governorate levels.</p> <p>Finally, Takamol helped plan and then participated in a coordination workshop for members of the NPC and FP sector. During the workshop, participants drew up an action plan to strengthen the collection, analysis and sharing of data between the MOH and the NPC.</p>
4.1.7	Increase the capacity of the MOH to strengthen the supervision system	
	Follow up and provide technical assistance to strengthen the new integrated supervision system	<p>Central MOH supervisors accompanied Takamol staff during the implementation of the "Leadership for Change Management" program (an integrated supervision activity) at the governorate and district levels. Because the quality of follow-up by central supervisors showed variations in performance, Takamol designed a capacity-building training session to review the concepts of integrated supervision, and focus on data analysis and report writing. In FY10, more non-Takamol districts were included in the Leadership for Change Management program as requested by the MOH. The FP department also selected a supervisor from each governorate to monitor both district and governorate teams on general performance and to make follow-up visits. The MOH is implementing the integrated supervision program independently, thus no further technical assistance is required. This activity has been completed.</p>
4.1.8	Replication of the integrated MCH/FP/RH services (cross reference 1.1.5)	

	Scheduled Activity	Achievements
	Provide technical assistance as needed and requested to the Replication Working Group to replicate the integrated model in collaboration with HSR and in accordance with MOHP strategy	<p>Takamol worked with the MCH department at the central level to review the implementation of the Maternal Mortality Surveillance System (MMSS) and Safe Motherhood Committees (SMCs) at all levels. Takamol provided TA in the development of a tool to examine the system within a given governorate, which is now being used in all intervention governorates. The MCH directorate also replicated use of the tool in two non-intervention areas (Helwan and Qalyoubia).</p> <p>The document containing Takamol-developed OJT tools and the integrated checklists were approved and institutionalized by the Primary Care sector. The MOH is using the OJT tools in the "Leadership for Change Management" program.</p> <p>The MOH approved a "National Team" leadership- training scheme proposed by Takamol. For this, a selected group of central MOH staff were to be taught to monitor and train district health officials, who in turn, would train medical staff in Primary Health Care clinics. Takamol developed candidate selection material, but the Ministry has decided to postpone this activity. Due to the short timeframe left on the project, Takamol has discontinued this activity.</p>
	Provide technical assistance as needed and requested by local governorate and district teams to replicate components of the model	The previously trained Aswan and Luxor district teams provided OJT to the Esna and Armant district teams as a part of their training activities. TA was provided to Qena Health directorate to help it adopt the fee structure and Takamol's model for clinic boards in units that are preparing for FHU accreditation. Based on a request from the Beni Suef governorate, the MOH and MOF reviewed the practices of spending from SIF and came up with issues that were not clarified in that governorate's SIF booklet. A committee was formed and solutions were developed with Takamol's assistance. Currently, all activities related to fee structures and SIF are pending the issuance of the new decree. Since Takamol cannot move forward on this issue, and no other help was requested, the project communicated to stakeholders it is not planning further assistance at either the district or governorate levels. This activity has been completed.
4.1.9	Support the maternal mortality surveillance system (MMSS)	Completed in FY07.
4.1.10	Assist MOH in implementing the Integrated Quality Performance Award system	Completed in FY09.
4.1.11	Increase the capacity to develop and automate the financial and inventory system.	
	Assist MOH relevant sectors in developing a training curriculum for inventory control	Completed in FY07.

	Scheduled Activity	Achievements
	Provide TA to MOH to link with MOF in making a national booklet on SIF rules and regulations	Technical assistance was provided to the Beni Suef MOH and MOF directorates to identify solutions involved with spending from SIF (See 4.1.8). Takamol initiated the drafting of a national booklet on financial rules and regulations for the SIF based on the proposed new decree. As a first step in the development of the booklet, a workshop was held in December 09. Writing and editing of the booklet continued in close collaboration with MOH and MOF representatives. During FY10/Q3, Takamol learned that the Minister of Health requested modifications to the proposed decree. As these changes are expected to directly impact the contents of the booklet, Takamol informed the MOH that delays in producing the final form of the decree may limit the Project's ability to produce/disseminate the booklet. Takamol agreed with the MOH to provide a prototype of the booklet that can be adjusted to reflect the modifications being made by the Minister. This prototype will be completed in FY11/Q1.
	Conduct workshops and develop manuals to help MOH disseminate the new performance award system based on requests from the steering committee	The new performance award system was drafted into proposed decree 239, which outlines fee structures and SIF rules and regulations. During FY10/Q3, Takamol learned that the Minister of Health requested modifications to the proposed decree. As these changes are expected to directly impact SIFs (and subsequently employee incentives at the PHC level) Takamol informed the MOH that delays in producing the final form of the decree have made it impossible to disseminate the new performance award system during the Project's lifetime.
4.1.12	Build the capacity of MOH to implement the in-service training developed by TAHSEEN as a way to sustain and replicate the model in intervention areas (cross reference result 1.2.4)	Completed in FY09.
4.1.13	Provide additional technical assistance to NPC	Completed in FY09.
4.1.14	Provide additional technical assistance to RCT	Completed in FY09.
4.2	Sub-Result 4.2: Increased Capacity of MOHP Governorate and District Level Management Teams	
4.2.1	Increase the capacity to develop result oriented integrated action plans at all levels	

	Scheduled Activity	Achievements
	Provide training to FP and MCH governorate and district level staff on integration supervision and leadership skills	3 integrated supervision training courses were conducted for 108 participants from 6 districts in Batches 11 and 12 in Qena, Kafr El Sheikh, and Aswan governorates. The district team of Batch 13 received this training during the project's earlier work in Luxor governorate. This activity has been completed for all batches.
	Coaching district level staff in intervention areas to master the integrated supervision and coaching skills	131 OJT coaching visits were conducted with 14 district teams in Batches 7, 8, 10, 11 and 12 in Qena, Kafr El Sheikh, Aswan, Dakahlia, and 6th of October governorates. As Batch 9 district teams in Luxor governorate already have the capacity to perform clinical and managerial coaching, Takamol was waiting for the issuance of the new decree to decide their further OJT needs. The decision was made to no longer wait for the pending decree and complete this activity in Batch 9. The Batch 13 district team received coaching during the project's earlier work in Luxor governorate and is thus considered complete. This activity has been completed in Batches 7, 8, 9, 10, and 13 and is in progress in Batches 11 and 12.
	Assist governorate and district level staff develop Integrated District Plans (IDPs) in intervention districts	In total, 8 IDP trainings were held for 267 participants from 14 district teams in Batches 7, 8, 10 and 11 in Qena, Kafr El Sheikh, Aswan, Dakahlia, and 6th of October governorates. The Batch 13 district team received this training during the project's earlier work in Luxor governorate and is thus considered complete. This activity has been completed in all batches.
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	

	Scheduled Activity	Achievements
	<p>Conduct meetings with the regional population councils in intervention governorates</p>	<p>Eight SCs held a total of 47 meetings. Qena's SC did not meet due to obstacles related the the weak commitment of officials in this governorate. SCs are overseeing the replication of Takamol activities in 97 non-intervention units and the MOSS has given 62 NGOs a total of \$46,829 to continue Takamol's community mobilization activities.</p> <p>Other SC activities include:</p> <ul style="list-style-type: none"> -- a training of religious leaders by physicians to start health awareness activities in 16 communities in 6th of October governorate, -- visits to different clinics by 10 groups from the Beni Suef MOE and MOY who were trained on how to disseminate health messages, -- a tool created by the SC in Sharkia governorate to assess and evaluate the effect of replication activities on clinic indicators, --the appointment by the Luxor SC of a new monitoring and evaluation officer for SC work. The MOF also trained all clinic personnel who deal with finances, --the distribution of 250 hard copies of financial guidelines to clinics in Kafr El Sheikh governorate and to all replicated clinics in Aswan. The guidelines assist doctors in replication areas to use available resources, --the opening of 200 literacy classes in Desouk district by Kafr El Sheikh 's AEA, --the appointment of 250 women by the Kafr El Sheikh MOSS to work in collaboration with MOH. --quarterly plans prepared by replication districts as well as several youth campaigns organized in Dakahlia governorate. <p>No further technical assistance has been requested from Takamol by the SCs. Accordingly, this activity has been completed.</p>
	<p>Provide TA workshops to assist these councils develop steps to sustain and replicate the model</p>	<p>SC members conducted workshops with their respective governors to outline SC achievements and receive recommendations. During FY10, workshops were held in Beni Suef, Sharkia, Luxor, Kafr El Sheikh, Dakahlia, and Aswan governorates.</p> <p>Takamol developed training courses to build the capacity of SCs. Three SCs (Beni Suef, Luxor, and Kafr El Sheikh) received the "Management Development Program." Four SCs (Beni Suef, Aswan, Luxor, Kafr El Sheikh) received training in Corporate Social Responsibility.</p> <p>A TOT program for the promotion of health messages among other SC ministries was also established. The TOT course was held for district level representatives from the Ministries of Health, Youth, Education, and Social Solidarity in the governorates where the SCs are active has been completed. This activity is in progress in 6th of October, Beni Suef, Sharkia, and Dakahlia governorates.</p>

	Scheduled Activity	Achievements
4.2.3	Strengthen governorate-level SMCs in Upper Egypt and activate SMCs in Lower Egypt in intervention governorates and districts	
	Train governorate and district SMCs in Lower Egypt on MCH/FP/RH issues and on how to use the MMSS	In Kafr El Sheikh governorate, one SMC training was conducted for 34 participants from Kafr El Sheikh district.
	Conduct refresher training for SMC governorate and district teams in LE	Based on data from the developed MMSS tools (4.1.8), refresher training courses and OJT visits were implemented for SMC governorate and district teams in LE. Two refresher trainings were conducted for SMC teams in Ismailia, Sharkia, Kafr El Sheikh, and Dakahlia governorates. While initially conducted as refresher training, toward the end of FY10 this activity took the form of coaching visits. A total of 19 OJT visits were made to Ismailia, Sharkia, Kafr El Sheikh and Dakahlia governorates. Visits to Ismailia were phased out this year. The other governorates will continue to receive SMC OJT visits during FY11/Q1.
	Conduct regional SMC workshops in LE	No activities took place during FY10. OJT is being used as a replacement for the regional meetings as it is currently the most effective methodology to sustain improvements.
	Orient governorate and district SMCs in Upper Egypt on their new expanded role for FP/RH	6 SMC orientation courses were conducted for 340 governorate and district SMC participants from Batches 8, 10, 11 and 12 from Qena, Aswan, and 6th of October governorates. Batch 13 SMCs were trained as part of the project's earlier work in Luxor governorate, thus is complete. While initially conducted as refresher training, toward the end of FY10 this activity took the form of coaching visits. 3 SMC coaching visits were made to each of the following UE governorates: Beni Suef, 6th of October, Luxor, Aswan, and Qena. This activity is completed in Batches 8, 10, 11, 12, and 13.
	Conduct regional SMC workshops in UE.	To respond to MOH requests for further training of SMCs in UE, Takamol implemented one refresher course in Beni Suef governorate. OJT visits for SMC governorate and district teams were made to Beni Suef, Aswan and 6th of October governorate. OJT is being used as a replacement for the regional meetings as it is currently the best methodology to sustain improvements. A second visit was made to 6th of October governorate to introduce the MMSS and establish a functioning MMSS there.
	Link the SMCs at the governorate and district levels with city councils and governorate popular councils and orient them on how to address issues of common interest	Discontinued in FY08

