

# TAHSEEN/CATALYST 2005 Workplan

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Tahseen Sihitna bi Tanzeem Usritna  
Funded by USAID/Egypt





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## Acronyms and Abbreviations

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BCC	Behavior Change Communication
CATALYST	Catalyst Consortium (USAID centrally-contracted project)
CAT	Critically Appraised Topics
CBD	Community Based Distribution
CEDPA	Centre for Development and Population Activities
CDA	Community Development Association
CHL	Communications for Healthy Living (USAID/Egypt project)
CME	Continuous Medical Education
CO	Central Office of the MOHP
CSI	Clinical Services Improvement (EFPA project)
CSR	Corporate Social Responsibility
EFPA	Egyptian Family Planning Association
FLE	Family Life Education
FP	Family Planning
GALAE	General Agency for Literacy and Adult Education
GBV	Gender Based Violence
GIS	Geographic Information System
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HM/HC	Healthy Mother/Health Child (USAID/Egypt project)
IEC	Information, Education and Communications
IP	Implementing Partner(s)
SOP	Standards of Practice for Integrated MCH and RH Services
IUD	Intrauterine Device
MCH	Maternal and Child Health
MIS	Management Information System

MOHP	Ministry of Health and Population
MOHP/PS	Ministry of Health and Population/Population Sector
MS	Mothakef Sokany (male rural outreach workers)
NCCM	National Council for Childhood and Motherhood
NCW	National Council of Women
NGO	Non-governmental Organization
NICHP	National Information Center for Health and Population
NPC	National Population Council
OBSI	Optimal Birth Spacing Initiative
PAC	Postabortion Care
PHU	Primary Health Unit
POLICY II	POLICY Project (USAID centrally-contracted project)
PP	Postpartum
PPC	Postpartum Care
RCT	Regional Center for Training in Family Planning and Reproductive Health
RH	Reproductive Health
RHU	Rural Health Unit
RR	Raedat Rifiat (rural outreach workers-usually female)
RTI	Reproductive Tract Infection
SIS	State Information Service of Ministry of Information
SDP	Service Delivery Point
SO	Strategic Objective
SP	Service Provider
STD	Sexually Transmitted Disease
TAHSEEN	Tahseen Sihitna bi Tanzeem Usritna (USAID/Egypt project)
TLMR	Tubal Ligation for Medical Reasons
TOT	Training of Trainers
UCI	University of California/Irvine
YFS	Youth Friendly Services

## Workplan Background

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During 2004 TAHSEEN / CATALYST fine-tuned and scaled up its integrated model for change emphasizing a comprehensive approach to family planning and reproductive health that addresses community mobilization, quality of care and services, integration with the maternal and child health sector, behavior change, male involvement, and linkages to non-health sectors. Project interventions expanded from five rural Minia Governorate communities to encompass a total of 53 rural communities in Fayoum, Beni Suef and Minia governorates and four urban poor communities in Cairo.

The year 2004 was characterized by a major initiative to mobilize the community and link it to a renovated clinic where service providers demonstrated a capacity to manage the clinic and provide quality care. This integrated approach empowered clinic staff and community alike to assume "ownership" for the clinic through the selection of clinic boards of directors, the service improvement fund, and the involvement of the private sector through the Ask/Consult network and through corporate social responsibility initiatives. Reaching out to youth through the peer to peer educator program, the youth committees, Shabab TAHSEEN Week and Village initiatives, the youth hotline and the behavior change communication (BCC) puppet shows and plays has served to educate and link youth and their families to the renovated clinics.

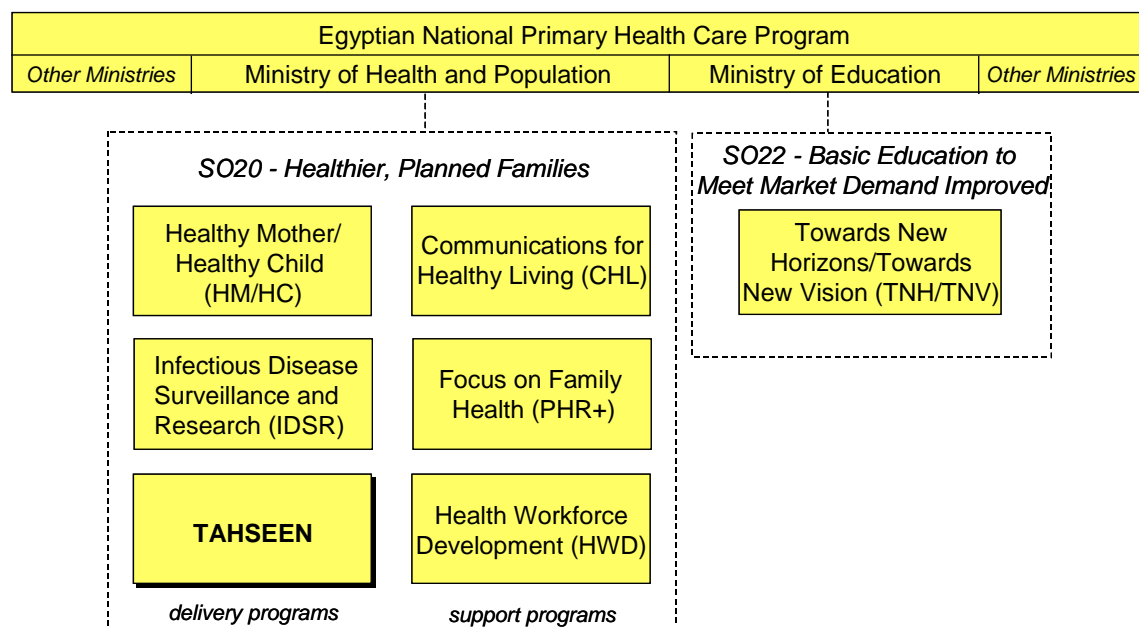
Working collaboratively with local non-governmental organizations (NGOs), women's groups, religious leaders and other community members to generate demand for FP/RH services at the local community level, TAHSEEN/ CATALYST activities simultaneously focused on providing quality services and building their capacity to sustain change. The incentives package for rural health unit personnel finalized in 2004 will be tested in two districts during 2005. This package is expected to reward service providers and other RHU staff who provide quality care. Combined with the service improvement fund and trained clinic boards focused on the results of the clinic, service providers and communities are expected to develop and sustain an increased sense of ownership for these community resources. Memorandums of understanding signed in 2004 between the TAHSEEN / CATALYST, MOHP, the governorates and village leaders illustrate the extent to which civil society has been strengthened and the importance attached to the endeavor.

### *Institutional Setting*

The TAHSEEN Project, jointly implemented by the CATALYST Consortium and the POLICY II Project, works closely with Egypt's Ministry of Health and Population (MOHP) at the central, governorate and district levels to build on almost three decades of United States Agency for International Development (USAID)-supported progress in the fields of family planning and reproductive health (FP/RH).

The project is one of six under USAID/Egypt's Strategic Objective 20 (SO20), "Healthier, Planned Families". The CATALYST Consortium and POLICY II jointly support the implementation of TAHSEEN activities.

### USAID's Contracting Relationships Affecting TAHSEEN



Close collaborative partnerships with other SO20 projects including the Healthy Mother/Healthy Child Project (HM/HC) through the Ministry of Health and Population (MOHP) and John Snow Inc. (JSI), as well as Communications for Healthy Living (CHL), have strongly supported the development of an integrated standards of practice for the MOHP/ MCH and FP sectors and the development and use of behavior change communications at the national and local levels. The TAHSEEN / CATALYST adaptation and modification of the CEDPA/Egypt's Towards New Horizons/Towards New Visions (TNH/TNV) program enabled partner NGOs to implement this successful family life education program. Agreements and memorandums of understanding with non-USAID-funded partners such as the National Council of Women (NCW), the National Council for Childhood and Motherhood (NCCM), the General Authority for Literacy and Adult Education (GALAE) and private sector entities such as Procter and Gamble and Rotary Club/Giza have ensured linkages to national programs that strengthen the project's gender perspective and promote corporate social responsibility. The above table shows USAID-funded projects contributing to SO20.

More broadly, the continuous coordination that is taking place with key implementing partners (IPs), including the Ministry of Health and Population (MOHP), the National Population Council (NPC), the Regional Center for



Training (RCT), Clinical Services Improvement (CSI) and others will set the stage for future sustainability.

As the final USAID-funded population program in Egypt, the Project's goals are to:

- Solidify USAID/Egypt's investments in FP/RH
- Establish a sustainable FP/RH program that provides quality services to those in need, and
- Assist the Government of Egypt reach its goal of replacement level fertility by 2017.

The TAHSEEN/CATALYST Project is designed around four interlocking themes:

- Focused attention to priority groups
  - ▶ Particularly youth, underserved and un-empowered women, postpartum and postabortion care clients
- Improved quality for the customer
  - ▶ Through both enhanced service quality and closer program integration
- Stronger institutional capacity and systems
  - ▶ Particularly policy formulation, management systems and contraceptive security
- Sustainable sectoral shares
  - ▶ Expanded roles for both the NGO and commercial sectors

## **Year 2 Progress**

TAHSEEN and its implementation partners succeeded in moving the project objectives forward in Year 2 through the application of new ideas and innovative approaches as well as replication of best practices in planning, implementation, monitoring and evaluation. Some key achievements included:

- Integrated model defined as activities related to improving the quality of service and activities related to increasing demand. A broad range of activities were then divided between the two categories as follows:
  - ▶ Improved Quality of Service
    - Renovations, equipping and furnishing clinics, improved laboratory services, purchase and training in use of ultrasound equipment, training of service providers, adoption of health sector reform systems, creation and activation of clinic boards and service improvement funds, redesigned incentive system.
  - ▶ Increased Demand

- Provision of training in capacity building and FP/RH knowledge and skills for NGOs, village leaders and district personnel, youth, media groups, agricultural and irrigation extension workers, religious and natural leaders, and youth. Establishing linkages with other health and non-health programs and projects and national level organizations led to the creation of FP/RH literacy curricula for use in literacy classes targeting men.
- Intervention was scaled-up from five Minia governorate communities to 53 communities in three governorates. The comprehensive intervention package included service delivery point renovations, clinical and management training of service providers, mobilization of communities and community leaders, financial and management training for governorate and district financial and health program managers, community awareness raising and youth-oriented programming.
  - ▶ 109 rural communities were inspected, 48 selected for TAHSEEN/CATALYST intervention, with three field offices established to better coordinate project activities.
- Separate Memorandums of Understanding were signed between TAHSEEN/CATALYST, Minia, Fayoum and Beni Suef Governorates and 50 local community leaders stipulating the roles and responsibilities of each partner in implementing the TAHSEEN/CATALYST integrated model of interventions.
- The clinic management and leadership/supervision training intervention were merged for higher impact.
- A new integrated incentive system was designed, proposed and accepted for piloting.
- Basic financial training was finalized with financial managers from all governorates resulting in increased capacity to automate the system and sharper skills for managing and activating the service improvement fund. A Service Improvement Fund Workshop was held for 28 Minia MOHP/ Ministry of Finance district and financial managers.
- NGOs were inventoried, selected and trained to coordinate TAHSEEN/CATALYST activities in the field directly related to linking communities with the clinics. Six umbrella NGOs were selected to mobilize CDAs and communities to this end. Sub-grants were awarded for this purpose.
- The Ask/Consult Network database was expanded. Physicians and pharmacists' speakers programs and roundtable discussions continued using an evidence-based medicine (EBM) approach to increase the knowledge of private service providers in FP/RH topics of concern to their clients.

- A clear corporate social responsibility (CSR) directions were delineated for actions at the national, governorate and village levels. A tripartite MOU was signed with Proctor and Gamble and CHL for collaboration on a nationwide scale. Other CSR activities resulted in contributions of vitamins and pregnancy test kits for distribution to SDPs in TAHSEEN/CATALYST intervention communities and condoms to be used in HIV/AIDS awareness and prevention programs and other drugs.
- The *Standards of Practice for Integrated MCH and RH Services* moved forward to the final stages of validation by national stakeholders.
- A Comprehensive Postabortion Care Package was validated at the national level that incorporates clinical and community skills, practices and activities.
- Hospital-based postabortion care training with an emphasis on counseling was provided for 209 doctors, nurses and nurse supervisors. 270 primary health care providers were trained in emergency PAC treatment, referral and counseling. PAC community mobilization activities reached more than 1400 people in 20 community meetings.
- Youth oriented activities flourished with the creation and launching of Shabab TAHSEEN Week and its offspring, Shabab TAHSEEN Village. More than 600 students and youth in villages and hamlets participated in these series of events that increased the knowledge of youth, and gave them skills to mobilize their communities around FP/RH issues.
- The Minia University peer educators program was formed and met monthly to empower university youth with FP/RH information to share with fellow students, family members and neighbors.
- First complete cycle for the Minia BCC Media Group was completed and participants graduated. Twelve FP/RH topics were covered. Groups were formed in Beni Suef and Fayoum governorates. A total of 110 media professionals in 3 governorates produced, aired or published shows or articles on RH topics based on their participation in monthly interactive technical lectures.
- The BCC plays and puppet entertained audiences in communities throughout 3 governorates while it transmitted FP/RH messages to more than 56,000 men, women, and youth.



## Year 3 Tasks

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During 2005 TAHSEEN/CATALYST will build on the proven successes of the previous years to assure a sustainable FP/RH program that provides quality services to Egyptian families and assists the government of Egypt reach its development goal of replacement level fertility by 2017. Under the banner of sustainability as an overarching theme, TAHSEEN/ CATALYST will ensure that the integrated implementation model is complete and functioning smoothly in communities where the Project is fully intervening, in order to facilitate the initiation of the model's successful transition to, and adoption by, the Ministry of Health and Population (MOHP) and other implementation partners.

While the Project's ultimate goal is to contribute to a decrease in fertility by increasing access to and use of quality FP/RH services for those who want and need them, the TAHSEEN model emphasizes a comprehensive approach to development that addresses behavior change, quality improvement, linkages to other sectors and community involvement. By working with NGOs, women's groups, religious leaders and other community members to generate demand for FP/RH services, strengthen relationships between clinics and the communities they serve, improve the quality of care and the service delivery environment and improve systems and management at the central level of the MOHP, the parts of the puzzle that make up the TAHSEEN model for change are brought together. As the final USAID-funded population program in Egypt, building the capacity of implementing agencies and sustainability are integral to the Project's design.

In practical terms this means that strengthening human and institutional capacity at the village, district, governorate and central levels will start in communities where interventions begin in 2005 and be completed in all communities where interventions started in 2004. The cycle of community mobilization will continue to strengthen the link between the rural health units and the community through activities that involve youth, religious leaders, university peer educators, local media groups, agricultural and irrigation extension workers, clinic boards of directors, non-governmental organizations (NGOs), private sector pharmacists and the commercial sector. In each community the clinic, NGO and TAHSEEN/CATALYST plans are integrated to form a community action plan. The service improvement fund in each clinic is a way of operationalizing the shared vision and provides a means to improve the quality of care delivered at the clinic.

Concurrently during Year 3, TAHSEEN / CATALYST will pave the way for a smooth transition to the second phase of the project. With regard to geographic scope, TAHSEEN/CATALYST plans to roll out activities in 27 new communities in Minia, Beni Suef, Fayoum, and Giza governorates and urban

sites in Cairo and Alexandria. Collaboration with national organizations such as the National Council of Childhood and Motherhood and local chapters of Rotary Club/Egypt urban interventions will continue as a hallmark of project expansion in one new urban poor location in Cairo and one in Alexandria.

This workplan adheres for the most part to the format of previous years' plans. The integrity of the activity numbering system has been maintained with activity and task numbers being retired if interventions were completed, redesigned or absorbed into new activities and tasks.

## **Theme 1: Focused Attention to Priority Groups**

### **Result 1 Youth Better Informed and Use of Services Increased**

*Activity 1.1 Extend BCC campaigns to youth sub-groups and those who influence them*

#### **Year 3 Tasks: CATALYST**

##### *1.1.1 Produce Q&A booklets for youth*

- Print and distribute 5000 Q&A copies of booklets on birth spacing, first pregnancy, breastfeeding, postpartum and postabortion care contraception

##### *1.1.2 Contribute to media campaigns and messages for youth*

- Plan and conduct media seminars in TAHSEEN-served communities in 4 governorates
  - ▶ The TAHSEEN BCC team will conduct campaigns to encourage engaged and newly married couples to delay the first pregnancy and adopt 3 to 5 years birth spacing between children. Family planning and reproductive health messages will be included in local radio and TV programs.
- Insert FP/RH messages in youth-oriented TV and radio programs
  - ▶ The messages of delaying the age of marriage and adopting the 3 to 5 spacing intervals will be included in different media products through radio, TV, newspapers and magazines

##### *1.1.3 Develop youth-focused written messages and materials for service providers and youth*

- Contribute 6 articles on FP/RH to *Howa & Heya* youth magazine and develop hotline operator capabilities to write *Howa & Heya* articles
- Articles for CAT newsletter will include family planning and reproductive health messages (see 3.2.4 and 10.1.2)

##### *1.1.4 Replicate the TAHSEEN play and puppet show*

- Replicate and stage TAHSEEN play and puppet show in Minia, Beni Suef, Fayoum, and urban poor areas in Cairo and Alexandria

#### **Rationale**

Delaying the first pregnancy continues to be an important BCC message for TAHSEEN/CATALYST in rural Upper Egypt, where early marriage is common. During 2004, BCC and youth activities stressed this message through

direct communication, media activities, articles contributed to publications and the plays and puppet shows. Q&A booklets for youth that addressed this and other FP/RH issues were printed and distributed during 2004, and 2005 will see the development of a third booklet in the series addressing optimal birth spacing and contraceptive methods.

TAHSEEN/CATALYST's multi-pronged approach that targets youth sub-groups and those who influence them will be expanded in 2005 to include both male and female religious leaders, natural leaders within the community and local political leaders and youth themselves.

The Minia BCC media group completed 12 topics during 2004, graduated the first "class" and launched its second year activities. Beni Suef and Fayoum BCC media groups have completed more than half the program and will continue to play an important role in disseminating all messages, including those geared towards youth.

*1.1.5 Reproduce BCC materials targeting youth and other groups as required*

- ▶ BCC materials may be produced or reproduced according to the requests of TAHSEEN specialists, such as the PPC and PAC materials requested in 2004

*Activity 1.2 Increase service providers' awareness of the FP/RH needs for youth and youth-friendly services*

**Year 3 Task: CATALYST**

*1.2.1 Establish 1 or 2 youth friendly clinics at the Egyptian universities and train service providers*

**Rationale**

The establishment of youth-friendly services (YFS) will be carried over into 2005. In 2004 it was found that YFS models popular in many other countries implementing FP/RH programs were not appropriate for the Egyptian culture. University campuses are now encouraged to establish YFS on their premises. After successful negotiations, TAHSEEN/CATALYST in 2005 will establish YFS at one or two universities and test a similar model in some public health clinics.



*Activity 1.3 Develop and implement a family life education (FLE) program for youth*

**Year 3 Tasks: CATALYST**

*1.3.1 Replication of CEDPA Towards New Horizons, Towards New Visions*

Completed- Activity number discontinued in 2005

*1.3.2 Support FLE programs in school settings*

- Implement 53 Shabab TAHSEEN Week programs with MOHP, MOE, MOYS & NGO assistance in different communities
- Explore possibilities of partners implementing Shabab TAHSEEN Week
- Support and assist partners to implement Shabab TAHSEEN Week
- Raise awareness of parents/teachers about youth FP/RH issues in 53 selected communities during Shabab TAHSEEN Week activities
- Mobilize youth in 6 communities to convey FP/RH messages to their peers and community population
  - ▶ This will include 2 communities in each of Minia, Beni Suef and Fayoum governorates to spread RH messages in their communities

**Rationale**

The successful Shabab TAHSEEN Week, brainchild of the Minia Youth Committee, was implemented in Minia, Beni Suef, Fayoum and also urban poor areas in Cairo in 2004. In addition, the local council of Samalout District in Minia Governorate replicated it on their own initiative. In 2005, Shabab TAHSEEN Week will be scaled up in a number of communities and TAHSEEN will assist other partners, including the MOHP, to implement the activity independently and provide technical assistance.

*Activity 1.4 Develop youth-oriented educational and counseling activities*

**Year 3 Tasks: CATALYST**

*1.4.1 Train religious leaders in FP/RH in 3 governorates*

- Train 100 religious leaders to increase FP/RH knowledge in Minia, Beni Suef and Fayoum communities
- Train 20 female religious leaders (*daeyat*) to increase FP/RH knowledge in Minia communities
- Conduct FP/RH awareness raising sessions/workshops with religious leaders in 3 governorates and deploy trained governorate level religious leaders to raise the awareness of village level religious leaders on FP/RH issues

- Conduct, monitor and evaluate El Beit El Kabeer events in a sampling of TAHSEEN communities

### **Rationale**

During 2004 religious leaders assumed a pivotal role in communicating FP/RH messages to youth and other community members. Well respected within their communities, religious leaders provide formal and informal counseling to the village population. Despite their influential position most Egyptian women would prefer to discuss sensitive FP/RH issues with another woman. Therefore, during 2005 FP/RH training will expand to include female religious leaders.

#### *1.4.2 Activate Youth Hotline*

### **Year 3 Tasks: CATALYST**

- Support youth hotline marketing through CSR promotions
- Continue to build capacity of youth hotline operators through on the job training and/or other training methods

### **Rationale**

TAHSEEN/CATALYST received broad support for the marketing of a youth hotline focusing on reproductive health during a 2004 meeting that brought together key figures from the print and broadcast media, national NGOs and ministries. Participants were enthusiastic about the idea and discussed the value of the hotline to reach large numbers of young people, both literate and illiterate, and its accessibility from all governorates. Discussions about its sustainability and cost were raised, as were issues of sponsorship to help defray costs. In a show of support the Undersecretary of MOYS promised to provide full support for the hotline and to market it through Youth Centers nationwide.

Plans for 2005 include the marketing and launching of the hotline. Callers to the hotline will be able to speak with staff trained to discuss FP/RH issues with a positive tone, raise callers' awareness, and help them to clarify personal values, attitudes and behaviors. The hotline will provide advice, education and referral to services and other sources of more specialized information, including other hotlines or resources that address issues such as HIV/AIDS, gender-based violence, and addiction.

#### *1.4.3 Adapt premarital counseling materials to create a course for non-medical professionals*

### **Year 3 Tasks: CATALYST**

- Implement the premarital counseling curriculum in 2 selected areas

### **Rationale**

A need exists for premarital counseling. When couples learn about reproductive and marital life prior to marriage, it helps them to make informed decisions and plan for their future family life, which ensures a healthy outcome and better couple communication.

#### *1.4.4 Train peer educators in Egyptian universities in 2 governorates*

### **Year 3 Tasks: CATALYST**

- Train 60 peer educators in Minia University and the Beni Suef branch of Cairo University to disseminate FP/RH knowledge
- Provide technical assistance for RH peer educators during monthly meetings between March-May 2005 with new topics introduced

### **Rationale**

Building on the peer educator program launched in Minia University during 2004, the project will expand the program to include the university in Beni Suef and additional peer educators in Minia University. Some 60 youth will be trained as peer educators during 2005.

#### *1.4.5 Train Youth Working Group and Committee members in TAHSEEN affiliated governorates*

### **Year 3 Tasks: CATALYST**

- Conduct basic FP/RH and youth-adult partnership (YAP) training for Youth Working Group members in Beni Suef and Fayoum
- Conduct leadership training for Minia Youth Committee members to develop youth leaders in 5 Minia villages
  - Provide technical assistance for the youth committee members in Minia to develop youth leaders

### **Rationale**

During 2004 the Minia Youth Committee and nascent Youth Working Groups in Beni Suef and Fayoum were active in mobilizing youth around FP/RH issues. The brainstorming and organizing of Shabab TAHSEEN Week and Shabab TAHSEEN Village are testimony to the capabilities of the groups and the youth that serve on them. Developing the capacity of youth groups to train local youth at the village level and to link the community with the RHUs took a brilliant step forward with the successful Shabab TAHSEEN Village activity in 5 Minia Governorate hamlets. Brainchild of the Minia Youth Committee, this initiative demonstrates this group's readiness to pass their leadership skills on to youth at the village level, who will in turn mobilize their communities and link them to their clinics.

To support this innovative and active group, TAHSEEN/CATALYST will initiate the Youth Leaders program for the Minia Youth Committee members. This leadership program is based on the "Challenge Model" successfully used in the clinic management and integrated supervision training. Once trained, the Minia Youth Committee members will break up into small groups, one for each of the five communities associated with the renovated Minia RHUs. These teams will start a Youth Leaders program with selected youth in each community. The youth leaders training will apply the same techniques and approaches used by the Youth Committee and clinic management and integrated supervision.

This sustainable approach is designed to build capacity and create a cadre of young community leaders who will continuously face the health challenges in their communities and bring them to the attention of older community leaders. The Youth Leaders program additionally creates tomorrow's leaders, today.

#### *1.4.6 Raise FP/RH awareness of youth in one urban poor area*

#### **Year 3 Tasks: CATALYST**

- Conduct knowledge pretest for 120 individuals prior to intervention
- Conduct Shabab TAHSEEN Week program in one urban poor area to raise awareness of resident youth
- Conduct knowledge post-intervention test for 120 individuals

#### **Rationale**

There is a need for youth to be aware of FP/RH issues. The needs of urban youth are somewhat different from youth living in rural areas as drugs and HIV/AIDS are more prevalent in urban environments. TAHSEEN is expanding its activities targeting youth to include youth in Egypt's urban poor areas. The knowledge of youth resident in this area about FP/RH issues will be tested before and after the Shabab TAHSEEN Week intervention.