	Scheduled Activity	Achievements
4.2.4	Increase the capacity of MOHP to work with Ministry of Finance to effectively respond to the needs of the service providers	
	Hold initial district level meetings between MOH and MOF to facilitate the smooth financial system operation in each district where the project intervenes, and subsequent follow up meetings as needed	7 SIF training sessions were conducted for 197 participants in Batch 6, 7, 8, 10, 11, and 12 communities in Qena, Aswan, Dakahlia, and 6th of October governorates. Luxor district team, previously oriented on the SIF as part of Batch 4 activities, was made responsible for implementation of this activity in Batch 9. In Batch 5, the Kafr El Sheikh governorate team replicated the SIF training for the four remaining districts. In testament to the effectiveness of this training, pre-intervention assessments of the 2 Batch 12 clinics in Kafr El Sheikh governorate revealed no need for further SIF training. Due to Takamol's previous work with district teams in Luxor governorate, the El Zinia district team will conduct the SIF training for Batch 13 and is thus considered complete. This activity has been completed in Batches 5, 6, 7, 8, 9, 10, 11, 12 and 13. This activity has been completed in all batches.
	Sub-Result 4.3: Increased Capacity of Health Facility Teams	
4.3.1	Increase the capacity of health facilities to work with community	
	Training in clinic management for PHC unit staff (cross reference result 1)	See 1.2.1
	Training in hospital management for the hospital staff & SMC teams (cross reference result 2)	See 2.1.3
	Form/reactivate facility boards (cross reference result 1 & 2)	See 1.2.2 and 2.1.3.4
	Train facility boards (cross reference result 1 and 2)	See 1.2.2 and 2.1.3.4
	Provide OJT to make sure that skills and behaviors are well practiced to facility teams (cross reference result 1 & 2)	See 1.1.2 and 2.1.3.2

	Scheduled Activity	Achievements
4.3.2	Support management boards of intervention facilities to maximize the utilization of available resources from the SIF and MOHP budget	
	Orient facility staff/board on how to best utilize the SIF and MOHP available resources	Takamol and the MOH developed a plan to strengthen clinic resource utilization. In the resulting Board Exchange program, clinic boards (project and replication) compete to be selected as the "best" clinic board. This healthy competition gives the MOH at the central and governorate levels an understanding of the value of boards in improving the FP/MCH services and general health care in communities. Following an orientation for all intervention governorate MOH undersecretaries, district teams, and district teams from Beni Suef replicating the model, Takamol conducted 42 board exchange training courses for 147 clinics in 38 districts in Ismailia, Beni Suef, Sharkia, Luxor, Qena, Kafr El Sheikh, and Aswan governorates. This activity is ongoing in all areas.

Replication and Sustainability

Following the Takamol model, 32 non-intervention health clinics in two governorates held democratic elections for clinic and community representatives to serve on clinics' boards of directors. In coordination with the governorates' Sustainability Committees, district teams oriented clinics staff members on the Takamol model and assisted clinics to hold elections. District teams then oriented new members to the roles and responsibilities involved with board membership. Takamol field staff received verification of replicated and sustained activities through signed and stamped documentation submitted to the Project.

Luxor governorate:

- 2 clinics in Armant district
- 3 clinics in Korna district
- 3 clinics in Esna district,
- 1 clinic in El Zania district

Aswan

- 23 clinics in Aswan district

Luxor governorate

- Korna district team trained two non-Takamol clinic teams on the core concepts of the project's Clinic Management training.
- The Bandar district team is conducting OJT visits to the non-project clinic of Sheikh Mousa. The district team is supervising and following up on this clinic using the same OJT tools (SIF forms, clinic performance checklist etc.) as those for Takamol intervention clinics.
- Armant district team conducted training on integrated supervision and management in Shakira clinic- a non-intervention unit.
- In Esna district, two clinics Gezira Rogeh and Sheikh Ahwad received management training by district team members.
- The El Zania district team conducted management training in El Ashy medical center.

Sharkia governorate

- Ten non-intervention clinics in the Abou Kebeer district in Sharkia governorate adopted Takamol's OJT tools such as clinic performance checklists and Service Improvement Fund forms.

Aswan governorate

- Four non-Takamol clinics in Aswan governorate replicated the Project's use of Service Improvement Funds (SIF) to increase the clinics' access to local resources. In the Aswan district of Kom Ombo, clerks from four Takamol clinics taught colleagues from four non-project clinics how to use a shared bank account, cash checks and apply for loans needed for equipment to meet accreditation standards.

6th of October governorate

- The 6th of October governorate team and the Family Health central supervisor conducted a 1-day Leadership training from supervisors from the two non-Takamol

districts of El Hawamdeya and Abo El Nomrose. District supervisors were trained in key aspects of the program including: leadership skills, planning, the MOH's Family Health model and Family Planning.

Dakahlia governorate

- District Supervisors in Talkha and the non-project district of Gamalia monitor activities in 22 non-project clinics with Takamol OJT materials such as clinic performance checklists, Service Improvement Fund forms and the collection of monthly board meeting minutes.

Kafr El Sheikh

- District supervisors in Desouk and Metobas districts conducted 2-day training courses on clinic management and SIF utilization in 22 non-intervention clinics. Teams oriented facility staff/board members on how to best utilize the SIF and available resources within the MOH.

Monitoring and Evaluation

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

Table 1 illustrates the number of training events, numbers of attendees, and percent of knowledge increase among participants from selected training courses conducted during FY10. The most significant increase was shown in FLE training, with a percentage increase of 183%.

Table 1. Knowledge increase in the following selected FY10 training courses*

Training Course	Target Group	# of events	# of attendees	% Incr.
Integrated FP/RH/MCH training for PHC nurses	PHC level nurses	9	154	59
PHC Lab Technician Training	PHC Lab Technicians	5	51	113
Safety and Maintenance training	PHC unit staff	13	219	45
PHC ultrasound training	PHC level physicians	8	66	63
Agriculture Extension workers training	Agriculture workers	3	85	113
Capacity building for CDA board members	CDA board members	6	151	181
Leadership step-down	Community women	30	650	110
Egyptian Women Speak Out	Community women	43	1019	38
Shabab Takamol Week	Youth	38	950	32
FLE trainings	FLE facilitators	1	16	183
Literacy facilitators training	Literacy facilitators	4	78	158
Religious Leaders training	Religious leaders	4	78	82
Integrated Approach for clinic Management and Supervision (Phase I)	PHC unit staff	5	189	55
Integrated Management for Health unit board (Phase I)	PHC unit board	9	376	102
Integrated Management for Health unit board (Phase II)	PHC unit board	10	364	94
Integrated district planning	District teams	8	267	122
Integrated supervision training	District teams	3	108	148
SIF training course	District, finance & health directors & PHC board members	7	197	138
SMC training course	Physicians, Nurses, RRs and Admin. staff	7	374	103

*training courses counted are those available in the M&E system to date of this report.

Table 2 describes achievements of the quarterly measured PMP indicators along with the project's targets for each one.

Table 2. Relevant indicators from Takamol's PMP during FY10

Indicator	FY10 Progress	Progress to date	Target as of end of FY10	LOP Target	Comments
Output Indicators					
Ind 5. Number of PHC units where average number of postpartum care (PPC) home visits per delivered woman ≥ 3	39	149	160	160	<ul style="list-style-type: none"> • FY10 Target equals 90% (43) of the project's remaining intervention clinics (48) during FY10. • With the exclusion of the newly established Luxor MCH center in indicators #5, 6a, 6b, 6c, and 2, the LOP target is now 160 due to the unavailability of baseline data. Service statistics do not allow for the calculation of these indicators in this clinic. • Achievement of the targets for indicators #5, 6b and 6c is identified as a challenge to the project (see challenges section). • LOP Target' equals 90% of the project's intervention clinics, which is 161 out of a total of 179 PHC clinics.
Ind 6a. Number of PHC units that reported 5% or more increase in the total caseload	41	176	160	160	
Ind 6b. Number of PHC units that reported 5% or more increase for new FP users (age <30 and parity ≤ 2)	34	157	160	160	
Ind 6c. Number of PHC units that reported 5% or more increase for new ANC users (age <30 and parity ≤ 2)	38	145	160	160	
Ind 7. Number of PHC units with quality score of health services $\geq 80\%$	41	177	161	161	
Ind 9. Number of PHC units where at least 40% of the clients received 2 or more MCH/FP/RH services during the same visit	37	174	161	161	

Indicator	FY10 Progress	Progress to date	Target as of end of FY10	LOP Target	Comments
Ind 12. Number of quarterly governorate SMC meetings conducted to review MMSS data and develop self-improvement plans	15	48	32	32	<ul style="list-style-type: none"> With the exclusion of Gharbia and Fayoum Governorates, the LOP target #12 is now 32 instead of the 40 as per the PMP.
Ind 13. Number of hospitals with an average quality score of EOC, neonatal care, PPC/PAC and FP/RH services \geq 80%	3	21	19	19	<ul style="list-style-type: none"> The activities in all 21 intervention hospitals were completed and achieved their targets. Accordingly, no FY10 targets were set for hospital indicators.
Ind 14. Number of hospitals where at least 80% of the PAC and PPC clients received family planning counseling	1	21	19	19	
Ind 17. Number of PHC Units that have an active referral system	20	135	150	150	Excluding Luxor MCH center and clinics in Wahat and poor urban areas, LOP target for #17 is 150 instead of 161 (refer to memo USAID dated 11/4/2008). This is identified as a challenge to the project (see challenges section).
Ind 19. Resources leveraged (cash and in-kind) through the establishment of corporate/NGO/public sector and individual partnerships supporting health services, as a proportion of the operational expenses of the project (US\$)	US\$1,975,625 (5.9% of total LOP operational expenditure)	US\$6,770,827 (20.2% of total LOP operational expenditure)	11% of total LOP operational expenditure	11% of total LOP operational expenditure	This indicator has exceeded the project's LOP target due to trust of funding organizations in the project's management of CSR work.

Indicator	FY10 Progress	Progress to date	Target as of end of FY10	LOP Target	Comments
Ind 20. Percent of MOH staff at all levels who received capacity building training by the project	58%	155%	80%	80%	This indicator has exceeded the project's LOP target as physicians' turnover exceeded the project's expectations, thus more physicians were trained and were not included in the calculated original target. Also, MOH officials sent more staff to receive Takamol trainings than those calculated in the target.
Ind 21. Number of facilities/communities where MOH local authorities have replicated project interventions	97 units/ communities	394 PHC units/ communities and 5 hospitals	9 PHC units/ communities and 3 hospitals	9 PHC units/ communities and 3 hospitals	
Ind 22. Number of PHC unit and hospital management boards established /reactivated that meet regularly and work in support of MCH/FP/RH quality and integration in project intervention areas	44 PHC unit boards	174 PHC units and 20 hospitals boards	134 PHC units and 19 hospitals boards	149 PHC units and 19 hospitals boards	After the adjustment of FY10 targets and with the exclusion of Luxor MCH center, LOP target for PHC clinics equals 75% of the project's intervention clinics which is 134 out of a total of 179 PHCs.
Ind 23. Number of health facilities that utilize at least 10% of SIF revenues (1/4 of the service improvement line item) to pay for facility improvement	21 PHC units and 4 hospitals	124 PHC units and 19 hospitals	120 PHC units and 19 hospitals	120 PHC units and 19 hospitals	

Indicator	FY10 Progress	Progress to date	Target as of end of FY10	LOP Target	Comments
Outcome Indicators					
Ind 2. Number of PHC units achieving 3% improvement in couple years protection (CYP)	30	121	160	160	With the exclusion of Luxor MCH center, LOP target for this indicator is 160 instead of 161. Achievement of #2 is seen as a challenge to the project (see Challenges section)
Ind 8. Number of PHC units where the average client satisfaction score is ≥ 80%	43	166	161	161	
Ind 15. Number of hospitals where the percent of Neonatal Care Unit (NCU) surviving cases increased by ≥ 1.2%	2	18	17	17	The activities in all 21 intervention hospitals were completed and achieved their targets. Accordingly, no FY10 targets were set for hospital indicators.
Ind 16. Number of hospitals where the average clients' satisfaction score ≥ 80%	2	21	19	19	
Ind 18. Percent improvement in community participants' knowledge of key MCH/FP/RH messages	54%	N/A	≥ 20% (Pre/Post tests for community mobilization training/events)	≥ 20% (Pre/Post tests for community mobilization training/events)	

Tables 3 and 4 show CDA activities, including home visits by outreach workers, referral of women to PHC clinics, health awareness classes and seminars, EWSO, literacy classes and Shabab Takamol Weeks.

Table 3. CDA outreach worker home visits

Activity	Value FY10
Number of home visits accomplished	144,993
Number of women met	182,226
Number of women referred to PHC clinics	107,959
% of women referred to PHC clinics	59%

Table 4. CDA activities

Activity	FY10	
	# conducted	# attendees
Seminars	305	9,522
Shabab Takamol week	45	970
Health awareness classes	55	1,305
EWSO	65	1,316
Literacy classes	14	318

Table 5 gives the final numbers available in the M&E system for the project's operational indicators during FY10. It is important to note that the final number of trainees is less than the sum of the quarterly figures because the system only counts an individual once, even if that person is involved in the activity in two different quarters.