*Activity 1.5 Expand advocacy efforts for youth to adopt a small family size mentality through existing champions and by increasing number of advocates*

#### **POLICY**

*Activity 1.6 Develop advocacy tools to be used by advocates for family planning issues*

#### **POLICY**

*Activity 1.7 Activate a national taskforce formulated to advocate for youth FP/RH issues and needs to policy makers*

## **POLICY**

*Activity 1.8 Formulate youth task force in Minia and other selected governorates to advocate for youth FP/RH issues and needs to policy makers*

## **POLICY**

### **Result 2 Underserved and Unempowered Women Better Informed and Use of Services Increased**

*Activity 2.1 Match areas of greatest need with service availability*

Redesigned in 2005. Activity number discontinued in 2005. Refer to 4.7.

*Activity 2.2 Develop and implement service delivery strategies in urban and rural areas*

#### **Year 3 Tasks: CATALYST**

*2.2.1 Implement expansion strategy replicating Minia experience in Sohag, Assiut and Qena*

Expansion during 2004 took place in Minia, Fayoum and Beni Suef – Activity number revised in 2005 (see 4.7)

*2.2.2 Minia experience documented and model refined*

Completed - Activity number discontinued in 2005

*2.2.3 Improve access to services in urban slum areas*

Redesigned - Activity number discontinued in 2005 (see 4.9)

*2.2.4 Increase demand for health services in urban poor areas*

- Organize RH awareness raising seminars in 3 Cairo urban poor areas and 1 urban poor area in Alexandria
- Build capacity of local entities including NGOs and CDAs
- Develop an integrated model for community planning through series of roundtable discussions
- Manage, monitor and follow up TAHSEEN model in urban poor areas including gender, youth, and BCC community mobilization activities

*2.2.5 Increase demand for health services in rural areas*

- Develop an integrated model for village-level plans with all community representatives through series of roundtable discussions

- Manage, monitor and follow up implementation of 53 community-developed action plans started in 2004 communities based on the TAHSEEN integrated model

### **Rationale**

The roll out of field activities in Minia in 2004 permitted the project to establish and refine a model wherein a comprehensive set of interventions were conducted simultaneously, including clinical training for all service providers and management training for physicians, community and targeted awareness-raising campaigns, EBM training for private physicians and pharmacists, NGO and private sector participation, clinic renovations and equipping, youth FLE programs and community mobilization. Concurrent activities link the project with other health and non-health sector initiatives as well as women's empowerment activities.

During the first quarter of 2004, the TAHSEEN model, implemented in five Minia clinics, was documented and evaluated in terms of the steps, challenges, lessons learned and areas for improvement. This review was critical for the rapid and smooth replication of the initiative in Minia and other governorates during the rest of 2004. One of the lessons learned as a result of evaluating the Minia experience, was the importance of conducting a meeting attended by representatives of all local stakeholders involved with developing village level action plans (NGOs, RHU staff, MOHP). The objective of this meeting was to develop a single integrated plan at the community level.

For planning purposes, it is estimated that TAHSEEN will assist the MOHP and other implementing partners (IPs) to roll out activities in up to 27 new communities in four Upper Egypt governorates by September 2005 (Minia, Beni Suef, Fayoum, and Giza) and urban poor areas of Cairo and Alexandria. Additionally, work will continue in 24 communities of 7 districts in Minia, 15 communities in 5 districts in Beni Suef, 14 communities in 5 districts in Fayoum and Mansheit Nasser, an urban poor community in Cairo.

The Minia experience will be adapted and replicated in the selected districts according to an implementation plan. Impact will be measured according to a baseline study conducted prior to initiating the intervention in each governorate.

#### *2.2.6 Continue support to Minia SDPs started in 2003*

### **Year 3 Tasks: CATALYST**

- Follow up on clinical and HSR systems training through weekly coaching visits to clinics (see 4.8.2)
- Follow up on action plans for community mobilization

### **Rationale**

Behavior change and the turning of skills into new working habits are fundamental to the sustainability of the changes that are occurring at the RHUs as an outcome of TAHSEEN/CATALYST training during 2004. In order to reinforce and sustain new behaviors learned during the technical training, follow up is proposed as a complement to training activities. District staff, who have participated in supervision and leadership training will assist clinic teams to implement the systems by adopting a coaching approach to management and by facilitating the flow of resources from local community and government sources. CSR activities will play a significant role in providing financial support to the clinics. (see 10.3)

#### *2.2.7 Activate FP BCC and service provision in 11 district hospitals*

### **Year 3 Tasks: CATALYST**

- Conduct FP awareness day for service providers from 11 hospitals in collaboration with the Curative Care sector
- Hold medical specialty workshops targeting two different groups of specialists (med-surgery) in 11 district hospitals, to raise awareness about their clients' FP needs
- Provide FP BCC posters and leaflets to 11 hospitals

### **Rationale**

Clients in district hospitals are a captive audience for FP/RH messages, as are their visiting mothers, sisters, brothers and husbands. TAHSEEN/CATALYST will attempt to involve the district hospitals more in FP activities (see also 3.1.3) in order to reach this audience. In addition, activities will be implemented to orient medical specialists about the family planning needs of their specific patient population. It is intended that this will aid in increasing referral of their clients to family planning clinics. This activity will be developed at the request of the head of the Curative Care sector.

#### *Activity 2.3 Improve utilization and effectiveness of the raedat rifiat (RR)*

### **Year 3 Tasks: CATALYST**

- Improve RR image through BCC media groups' contributions to TV and radio spots and programs and community events in 3 governorates and urban poor areas
- Create printed BCC materials support to improve RR home visits, if required

### **Rationale**

Over the course of 2004, TAHSEEN/CATALYST has improved the image of raedat rifiat in their local communities by upgrading their knowledge and skills

through training courses and inclusion in the media groups. This support will continue in 2005.

*Activity 2.4 Conduct women's empowerment activities in target areas*

**Year 3 Tasks: CATALYST**

*2.4.1 Strengthen linkages between existing women's empowerment activities and TAHSEEN service delivery, BCC and RR performance improvement initiatives*

- Insert couples communication messages in play and puppet show performances and in all TAHSEEN seminars and activities
  - ▶ TAHSEEN trained media professionals, direct communication officers (SIS, MOHP/CO and governorate level) religious leaders, physicians and social workers facilitate interactive sessions for the audiences of puppet shows and plays, and during TAHSEEN-sponsored seminars
- Promote husbands' involvement in RH with local BCC groups in 3 governorates
- Provide technical assistance in gender and FP/RH awareness raising to the National Council of Women (NCW) Multifaceted Project in 4 Minia communities
- Conduct FP/RH and gender awareness raising sessions for women in collaboration with NCW in 5 TAHSEEN renovated Minia clinics
- Train 15-25 NCW literacy facilitators using FP/RH literacy booklets developed for men
- Train female agricultural extension workers from the Ministry of Agriculture/Rural Women Department to deliver FP/RH messages to underserved women in Minia governorate
- Conduct FP/RH and female genital cutting (FGC) awareness raising sessions for Herafeyeen City, an urban poor area of Cairo, adolescents in collaboration with the National Council for Motherhood and Childhood (NCCM) as part of STW activities (see 1.3.2)
- Design a GBV program in Mansheit Nasser in collaboration with NCCM
- Train 15–25 NCCM male literacy facilitators using FP/RH literacy booklets developed for men
- Conduct awareness raising sessions in collaboration with the NCCM FGC program in Minia communities where NCCM/TAHSEEN have joint activities



## **Rationale**

While a crosscutting gender strategy is a focal point for all TAHSEEN activities, it also gives rise to the development of some stand-alone initiatives, such as training in reproductive health for partner/implementing agencies with access to TAHSEEN target groups. Additionally, TAHSEEN believes it is important to reach women in the venues where they are most likely to be found, such as women's clubs or NGOs where they are already participating in training for income generation projects or receiving credit to start their own micro-businesses.

Implementation experience from 2004 clearly demonstrated that linking TAHSEEN with these other health and non-health programs expanded TAHSEEN's access to women and created additional opportunities to impart FP/RH messages. Linking with projects and organizations implementing women's empowerment activities has proven to be very useful in reaching underserved women. Last year was very successful in bringing TAHSEEN's perspective and vision into the focus of these organizations/project activities.

After building a strong foundation of cooperation between TAHSEEN and the MOA, MWRI, NCW, NCCM, GALAE and other non-health organizations during 2004, FP/RH messages are being mainstreamed into well-established concrete activities. During 2005, TAHSEEN/CATALYST will continue to establish partnerships with organizations and institutions serving women in order to broaden its scope and maximize its resources.

### *2.4.2 Support MOHP women's clubs in Minia*

- Train 30 Minia and Fayoum MOHP women's club supervisors in FP/RH and HIV/AIDS
- Train women's club supervisors to deliver FP/RH, HIV/AIDS messages to village women
- Conduct 2 Arab Women Speak Out (AWSO) Training of Trainers courses for NGO RR in collaboration with Save the Children Organization
- Conduct women's empowerment training in Minia, Fayoum and Beni Suef through MOHP trained RR
- Compile FAQ booklet for use by RR with women attending women's club events and seminars
- Print and disseminate 3000 FAQ booklets to RR and women's clubs

## **Rationale**

Efforts to strengthen women's clubs will be implemented in Beni Suef and Fayoum in 2005 through ongoing provision of technical assistance to the MOHP efforts.

#### *2.4.3 Strengthen partner NGO activities in couples communication*

- Train 15 MOHP and NGO RR and 15 mothakef sokany (MS) in 5 Minia governorate communities to include couples communication during home visits, using TAHSEEN-developed manual

#### **Rationale**

The fieldwork conducted last year demonstrated that couple's do not communicate effectively and lack necessary communication skills. The newly TAHSEEN-developed manual will be piloted in Minia and used in the GBV program and as part of the counseling program for health care professionals.

#### *2.4.4 Train MOHP service providers and outreach workers in gender and reproductive rights*

- Train Beni Suef and Fayoum Governorate outreach workers (RR and MS) on gender and reproductive rights using simplified manual
- Train Minia, Beni Suef and Fayoum Governorate service providers on gender and reproductive rights
- Train MOHP/Population Sector on gender and reproductive rights

#### **Rationale**

The CATALYST Consortium recently adapted its manual, *Gender and Sexual and Reproductive Rights: Strategies to Improve the Quality of Care*, for use in the Egyptian setting. TAHSEEN used the manual to train service providers and further adapted it, simplifying it for use with rural male and female outreach workers. The MOHP/Population Sector will also be trained to use this adapted manual with the objective of creating a national plan for training all MOHP community outreach health workers (RR, MS, IEC).

#### *2.4.5 Develop model intervention to address gender based violence (GBV)*

- Develop a GBV manual
- Develop a GBV booklet in collaboration with religious leaders
- Include a GBV session in BCC media group program

#### **Rationale**

In cases of domestic violence, FGDs with men and women revealed that both groups held women responsible for exhibiting behavior justifying a physical (violent) response. Additionally neither men nor women felt the man should be punished or reprimanded for this behavior. Men and women also responded that beatings were signs of affection and love. Based on the FGD findings TAHSEEN / CATALYST believes that both men and women are victims of

cultural practices that result in GBV and that project intervention should foster communication, strengthen the family unit and promote harmony. For this reason plans are being discussed to produce a booklet on alternative roles models for masculinity based on Islamic religious doctrine. This booklet will be produced in collaboration with Al Azhar University.

*Activity 2.5 Conduct behavior change activities with women, men and communities*

**Year 3 Tasks: CATALYST**

*2.5.1 Support CHL in the development of national FP/RH BCC activities*

Redesigned - in 2005 Activity number discontinued in 2005

*2.5.2 Incorporate religious leaders into educational and awareness raising activities*

Redesigned - Activity number discontinued in 2005

*2.5.3 Activate and support BCC/Media Groups at the governorate level*

- Direct media professionals to mobilize communities where clinics are being renovated through TV, press and radio coverage

*2.5.4 Strengthen BCC at the community level by providing technical assistance to NGOs and linking with other sectors*

Redesigned –Activity number discontinued in 2005

*2.5.5 Incorporate influential community leaders into field activities*

- Orient local political leaders to TAHSEEN field activities at the community level
- Involve local political leaders in TAHSEEN field activities at community level

**Rationale**

Religious leaders proved to be valuable partners and opinion leaders during 2004. Sessions will continue to be designed specifically for them and their integration into all relevant FP/RH community level activities will continue. The model will be replicated with the political leaders in the communities where the Project is active.

*2.5.6 Replicate Minia BCC Media Group in other governorates where TAHSEEN is active*

**Rationale**

The BCC Media Groups will be modeled after the existing Minia group, which is composed of 20 participants representing local TV, radio, press, SIS/LIC and MOHP IEC officers. The groups meet on a monthly basis over a period of 9 months for a presentation by an expert on an RH topic, followed by Q & A facilitated by governorate level FP/RH/MCH professionals. Participants will be encouraged to produce BCC work on the topics discussed.

*2.5.7 Support partner NGOs and other sectors to communicate FP/RH messages/practices through medium of TAHSEEN play and puppet show*

- Stage plays and puppet shows (up to 9 performances) in communities as requested by partner NGOs

**Rationale**

The BCC puppet show and play have proven to be very successful in communicating the TAHSEEN/CATALYST messages to a wide variety of audiences. They have been integrated into the Shabab TAHSEEN Week activities and adopted by the Project's NGO partners to facilitate the transmission of FP/RH messages when initiating activities in a new community. The presence of the religious leaders and physicians on the discussion panel following the event enriches the discussion and adds credibility to the messages. Additionally the model builds the capacity of the speaker's themselves to field and answer questions from the audience and enables them to remain current with the needs and concerns of the community.