Table 5. OP indicators

Indicator	FY10 progress	FY10 target
Number of people trained in FP/RH	9,177	3,757
Number of people trained in maternal and/or newborn health and nutrition care	3,146	3,256
Number of health facilities rehabilitated	31	31
Amount of in-country public and private financial resources leveraged (US\$)	1,975,625	1,003,000

As per its agreement with USAID, Takamol tracks follow-up M&E data on 15% of hospitals from previous intervention areas. Table 6 shows the previous intervention hospitals' capacity to maintain Project improvements over time.

Table 6. FY10 indicators of phased out intervention hospitals

Indicators	7 quarters since phase out Hospitals: Batches 1 & 3	At least 1 quarter since phase out Hospitals: Batches 5 & 7
Average per cent of quality of health services	87	90
Avg. per cent of clients' satisfaction scores	87	89
Avg. per cent of the PAC and PPC clients who received family planning counseling	95	88
Avg. per cent increase of Neonatal Care Unit (NCU) surviving cases	4.5	1
Average per cent of service improvement fund expenditures	43	87

Takamol also tracks follow-up M&E data on 15% of PHC units from previous intervention areas. Table 7 shows the previous intervention PHC units' capacity to maintain Project improvements over time.

Table 7. FY10 indicators of phased out intervention PHC units

Indicators	At least 9 quarters since phase out Batches 1 & 2	7 quarters since phase out Batches 3 & 4	6 quarters since phase out Batch 5	4 quarters since phase out Batches 6 & 7	1 quarter since phase out Batches 8 & 10
Average percent of quality of health services	92	94	90	93	91
Avg. percent of clients' satisfaction scores	86	88	83	90	94
Avg. percent increase in total caseload compared to baseline data	62	59	210	60	125
Average percent of service improvement fund expenditures	30	28	95	35	28
Average PPC home visits per woman post delivery	3	3	4	4	4

As part of Takamol’s comprehensive Monitoring and Evaluation approach, Takamol conducts pre- and post-intervention Household (HH) surveys in selected communities. The results shown in table 8 illustrate the change in six project indicators from a pre/post intervention sampling of 3600 households in fifteen communities finalized during FY10. The post intervention surveys were conducted approximately one year after initiation of project activities.

Table 8. Household Survey Indicators**

Modern Contraceptive methods Prevalence Rate (CPR)				
Community	Pre	Post	Value	Target
El Hobeil	56%	60%	7%	% increase \geq 2-5%
Gad El Karim	69%	69%	1%	
Kebly Kamoula	50%	61%	24%	
Nagaa Al Khotabaa	74%	74%	0%	
Nagaa El Daman	55%	58%	5%	
Salem Mekky	60%	61%	2%	
El Nadafeen	57%	63%	9%	
Al Ismalilia	61%	66%	8%	
Fetera	63%	65%	2%	
El Edwa	52%	71%	36%	
El Masaeed	54%	57%	6%	
Salwa Kebly	65%	66%	3%	
Karam El Deeb	42%	43%	3%	
Ezbet El Arab	71%	73%	2%	
El Sedkia	48%	53%	10%	

Percent of mothers with children less than 12 months who reported making 4 or more ANC Visits to the PHC Unit During their last pregnancy				
Community	Pre	Post	Value	Target
El Hobeil	0%	56%	N/A(Pre =0)	% increase \geq 7%
Gad El Karim	0%	47%	N/A(Pre =0)	
Kebly Kamoula	0%	63%	N/A(Pre =0)	
Nagaa Al Khotabaa	0%	91%	N/A(Pre =0)	
Nagaa El Daman	0%	89%	N/A(Pre =0)	
Salem Mekky	0%	51%	N/A(Pre =0)	
El Nadafeen	0%	81%	N/A(Pre =0)	
Al Ismalilia	0%	77%	N/A(Pre =0)	
Fetera	16%	49%	206%	
El Edwa	0%	81%	N/A(Pre =0)	
El Masaeed	0%	55%	N/A(Pre =0)	
Salwa Kebly	0%	90%	N/A(Pre =0)	
Karam El Deeb	0%	76%	N/A(Pre =0)	
Ezbet El Arab	0%	48%	N/A(Pre =0)	
El Sedkia	0%	55%	N/A(Pre =0)	

Percent of births attended by a skilled provider				
Community	Pre	Post	Value	Target
El Hobeil	72%	100%	38%	% increase >=2.8%
Gad El Karim	70%	100%	43%	
Kebly Kamoula	59%	98%	65%	
Nagaa Al Khotabaa	50%	100%	100%	
Nagaa El Daman	51%	97%	89%	
Salem Mekky	63%	98%	56%	
El Nadafeen	60%	100%	67%	
Al Ismalilia	29%	97%	234%	
Fetera	45%	100%	124%	
El Edwa	57%	98%	72%	
El Masaeed	15%	100%	586%	
Salwa Kebly	46%	100%	118%	
Karam El Deeb	35%	100%	184%	
Ezbet El Arab	34%	100%	193%	
El Sedkia	54%	100%	84%	

Percent of MWRA that were visited at home in last 6 months by an outreach worker (RR)			
Community	Pre	Post	Target
El Hobeil	18%	90%	Visit >=70% of the MWRA in the 6 months prior to the survey
Gad El Karim	28%	88%	
Kebly Kamoula	39%	95%	
Nagaa Al Khotabaa	34%	99%	
Nagaa El Daman	36%	97%	
Salem Mekky	19%	58%	
El Nadafeen	36%	83%	
Al Ismalilia	8%	98%	
Fetera	7%	81%	
El Edwa	6%	100%	
El Masaeed	13%	92%	
Salwa Kebly	2%	95%	
Karam El Deeb	13%	98%	
Ezbet El Arab	28%	60%	
El Sedkia	16%	79%	

Percent of MWRA who were referred to PHC unit by an outreach worker (RR)				
Community	Pre	Post	Value	Target
El Hobeil	63%	92%	45%	% increase >=20%
Gad El Karim	65%	77%	19%	
Kebly Kamoula	32%	96%	200%	
Nagaa Al Khotabaa	32%	97%	205%	
Nagaa El Daman	61%	97%	60%	
Salem Mekky	11%	44%	292%	
El Nadafeen	64%	95%	48%	
Al Ismalilia	38%	61%	61%	
Fetera	47%	58%	23%	
El Edwa	18%	97%	448%	
El Masaeed	86%	88%	3%	
Salwa Kebly	17%	97%	480%	
Karam El Deeb	20%	99%	396%	
Ezbet El Arab	4%	78%	1957%	
El Sedkia	47%	94%	102%	

Percent improvement in community participants' knowledge of key MCH/FP/RH messages				
Community	Pre	Post	Value	Target
El Hobeil	50%	90%	81%	% increase >=10%
Gad El Karim	76%	94%	23%	
Kebly Kamoula	35%	93%	166%	
Nagaa Al Khotabaa	27%	100%	267%	
Nagaa El Daman	75%	93%	24%	
Salem Mekky	100%	100%	0%	
El Nadafeen	100%	100%	0%	
Al Ismalilia	29%	94%	229%	
Fetera	67%	77%	16%	
El Edwa	0%	98%	N/A(Pre =0)	
El Masaeed	50%	96%	93%	
Salwa Kebly	0%	97%	N/A(Pre =0)	
Karam El Deeb	32%	99%	215%	
Ezbet El Arab	0%	92%	N/A(Pre =0)	
El Sedkia	50%	100%	100%	

**Percentages listed in the above HH survey tables are in their approximated form.

Challenges

During FY10, the challenges listed below are the major hindrances to sustainability efforts as well as achieving PMP indicator targets.

Challenges to sustainability:

- The periodic turnover of PHC doctors, particularly female doctors, has reduced staff coverage at clinics to 1 doctor per 2-3 facilities in Upper Egypt governorates. Moreover, in remote areas, district teams were incomplete. More time and effort were required for Takamol to work in areas with high turnover rates, especially when turnover of district supervisors compounded the problem. In these areas, Takamol extended the period of OJT or placed it on hold, to accommodate these challenges and give intervention clinics/supervisors the opportunity to produce measurable changes in the quality and delivery of integrated services. Even with these modifications, the level of change may not reach the levels attained in other areas where the project had intervened earlier.
- The project was also affected by differing focuses within the MOH and a slower work pace which delays some activities or interventions. Approval for the pending new decree has been stymied by other MOH priorities and delays associated with obtaining approval from all involved MOH departments. The issuance of the new MOH decree has affected the development of the financial booklet, which was based on the anticipated changes in decree 239. The project has already discussed this issue with MOH staff in the Primary Care sector to inform them of the Project's time constraints.
- Sustainability Committees were hindered in replicating Takamol activities by the chronic changes of key committee members. In FY10/Q2, MOH undersecretaries in numerous governorates changed, while in earlier months secretary generals also changed in several intervention areas. The SC officials who were retired or transferred had already received months of Takamol training in leadership and management. These changes caused activities within the SC to halt until newcomers were familiarized with project goals and accomplishments. Newcomers were not always as enthusiastic as the officials they replaced, so additional time and patience was needed to bring them up to speed. This was particularly evident with the Qena Sustainability Committee where there has been a high turnover of personnel in both the governorate secretary general and undersecretary of health positions.
- An ancient blood feud which erupted in Qena governorate had made implementation of Takamol activities a challenge. The Batch 11 Al Hogaryat community was the site of rigid tribalism and a history of revenge among certain families. When Takamol contemplated working in Al Hogaryat, it was told revenge killings in the area ended years ago. Shortly after renovations began, the feud revived. In April community mobilization work was affected by a dramatic escalation of violence with more than 20 deaths. This had repercussions on home visits by outreach workers, seminars, plays and other community activities. The situation has since calmed and Qena governor Magdy Ayoub brokered a permanent among family leaders shortly before the clinic's opening ceremony.

Challenges to PMP indicators:

- The attainment of Takamol’s End of Project (EOP) target for couple year protection was challenged by a decline in the use of IUDs. The couple year protection (CYP) indicator measures the estimated protection provided by family planning methods during a one-year period, based upon all contraceptives sold or distributed during that time. A decline in the use of IUD’s, which have a longer protective effect, will subsequently decrease the CYP. This decline in IUDs used has been documented by the Demographic Health Survey in recent years. Clients have shifted their preferences from IUDs to injections and oral contraceptives. Within Takamol, this was especially noticed in clinics where a male doctor provided the service. The project was thus challenged with the unavailability of a female doctor to insert IUDs for clients. To make up for such an obstacle, MOH uses mobile clinics with female physicians but the numbers of IUDs distributed were not added to the PHC distributed methods
- Attaining targeted increases for new family planning and antenatal users proved to be a challenge due to an inherent conflict between the two. If the percentage of family planning users goes up in Takamol intervention areas, then the number of those needing antenatal care will decrease since fewer women will be having children. The indicators for family planning and antenatal care measure the number of PHC units that reported a 5% or more increase for new users under 30 years old and with two or less children. Neither of the two indicators were achieved for Life of Project (LOP) targets. The indicator measuring family planning showed greater progress (152 of 179 clinics have achieved the target), reflecting Takamol’s continuing efforts to reach younger women with low parity.
- Despite extensive training on the referral process, clinics in Upper Egypt received little to no feedback from hospitals on cases they initially treated. When patients go from the clinic to the hospital, they take referral forms which hospital physicians are to fill out with diagnoses and treatment so the clinic can follow up later. But in the hospitals these patients were often seen by specialists who transferred them into private care. The fact that clinics received a minor amount of feedback was encouraging, but the private sector absorption of patients with no referral follow-up affected the Project’s indicator assessing the number of PHC clinics with an active referral system.