*Activity 2.6 Community-based distribution (CBD) and counseling*

Discontinued according to USAID - Activity number discontinued in 2005

*Activity 2.7 Increase and promote men's involvement in FP/RH programs*

*2.7.1 Strengthen male outreach workers' & information, education and communication officers' RH knowledge and capacity*

**Year 3 Tasks: CATALYST**

- Incorporate IEC officers and mothakef sokany (MS) into BCC media group in 3 governorates
- Conduct FP/RH orientation workshops for 30 community leaders
- Train 30 community leaders on FP/RH in Mina, Beni Suef and Fayoum

- Train 30 male Beni Suef and Fayoum NGO literacy facilitators in the TAHSEEN-developed FP/RH curriculum
- Train 45 Beni Suef and Fayoum MOA and MWRI agricultural /irrigation extension workers (AEW) in FP/RH with focus on OBSI and HIV/AIDS
- AEW conduct FP/RH 100 seminars with male farmers focusing on OBSI and HIV/AIDS
- Promote the use of condoms among farmers through AEW orientation

*2.7.2 Support NGO education and awareness raising efforts that increase male participation in FP/RH*

Year 3 Tasks: CATALYST

- Train Minia male NGO outreach workers (MS) in gender and reproductive rights using simplified manual
- Collaborate with male NGO outreach workers to develop a program that targets men to promote smaller families

**Rationale**

During 2004 TAHSEEN began implementing a gender equitable approach to FP/RH by targeting men with different FP/RH messages in order to increase their awareness and enable them to better support the FP/RH needs of their wives.

A major achievement in that respect was the development of a FP/RH booklet targeting illiterate men. Collaboration with GALAE in the development of the booklet has resulted in a useful tool for providing literacy instruction and increasing the FP/RH information needs of these men who, at different stages in their lives, have a need for and often want, access to reliable information and services that will assist them to lead healthy reproductive and sexual lives. The more informed and effective men become in living safer sexual and reproductive lives, the greater their contribution will be to the welfare of their partners and children. TAHSEEN has made significant strides in reaching men in Minia this year through collaboration with agriculture and irrigation extension workers. This activity proved to be an important component of mobilizing the entire community around FP/RH objectives.

The utilization of male outreach workers further exposed male farmers to the knowledge, attitudes and practices needed to adopt healthier reproductive lives for their futures. TAHSEEN will capitalize on NGOs selected for general FP/RH activities, as described under Result 9, to implement tasks described under this activity.



### **Result 3 PP/PAC Women and Those Qualified for TL for Medical Reasons Better Informed and Use of Services Increased**

*Activity 3.1 Expand the availability of services for PP/PAC/TLMR for medical reasons*

#### **Year 3 Tasks: CATALYST**

##### *3.1.1 Postabortion care*

- Finalize Comprehensive PAC Package during national workshop
- Disseminate *Linking Family Planning with Postabortion Services* study findings with Population Council
- Design and conduct 3 PAC TOT training courses
- Conduct 30 bimonthly Safe Motherhood Committee (SMC) meetings to guide PAC program implementation
- Continue PAC support to existing 11 hospitals through monthly meetings (serving 5280 women)
- Implement high quality PAC services in 8 new MOHP hospitals in Cairo and Upper Egypt by training over 200 providers, serving 1600 women
- Implement high quality PAC services in primary health care (PHC) units in Cairo and Upper Egypt through over 400 trained physicians and nurses

#### **Rationale**

This is a continuation of a successful 2004 activity. During 2005, TAHSEEN will continue to support Curative Care sector PAC activities in the 11 hospitals where services were improved in 2004. TAHSEEN will conduct strategic work with the MOHP to formulate a public sector PAC strategy and approve the PAC package, development of which was started in 2004. For this initiative TAHSEEN will again draw on the highly successful experience of the Pathfinder/CATALYST PAC program in Peru.

To build sustainability of the 2004 interventions a number of TOT courses will be organized. Continued support to these hospitals also takes place through monthly on the job training of providers and action plan meetings. In addition, all primary health care providers in the catchment areas of the existing 11 hospitals will be trained.

In 2005 high quality PAC services will be introduced in 8 new districts, including two sites in Cairo urban poor areas. These activities will include training of providers in hospitals, training of primary health care providers and work with community groups.

### *3.1.2 Tubal ligation for medical reasons*

Postponed according to USAID guidance- No activity in 2005

### *3.1.3 Postpartum care*

- Conduct bimonthly SMC meetings to guide PPC implementation
- Provide high quality PPC services to up to 7200 women in 11 MOHP hospitals in Cairo and Upper Egypt by providing training and focus group discussions (FGDs)
- Implement high quality PPC services in primary health care units in Upper Egypt through trained physicians and nurses

## **Rationale**

TAHSEEN views the PP program as a prime candidate for integration work. A workshop on postpartum care was held during 2004 during which the FP/MCH and Curative Care (CC) sectors identified their needs for cooperation. TAHSEEN will continue to work with the sectors in further developing these ideas.

In addition, in close collaboration with RCT and using RCT developed materials, TAHSEEN will implement PP care activities replicating the successful PAC strategy and approach of clinical training, PHC training and community activities. Initial development started in 2004 including the design of BCC materials, formation of some community PPC groups, and some training for primary health care providers in Minia.

In 2005 these activities will be scaled up in 11 areas. The scale up will include a full package of hospital, primary health care and community work. It is anticipated that some 7200 women will be served, of whom 25% are expected to request immediate PP IUDs.

### *Activity 3.2 Improve awareness and knowledge of services for PP/PAC/TLMR for medical reasons*

## **Year 3 Tasks: CATALYST**

### *3.2.1 Develop or expand on approaches to raise awareness of 40<sup>th</sup> Day Visit*

Completed - Activity number discontinued in 2005

### *3.2.2 Contribute to or develop educational materials for providers and clients on PP/PAC/TLMR*

Activity number discontinued in 2005 but activities absorbed into 3.2.5



*3.2.3 Develop or expand PAC community awareness raising activities*

- Continue support to communities with existing PAC activities through bimonthly meetings, reaching 9600 men and women
- Conduct 10 PAC community involvement workshops for local leaders
- Train 300 local leaders in communities to raise awareness in their communities on PAC, reaching 3000 men and women

**Rationale**

This is an expansion of successful 2004 activities. By raising women's awareness and knowledge TAHSEEN expects to increase the number of women who receive PAC services with minimal delay. Continued support will be given to existing community groups in 11 districts and new groups will be started according to the expansion plans in 12 districts.

*3.2.4 Develop or expand PPC community awareness raising activities*

- Continue support to existing communities that are active in PP awareness raising through bimonthly meetings, reaching 3840 men and women
- Conduct 11 workshops on community PPC activities with local leaders
- Train 720 local leaders in communities to raise awareness in their community on PPC, reaching 7200 men and women

**Rationale**

Year 3 will see an expansion of activities started in 2004 that increased women's knowledge of PPC. TAHSEEN expects activities conducted to increase the number of women visiting the service delivery points on the 40<sup>th</sup> day postpartum, and to increase their knowledge and awareness of danger signs for mother and child. By the end of 2005, the communities in the catchment areas of the 11 hospitals with trained service providers, will have active community PPC programs.

*3.2.5 Produce BCC materials for community PP/PAC activities*

- Include postpartum and postabortion contraception information for service providers in the *Evidence Based Medicine on Family Planning and Reproductive Health Critically Appraised Topics* (CAT) newsletter (see 10.1.2)
- Print 5,000 copies of Q&A booklets that include PPC and PAC messages (see 1.1.1)
- Produce BCC materials for community PAC activities
- Produce BCC materials for community PPC activities

**Rationale**

BCC materials will support community efforts to raise PAC and PPC activities. Materials produced in 2004 with the input of local community leaders will be a key tool at the community level. The CAT newsletter will include information on PPC and PAC, reinforcing PPC and PAC information for service providers and 5000 copies of the Q&A booklet that includes PPC and PAC topics will be printed and distributed for use by all stakeholders.

## Theme 2: Improved Quality for the Customer

### Result 4 Quality of FP/RH Services Improved

#### *Activity 4.1 Refresh the Gold Star program*

##### **Year 3 Tasks: CATALYST**

- Conduct national workshop to orient all central office and governorate staff regarding need to re-certify all Gold Star clinics
- Contract external assessors to conduct clinic assessments

##### **Rationale**

Over the last ten years, the Egyptian MOHP/PS established one of the largest public sector quality services programs in the world. The certification of services according to a set of standards and the promotion of these quality services to the public using an easily-recognized symbol became known as the “Gold Star” program.

Egypt is facing the next great challenge of a maturing quality improvement program -- how to keep it going. Over the last few years, due to a variety of circumstances, many clinics no longer meet certification standards. Yet these clinics are often still reported as qualifying for certification. They still announce this promise of quality to the public by displaying the Gold Star logo on their doors and walls.

Quality services come first. The Gold Star is only a name, communicating a message about quality services to the public and to providers. With or without the name, people still need quality services and recognize them when they are present. With quality services restored, the “Gold Star” symbol may again prove a valuable tool in conveying this promise to the public. The investment in time and money in the Gold Star “brand” has been substantial; its value lies in widespread public recognition (above 90% in 2002), as well as public trust. With services revitalized, the public trust in the message can also be restored.

The purpose of this activity is to restore the commitment to achieving quality family planning services on a national level in the near term. Such renewed commitment will result in real systems to deliver consistent quality FP services, as well as a strategy to promote restored quality services to the public.

The first beneficiaries of maintained quality services will be the clients, themselves. But the establishment of practical systems to maintain and market quality is also of interest to other health sectors. The MCH sector has expressed an interest in having the “Gold Star” also represent quality MCH care, so with the new Standards of Practice for Integrated MCH/FP Services (SOP), there is a “golden” opportunity to expand the Gold Star certification. Integration of MCH

services will be phased into the revitalized Quality Certification System for Family Planning.

Revitalization of the Quality Certification for Family Planning System and its promotion through the Gold Star program must come from both MOHP and the public:

- MOHP Population Sector leadership and clinic staff need to regain confidence and pride in Quality Certification;
- The public needs to regain its confidence in the MOHP promise of quality certification, associating “restored” quality family planning services with the Gold Star logo.

Four methods will help to achieve these goals:

- Increase the quality of the care in the clinics
- Recertify clinics
- Install a system of external verification to ensure that the Gold Star logo remains a high value symbol
- Remarket the Gold Star logo as having a new content, with added value

In the long term (1-3 years) SOP and integrated supervision training combined with intensified collaboration with the MCH sector will provide most if not all of the “improved quality.” This will take considerable time however and it is important to reestablish trust in the Gold Star immediately. For this reason TAHSEEN proposes a recertification of all clinics currently bearing the Gold Star logo and the implementation of an external assessment to ensure unbiased re-certification. CHL will collaborate in remarketing the Gold Star at the national and local levels.

*Activity 4.2 Create a CQI initiative for the NGO and commercial sectors*

Redesigned- Activity number discontinued in 2005

*Activity 4.3 Lay the foundation for a continuous medical education program*

Redesigned - Activity number discontinued in 2005

*Activity 4.4 Strengthen service provider training systems*

**Year 3 Tasks: CATALYST**

*4.4.1 Incorporate Standards of Practice for Integrated MCH and RH Services (SOP) into RCT and MOHP training courses and support SOP training*

## **Rationale**

After the integrated standards of practice are approved, they should be incorporated into existing training packages. Although this was started to some extent during 2004, the process needs to be finalized in 2005. Training in the integrated MCH and RH standards of practice will be limited to Upper Egypt governorates in 2005, with priority given to communities where TAHSEEN/CATALYST is active. Expansion of training into Lower Egypt governorates will necessitate additional funding.

### *4.4.2 Strengthen national EBM capabilities*

- Conduct 3 EBM courses using UC/Irvine graduates

## **Rationale**

Evidence based medicine (EBM) is an important factor in determining and promoting best practices and an important methodology for updating the integrated standards of practice. (see 5.1.2) TAHSEEN/CATALYST has adopted an evidence based approach to training pharmacist and physician members of the Ask/Consult Network who are in dire need of continuous access to evidence based information. In 2004 two groups of physicians were trained in EBM, one during a TAHSEEN-sponsored training course with a TAHSEEN developed curriculum and a second group during a recent training course in the United States. Both groups are important assets for program sustainability.