Appendices

Renovation Summary FY10

PHC Units

Activity	FY10				
	Q1	Q2	Q3	Q4	Total
Number of screened facilities	-	-	-	-	0
Number of assessed facilities	-	-	-	-	0
Number of selected facilities	-0	-	-	-	0
Number of facilities that started renovation process	-	-	-	-	0
Number of facilities that completed renovation	17	12	2	-	31
Number of equipped facilities	16 ¹	16	2	-	34

Hospitals: all renovations activities were completed in FY09

¹ FY10/Q1 mistakenly reported 18 facilities equipped

Renovation Status Tables – Project to date

Renovation Table FY06

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

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

Renovation Table FY07

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
07	2	Qalyoubia	LE	UHC (urban)	El Kablat	FY07/Q1	Complete	FY07/Q3
07	2	Giza	UE	RHU	El Zabou	FY07/Q1	Complete	FY07/Q4
07	2	Giza	UE	MCH	El Wahat MCH	FY07/Q1	Complete	FY07/Q4
07	2	Giza	UE	RHU	Qebala	FY07/Q1	Complete	FY07/Q4
07	2	Giza	UE	Hospital	El Wahat El Baharia District Hospital	N/A		

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

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

Renovation Table FY08

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

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
08	5	Kafr El Sheikh	LE	Hospital	El Hamoul District Hospital	FY07/Q4	Complete	FY08/Q2
08	5	Kafr El Sheikh	LE	Hospital	Baltim District Hospital	FY07/Q4	Complete	FY08/Q2
08	6	Aswan	UE	RHU	Behreef	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	Nagaa El Mouklaa	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	El Kobania	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	Gharb Saheel	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	El Akaab	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	RHU	Gazirat Aswan	FY07/Q4	Completed	FY08/Q4
08	6	Aswan	UE	Hospital	Edfo District Hospital	N/A		
08	6	Aswan	UE	Hospital	Kom Ombo District Hospital	N/A		
08	6	Aswan	UE	Hospital	Darao District Hospital	N/A		
08	6	Aswan	UE	Hospital	Nasser El Noba District Hospital	N/A		
08	7	Qena	UE	RHU	El Demokrate	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Mahameed Bahary	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Rozikat Qebly	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Halla	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	Zarnikh	FY08/Q2	Completed	FY09/Q2
08	7	Qena	UE	RHU	El Nougoaa Qobly	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	Teraa Nasser	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Adayme	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Karaya	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	Asfoon	FY08/Q2	Completed	FY08/Q4
08	7	Qena	UE	RHU	El Maalla	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	LE	RHU	Meet Antar	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	LE	RHU	Sherinkash	FY08/Q2	Completed	FY08/Q4
08	7	Dakahlia	LE	RHU	Maasarah	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	Rahmaniya	FY08/Q2	Completed	FY09/Q2
08	7	Dakahlia	LE	RHU	El Marsah	FY08/Q2	Completed	FY09/Q2

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

Renovation Table FY09

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
09	9	Luxor	UE	MCH	Luxor MCH Center	FY08/Q4	Completed	FY09/Q4

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
09	9	Luxor	UE	RHU	El Daman	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	Gad Al Kareem	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	Salem Meky	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	El Nadafeen	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	El Qebly Gamola	FY08/Q4	Completed	FY10/Q1
09	9	Luxor	UE	RHU	El Odisat Bahary	FY08/Q4	Completed	FY09/Q4
09	9	Luxor	UE	RHU	El Habeil	FY08/Q4	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Sedgiya	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Ezbet El Arab	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Ismailia	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Karm El Deeb	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Edwa	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Fatera	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	Selw Qebly	FY09/Q1	Completed	FY09/Q4
09	10	Aswan	UE	RHU	El Masaeed	FY09/Q1	Completed	FY10/Q1
09	10	6 th of October	UE	MC	Sheikh Zayed	FY09/Q1	Completed	FY10/Q1
09	11	Aswan	UE	RHU	Hager Al Bosilya	FY09/Q2	Completed	FY10/Q3
09	11	Aswan	UE	RHU	El Awadlab	FY09/Q2	Completed	FY10/Q3
09	11	Aswan	UE	RHU	El Shourafa	FY09/Q2	Completed	FY10/Q3
09	11	Aswan	UE	RHU	Naga Heikl	FY09/Q2	Completed	FY10/Q3
09	11	Aswan	UE	RHU	Abou Ebni	FY09/Q2	Completed	FY10/Q3
09	11	Aswan	UE	RHU	El Hag Zidan	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Shikhia	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Kalaa	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Zafria	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Kalaheen	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	Bear Anber	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	Nagaa Moaien	FY09/Q2	Completed	FY10/Q3

FY	Batch	Governorate	UE vs. LE	Unit Type	Name of Facility	Renovation Process Start Date	Renovation Status	Completion Date (operational)
09	11	Qena	UE	RHU	Nagaa El Baroud	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Zawida	FY09/Q2	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Awsat Oamouia	FY09/Q2	Completed	FY10/Q3
09	11	Kafr El Sheikh	LE	RHU	Dokmera	FY09/Q3	Completed	FY10/Q3
09	11	Kafr El Sheikh	LE	RHU	El Halafy	FY09/Q3	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Hogairat	FY09/Q3	Completed	FY10/Q3
09	11	Qena	UE	RHU	Gziret Al Toabya	FY09/Q3	Completed	FY10/Q3
09	11	Qena	UE	RHU	El Ashraf Al Gharbia	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	El Akarmya	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	El Saaida Bahary	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	Hager Abou Khalifa	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	Dar El Salam	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	Armena	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	El Alaky	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	Korta	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	El Siala	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	El Ganina Wa Al Shbak	FY09/Q3	Completed	FY10/Q3
09	12	Aswan	UE	RHU	Kajoj	FY09/Q3	Completed	FY10/Q3
09	13	Luxor	UE	PHU	El Zinia Bahary	FY09/Q4	Completed	FY10/Q3

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
	Result 1						
1	The ISOP manual needs to be updated with technical information and new MOH policies. The recently completed new child immunization schedule might offer an opportunity to review all sections and revise as appropriate. If the MOH prefers to keep all topics in the current version of ISOP sections that cover basic interventions should be simplified and incorporate best practices. The document should address management of the majority of cases presenting at the PHC level.	Establishment of a technical committee that will be the process owner of the continuous update of the ISOP. This committee would include University Professors, MOH representatives from different relevant departments, UNFPA and Takamol technical staff.	Completed in FY09				
		Agreed with MOH to replace the MCH/FP components of the FHM guidelines with the updated ISOP.	Completed in FY09				
		The technical committee will develop process and document control and will review and update the ISOP considering the evaluators' recommendations.	FY10/Q1	8 months	As planned	A technical committee reviewed and updated the ISOP based on the recommendations from Takamol's mid-term evaluation. This third update of the ISOP by Takamol underwent further review by university and MOH experts. After incorporating the recommended changes, a draft was delivered to the MOH for feedback which has been incorporated. The project is currently waiting to receive the Population Council and UNFPA feedback. Once received, the decision will be made with USAID on whether to include them into the final ISOP draft.	In progress
		The Project will print 1,000 copies of the updated ISOP.	FY09/Q3	2 months			
		Takamol will facilitate linking MOH with CSR to ensure sustainability of printing.	FY10/Q2	Ongoing	As planned	Takamol initiated contacts with the private sector on the printing of ISOP material, but has received no interest in sponsoring this activity. Takamol is no longer pursuing this activity.	Completed
Also, all references to EOC (essential obstetric care) should be changed to read EONC (essential obstetric and neonatal care), which is internationally accepted terminology.	The Project will make the requested modification	Completed in FY09					

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
2	Before the ISOP is revised, the nine-day integrated training for doctors should be streamlined and center on subjects relevant to the PHC physician; minor changes to the course content might be required.	Changes were made to the content of the doctors training to make it more centered on subjects relevant to the PHC physician, e.g. emphasizing the AMTSL.	Completed in FY09				
	Also, since the training of doctors is didactic, practical training and lab skills should be emphasized as much as possible.	Practical training and lab skills are being emphasized as much as possible during the On the Job Training (OJT).	FY06	Ongoing	As planned	The team responsible for OJT (district coaches and/or Takamol staff) is emphasizing the role of practical training. As well, refresher sets of 4 practical OJT visits were conducted by a team of OB/Gyn coaches to clinics requesting further assistance.	In progress
3	Training on normal delivery should emphasize the use of the partograph and active management of the third stage of labor (AMTSL) to prevent postpartum hemorrhage, not as an option but as the best practice (ISOP, p. 286). Oxytocin is the drug of choice (WHO, 2007).	The use of partograph and the AMTSL will be emphasized in the training on normal delivery. Training contents will be changed according to the new modifications issued by the WHO. (See Recommendation #5 under Result One). Eighty physicians from PHC units where the Project will intervene in the coming period will be trained in Al Galaa hospital for a duration of 2 weeks on delivery and routine newborn resuscitation.	FY10/Q1	15 months	Early start	A competency checklist has been created for clinic doctors being trained in district hospitals on normal delivery using the partograph. All practical training emphasizes the importance of active management of the third stage of labor (AMTSL) to prevent postpartum hemorrhage. As well, the new WHO partograph and AMTSL components were included in the updated ISOP.	In progress
	Routine newborn care (drying/wrapping, cord care, early breast-feeding) should be included in all courses, especially those for RRs.	Since routine newborn care is already included in all courses including those for RRs, no additional modifications will be done to the training materials.	N/A				

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
4	Clarity is needed about the policy on normal deliveries at the PHC unit. Some clinic staff have experience in deliveries and need to be encouraged; others need to be trained. A renovated, well-equipped facility is certainly better than home deliveries. This observation was discussed with MOH officials; Takamol should provide technical leadership to address the issue and ensure that oxytocin is on the essential drug list for PHC units. It is very important that PHC doctors and nurse/midwives be highly skilled, especially those in charge of renovated facilities where client rates and expectations are higher.	Takamol started discussing with MOH during the Steering Committee held on April 15, 2009 the Ministry's policy on normal deliveries at the PHC unit. Further discussions will take place where Takamol will provide technical support to the Ministry on policy aspects and also to ensure that oxytocin is on the essential drug list for PHC units. (Also see Al Galaa hospital training under recommendation # 3)	FY09	Ongoing	As planned	Discussion continues with the MOH central level on the addition of oxytocin to health clinic's drug list. While oxytocin is on the essential drug list for PHC clinics, it can only be prescribed by OB/Gyn specialists. Since there are very few specialists in rural clinics, Takamol is requesting the MOH to modify their policy to allow PHC physicians to prescribe this drug as needed. Takamol met with MOH officials during the preparation of the family physicians handbook and discussed both normal deliveries in PHC clinics and the placement of oxytocin on the PHC drug list. Following the discussion, Takamol sent a formal letter to Dr. Soaad Abdel Meguid at the MOH requesting her to outline perceived barriers to adding oxytocin to the PHC drug list. Takamol is currently awaiting a response.	In progress
	Because midwives are a vital part of integrated MCH/FP services, Takamol should make a special effort to include them in PHC activities.	Takamol will ensure including midwives from intervention facilities in the integrated training for nurses. (training for 400 midwives in the so intervention PHC. Through Takamol, project midwives (nurses who have licensed to attend normal deliveries) are already included in PHC various activities.	N/A				
5	Fortunately, the MOH recognizes the importance of training PHC staff on practical skills and has initiated a continuous medical education program that assigns PHC doctors to emergency and ob/gyn departments once a week for a few months to observe and practice. Takamol can help the MOH to systematize this training.	The MOH is currently piloting this activity in some districts. Takamol will provide technical support to the Ministry at all levels to strengthen this initiative and ensure the effectiveness of training provided to PHC physicians at the hospital level. Takamol already developed a competency checklist to help both trainers and trainees emphasizing predetermined skills. The Project will also help the MOH plan training schedules without affecting the service delivery process.	FY10/Q1	15 Months	Early start	A competency checklist with MTE recommendations has been created for clinic doctors being trained in district hospitals on normal delivery using the partograph and practical basic suction. Takamol oriented hospital personnel on the competency checklist in all intervention hospitals. Several follow-up visits were conducted to monitor the training of PHC doctors in hospitals. Visits were made to two districts in Ismailia governorate and to five districts in Dakahlia governorate. To strengthen the MOH training, Takamol is developing a cadre of OB/Gyn lead trainers through a TOT on obstetrics in all intervention governorates.	In progress

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
6	Takamol OJT should be tailored to address the special needs of newly graduated physicians and use the post test data of the integrated course to address training needs of those doctors as they move to their PHC units.	Already covered during the OJT at the intervention PHC facilities.	N/A				
7	Because neonatal mortality now constitutes 57% of under-5 mortality, addressing it is the main challenge. Takamol should share this information with its training partners to reinforce all activities covering newborn care, particularly postpartum home visits, training nurses and RRs to identify danger signs during those visits and referring patients to the clinic.	Takamol will share this information with its training partners and will ensure activities covering newborn care are reinforced. Nurses and RR do receive training on identifying danger signs during PP home visits. Nurses also conduct PP home visits during the practical days of the training.	FY06	Ongoing	As planned	Information on neonatal mortality has been shared with training partners, nurses, and RRs, who use this information to identify danger signs during the postpartum period. Activities covering newborn care have also been reinforced.	Completed
	Community health messages should emphasize basic newborn care (drying and wrapping, cord care, immediate and early breastfeeding, and kangaroo mother care).	Takamol has already formulated, in collaboration with CHL, messages emphasizing basic newborn care.	FY10/Q1	15 Months	As planned	Messages on newborn care were added to the RR curriculum to be incorporated into their training. These messages will be shared with women during home visits. Messages on newborn care are disseminated through most of Takamol's activities, from literacy material and health awareness classes to skits and talks by agricultural extension workers.	Completed
	Practical basic suction (only bag and mask) should be incorporated into ISOP training for both doctors and nurses.	Physicians will be trained on practical basic suction as part of the routine newborn resuscitation that will take place in Al Ghalaa Hospital (See recommendation # 5)	FY10/Q1	15 Months	Early start	See R1 #5	In progress

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
8	The 2008 DHS highlighted issues related to FP coverage and preference in seeking FP services. With discontinuation rates in Egypt very high, improving FP counseling should be a priority for both nurses and doctors. Upgrading the ability of PHC doctors to counsel patients, deal with rumors, and deliver quality services, such as IUD insertion, is crucial. Takamol should place special attention on counseling skills in training programs, using the data it collects to identify areas of weakness (see the Result 3 section below).	Takamol curricula have strong IPC-C component, the OJT focuses on the counseling skills and ensures that doctors master skills for IUD insertion.	N/A				
		Takamol already collaborated with CHL on the conduction of TOT for FP supervisors, nationwide on the proper use of the "Integrated Flipchart" which strengthens the counseling skills. The FP supervisors started the stepping down of this training in their respective governorates.	Completed in FY09				
		Takamol will assess the feasibility of conducting a comparative study between Takamol intervention communities and non-intervention communities to assess the impact of Takamol intervention on the discontinuation rate and will proceed accordingly. This study will guide Takamol future activities in this area. Based on discussions with Dr. Fatma El Zanaty and USAID, the proposed study would not yield the desired results given the short remaining period of the project.	N/A				
9	If time and resources permit, consider preparing an easy-reference booklet or pocket guide for doctors on key integrated MCH/FP services, such as ANC, child health, FP, normal delivery, and care of newborns.		FY10/Q4	7 months	Early start	Takamol developed the first draft of the pocket guide for clinic physicians. The MOH recommended some changes, which were incorporated into the text, and approved the draft. The decision was made to cancel the consensus building workshop as the project had met extensively with the MOH during the pocket guide's preparations. The formatting and printing of the finalized " <i>Diagnosis & Management Handbook for Family Physicians</i> " will take place in FY11/Q1.	In progress
10	Considering all the quality assessment tools currently in use at the clinic level, there is a need to work with MOH to streamline supervision and monitoring.	The project is working with the Sector of Technical Support and Projects at the central level to link the project supervision tools with the Ministerial decree 75 supervision tool.	FY10/Q2	Ongoing	As planned	Takamol held a workshop with central supervisors where participants agreed on quality assessment tools to be used in conjunction with Ministerial decree 75 supervision tool which includes performance evaluations. All assessment tools are distributed for use in the Leadership program, thus concluding this activity.	Completed

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
	Result 2						
1	Strengthen the quality and emphasize OJT, given its value in ensuring clinical competence.	1. Review OJT Process and amend it as needed to ensure clinical competence. Standardize training materials titles to reduce confusion.	Completed				
		2. Conduct workshop with OJT coaches to agree on changes done to OJT process	Completed				
		3. Close follow-up by Takamol technical staff on OJT coaches	Completed				
	Standardize the titles for training materials to reduce confusion.	The Project will standardize the titles for training materials as recommended by the MTE	Completed				
2	Work with central MOH officials as appropriate to encourage institutionalization of the CQIS, linking it explicitly to successful accreditation.	Review CQIS & MOH Inspection checklists of the hospital accreditation system, to ensure its compatibility with the accreditation system	FY10/Q1	6 Months	As planned	The MOH and CQIS inspection checklists were compared by quality and curative care managers in four L.E governorates. Managers agreed that Takamol's CQIS, which covers all aspects of quality in the obstetric and neonatal care departments, was consistent with the MOH checklist. Egyptian hospital accreditation standards require a quality monitoring system in all hospitals.	Completed
		Communicate with MOH Quality Department and work with them to train quality teams of L.E intervention hospitals on implementing CQIS and expanding the system to other departments.	FY10/Q2	12 Months	As planned	Takamol developed and completed the CQIS manual and training curricula. The Project received MOH approval to conduct joint CQIS training for members of hospital Safe Motherhood and Quality committees in addition to governorate-level Quality Teams. Training is scheduled for FY11/Q1. Plans to replicate the CQIS in other hospital departments will be one of the major issues to be explored and discussed during the training.	In progress
		Consider adding the client satisfaction tool to the SMC's monitoring role.	The client satisfaction tool is already a component of the CQIS which is used by the SMC for monitoring purposes. During OJT more emphasis will be put on coaching SMC members to better interpret and utilize the data	Completed			

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
3	Work collaboratively on a strategy with the MOHP, CHL, UNFPA, the Population Council, and other partners to strengthen postpartum FP, particularly immediate IUD insertion or implants. Takamol can help by obtaining expert views, examining WHO recommendations and feasibility issues in Egypt, and helping the MOHP reach an informed decision. CHL is already working on this.	Arrange workshops with all stakeholders to review and discuss all the available related information including the "Clinical Guidelines for Integrating Family Planning into Postpartum and Postabortion Care" developed by the Population Council in May 2008, and hence agree on future steps accordingly.	FY10/Q2	9 Months	As planned	MOH officials requested technical assistance to draft a postpartum/post abortion (PP/PA) contraceptive strategy. A consultant was hired and the first draft was produced. After receiving feedback from the population sector of the MOH, the final draft of a five-year PP/PA contraceptive strategy was completed. Takamol is awaiting feedback from ministry officials before submitting finalized intervention plans to the MOH. A workshop to discuss proposals for implementing Immediate Postpartum IUD Insertion was held with participants from Cairo University, teaching hospitals, and Takamol staff. Workshop recommendations were discussed with MOH staff.	In progress
		During protocol and ISOP update, more details and emphasis will be given to PP FP. Takamol will ensure training materials are updated accordingly.	Completed				
4	Share information with the central curative care staff about Takamol's effort to establish in-house training capacity at hospitals and work with the Technical TSO office to support MOH efforts in this area.	1) Establish / Revitalize the "hospital training committee" at all intervention hospitals.	FY10/Q1	4 Months	As planned	Training committees were formed in Ismailia, Sharkia, Kafr El Sheikh and Dakhalia hospitals.	Completed
		2) Develop TOT training materials to the hospital training committee	FY10/Q1	3 Months	As planned	Developed TOT training manual to meet the needs of the hospital training committees. Manual is in use.	Completed
		3) Conduct TOT to the hospital training committee	FY10/Q2	6 Months	As planned	TOT training courses were conducted in all LE intervention hospitals.	Completed
		4) Provide the hospital training committee with the necessary training aids.	FY10/Q2	6 Months	As planned	All training materials are to be distributed in FY11/Q1 during the orientation on the seven updated protocols. This way, Takamol can efficiently distribute the complete package of material to each facility and subsequently conduct the scheduled orientation. Materials to be distributed include power point presentations, case studies, videos, etc.	In progress
		5) Provide technical assistance to the hospital training committee to implement at least 2 refresher programs at the hospital	FY10/Q3	9 Months	As planned	Takamol set up training committees with all specialties in 20 hospitals in order to establish an effective TOT program for new medical staff. With the didactic training concluded, these committees conducted training assessments and prepared training programs and materials for implementation. A total of 26 follow-up visits by Takamol OJT coaches were conducted thus far to monitor Committee trainings: 3 in Ismailia, 9 in Sharkia, 7 in Kafr El Sheikh and 7 in Dakhalia governorates.	In progress

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
5	Consider additional strategies to engage districts in improving the referral system, such as improving pickup of referral forms from hospitals and following up with PHC units.	During OJT to the district teams, more emphasis will be given to the significance of referral forms pickup, documentation, follow up with PHC units & providing/receiving feedback.	FY10/Q1	Ongoing	As planned	In addition to the emphasis on referral given to district teams during OJT, hospital quality coaches were instructed to check on referral activation during their OJT visits. The referral process is also being stressed during follow-up meetings on referral activation. Starting in FY10/Q4, follow-up visits to monitor the training of PHC physicians in hospitals stressed compliance with referral standards. A total of 7 follow-up visits were conducted: 2 in Ismailia and 5 in Dakahlia governorates.	In progress
		More emphasis will be also given to the role of SMC in monitoring the referral system.	Completed				
6	Support the MOH to address the issue of high discontinuation rates for FP. This should be a priority as Takamol: MOH staff recognize the importance of developing a clear strategy.	See recommendation number 8 under Result 1					
Result 3							
1	The project should analyze the IPC/C skills that showed the least improvement between pre- and post-intervention surveys and identify solutions, such as more intensive training and on-the-job mentoring of health staff.	The project indeed analyzed the IPC/C skills that showed the least improvement and appropriate actions were immediately taken including reinforcing the needed specific skills during the basic training and the OJT program. At the same time, the Project is working on reinforcing clients' communication skills in all community mobilization activities to enhance the provider-client interaction.	FY08/Q2	Ongoing	As planned	Interpersonal communication and counseling skills are improved by: *emphasizing how supervisors and OJT coaches can help doctors and nurses improve IPC&C during integrated supervision and leadership programs *continuing cooperation with CHL. Takamol ensures the availability and delivery of IEC materials for training and community mobilization activities. *updating the integrated counseling flipchart and training for effective use *training central supervisors in premarital counseling *expanding community mobilization activities to promote client rights and client participation *reinforcing TIAHRT *evaluating and measuring outcomes from the IPC&C interventions	In progress

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
2	Because the MOH is interested in learning more about the long-term sustainability of CDA community mobilization activities and programs, Takamol should help the ministry learn from its experience about any factors that might raise the potential for replicating or sustaining community mobilization programs, specifically barriers and facilitators of sustainability.	The Project will ensure MOH staff are well oriented on methods of sustaining CDAs activities through the women's clubs in PHC units	FY10/Q1	Ongoing	As planned	CDAs share their sustainability plans with sustainability committee (SC) members during Takamol's phase-out workshops. Takamol provides technical assistance to some SCs to replicate community mobilization activities during the Management Development program. Also copies of Takamol's Community Mobilization Manual (see below) will be given to each SC.	In progress
3	Takamol should draft very brief step-by-step guides in Arabic for various community mobilization activities to help governors and RPC members replicate them. Success stories should appear in the final section of each brief to illustrate the extent to which each activity has succeeded in improving knowledge and changing health behavior. Takamol staff members have produced an activity description manual to assist communities themselves, and the manuals are often shared between CDAs. Because most of the material already exists, the cost to the project should be low. Activity briefs should be provided to governors, RPCs, and the CSR Committee of the American Chamber of Commerce. The activity descriptions should highlight ways in which cultural differences have been addressed in activities selected by villages in Upper and Lower Egypt.	Takamol is drafting a step-by-step community mobilization procedure manual in Arabic for various activities. This manual will be shared with governors, RPCs and other stakeholders as appropriate to help them replicate these activities. Success stories will be included to show the success of each activity in improving knowledge and changing health behavior. The manual will highlight how cultural differences in villages in Upper and Lower Egypt should be addressed.	FY09/Q4	6 Months	As planned	Takamol developed a Community Mobilization Manual in Arabic, which outlines the Project's community outreach activities. An orientation workshop was conducted with MOH officials on the manual, and their feedback is being incorporated into the final draft. The final version will be printed in FY11/Q1. In addition, a success stories booklet titled "Women and Stories" was developed as a separate publication for communities and stakeholders. This manual has been completed and approved by the MOH and is scheduled to be printed in FY11/Q1.	In progress