During 2004 TAHSEEN worked with MOHP and university partners to conduct a course for these EBM-trained physicians in order to elevate their knowledge level and strengthen their capacity as a core group of EBM trainers and implementers. Follow up in 2005 will include initial steps to form a national EBM body, serving to ensure greater sustainability and standardization of information to be disseminated. Several additional courses are planned to broaden the base of EBM-trained physicians. (see 5.1.2)

### *4.4.3 Strengthen other MOHP training systems and courses*

- Develop or revise additional training packages as requested by MOHP
- Design and implement district managers' curriculum on integrated approach to enable them to start up, supervise and manage integrated activities in their districts
- Design and conduct TOT for the integrated FP/RH/MCH training courses for physicians, nurses, lab techs and raedat rfiat

## **Rationale**

In 2005 TAHSEEN will continue to support MOHP FP sector training needs as requested. To support and replicate the TAHSEEN integrated approach and increase the capacity of district managers to formulate their plans, TAHSEEN will develop a new training package for district managers. This training will

contribute greatly to the overall sustainability of the TAHSEEN model and responds to the MOHP FP sector emphasis on the district level.

Continuous investment in service provider training is crucial. A key training activity in 2004 was the development of an integrated curriculum based on the National Standards of Practice to ensure the standardization of services providers' technical competencies as well as standardization of medical services provided to clients nationwide. In 2005, training will revolve around the sustainability through training of trainers courses.

As a number of districts have promised implementation and expansion of the integrated FP/RH/MCH training courses for physicians, nurses, lab technicians and raedat rifiat, TAHSEEN will develop and organize TOT courses for these packages. This will serve to increase the sustainability of the training effort and to enable local MOHP staff to implement these courses on their own.

#### *4.4.4 Contribute to non-formal education systems*

Redesigned - Activity number discontinued in 2005

#### *4.5 Implement improved training in basic counseling techniques*

Discontinued - Activity number discontinued in 2005

#### *Activity 4.6 Support RCT through to self-reliance*

### **Year 3 Tasks: CATALYST**

- Create a CQI system for the Regional Center for raining (RCT)

#### **Rationale**

To ensure RCT sustainability, a process is required that enables them to continue improving services for their clients. RCT has requested TAHSEEN assistance in developing a CQI system in 2005. (see 4.2)

#### *Activity 4.7 – Refurbish and upgrade service delivery points (SDPs) in Upper Egypt governorates*

### **Year 3 Tasks: CATALYST**

#### *4.7.1 Identify and assess needs of up to 25 targeted communities in 4 Upper Egypt governorates*

- Inspect and obtain clearance for nominated service delivery points (SDP)
- Conduct assessments in selected communities to identify community needs and available resources

### **Rationale**

During the first quarter of 2004, Dr. Awad Tag El Din, Minister of Health and Population, requested TAHSEEN intervention in 206 communities throughout the Upper Egypt governorates and in a number of urban poor areas in greater Cairo and Alexandria. Accordingly, TAHSEEN adopted a strategy of establishing anchor facilities in every district of the Upper Egypt governorates. These anchor facilities serve as models for governorates to replicate in the remainder of the clinics in each district.

Also during the first quarter of 2004, TAHSEEN developed a community selection tool that guided the community inspection and selection process. All clinics nominated by the minister were inspected to guarantee their compliance with TAHSEEN selection criteria. The inspection process involved site visits to all nominated clinics to assess their physical state. In addition, interviews were carried out with service provision teams and community members to evaluate their status and needs. During 2005, TAHSEEN will continue to inspect nominated clinics in five different Upper Egypt governorates using the same selection tool.

#### *4.7.2 Renovate selected service delivery points (SDPs)*

### **Year 3 Tasks: CATALYST**

- Prepare engineering drawings and bill of quantities required for tender documents
- Tender and select successful contractor to execute construction
- Follow up and supervise the renovation process through to completion

### **Rationale**

For planning purposes, it is estimated that TAHSEEN will complete renovation of 75 SDPs in four governorates in Upper Egypt by September 2005 (Minia, Beni Suef, Fayoum, Giza) and five Cairo and Alexandria urban poor areas.

#### *4.7.3 Equip and furnish selected service delivery points (SDPs)*

### **Year 3 Tasks: CATALYST**

- Procure and deliver commodities for up to 25 new rural SDPs
- Procure and install 22 ultrasound machines based on sound selection criteria

### **Rationale**

By September 2005 TAHSEEN/CATALYST plans to complete renovations in up to 80 clinics (75 in four Upper Egypt governorates and 5 in urban poor areas of Cairo and Alexandria). Medical commodities will be procured and supplied to each one of these clinics prior to inauguration. During 2004 procurement has

been completed for 30 clinics and procurement is underway for an additional 30. Renovations for the latter 30 are expected to be completed by January 2005. In 2005 TAHSEEN/CATALYST will procure commodities for the remaining 20 clinics.

Ultrasound diagnostic machines are considered a good tool and have a very positive effect on client flow. TAHSEEN/CATALYST will provide 33 out of the 80 clinics with an ultrasound machine and technical training on its utilization based on the areas determined to have the greatest need and as an incentive to clinics maintaining the highest quality standards. Only 11 machines have been procured as of December 2004. In 2005 TAHSEEN/CATALYST will procure the remaining 22 machines for the rest of the clinics.

*Activity 4.8 Improve quality of health services in rural areas through training of service providers*

**Year 3 Tasks: CATALYST**

*4.8.1 Conduct initial training for service provision team*

- Conduct 1 ultrasound training courses for physicians
- Conduct 3 integrated FP/RH/MCH training courses for physicians
- Conduct 5 integrated FP/RH/MCH training courses for nurses
- Conduct 4 integrated FP/RH/MCH training courses for lab technicians
- Conduct 5 integrated FP/RH/MCH training courses for *raedat rifiat*
- Conduct 3 integrated FP/RH/MCH training courses for health visitors (*zaerat seheyat*)
- Conduct 15 training courses on maintenance, cleaning and record keeping for service providers using HSR system

**Rationale**

To expand the TAHSEEN integrated model to new communities and clinics in 2005 requires a large training effort. Training curricula have been developed in the last year for a wide variety of technical and managerial skills. Field testing has taken place in Minia where all courses have been delivered. This training component serves to extend the TAHSEEN integrated model and Minia, Beni Suef and Fayoum experience beyond its 2004 geographic scope. Impact will be measured according to a baseline study conducted prior to initiating the intervention in each governorate.



#### *4.8.2 Follow up on clinical and HSR systems skills training*

##### **Rationale**

TAHSEEN/CATALYST will work with the clinic boards and supervisors to assure close follow up to the clinics that were renovated and where training took place in 2003 as well as in all new clinics, until the boards and management team assume full responsibility. Experience has taught us that close follow up, especially in the areas of cleaning, infection prevention, maintenance and record keeping. Clinical on the job training to strengthen new clinical knowledge and skills is also included in this activity. This follow up will be continued in all clinics until September 2005.

#### *4.9 Adapt TAHSEEN integrated implementation model for urban poor areas*

##### **Year 3 Tasks: CATALYST**

##### *4.9.1 Identify and assess health needs in urban poor communities*

- Conduct situation analyses in 3 selected urban poor communities

##### *4.9.2 Renovate selected service delivery points in urban poor communities*

- Prepare engineering drawings and bill of quantities required for tender documents
- Tender and select successful contractor to execute construction
- Follow up and supervise the renovation process through to completion

##### **Rationale**

For planning purposes, it is estimated that TAHSEEN will complete construction activities in 5 SDPs in Cairo and Alexandria urban poor areas by September 2005.

##### *4.9.3 Equip and furnish selected service delivery points (SDP)*

- Procure commodities and ultrasound machines for renovated SDPs
- Training of service provision team — refer to 2.2

##### **Rationale**

See 4.7.3 and 2.2

*4.10 Improve quality of health services in urban poor communities through training of service providers*

**Year 3 Tasks: CATALYST**

*4.10.1 Conduct initial skills training for service provision team*

- Conduct 1 ultrasound training courses for physicians
- Conduct 2 integrated FP/RH/MCH training courses for physicians
- Conduct 4 integrated FP/RH/MCH training courses for nurses
- Conduct 4 integrated FP/RH/MCH training courses for RR
- Conduct 1 integrated FP/RH/MCH training course for health visitors (*zaerat seheyat*)
- Design and deliver 1 integrated FP/RH/MCH training courses for lab technicians
- Conduct 3 training courses on maintenance, cleaning and record keeping for service providers using HSR system

**Rationale**

To expand the TAHSEEN integrated model to new communities and clinics in 2005 requires a large training effort. Training curricula have been developed in the last year for a wide variety of technical and managerial skills. Field testing has taken place in Minia where all courses have been delivered. This training component serves to scale up the TAHSEEN integrated model in the urban areas with modifications for the urban setting.

*4.10.2 Follow up on clinical and HSR systems skills training*

**Rationale**

See 4.8.2

*4.11 Assist the Health Workforce Development (HWD) Project lay the foundation for a medical and nursing school accreditation system*

**Rationale**

There are 17 Egyptian medical schools and 11 Egyptian faculties of nursing. These schools and faculties graduate approximately 8,000 physicians and 1,200 nurses annually. Based on current assessments and need, there is an excess of graduating medical doctors but an overall shortage of nurses. Physicians constitute about 38% of the national health workforce, with a 2.1/1000 doctor to population ratio. Due in part, to the large number of medical students many graduates are unable to fully develop the skills required to provide quality generalist services upon joining the workforce. This places tremendous

management and financial burdens on the Ministry of Health and Population (MOHP), who is required by legislation to provide graduating physicians and nurses with jobs.

Additionally there is no national consensus on the basic components of academic curricula and clinical training programs for medical undergraduates and house officers. The present system of student evaluation is based on the ability to recall memorized texts in written, oral and clinical exams rather than problem solving and skill based competency testing. Developing and institutionalizing accreditation and recertification systems will help to achieve the program's main goal: to strengthen and improve the quality of health care services.

During 2004 TAHSEEN worked with the Health Workforce Development Project, another USAID SO20 project, to organize and conduct a two-week study visit to Lima, Peru for the deans of 14 medical and nursing schools and members from the Committee for Accreditation and Quality Assurance in Higher Education that is pursuing an accreditation program. The CATALYST Consortium was asked to provide technical assistance in this area based on its current efforts in Peru implementing an USAID-funded accreditation and recertification program.

Follow-up in 2005 will include assisting HWD to standardize the medical and nursing school pediatrics, OB/GYN and community medicine curricula, providing technical assistance to build university staff capacity around accreditation issues and providing TA to institutionalize accreditation of medical and nursing schools.

## **Result 5      Integration within the SO20 Program Strengthened**

### *Activity 5.1 Help MOHP to integrate FP/RH and MCH services*

#### **Year 3 Tasks: CATALYST**

##### *5.1.1 Clinical service delivery strategy*

##### *5.1.2 Integrated Standards of Practice*

- Conduct national workshop to orient all FP and MCH central office staff on the *Standards of Practice for Integrated MCH and RH Services*
- Organize 3 regional orientation meetings for Upper Egypt FP and MCH directors
- Develop and produce job aids and issue Standards of Practice for Integrated MCH and RH Services
- TOT for Upper Egypt district level managers, with priority given to TAHSEEN areas of intervention
- Reprint Women's Health Card

- Establish national EBM group for sustainability and future updating of SOP

### **Rationale**

During 2004 TAHSEEN assisted the MOHP to develop integrated standards of practice for the FP and MCH sectors. These standards were finalized for revision by the sectors during the last quarter of 2004. As part of the process TAHSEEN/CATALYST organized a national workshop for the final review of these standards that included discussion on recommendations for training on a national scale.

A training committee was formed with stakeholders from the FP, MCH and CC sectors as well as the HSRP. In 2005, TAHSEEN will – after final approval of the *Standards of Practice for Integrated MCH and RH Services* – assist the MOHP to implement the SOPs through a step down training program.

According to the recommendations, this will start with an orientation workshop for all FP and MCH CO staff. This workshop will be followed by 6 orientation meetings at the regional level to orient governorate and district staff to the new standards. TAHSEEN/CATALYST and central office staff will assist governorate staff to train district level staff. The last step, the training of clinical staff, will be performed by district staff under the MOHP budget, and is not expected to take place until the fourth quarter of 2005, at the earliest.

To help implementation and facilitate the use of the SOP, TAHSEEN will assist the MOHP to develop job aids such as counseling cue cards, a handbook, posters, etc. These aids will help make the SOP a practical reality rather than a theoretical volume that remains on the shelves. These aids and the SOP itself will be produced for each and every primary health care unit in Egypt.

An important first success in integration was the development of the Women's Health Card, a home-based record of a woman's antenatal care, delivery and subsequent FP use for three consecutive pregnancies. TAHSEEN has agreed to support the second printing of this important record keeping tool, once the existing MOHP financed supply has run out.

Integrated Standards of Practice activities will be concentrated in Upper Egypt governorates. Additional funds will be requested if the geographic area for intervention is expanded.

To ensure continued updating of the SOP, a national EBM group will be established. (see 4.4.2)

### *5.1.3 MIS system*

- Continue to streamline data from FP and MCH sectors

#### **Rationale**

With regard to MIS, development of an integrated system is a long-term objective and may be undertaken at a later stage depending on needs identified in Year 3. In the short term, the FP and MCH sectors have developed mechanisms for sharing information as a first step towards full integration.

### *5.1.4 Training system*

- Present findings of FP and MCH training systems assessment

#### **Rationale**

TAHSEEN implemented an assessment of the FP and MCH sector training systems with the objective of finding opportunities for integration. This assessment will be finalized and the findings will be presented in 2005. Further activities will depend on the discussion and decision of the policy makers.

### *5.1.5 Gold Star (see 4.1)*

### *5.1.6 Integrated services*

- Conduct orientation in integrated FP/RH/MCH services for master trainers in 4 governorates
- Deliver integrated FP/RH/MCH training in up to 27 sites (see 4.8.1 and 4.10.1)
- Hold quarterly Integration Committee meetings
- Hold quarterly Training Committee meetings

### *5.1.7 Supervision and leadership*

- Conduct clinic management and integrated supervision (CMIS) orientation workshops for trainers in 3 governorates and urban poor areas
- Provide training in CMIS in 3 governorates and urban poor areas

### *5.1.8 Design and implement joint district planning*

- Finalize an FP/MCH integrated district planning methodology during a workshop
- Design an FP/MCH integrated district planning training course and train master trainers in 10 districts
- Assist in developing 10 FP/MCH integrated district work plans

## **Rationale**

The integrated model was designed and refined during the first two years of the project. The challenge in 2005, its third year, will be to roll it out in multiple sites and assure that other health sector projects adopt its protocols and strategies.

Certain support structures for the integrated system are well under way but need to be finalized, such as the training systems, MIS, incentives, etc. Activities for 2005 will build on existing and previously developed experiences, systems and tools, including those of Gold Star and CSI.

In 2005, integrated district planning will be implemented in 10 districts in Upper Egypt. The integrated incentive system development and implementation is described separately under Activity 7.4.

### *Activity 5.2 Add RTI/STDs to the standard FP/RH service package*

#### **Year 3 Tasks: CATALYST**

Completed as part of SOP process - Activity number retired in 2005

### *Activity 5.3 Share FP/RH protocols widely*

#### **Year 3 Tasks: CATALYST**

Completed as part of SOP process - Activity number retired in 2005

## Theme 3: Stronger Institutional Capacity and Systems

### Result 7 FP/RH Management Systems Strengthened

#### *Activity 7.1 Improve FP/RH program coordination and monitoring*

##### **Year 3 Tasks: CATALYST**

- Hold monthly coordination meetings between the MOHP/PS and TAHSEEN/CATALYST and POLICY to coordinate activities
- Participate in quarterly forums among USAID SO20 projects working in the field of FP/RH as needed
- Form an MOHP/PS Planning, Monitoring and Evaluation Committee and hold monthly meetings

##### **Rationale**

Due to the large number of stakeholders in the national FP/RH program, coordination is vital to assure cooperation and effective and efficient resource use. Meetings and forums will serve as coordination mechanisms. Close coordination will streamline and improve the total transfer of the integrated implementation model to MOHP staff.

Monthly progress review meetings will involve management and key technical staff of the MOHP/PS and FP/RH contractors. The goals of the meetings are to ensure coordination and integration, to monitor progress towards objectives and to address any policy blockages.

The forum's purpose is to cross-fertilize information and ideas. Focusing on a single theme during each forum will provide an opportunity to reach a common understanding of the latest thinking both within and outside Egypt and to share lessons learned.

#### *Activity 7.2 Improve rural health unit clinic and financial management capabilities, increase community involvement and activate clinic boards*

##### **Year 3 Tasks: CATALYST**

##### *7.2.1. Improve clinic management and integrated supervision skills in TAHSEEN intervention governorates*

- Conduct 3 clinic management and integrated supervision orientation workshops to build support at governorate and district levels
- Conduct clinic management and integrated supervision training in 53 TAHSEEN intervention communities in Minia, Beni Suef and Fayoum and 2 urban poor areas (see 5.1.7)

## Rationale

Improved clinic management and integrated supervision will continue based on accomplishments during 2004. Clinic management and integrated supervision training will continue to focus on building a common vision using a behavior change methodology that will produce the mind set required to support the success and sustainability of the clinics and the TAHSEEN integrated model. Working together to develop this "mind shift" is a cornerstone of the behavior change process that will allow the clinic staff to interact properly with other authorities and institutions at the village level and enable them to interact with clinic board community representatives. This is an important step in involving the community in clinic management.

### *7.2.2 Activate RHU clinic boards and service improvement funds*

- Provide TA to activate clinic boards and service improvement funds in 53 TAHSEEN renovated clinics and intervention areas in Minia, Beni Suef and Fayoum Governorates and 2 urban poor areas
- Provide TA in the clinic board selection process including board member nomination and issuance of decrees announcing the formation of the clinic board
  - This step is required to support clinic teams in their efforts to nominate and activate their boards after the second phase of the clinic management and integrated supervision training. The activity sets the stage for community-based contributions and CSR activities at the governorate and national level as well as increasing the pool for incentives available to the clinic teams. The presence of the board is seen as a major factor contributing to resource maximization and generation of community and CSR contributions.
- Conduct training for 53 RHU clinic boards in Minia, Beni Suef and Fayoum Governorates and 2 urban poor areas
- Orient and mobilize above mentioned communities

## Rationale

Activation of the clinic board is the fulcrum for providing an extra hand to assist MOHP at the local level and guarantee the sustainability of a change in perspective. The board serves as a vehicle for sustainability and community buy in. As it matures, it should evolve into an established community entity in partnership with MOHP at the governorate level.

Training for the clinic boards of directors includes management concepts, behavioral change, leadership skills, and quality of services concepts as the first phase in a three-phase process. This three-phase training enables board members to develop a common vision and work toward common results. During the second phase, action plans are produced and integrated with other community



institutions. After this planning process, an interval of time passes during which the board members return to their communities to implement their plans. During the third phase of the training, the action plan outcomes are evaluated to improve performance; lessons learned are shared and communicated among the groups.

### *7.2.3 Develop local capacity to mobilize community*

- Develop and train village council and community leaders and other political leaders from 53 communities in community mobilization (see 2.2.6)
- Provide TA to develop community mobilization plans in 53 communities
- Develop capacity of Youth Committee and Working Groups to mobilize youth and develop links to RHU (see 1.4.5)

#### **Rationale**

In order to broaden the base of support for community mobilization TAHSEEN/CATALYST examined the possibility of including elected representatives with a keen interest in FP/RH in the training for local village council members. Training in community mobilization and FP/RH issues will enable these important community members to produce integrated plans in support of quality services at the RHUs. Integration will be emphasized in a work within the community and official meetings will be held to assure the integration of NGO, village council and clinic team plans. (see 9.8 & 10.3) Sharing a common vision is a catalyst for the integration of ideas and plans, maximizes the ownership process and generates innovation. The integrated model developed by TAHSEEN needs civil society support for sustainability. A broad stakeholder base incorporates multiple interests to sustain the momentum of change.

### *7.2.4 Provide TA in community mobilization/sustainability to governorate and city council in support of MOHP/RHUs*

- Train governorate and city council members in community mobilization/sustainability for FP/RH issues

#### **Rationale**

The capacity of local partners to replicate and sustain the model is central to its success. Sharing lessons learned and developing their skills will leave a sustainable structure to carry out activities in 2005 and beyond.

### *7.2.5 Provide TA to simplify financial rules and regulations governing clinics for MOHP governorate and district managers in 3 governorates and MOHP/CO*

- Produce simplified rules and regulations booklet for use by MOHP governorate and district managers to support activation of clinic boards

- ▶ This booklet will compile simplified financial and administrative rules and regulations from the Ministry of Finance and other ministries and present them within the context of their respective systems.
- Distribute simplified rules and regulations booklet to governorate and district managers
  - ▶ In collaboration with MOHP/PS and MCH, TAHSEEN / CATALYST will assess the future availability and sustainability of booklet production.

### **Rationale**

During 2004, health care system managers in Minia Governorate from the Undersecretary of Health at the governorate level to district managers expressed an interest to understand the regulations governing Decree 239. Of special interest to program managers were the rules and regulations governing purchasing and financial management that would help them to better support clinics to meet their challenges.

#### *7.2.6 Increase capacity of governorate financial department to automate system*

- Conduct advanced financial management training
  - ▶ Curriculum was designed and piloted with financial officers in 2004.
- Provide procurement training for governorate financial and non-financial staff using Law 89
  - ▶ Focused purchasing skills will be presented in accordance with Law 89 during a 2 day orientation and practical training. TAHSEEN/CATALYST will develop a special curriculum for this training.

### **Rationale**

During 2004 TAHSEEN/CATALYST provided basic financial training to governorate financial departments in 27 governorates. As a step towards sustainability in 2005, the MOHP will take the lead in assessing and developing an integrated financial management system as a basis for automation. CATALYST will support the MOHP in this effort by providing technical assistance. Preparing and raising the capacity of financial officers to deal with requirements for automation and involve them in the process of developing an automated system is key to its success.

*Activity 7.3 Provide TA to MOHP/PS to develop 2006 Workplan*

**Year 3 Task: CATALYST**

*Activity 7.4 Pilot and implement the integrated FP and MCH incentive system*

**Year 3 Task: CATALYST**

*7.4.1 Train village council members to gather community perceptions regarding MOHP/RHU as an integral part of incentive system*

*7.4.2 Test the new system in 2 districts*

*7.4.3 Roll out the implementation plan for the incentive system in coordination with HSR and other MOHP entities*

**Rationale**

A revised incentive system was designed and proposed to the MOHP during 2004 that addresses FP staff motivation, retention of physicians in rural units, customer satisfaction and encourages voluntary family planning and the right to choose for all clients. The proposed system was also designed to support an integrated supervision system dedicated to the delivery of quality services. During 2004, TAHSEEN/CATALYST developed a revised incentive system. The proposed system was discussed with the MOHP and USAID, as well as a broad range of stakeholders during meetings with various interested parties. Based on the initial acceptance of the proposed incentive system and progress made on the development of an integrated checklist, the system is ready to test to assure a successful implementation plan is carried out. A step down training plan is envisioned to permit the system's replication by MOHP/PS in non-TAHSEEN intervention areas.

*Activity 7.5 Support MOHP/PS management information systems*

**Year 3 Tasks: CATALYST**

*7.5.1 Explore ways to exchange information with MCH/HIS*

*7.5.2 Upgrade financial management system*

*7.5.3 Upgrade RR information system*

*7.5.4 Upgrade IEC information system*

*7.5.5 Upgrade client information system*

*7.5.6 Develop M&E system for tracking MOHP indicators*

## **Rationale**

Systems development is central to sustaining the MOHP/PS's role in managing population issues in Egypt as mandated by Egypt's strategic objectives for addressing its population problems.

During 2004 TAHSEEN supported MOHP MIS activities by providing TA to develop various information systems. The support included building the capacity of MOHP MIS staff to add new features to the systems. MOHP/PS submitted its coding tables to National Information Center for Health and Population (NICHP) so that they could be analyzed and linked to HIS as a step towards integration. Support to MOHP/PS management information systems will continue in 2005 concentrating on information exchange with MCH/HIS, financial management, RR information, IEC information, and the client information systems. TA will be provided in the development of an M&E system for tracking MOHP indicators.

*Activity 7.6 Support MOHP/PS plans for developing a geographic information system (GIS)*

### **Year 3 Tasks: CATALYST**

*7.6.1 Develop MOHP GIS*

*7.6.2 Assist MOHP to map selected RH services*

*7.6.3 Introduce using GIS for monitoring and evaluation*

## **Rationale**

During 2004 the GIS software was chosen and procured through TAHSEEN/CATALYST. MOHP is taking the required steps for training with TA from TAHSEEN/CATALYST. In 2005 TAHSEEN/CATALYST will continue assistance to link MOHP/PS GIS to available databases and to map RH services in selected governorates. The use of GIS for monitoring and evaluation will also be introduced.

*Activity 7.8 Provide assistance to the MOHP/PS units in the development of a strategic plan*

## **POLICY**

*Activity 7.9 Strengthen management systems at NPC and MOHP/PS*

## **POLICY**

*7.10 Provide TA to review and revise MOHP/PS organizational development and human resources systems*

*7.10.1 Finalize MOHP/PS organizational assessment performed in 2004*

**Year 3 Tasks: CATALYST**

- Review assessment recommendations and provide required TA

*7.10.2 Assist TAHSEEN/POLICY conduct NPC organizational diagnosis*

**POLICY**

*Activity 7.11 Introduce integrated client medical record system in collaboration with Health Sector Reform*

**Year 3 Tasks: CATALYST**

*7.11.1 Review HSR forms and medical record keeping*

*7.11.2 Recommend ways to implement HSR forms in MOHP/PS*

*7.11.3 Review the HSR software tools*

*7.11.4 Update HSR software tools to accommodate MOHP/PS reporting requirements as appropriate*

*7.11.5 Implement the forms and software tools in selected health facilities*

**Rationale**

Information systems are tools for decision making, record keeping, monitoring and evaluation, and strengthen systems will enable the MOHP/PS to take the proper directions. Increasing capacity in systems development and updating are key elements for sustainability.

The Integrated Client Medical Record will be developed in coordination with Health Reform systems to function as a mechanism for decision-making and reporting on the health units' service provision. The Health Sector Reform system and software will be reviewed and discussed with MOHP/PS officials. Based on the review results the system will be updated if necessary. Implementation in selected clinics is planned afterwards.