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
4	Besides the tabulations already produced on the percentage of MWRA participating in CDA-run activities who received MCH/FP/RH messages or are referred to services, Takamol M&E staff should also analyze data from the pre- and post-intervention household surveys to assess the impact of participation in any CDA activities on attitudes and behavior, including contraceptive use and wives' perceived support from husbands (see Annex 4 for specific suggestions). The data can be shared with the RPCs to document the impact of community mobilization not only on communication of messages but also on the promotion of positive health behaviors.	The current structure of the household survey does not allow for the recommended analysis, further discussions with USAID will take place	N/A				
5	One of the Takamol youth activities is a peer-to-peer activity for university students. Since these students do not necessarily reside in governorates where Takamol is working, this activity is an adjunct to the community mobilization activities and is not sustainable. The evaluation team agrees with Takamol's decision not to continue this program.	Takamol agree with the evaluators point of view as our experience proved that this activity is not a sustainable activity	Completed				
6	Working through its CSR committee, the American Chamber of Commerce conducted a meeting in March 2009 with its members, Egyptian NGOs working in MCH/FP/RH, and well-managed active CDAs seeking funding for future activities. If the meeting was successful, Takamol should encourage other such meetings before the end of the project.	A follow up meeting was held in June and was fully organized by Takamol CSR department under the umbrella of the AmCham CSR Committee.	Completed				

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
	Result 4						
1	Work with governorate and district health directors to target the district staff that have the most potential to become successful mentors and coaches. If they are not clinically competent, these staff can be used to supplement the team to ensure OJT at the clinic level. Because most OJT is managerial rather than clinical, these coaches do not necessarily have to have long years of clinical experience.	A leadership program to transfer the technology of integrated facilitative supervision and make sure that district and governorate teams are capable of delivering OJT properly is planned to start next quarter in full partnership with the primary care and FP sectors. Moreover, Takamol is providing TA to make sure that the MOH is capable of implementing a proper program to give clinical OJT for the primary care physicians in the hospital.	FY10/ Q1	15 months	As planned	Implementation of Takamol's Leadership for Change Management program led to changes in the districts' management plans that encouraged progress toward Family Health Unit accreditation and continued improvement of operational indicators in accredited clinics. The original training methodology was adjusted to increase coaching sessions to ensure participants work closely with MOH central supervisors in the execution of their plans. Takamol completed the Leadership training in 29 districts in the governorates of Dakahlia, Kafr El Sheikh, Beni Suef, 6th of October, Luxor and Aswan and has implemented the training in 16 non-intervention districts in Beni Suef, Sharkia, 6th of October and Dakahlia governorates.	Completed early
	The MOH program of sending new physicians for additional clinic experience to nearby hospitals once a month is a good way to address this problem. Takamol can help improve its management.	(See R1 Recommendation # 5)	FY10/Q1	15 Months			
2	Work with the MOH at the central level to strengthen the Decree 75 checklists using the experience of the Takamol quality assessment tool to emphasize the actual performance of health workers. Ideally, at the end of the project there will no longer be a separate Takamol checklist because it will have been incorporated into the MOH's official supervision system tied to Decree 75.	Work with the central office to review the MOH current tools utilized and introduce the Takamol quality assessment tools to come up with a final set of tools.	FY9/Q4	18 Months	As planned	The MOH at the central level changed their performance evaluation tool (within decree 75) to examine the performance of both district and governorate teams. A workshop was held with central supervisors where participants agreed on quality assessment tools to be adopted, including: Takamol's quality assessment checklist and other project technical and managerial checklists. All assessment tools are distributed for use in the Leadership program.	Completed

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
3	The national MMSS is a major achievement for Egypt, and a well-institutionalized and sustainable system that is worth strengthening in Lower Egypt. This is a legacy from an earlier USAID project that is worth protecting. Takamol should help Dr. Khaled to revitalize the national MMSS and SMC. Common issues related to maternal mortality could be discussed so that all MOH sectors can assist: curative, private, blood bank, etc. Takamol should continue supporting the MMSS and SMCs to address avoidable causes of maternal mortality. For example, it could organize, with the central MOH, regional meetings to discuss MMSS progress and issues. Governorates can benefit from each other, and those that are not performing well will take the matter seriously. Short-term local TA is an option. USAID might consider supporting an expert team to assess the national MMSS for an independent view on how well it is currently functioning.	Takamol started working with Dr. Khaled Nasr in organizing regional review and planning methodology for the SMCs that is based on the findings of the MMSS and the other indicators. The intervention governorates will serve as focus governorates for the methodology which was piloted in Qena, Luxor and Aswan. MCH centrally is expected to work with the rest of the governorates. During these regional meetings, involvement of other MOH sectors such as curative sector and Blood Banks will be discussed. The Project will assess the need to have a short term technical assistance and will proceed accordingly.	FY10/ Q1	15 Months	As planned	Takamol developed a checklist that examines the implementation of the MMSS and the capacity of SMC's in each governorate. The MOH MCH department used this tool to conduct assessments in intervention plus Helwan and Qalyoibia governorates. Technical assistance was given to governorate SMCs during OJT and refresher training courses to increase their ability to follow-up on maternal mortality and family planning, as well as other MCH indicators. UE SMCs in 6th of October and Beni Suef governorates received OJT similar to that given in LE. OJT visits resulted in improved performance and the active involvement of district and governorate teams, thus diminishing the need for regional meetings. Since OJT for SMCs helped different governorates replicate the scheme in non-Takamol districts, the MOH/MCH department agreed toward the end of FY10 that there is no need to conduct regional meetings. Thus this activity has been completed.	Completed
		In order to strengthen The Project will conduct a one day refresher courses for Lower Egypt SMC.	FY10 Q2	12 Months	Early start	Two-day refresher courses for governorate SMC teams were conducted to create new cadres of maternal mortality investigators in Ismailia, Sharkia, Kafr El Sheikh and Dakahlia governorates. The course also strengthened teams' capacity to implement step-down training, so that more junior people are able to monitor the MMSS -- from notification to analysis. While initially conducted as refresher training, toward the end of FY10 this activity took the form of coaching visits. SMC coaching visits were made to the following LE governorates: Sharkia, Kafr El Sheikh, Dakahlia and Ismailia. A gradual phase out of this activity is planned.	In progress

	MTE Recommendation	Planned Activities	Planned Start Date	Duration of Activity	Start Status	Achievements	Completion Status
4	Explore the feasibility of the American Chamber of Commerce (or a similar body) hiring a CSR point person with a job description covering activities similar to those undertaken by Takamol. This individual could act as the matchmaker between worthy health programs and interested corporations. The task must be expanded to include not only that kind of matchmaking but also to identify NGOs, donor-supported projects, or other vehicles for utilizing CSR funds in ways that are acceptable to corporations (a replacement for the role Takamol plays). The Egyptian Finance Executive Foundation fiduciary role should continue, if possible.	Takamol started to approach organizations such as the AmCham, Aga Khan Foundation, "We Owe It To Egypt" Foundation of the AAIB in order to encourage them to play the same role of Takamol project in the future and give them the know how of any of the activities they are interested in. We are still looking for any opportunities with other organizations to achieve the same objective.	FY09	Ongoing	As planned	Takamol contacted Mansour Group Foundation, which seemed interested in the sustainability of Takamol's activities. Unfortunately a meeting scheduled for FY10/Q4 to discuss details and levels of future support was postponed until FY11/Q1. Takamol is also exploring options with other organizations.	In progress

Success Stories

Outreach Worker Still Enthusiastic After Project Phase-out

The cheerful, steady work carried out by a 40-year-old female outreach worker after the phase-out of the USAID-funded Integrated Reproductive Health Services Project (Takamol) is a small measure of the project's broad success. Samar Abdelrahman had been active in other health projects in the Aswan governorate, but it is in her role as an outreach supervisor for El Aakab Bahary Community Development Association (CDA) that she found her true calling. "I love my work, both for myself and the community," she said.



Outreach workers, known locally as raedat rifiat, carry essential health messages to other women in their communities.

Takamol renovation and training activities were phased out of El Aakab Bahary village in May 2009 and the clinic later became the first Takamol clinic in Aswan to receive the Ministry of Health's Family Health Unit accreditation. Trained by Takamol, Samar and her outreach workers, known locally as *raedat rifiat*, still conduct home visits to spread health messages among women. She says funding remains the same and activities continue as before. "I raise people's awareness and the Community Development Association and Takamol helped me fulfill this dream," said Samar.

Samar is well-known in her village both as a volunteer and as the first female board member of the CDA. Now she conducts visits to other CDAs to share experiences and lessons learned during the Takamol intervention period. While she has worked in many projects, she says Takamol is the only one that sustains what it does. "We are a manifestation of this sustainability," she said. Samar is proud of how her work has taught her to talk to people, and says her teenage daughter is now interested in following in her mother's footsteps.

Samar is a bright example of a simple, upper Egyptian woman who, with Takamol's training, continues to work as an outreach supervisor and has kept her CDA alive.

"I love my work both for myself and the community. We are a manifestation of sustainability."

--Samar Abdelrahman

Luxor Governor Names Envoy to Boost Sustainability Committee

The sustainability committee set up in Luxor Governorate by the USAID-funded Integrated Reproductive Health Services Project (Takamol) got a welcome boost from governorate officials when it started to lose momentum. These committees are responsible for the continuation and replication of project activities and are key to the long-term survival of project activities in both intervention and non-intervention communities. The boost came when Luxor Governor Samir Farag appointed a special envoy to monitor the governorate's replication activities and ensure that plans stay on track. "I find it to be a very good step and a good model for others to follow," said Dr. Hossam Rasekh, Takamol Sustainability Coordinator.

The Takamol-initiated, governor-authorized sustainability committees are composed of governorate undersecretaries from the ministries of Health, Finance, Education , Youth and



One of the purposes of sustainability committees is to continue activities such as literacy courses after Takamol phases out.

Social Solidarity and headed by the Secretary General in intervention governorates. The sustainability committee is seen as a tool with which the governorate-level authorities provide both insight and support to district teams to implement the national policies of the health sector reform program. The envoy named to oversee Luxor committee activities is Maged Abo Ellail, a governorate official in the field of monitoring and evaluation. It is the first time such an appointment has been made within the Takamol scheme and is a move that fulfills the goal of linking medical with non-medical personnel to strengthen sustainability. "There is a good model for others here," added Dr. Rasekh.

The sustainability of Takamol interventions in Luxor City are reflected in the high client satisfaction and quality assessment scores (average of 89%) across five health clinics where services continue to be tracked, though Takamol has phased out of the area. Takamol's experience in Luxor City is marked by the active engagement of Dr. Farag who has promoted and supported Takamol activities to Egyptian officials, the private sector and international delegations.

"I find it to be a very good step and a good model for others to follow."

-Dr. Hossam Rasekh, Takamol Sustainability Coordinator

Community Cooperation Leads to New Dental Chair in Baktaris Village

Cooperation between community leaders, clinic staff and council officials allowed residents of Baktaris village to get a new dental chair for their clinic after two years of frustration. The teamwork between the Baktaris Community Development Association (CDA) and the head of the Baktaris Council followed training by the USAID-funded integrated Reproductive Health Services Project (Takamol) which stressed collaboration among officials at all levels. “This is our village and we all should work together,” said Baktaris Council Head Abd El Kawi

Mohamed El Alfi.



Local access to dental services is dependent on the availability of dental chairs, like the one above.

The Primary Health Care clinic in Baktaris village, part of Dakahlia Governorate, had been in need of a new dental chair since 2007 but could not get one until proper channels were followed to obtain permission to dispose of the old, broken chair. As a poor village, the community lacked resources to resolve this problem.

In an effort to rally community members to participate in improving health care – a key component of the Takamol project model – the Baktaris Community Development Association and staff from the health clinic planned a religious seminar followed by messages on health.

This strategy was adopted because most community members are illiterate and the religious seminar would attract men who would not normally attend an event on health awareness. Baktaris Council head El Alfi was invited to the event, which provided clinic staff the opportunity to express frustration over a lack of resources and of progress in obtaining a new dental chair.

Within a week El Alfi obtained permission to scrap the old chair and obtain the new one. “Thanks be to God because we used to have to travel to Aga for dental care but now we don’t have to,” noted a local female outreach worker, known as *raeda rifa*, in a recent questionnaire. The experience illustrated to all involved the importance of Takamol’s work in promoting unity between the clinic, the Community Development Association and the health directorate.

This is our village and we should all work together.”

--Baktaris Council Head Abd El Kawi Mohamed El Alfi

After Redoubling Efforts, Aswan Clinics Earn Ministry Accreditation

Health clinics in Aswan Governorate are beginning to earn formal Health Ministry accreditation thanks to months of on-the-job training and oversight on the part of the USAID-funded Integrated Reproductive Health Services Project (Takamol). Initially Aswan clinics lacked a comprehensive approach as to how to achieve the Ministry of Health (MOH) Family Health Unit accreditation. The Takamol team integrated training on the Family Health model in its activities and networked with both governorate and MOH officials to elaborate a detailed plan to improve the status of health care delivery in Aswan. One of Takamol's central



Health standards have been raised in Aswan governorate thanks to Takamol interventions.

premise is the instigation of local changes in partnership with the MOH and local authorities.

“We provided direct guidance as to how to utilize all the skills they've accumulated to achieve things that are strategically very important,” said Dr. Gamal El-Khatib, Takamol head of Management and Sustainability. “The most important thing is that we practiced and demonstrated what we taught them regarding team work, specialized roles, and so on,” added El Khatib. Members of Takamol's Luxor team visited Aswan and used their extensive experience in the area of Family Health to provide on-the-job training and analyze areas in need of improvement.

The El Aakab clinic is the first Takamol clinic in Aswan Governorate to receive the MOH's Family Health Unit accreditation. The clinic passed with flying colors, achieving a score of 81.6 percent on the assessment. It is expected to be followed soon by the clinics of Al Gaafra and Bahreef – Gharb Sohil which also received on-the-job training, visits from experts who prepared detailed steps for improvement, and weekly follow-up visits to monitor implementation of plans. “Aswan was a big challenge on the issue of Family Health and we are pleased with its success,” said Engred Edward, Aswan field office coordinator. Aswan is located 899 kilometers south of Cairo and its governorate includes 10 cities and 102 villages.

“The most important thing is that we practiced and demonstrated what we taught them regarding teamwork, specialized roles, and so on.”

--Gamal El-Khatib, Takamol head of management and sustainability.

Mother of Four Becomes Opponent of Female Circumcision

Mother of four Mona Abdel Raheem went from supporting circumcision for her two young daughters to becoming a vocal opponent against the procedure after a seminar on health issues sponsored by the USAID-funded Integrated Reproductive Health Services Project (Takamol).

Mona was first approached to attend the two-month health awareness course by her outreach worker in El Habeel village in Luxor Governorate. “It was the first time somebody came to my house to ask about my health and my children,” Mona recalled. The lectures included extensive information on health and a memorable session on Female Genital Cutting (FGC)



Allowing women to consult both doctors and religious authorities on FGC has been an effective practice in changing minds on the practice.

with the participation of both a doctor and a sheikh.

When Mona first heard them speak about the about the dangers of FGC, she felt confused. All her life she had been taught it was a way to keep a girl chaste. Now she was hearing an entirely different story.

“The doctor talked to us about the dangers of FGC and its negative repercussions on girls. Then the Sheikh said it is a custom not a religious obligation and that it was really dangerous,” she added.

Although the government has banned the practice, female circumcision has been a

tradition in Egypt since the Pharaonic period, and adherence to the custom remains widespread. The prevalence of FGC in the nation is high – 91% of all women aged 15-49 have been circumcised, according to the 2008 Egypt Demographic and Health Survey.

Mona decided not to circumcise her younger daughter and regretted submitting her eldest to the procedure. “I told my husband that our daughter’s chastity could be kept by raising her right and I am committed to telling my neighbors and family the same thing.”

Community chips in for chairs for clinic waiting room

A surge in visits to the Selw Kelby clinic in Aswan created a need that a grateful community was happy to meet: more chairs to accommodate people coming to the clinic restored by the USAID- funded Integrated Reproductive Health Services Project (Takamol). Spearheading the initiative were 11 female outreach workers who collected \$218 in small donations of 50 cents to a dollar from women they visited to speak about maternal and child health. Outreach workers are a key link between the community and the clinic under the Takamol project. “It all began when the doctor said we have many sick people but we have no chairs,” recalled Salem Ahmad, treasurer of the small organization that recruited the outreach workers.

Twenty new plastic chairs now line the shady area outside the clinic rooms, enough not only to accommodate daily visitors but also participants in the regular health seminars held to



Visitors to the Selw Kelby Clinic in Aswan sit in chairs purchased with donations from the community.

educate the community on different issues. Since Takamol’s restoration of the Selw Kelby infrastructure, the clinic case load has increased by 25 percent, bringing total visitors to between 300 to 400 people each month. Pleased with the transformation of the clinic, community members are active supporters of both the clinic board and the Community Development Association (CDA). “People take the initiative to improve the clinics, it is not just us anymore,” said Abda Sayeed Ahmed Farah, head of the CDA.

Donations were recently solicited at the local mosque to further help with clinic needs. About \$218 was raised for emergency medicines and syringes. Said Doctor Mohamed Abdel Rahman, “the community participation does not stop. They continually ask clinic staff about their needs, there is cooperation between the two.”

“People take the initiative to improve the clinics, it is not just us anymore.”

-- Abda Sayeed Ahmed Farah, head of the Community Development Association for Selw Kelby.

Women support letting girls finish their education before marrying

Ayat Mortada may have once been elated over her 14-year-old's engagement but today she is just as happy she called it off after learning of the dangers of early marriage from the USAID-funded Integrated Reproductive Health Services Project (Takamol).

The 32-year-old mother from Naga El Sawalha village in the Luxor Governorate first spoke happily of her young daughter's engagement during a health awareness class at the local clinic. The groom was "one of the finest young men in the village" and Ayat was pleased. But



Takamol encourages girls to complete their educations and to avoid the dangers of marrying and falling pregnant too young.

the news upset the outreach worker who had visited Ayat's home, taught her nutrition and recommended the health seminar to her. "She told me 'your daughter is too young, she is only 14,'" recalled Ayat. "I said 'why not? She got her period already,' and the outreach worker said 'she's still a kid and should act her age and play with other girls.'"

Ayat then learned that at 14 years of age, her daughter's reproductive system is not yet fully mature and that a pregnancy could be dangerous. She was told her daughter was too young to be responsible for a baby and that it was likely she would get divorced at an early age. "I was really concerned about my daughter and thought: do I want to do that to her?"

About 10 percent of the women aged 15-19 surveyed in 2008 were mothers or pregnant, according to the Demographic Health Survey for Egypt (EDHS). Those aged 15-19 who married averaged three years less in schooling than women in the 20-24 range.

During the Takamol seminar, one participant confessed she had divorced young and pregnant after marrying too early. Another woman said that her own daughter married young, got pregnant and bled too much in delivery. The baby died, and the daughter is now anemic. After these testimonials, Ayat decided she had been wrong. "I thought to myself, 'this is a crime I am committing against my daughter, let her finish her education first and she will get married when she is old enough.'"

"I thought to myself, 'this is a crime I am committing against my daughter, let her finish her education first and she will get married when she is old enough.'"

--Ayat Mortada

A class in self-confidence produces literacy instructor

Soad Ahmad El Nooby still remembers the thrill of discovery when she attended her first course for women sponsored by the USAID-funded Integrated Reproductive Health Services Project (Takamol). Women were encouraged to have opinions, express needs and even set goals.

“My life was purposeless and I always kept my opinions to myself, but after the program I started to have the self-esteem and confidence to give my opinions,” said Soad, a 25-year-old mother of one.

A resident of El Daman village in Luxor governorate, a pregnant Soad first learned about Takamol when an outreach worker recommended she visit the clinic for regular checkups. She was pleasantly surprised to find the clinic clean and renovated. A health awareness class soon followed with information on pregnancy and birth. Enthused, Soad readily agreed when invited to join a program called Egyptian Women Speak Out (EWSO). “After the program everything changed,” she recalled. “I learned that if I needed something, I should choose the right time and place to express my needs. I learned how to negotiate. I set a goal for my life and started pursuing it: to teach fellow village women to read and write and give them health messages I learned from Takamol.”



Soad has already submitted the necessary papers to the Adult Education Agency and is happily waiting to start her own class soon. “Takamol has taken me to worlds I’ve never trodden,” she said.

The EWSO program is designed to encourage greater participation of women in civil society and within the family. The program’s success is evident in the increased enrollment in literacy classes, greater participation in micro-credit programs and increased participation on reactivated clinic management boards.

“I set my goal in life and started pursuing it: to teach fellow village women to read and write and give them health messages I learned from Takamol.”

-- Soad Ahmad El Nooby

Board bulldozes rubbish around clinic

Concerned that the area around the Primary Health Care (PHC) clinic was turning into a dumping area for trash, the board of directors of El Masaeed clinic in Aswan governorate tackled the problem with steps learned from a management training course given by the USAID-funded Integrated Reproductive Health Services Project (Takamol).

First they called an emergency meeting with the clinic head to discuss the problem, which in addition to rubbish, included a stagnant pond behind the clinic which could foment the spread



Management training offered to clinic boards teaches them to work together to solve problems. A board member of El Masaeed clinic supervises the bulldozing of solid waste behind the facility.

of disease. After the board formally outlined the problems in a memo, the clinic located a bulldozer to remove the waste and to pave the street in front. Takamol trains clinic boards in management and problem solving in each intervention site as clinic renovations take place. In El Masaeed, the Community Development Association helped the board by pumping the pond so it too could be paved over.

Beyond the physical solutions to the problems, the clinic board also took steps to raise community awareness on the dangers of dumping garbage, which is against the law. By renting cars with microphones to give messages on rubbish disposal and enlisting sheikhs to speak of the

issue in mosques, the board taught villagers the importance of keeping the area around the clinic clean.

To further improve the environment around the clinic, the board financed lighting around the building and planted trees to beautify the area.

Takamol brings new vitality to Dakahlia village

Kafr Elsheikh Atteya village was known as a quiet place in the Dakahlia governorship before the arrival of the USAID-Funded Integrated Reproductive Health Services Project (Takamol). But as the local clinic underwent renovations and a series of health-related activities took place, a new vitality began to spread through the village. “They gave Kafr Elsheikh Atteya the kiss of life,” noted Dakahlia-based Elroad magazine.

Over the course of a year the clinic was renovated, a new Community Development Association (CDA) board was set up and residents embraced Takamol’s goals as their own. Villagers became active in activities ranging from seminars to donating their time to help in the construction of a new extension. “Takamol has been here for just one year but its effect will last for good, Inshallah” said CDA trustee Dr. Galal Elbastaweesy.



The youth of communities around renovated clinics participate in beautifying the grounds during Shebab Takamol week, which includes health messages aimed at adolescents.

Villagers have learned to work together to resolve problems. Female outreach workers, known as *raedat rifiat*, sometimes turn to seminar and lecture coordinators for assistance. “We help the

RRs if they face any problems such as when a wife is reluctant to talk about certain things,” said Osama Abdel Fattah, youth coordinator.

As RR’s gain more experience, they have learned the most effective ways to approach their fellow villagers to offer health messages. “We all have to bear in mind that dealing with people in the village and entering homes has its rules,” said Wessem El Sebay, one of the RR’s

As RR’s gain more experience, they

As Takamol continued improvements, one of the villagers donated a piece of land with an area of 200 square meters to increase the CDA activities and expand. “We always have money coming to our CDA,” said Haj Ali Hasan Gad, chairman of the CDA board.

“Takamol has been here for just one year but its effect will last for good, Inshallah.”

--CDA trustee Dr. Galal Elbastaweesy.