*Activity 7.12 Enhance MOHP contraceptive logistics management and planning capacity in coordination with EPTC*

**Year 3 Tasks: CATALYST**

*7.12.1 Establish MOHP-to-EPTC communication line and configure data channel*

*7.12.2 Develop EPTC contraceptive inventory report for submission to MOHP*

*7.12.3 Develop front end software to allow MOHP access to EPTC contraceptive inventory data*

*7.12.4 Analyze contraceptive distribution data according to EPTC historical files*

### **Rationale**

Information sharing and evaluation of inventory of FP methods is essential to sustainability after donor support. Through the contraceptive security efforts, TA will be provided to ensure proper communication and reporting of EPTC data to MOHP. This will enable MOHP to access contraceptive inventory data. The data will be analyzed for management and planning purposes.

*Activity 7.13 Provide technical assistance to NCCM in management and capacity building*

### **Year 3 Tasks: CATALYST**

- Assess NCCM organizational needs
- Provide TA for management issues

### **Rationale**

NCCM uses an integrated development model in communities where they are working in order to set an example that governmental and NGO agencies can adopt. Working in partnership with NCCM helps to integrate the messages and approaches promoted by various organizations, and facilitate joint work among them. TAHSEEN/CATALYST will expand its collaboration with NCCM by building capacity to sustain joint activities and ensuring that community mobilization models are replicated and carried forward.

*Activity 7.14 Improve NPC capability to manage information, data and decision making*

### **Year 3 Tasks: CATALYST**

- Upgrade NPC information center and management offices

### **Rationale**

Presidential Decree established the National Population Council in 1985 as part of the institutional infrastructure to tackle the population problem. The prime minister heads the council and membership includes ministers whose portfolios are associated with population issues. President Mubarak emphasized the important role played by the NPC in a 2003 joint session of the *Shoura* and

People's of Assembly stating, "The government is assigned to activate the National Population Council's role to coordinate and consolidate efforts concerning this critical issue, and to cooperate with other organizations and the civil society to monitor the implement of the national population plan step by step."

To this end, the National Population Council is currently involved in efforts to significantly improve its purpose, outcomes, performance, and/or functionality, through a comprehensive redesign process, which includes both management and employee involvement. As part of this process, TAHSEEN/CATALYST will upgrade the premises of the information center.





## **Theme 4: Sustainable Sectoral Shares**

### **Result 9 NGO Sector's Role in FP/RH Expanded**

*Activity 9.1 Replicate Year 1 and 2 NGO selection process for Minia, Beni Suef and Fayoum Governorates*

#### **Year 3 Tasks: CATALYST**

- Assess and complete the NGOs selection and sub-granting/contracting processes carried out in 2003 and 2004

#### **Rationale**

While expanding to new areas in Minia, Beni Suef and Fayoum governorates TAHSEEN will continue to implement first and second year NGO training and capacity building activities in different communities and link them with health units, building on established momentum and creating a focus to link the community to the renovated rural health unit.

*Activity 9.2 Improve selected advocacy capacity*

#### **POLICY**

*9.3 Strengthen MOHP/PS/NGO Unit capacity and ensure continuous collaboration among MOHP units working with NGOs*

#### **Year 3 Tasks: CATALYST**

*9.3.1 Continue MOHP/MISA TAHSEEN/CATALYST working group meeting*

- Conduct 4 meetings of MISA/MOHP working group

*9.3.2 Assist the MOHP/PS/NGO unit to work with other ministries*

- Conduct 4 meetings for NGO committees of various ministries
- Conduct one workshop for all NGO units in various ministries
- Conduct a strategy development workshop for MOHP/PS/NGO unit

*9.3.3 Assist MOHP/PS/NGO unit to collaborate with HSR*

- Conduct 4 meetings with Health Sector Reform Task Force

#### **Rationale**

The NGO Unit can play an important role in transferring knowledge between ministry NGO units and multiply the impact of activities supported by these units by coordinating and networking with the various NGO units. Planned meetings and workshop will provide a forum for this function.

Improved collaboration between MOHP units will increase the effectiveness of each unit and will benefit the NGOs. Work established at the central level during Year 1 and 2 should be continued. Activities with the MOHP NGO Unit should be strengthened so that it can pursue its coordination role. MISA has funds for NGOs, although they are not specifically allocated for FP/RH activities. The MOHP NGO unit can continue to work with MISA to encourage the allocation of funds to NGOs implementing FP/RH activities. This will add an element of sustainability to NGO FP/RH activities within the communities they serve.

The NGO unit can further pursue its role to coordinate activities among the NGO units of various ministries to develop a clear and sustainable plan to activate the role of local NGOs in FP/RH areas. The ultimate goal is to strengthen the capacity of the unit to become a coordination, impact measurement and resource center for NGOs, private and government collaboration.

#### *9.4 Improve quality of health services provided by NGOs*

Activity number discontinued in 2005

#### *9.5 Improve selected partner NGOs' capacities in outreach and referral, education and sustainability*

### **Year 3 Tasks: CATALYST**

- Conduct 15 training courses for NGO RR in 3 governorates and urban poor areas
- Conduct 3 training courses for NGO boards of directors in Beni Suef, Fayoum and urban poor areas

### **Rationale**

The strengthening of an organization's human resources is imperative for sustainability. Organizational capacity and credibility is dependent upon a well trained and committed staff. TAHSEEN/CATALYST will provide training for partner NGO staff, board and community outreach workers in rural and urban communities where renovations are planned, in progress or completed

In the urban communities, partnerships with existing trusted NGO and institutional structures are a key strategy for assuring buy in from the community residents and institutions. While empowering these local NGOs/CDAs to adopt TAHSEEN FP/RH messages, the capacity for sustainability will be strengthened through training. Skills gained will enable partner organizations to increase demand and/or establish FP/RH services in urban poor areas where services are of poor quality or lacking.

*9.5.1 Strengthen NGO networking and sustainability efforts at the governorate level*

- Provide support to local Specialized NGO Union
- Conduct fundraising training for Specialized NGO Union members

**Rationale**

Specialized unions can help support the sustainability of FP/RH activities in the governorates. Sustainability of the work carried out by NGOs at governorate and village level requires a new set of skills of networking, market analysis and financial capacity that are done differently than the donor/implementer relationship. Moreover, strong institutional links with governorate institutional structures needs to be in place to empower NGOs to carry out these functions.

*9.6 Link USAID funded NGOs to other ongoing programs (see 9.9)*

Redesigned and absorbed into 9.9. Activity number retired in 2005

*9.7 Support CSI through to self-reliance by building capacity through management and business development training*

**Year 3 Tasks: CATALYST**

- Provide TA in organizational development and assist CSI to establish independent NGO status

**Rationale**

During 2005 CSI will finalize its strategic plan, working closely with TAHSEEN to focus on progress towards sustainability and the assumption of an independent NGO status. Close collaboration between TAHSEEN and CSI will also focus on activities that support integration between NGOs and the public sector. TAHSEEN/CATALYST will continue to provide TA to strengthen CSI's organizational development.

*9.8 Implement FP/RH activities through selected and trained partner NGOs in new communities (see 9.1)*

**Year 3 Tasks: CATALYST**

- Follow up on sub-grant implementation in 53 intervention communities

**Rationale**

In 2004, TAHSEEN worked with a total of 5 umbrella NGOs in Minia, 5 umbrella NGOs in Beni Suef and 12 CDAs in Fayoum. In year 2005, direct financial assistance in the form of sub-grants will be monitored for those NGOs/CDAs. Trained NGOs will be ready to undertake FP/RH activities to serve and improve the quality of life in their communities. With TAHSEEN assistance, activities will be tailored to meet community needs while responding

to proposed TAHSEEN workplan activities in gender, youth and BCC as well as traditional FP/RH and MCH topics. Home visits will be carried out in each community where women who recently delivered will be counseled or referred to receive FP services, pregnant women given instructions on how to care for themselves and referred for prenatal care, and breastfeeding women given advice on infants' nutrition.

Through the sub-grant mechanism, TAHSEEN/CATALYST will provide technical and financial support to selected FP/RH activities in communities and urban poor areas where TAHSEEN is active. NGOs will participate in a broad range of activities designed to link the community to the RHU and improve/increase services and client flow. Under the terms of the sub-grants NGOs will participate in BCC activities, participate in youth activities carried out at the village level, coordinate community based committees with RHU workplans and integrate NGO workplans with those of the RHU, link communities with rural health units through referral systems implemented by NGO raedat rifiat, assist client flow management in the RHUs, mobilize the community and participate in community planning around the RHU, manage events and initiate and manage an emergency transportation fund.

*9.9 Link TAHSEEN partner NGO activities with ongoing health and non health programs implemented by international and national organizations and NGOs*

### **Year 3 Tasks: CATALYST**

- Identify ongoing programs and establish collaboration

#### *9.9.1 Establish at least 3 strategic alliances based on mutual interests*

- Link FP/RH messages and clinical work to HIV/AIDS, literacy and micro-credit initiatives and programs through CSR activities

### **Rationale**

Other efforts/programs targeting communities' quality of life such as micro-credit, literacy classes, environment and others may be more effective and more easily implemented when combined with efforts to improve health, especially FP/RH. Literacy classes benefit from focused messages given to the students. Institutionalizing the process of linking the messages of FP/RH to other development efforts is essential. This will help in sustaining demand efforts for the services.

## **Result 10 Commercial Sector's Role in FP/RH Expanded**

*Activity 10.1 Revive, strengthen and promote Ask/Consult Network in Upper Egypt*

### **Year 3 Tasks: CATALYST**

*10.1.1 Review and validate the Ask/Consult Network electronic database for the entire country*

*10.1.2 Promote Ask/Consult through TV spots, radio, and local newspapers in collaboration with CHL*

- Assist CHL to plan and promote Ask/Consult on an as needed basis

*10.1.3 Train, build knowledge, and increase participation and involvement of Ask/Consult Network members in FP/RH issues*

- Train up to 4700 Upper Egypt Ask/Consult network pharmacists in FP/RH counseling skills using EBM techniques, with priority given to TAHSEEN intervention areas
- Train up to 2300 Upper Egypt Ask/Consult network physicians in FP/RH issues using EBM, with priority given to TAHSEEN intervention areas
- Produce quarterly CATS newsletter in collaboration with CHL

### **Rationale**

The speaker's program for pharmacists and roundtables for physicians attracted more than 1000 and 1200 private service providers respectively. An evidence-based medicine (EBM) approach was used to deliver up-to-date technical and scientific material to these important community members and to help them to dispel misconceptions among physicians about family planning methods for limiters and spacers.

Program activities for Ask/Consult pharmacists and physicians will continue in Upper Egypt in 2005, with priority given to TAHSEEN intervention areas. Some 4700 pharmacists and 2300 physicians in target governorates are expected to be reached through these activities. Expansion of activities into Lower Egypt governorates will require additional funding.

*Activity 10.2 Encourage pharmaceutical companies' participation in FP/RH markets*

### **Year 3 Tasks: CATALYST**

- Support pharmaceutical companies with research findings related to the FP/RH market in Egypt as requested

### **Rationale:**

The availability of contraceptives and RH products in the Egyptian market is essential to ensure that choices are available for all couples and other RH needs are met. TAHSEEN will maintain contact with pharmaceutical companies, support them with findings of FP/RH-related studies and resources and invite them to discuss the impact of their companies' products with CHL.

According to the assessment of FP/RH products available in the Egyptian market, TAHSEEN will coordinate efforts with the CHL project to tie product categories with target groups. TAHSEEN and CHL will design various campaigns in collaboration with pharmaceutical companies to assure product availability and encourage their active participation in the FP/RH program.

### *10.3 Promote corporate social responsibility (CSR) with respect to FP/RH issues*

#### **Year 3 Tasks: CATALYST**

##### *10.3.1 Conduct CSR activities at the national level*

- Collaborate with UNDP Global Compact Initiative network
- Conduct 1 national CSR fundraising campaign
  - ▶ Develop areas for contribution and ways to connect CSR to the needs of rural health units and health units in urban poor areas
- Establish strategic alliances with up to 2 business associations that position FP/RH as a priority for CSR activities
- Target the market by industry to establish strategic alliances in up to 3 different sectors
  - ▶ Target at least one strategic alliance with one company from up to 3 of the following business sectors: media and telecommunications, banking sector, fast food industry, wholesale information and hardware industry, household and sanitary products, pharmaceutical industry and sportswear and clothing industry.
- Partner with Rotary Clubs in up to two renovated clinics to replicate the Nahia model

### **Rationale**

Win - Win strategic alliances with the private sector and/or other projects working in Egypt can make a major contribution to the sustainability of demand creation activities, and provide resources for supply activities, especially to the underprivileged areas where CSR contributions may help to maintain access to services and quality of care. Successfully soliciting CSR partnerships at the national level will pave the way and encourage partnerships at the governorate level and provide examples for activities at the village level.