Family planning convoy a success in Aswan governorate

A four-day tour by a Family Planning convoy to underserved areas of Aswan governorate proved to be a huge success thanks to a network of people linked through the USAID-funded Integrated Reproductive Health Services Project (Takamol). Ministry of Health and Takamol outreach workers joined forces to spread the word of the annual MOH convoy during home visits. A network of Takamol-trained Community Development Associations in Aswan also collaborated to publicize the event and coordinate the caravan visits to public health clinics to maximize results. The Aswan Health directorate was also involved in organizing the mobile clinics which visited villages where Takamol intervened as well as four non-intervention communities in Kom Ombo district.



Women who visit Takamol clinics often request female doctors for reproductive issues. This is resolved with MOH convoys to underserved areas with female specialists.

The unified effort in publicizing and mobilizing women to take advantage of family planning services is new for this area. The family planning convoy offered some 700 rural women the opportunity to consult with medical professionals, many female, on Family Planning options as well as to receive checkups. The most sought after services were general examinations, antenatal care, IUD insertion and birth control pills. From May 2-5, the convoy attended 282 women from Takamol communities and 417 women from non-intervention areas.

Rural governorates in Egypt tend to lag behind urban governorates in the use of family planning methods. According to the 2008 Demographic and Health Survey, 66.8 percent of currently married women in Cairo use family planning. In Aswan, however, that percentage drops to 53.4 percent. According to the same survey, 43 percent of women in Cairo prefer the IUD, followed by 11 percent who prefer the birth control pill. In Aswan the pill and IUD are equally popular, with 20.5 percent of women using each.

Board launches campaign for donated medicine to help needy

A clinic board in Aswan governorate launched a medicine collection campaign in order to help needier families that cannot afford to fill their prescriptions. The board is one of many trained in management and problem-solving by the USAID-funded Integrated Reproductive Health Services Project (Takamol).



Not all visitors to public health clinics in Aswan can afford the medicines prescribed to them by physicians.

The directors of the Abo Enby clinic board introduced the idea to the community through seminars and announcements at local places of worship. The idea appealed to villagers who responded with the donation of almost 45 different medicines that they no longer needed. These medicines were then checked by the clinic physician, their expiry dates verified and their description and dosage written down before they were stored in a special cupboard.

The clinic board, with the help of outreach workers then compiled a list of some 70 villagers who were unable to buy the medicine they needed. This list was shared with the clinic physician who examined these patients and gave them the medicines they needed from the donations. According to the World Bank's 2007 Poverty Assessment Update for Egypt, 66 percent of Upper Egyptians fall into varying categories of poverty ranging from near poor and poor to below the poverty line.

People have now continued the medicine donations on their own, regularly visiting the clinic to give their unused pills to staff for those who can't afford them.

Impressed governor donates funds for outreach activities

Aswan Governor Gen. Moustafa El Sayed was so pleased with activities to raise health awareness in the Aswan village of Gharb Soheil, he donated \$1,818 to the Community Development Association (CDA). Charged with outreach activities and clinic improvements, CDAs are key partners in the USAID-funded Integrated Reproductive Health Services Project (Takamol). These NGOs are trained by Takamol in both management and problem-solving and serve as a link between villages and their clinics. The funds donated by Gov. Sayed will go towards purchasing equipment for the clinic and maintaining sewing machines used by women to make items for sale.



Sewing machines in women's clubs set up by Community Development Associations allow them to make items for sale to supplement their incomes.

The May 2 visit to the Gharb Soheil CDA was headed by H.E. Minister of Population and Family Affairs Moshira Khattab, Aswan Governor Gen. Moustafa El Sayed, and the head of the Ministry of Health Family Planning sector, Dr. Sahar El Sonbaty. The high-level delegation also included members of the legislature from Aswan and community leaders.

During the visit, outreach workers held a seminar for mothers-in-law on Female Genital Cutting (FGC) with the participation of Takamol trained Sheikh Mohamed Wessam, and staged a play on family planning. Minister Khattab spoke against FGC and early marriage to those present. "The age of bragging about the number of children you have is over," said Dr. Khattab. "Having too many children harms not only you but affects the whole community."

Members of the Gharb Soheil CDA women's club displayed handicrafts they had produced for sale, including Nubian baskets and rugs as well as placemats, bedsheets and purses.

Mom opposes circumcising daughter after Takamol course

Kawthar El Saghir Attia attended a seminar at a Takamol intervention health clinic to learn to make soap, but the health messages and advice offered at the course convinced her to rethink her plans to circumcise her four-year-old daughter.

Kawthar, 28, was first advised against female genital cutting (FGC) during a visit by an outreach worker, who was trained by the USAID-funded Integrated Health Services Project (Takamol). Kawthar resisted her arguments about the dangers of the procedure during a talk at her home in El Kalaa village in Qena governorate. “I intended to circumcise my daughter to protect her as this would help me raise her properly,” said Kawthar.

In a renewed effort to convince her, the outreach worker invited her to the Egyptian Women Speak Out program. This week-long seminar features a video series of successful women who have overcome great odds to become leaders in their communities. The sessions include



Mothers-in-law can be powerful allies in the fight against female circumcision.

discussions and health messages. Kawthar’s mother-in-law insisted she go to learn how to make liquid soap to earn money to help her family. In addition to soap and handicrafts lessons she was taught about hygiene, community participation, communication skills and child health.

“During the last day the physician talked about FGC and its dangers and asked me about my opinion and if I had girls at the age of circumcision,” she recalled. “I stuck to my opinion that FGC was important to protect the girl but was rather confused after what I heard at the program.”

After the program both the physician and her mother-in-law spoke to her about the physical and psychological effects of FGC, arguing that raising her daughter properly and teaching her about religion and God was the best protection.

After processing all the information from Takamol, the doctor and her mother-in-law, Kawthar made up her mind. “I have decided not to circumcise my daughter and will tell all my neighbors, relatives and friends to combat this violence against women,” said Kawthar.

“I have decided not to circumcise my daughter and will tell all my neighbors, relatives and friends to combat this violence against women.”

--Kawthar El Saghir Attia, 28.

Outreach Workers change women's lives in Aswan

Sometimes lives are changed by outreach workers who volunteer for the USAID-funded Integrated Reproductive Health Services Project (Takamol). Such was the case in the rural village in Aswan governorate where they helped a mother with a chronically sick baby and advised an anemic pregnant woman to seek vital prenatal care.

Mona Mahmoud, mother of four, expressed puzzlement to her outreach workers because her baby had indigestion and diarrhea. The Takamol volunteer asked Mona if she was giving the infant anything besides breastmilk, which is a full, healthy meal and easily digested. “She told me many things that I did not know about breastfeeding,” said Mona, 25, of Mansouria village. “I used to give my babies other liquids with breastmilk and this caused them many problems and pain.” Her outreach worker explained that breastmilk protects newborns from illness. “I decided not to give my baby anything else until it is six months old,” she said. “My baby is very healthy now and growing.”



Outreach workers in rural villages give women essential information on infant care and other health issues.

Omima Abdel Fatah got very sick during her first pregnancy and delivery due to anemia. When she became pregnant again, her outreach worker told her about the importance of monitoring the pregnancy with regular prenatal visits. During these visits, anemic women are counseled on their diet and often prescribed iron supplements. “I am very happy and strong now,” said Omima, 27, of Mansouria village.

“My outreach worker told me many things I did not know about breastfeeding. My baby is very healthy now and growing.”

-- Mona Mahmoud.

Humorous skit prompts donations to clinic

A light-hearted skit encouraging villagers to make donations to their local clinics sparked a generous variety of gifts to health facilities in the district of Keft in Qena governorate. The play forms part of the outreach activities by the USAID-funded Integrated Reproductive Health Services Project (Takamol).



Takamol skits use humor to spread health messages encouraging audiences to support their public health clinics with donations or labor.

The Community Development Association of Bear Ambar village collected donations that included the construction of a concrete, roofed, transport stop near the clinic. A pharmacy owner donated two cartons of syringes, while a community leader donated both an otoscope and US\$36. The women's Community Development Association in El Kallaheen village received a donation from a clinic board member of 1,000 syringes.

The play that inspired the donations is laced with humor and centers on a character named Ziko, a plumber and former football player who dreams of coaching the Egyptian World Cup team. When he hears the request for

clinic donations he tries to flee but is kept back by his pal who explains that donations don't have to be in cash.

"Listen captain, you are a plumber so you can come one day to the clinic and fix the faucet or the sink. I am a carpenter and am ready any day of the week to fix a window or a door without taking any money," said Felfel, Ziko's sidekick.

The play ends with Ziko's wife winning a gold coin worth US\$270 for correctly answering questions on health care. Ziko wants to use the money to "buy some players from Brazil to win the World Cup" but his wife prevails and they donate the funds to the clinic.

"Listen captain, you are a plumber so you can come one day to the clinic and fix the faucet or the sink. I am a carpenter and am ready any day of the week to fix a window or a door without taking any money."

-- Felfel, a character in a Takamol skit encouraging clinic donations.

Four clinics replicate Takamol funding strategy

In a heartening sign of ongoing replication of the Takamol model, health clinics in Aswan governorate are adopting the project's strategy of giving clinics local access to financial resources. Four non-Takamol clinics replicated the Project's use of Service Improvement



The head of the Aswan Health Directorate, Ehab Emad Hanafy, prepares to sign loan requests for Takamol and replication clinics.

Funds (SIF) to bypass a sluggish bureaucracy to access money. The Takamol project worked with Egypt's Ministry of Health to allow each intervention clinic's board of directors to manage its own SIF resources -- the sum of clinic fees and donations. These funds are used for clinic upkeep, incentives, and equipment or supplies.

In the Aswan district of Kom Ombo, the health directorate authorized the replication of Takamol's democratic elections for clinic boards and then activated access to SIF funds

for four non-Takamol clinics. Clerks from four Takamol clinics taught colleagues from four replication clinics how to use a shared bank account, cash checks and apply for loans to buy equipment to meet the standards for accreditation in the MOH's Family Health system. SIF transactions are posted on clinic bulletin boards to increase community oversight.

The Aswan health district loaned \$54 each to the non-Takamol clinics of Kofoor Komombo, El Elikat, Sabil Abo Nagy and Sabaa Kebly. District officials also approved \$90 loans for the four Takamol intervention clinics of Karm El Deeb, Selw Kebly, El Kajoj and El Ismailia.

Access to SIF funds is a key element of improving clinic quality under Takamol, as it gives clinics a mechanism to buy needed supplies and equipment. From 2006 to 2009, reactivated boards in project clinics have increased the average monthly SIF revenues they raised from \$89 to \$235. Average monthly SIF expenditures have also increased from \$27 to \$76.

Kuwaiti businessman supports Aswan needy through Takamol-trained CDA

Impressed with the work carried out by a Takamol-trained Community Development Association (CDA), a Kuwaiti businessman is donating \$545 every other month to support its aid to the needy in Aswan. The funds are distributed to 30 poor families by the Gharb Soheel CDA, trained in outreach and problem-solving by the USAID-funded Integrated Reproductive Health Services Project (Takamol)



Girls who participate in Takamol outreach activities are often taught to make crafts that they can sell to the public.

Outreach workers and board members of the Gharb Soheel Community Development Association (CDA) introduced the Takamol project and its accomplishments to a Nubian representative of businessman Khaled Abdalla El Delijan. Impressed with what he was hearing, El Delijan also decided to finance the construction of a facility that will include a charity clinic, a craft-making atelier for girls, a woman's club and a site for classes on the Qur'an. His only condition was that the Takamol CDA and outreach workers continue their work in the new facility. "The Gharb Soheel

CDA is obviously working well in Aswan," said Governor Moustafa El Sayed.

The charity clinic will include all specialties and will be located on a 1,720 meter plot of land donated by Gov. El Sayed. El Delijan is currently studying two different plans for the clinic, one contemplates construction on 250 square meters while the second is designed for 500 square meters. Local officials are optimistic that the initiative can help reduce unemployment in the community. "I am concerned with providing job opportunities for the youth and the outreach workers, as well as helping this poor village," said El Sayed.

The donated land is located a mere 150 meters from the Gharb Soheel CDA, in Aswan district. This will facilitate its collaboration with the new facility.

"I am concerned with providing job opportunities for the youth and the outreach workers, as well as helping this poor village."

-- Aswan governor Moustafa El Sayed