### *10.3.2 Conduct CSR activities at the governorate level*

- Establish CSR partnership with up to 2 governorate business associations
- Use project workshops/governor's meetings as fundraising events at the governorate level to donate CSR generated funds to TAHSEEN intervention clinics

#### **Rationale**

Governorate level businesses and corporations enjoy close ties with the communities they serve. CSR activities at this level are tied to the corporate image at the local community level. Win - Win partnerships can be modeled for both the business community and the RHUs. Sustainability of services provided at these clinics, enjoyed by employees of these companies, may be linked to these governorate level CSR activities.

### *10.3.3 Conduct CSR activities at the village level*

- Incorporate CSR resource mobilization and management of service improvement funds into village council and board member training
- Generate funds at the village level through solicitation or through fee for service contributions (Decree 239)
- Follow up at the RHU level through RHU board training program models

#### **Rationale**

TAHSEEN will develop CSR partnerships with pharmaceutical and non-pharmaceutical multinational corporations at the national level in order to direct their community interventions towards the support and equipping of clinics, new program designs in the workplace, and participation in a variety of TAHSEEN activities. This approach will contribute to sustainability and broader dissemination of FP/RH messages to more target groups.

Concurrently TAHSEEN will continue to work with local partners in Upper Egypt in three governorates and provide them with the know how to mobilize resources. These skills will enable them to build their capacity to seek corporate funding as part of the clinic management and sustainability plan.

### *10.4 Improve coordination with the private sector*

Redesigned as part of CSR in 2005 Activity number discontinued in 2005





## **Result 11 Monitoring and Evaluating the Impact of TAHSEEN / CATALYST Activities at the Clinic and Community Levels**

### **Year 3 Tasks: CATALYST**

*Activity 11.1 Perform monitoring and evaluation activities in 4 governorates and 1 urban poor area*

*11.1.1 Conduct post intervention assessments through household surveys in 2 villages in Minia, 2 in Beni Suef and 2 in Fayoum*

*11.1.2 Conduct pre and post intervention assessments in 1 urban poor areas*

*11.1.3 Conduct pre and post intervention assessment in 2 villages in Giza governorate*

### **Rationale**

Within the TAHSEEN/CATALYST overall monitoring and evaluation plan, it is necessary to conduct community surveys at the household level in selected sites to know the full extent of the project's impact beyond service delivery within the public sector. Household surveys will allow the measurement of knowledge and practices that are affected by BCC and outreach activities as well as the level of participation in and approval of project-supported activities. Due to time and resource restrictions, it will not be possible to implement regular community surveys in all project sites. Sites will be chosen to provide a representative sample of community knowledge, practices and participation in related community development activities

*11.1.4 Assess quality of care pre and post renovation of selected RHUs in Minia, Beni Suef, Fayoum and Giza governorates and 1 urban poor areas*

*11.1.5 Collect detailed service statistics from selected RHUs in Minia, Beni Suef, Fayoum and Giza and 1 urban poor area*

### **Rationale**

Within the TAHSEEN/CATALYST overall monitoring and evaluation plan, the measurement of outcomes and impact is a key component; it is this level of measurement where the direct influence of the project may be seen. To date, monitoring and evaluation activities at the local level revolved around collection of service statistics and quality of care information in health units of the targeted communities.

The service statistics will provide TAHSEEN/CATALYST with summarized, up to date information regarding ongoing progress in integrated family planning,

reproductive health and maternal and child health services at the health unit level in areas. The quality of care (QOC) information will reflect the impact of facility renovation and equipping as well as ongoing training and technical assistance that is being provided to selected health units.

## **ANNEX A TAHSEEN/CATALYST Workplan Timeline 2005**

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## TAHSEEN/CATALYST Workplan Timeline2005

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Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
<b>Result 1 Youth Better Informed and Use of Services Increased</b>															
1.1 Extend BCC campaigns to youth sub-groups															
1.1.1 Produce Q&A booklets for youth															
Print 5000 and distribute Q&A copies of booklets on birth spacing, first pregnancy, breastfeeding, postpartum and postabortion care contraception	X	X	X	X									Nagwa/ Khaled	Q&A booklets	30 April 2005
1.1.2 Contribute to media campaigns and messages for youth															

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Plan and conduct media seminars in TAHSEEN-served communities in 4 governorates	X	X	X	X	X	X	X	X	X				Khaled/ Fawzy/ Nadwa	135 seminars Seminar report	All Year
Insert FP/RH messages in youth-oriented TV and radio programs	X	X	X	X	X	X	X	X	X				Khaled	Media products	All year
<b>1.1.3 Develop youth-focused written messages and materials for service providers and youth</b>															
Contribute 6 articles on FP/RH to <i>Hawa &amp; Heya</i> youth magazine and develop hotline operator capabilities to write <i>Hawa &amp; Heya</i> articles	X		X		X		X	X	X				Nagwa	Published articles	On dates
Articles for CAT newsletter will include family planning and reproductive health messages (see 10.1.2)	X	X	X	X	X	X	X	X	X				Gamal	Published articles	
<b>1.1.4 Replicate the TAHSEEN play and puppet show</b>															

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Replicate and stage TAHSEEN play and puppet show in Minia, Beni Suef, Fayoum, and urban poor areas in Cairo and Alexandria	X	X	X	X	X	X	X	X	X				Khaled/ Implementation team	Event reports (including location and number of participants)	30 September 2005
1.1.5 Reproduce BCC materials targeting youth and other groups as required	X	X	X	X	X	X	X	X	X				Khaled	Printed audio visuals Mixed productions	30 September 2005
1.2 Increase service providers' awareness of the FP/RH needs for youth and youth-friendly services													Community mobilization		
1.2.1 Establish 1 or 2 youth friendly clinics at the Egyptian universities and train service providers				X	X	X	X						Community mobilization		
1.3 Develop and implement family life education (FLE) program for youth													Community mobilization		
1.3.2 Support FLE programs in school settings													Community mobilization		

TAHSEEN/CATALYST Workplan 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Implement 53 Shabab TAHSEEN Week programs with MOHP, MOE, MOYS & NGO assistance in different communities	X	X	X	X	X	X	X	X	X				Nagwa	Youth Committee and NGOs	30 September 2005
Explore possibilities of partners implementing Shabab TAHSEEN Week		X	X	X									Nagwa		30 April 2005
Support and assist partners to implement Shabab TAHSEEN Week		X	X	X	X	X							Nagwa		30 June 2005
Raise awareness of parents/teachers about youth FP/RH issues in 53 selected communities during STW activities	X	X	X	X	X	X	X	X	X				Youth Committee/ NGOs, Implementation team		30 September 2005
Mobilize youth in 6 communities to convey FP/RH messages to their peers and community population	X	X	X	X	X	X	X	X	X				Youth Committee		30 September 2005



Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
1.4 Develop youth-oriented educational and counseling activities													Nagwa		
1.4.1 Train religious leaders in FP/RH in 3 governorates													Nagwa	Training report	
Train 100 religious leaders to increase FP/RH knowledge in Minia, Beni Suef, and Fayoum communities	X	X	X			X							Nagwa M. Abdel Aziz	Training report	30 June 2005
Train 20 female religious leaders (daeyat) to increase FP/RH knowledge in Minia communities		X											Nagwa	Training report	
Conduct FP/RH awareness raising sessions/workshops with religious leaders in 3 governorates and deploy trained governorate level religious leaders to raise the awareness of village level religious leaders on FP/RH	X	X	X	X	X	X	X	X	X				Nagwa, Implementation & Sustainability	Workshop report	30 September 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
issues															
Conduct, monitor and evaluate El Beit El Kabeer events in a sampling of TAHSEEN communities			X	X	X										
<b>1.4.2 Activate Youth Hotline</b>													Nagwa Community Mobilization team		
Support youth hotline marketing through CSR promotions	X	X	X	X	X	X	X	X					NGO	CSR promotions	31 August 2005
Continue to build capacity of youth hotline operators through on the job training and/or other training methods	X	X	X	X	X	X	X	X					Nagwa	Training report	31 August 2005
<b>1.4.3 Adapt premarital counseling materials to create a course for non-medical professionals</b>													Nagwa Community Mobilization team		
Implement the premarital counseling curriculum in 2				X	X	X							Nagwa Community Mobilization team	Training report	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
selected areas													Mobilization team		
<b>1.4.4 Train peer educators in Egyptian universities in 2 governorates</b>													Nagwa Community Mobilization team	Training report	30 March 2005
Train 60 peer educators in Minia University and the Beni Suef branch of Cairo University to disseminate FP/RH knowledge	X	X											Nagwa Community Mobilization team	Training report	28 February 2005
Provide technical assistance for RH peer educators during monthly meetings between March-May 2005 with new topics introduced	X	X	X	X									Nagwa Community Mobilization team		
<b>1.4.5 Train Youth Working Group and Committee members in TAHSEEN affiliated governorates</b>													Nagwa Community Mobilization team		
Conduct basic FP/RH and youth-adult partnership (YAP) training for Youth Working	X	X											Nagwa, Community Mobilization team	Training report	28 February 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Group members in Beni Suef and Fayoum													team		
Conduct leadership training for Minia Youth Committee members to develop youth leaders in 5 Minia villages	X	X	X	X	X	X	X	X	X				Nagwa Management & Sustainability, Quality & Training, Doaa	Training report	30 September 2005
<b>1.4.6 Raise FP/RH awareness of youth in one urban poor area</b>													Nagwa Community Mobilization and Implementation teams		
Conduct knowledge pretest for 120 individuals prior to intervention	X	X											Nagwa/ Ayman	Pretest report	28 February 2005
Conduct Shabab TAHSEEN Week program in one poor urban area to raise awareness of resident youth			X	X	X	X							Nagwa/ NGO / Ayman	Event report	30 June 2005
Conduct knowledge post-intervention test for 120 individuals								X	X				NGO/ Ayman	Posttest report	30 September 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
<b>Result 2 Underserved and Unempowered Women Better Informed and Use of Services Increased</b>															
Activity 2.1 Match areas of greatest need with service availability	X	X	X	X	X	X									
2.2 Develop and implement service delivery strategies in urban and rural areas													Implementation team		
2.2.1 Implement expansion strategy –scale up activities in Minia, Beni Suef, Fayoum and Giza (see 4.8)	X	X	X	X	X	X	X	X	X				Implementation team		
2.2.4 Increase demand for health services in urban poor areas	X	X	X	X	X	X	X	X	X				Implementation team		
Organize RH awareness raising seminars in 3 Cairo poor areas and 1 urban poor area in Alexandria	X	X	X	X	X	X	X						Quality & Training team/ Ayman	8 sessions/mo for 3 months Seminar report	31 July 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Build capacity of local entities including NGOs and CDAs	X	X	X	X	X	X	X						Ayman, Management & Sustainability team, NGOs		31 July 2005
Develop an integrated model for community planning through series of roundtable discussions	X	X	X	X									Management & sustainability team		
Manage, monitor and follow up TAHSEEN model in urban poor areas including gender, youth, and BCC community mobilization activities	X	X	X	X	X	X	X						Community Mobilization team		31 July 2005
<b>2.2.5 Increase demand for health services in rural areas</b>													Implementation team		
Develop an integrated model for village-level plans with all community representatives through series of roundtable discussions	X	X	X	X									Implementation team and field offices, Management & Sustainability		30 April 2005
Manage, monitor and follow up implementation of 53 community-developed action	X	X	X	X	X	X	X	X	X				Implementation team and field offices,		30 September 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
community-developed action plans started in 2004 communities based on the TAHSEEN integrated model													specialists		
<b>2.2.6 Continue support to Minia SDPs started in 2003</b>															
Follow up on clinical and HSR systems training through weekly coaching visits to clinics (see 4.8.2)	X	X	X	X	X	X	X	X	X				Quality and training team & management & sustainability		
Follow up on action plans for community mobilization	X	X	X	X	X	X	X	X	X				Management & sustainability		
<b>2.2.7 Activate FP BCC and service provision in 11 district hospitals</b>													Quality and training team & community mobilization team		
Conduct FP awareness day for service providers from 11 hospitals in collaboration with the Curative Care sector			X	X	X	X	X	X					Quality and training & community mobilization teams	Seminar report	
Hold medical specialty			X	X	X	X	X	X					Quality and	Workshop report	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
workshops targeting two different groups of specialists (med-surgery) in 11 district hospitals, to raise awareness about their clients' FP needs													training team & community mobilization team		
Provide FP BCC posters and leaflets to 11 hospitals			X	X	X	X	X	X					Quality and training team & community mobilization team	Leaflets in hospitals	
<b>2.3 Improve utilization and effectiveness of raedat rifiat (RR)</b>															
Improve RR image through BCC media groups' contributions to TV and radio spots & programs and community events in 3 governorates and urban poor areas	X	X	X	X	X	X	X	X					Khaled	Seminar and public events report	31 August 2005
Create printed BCC materials support to improve RR home visits, if required					X								Khaled	4 page, 4 color leaflet 3000 copies BCC materials	30 May 2005



Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
														BCC materials	
2.4 Conduct women's empowerment activities in target areas															
2.4.1 Strengthen linkages between existing women's empowerment activities & TAHSEEN service delivery, BCC and RR performance improvement initiatives	X	X	X	X	X	X	X	X	X				Manal		
Insert couples communication messages in play and puppet show performances and in all TAHSEEN seminars and activities	X	X	X	X	X	X	X	X	X				Manal Khaled	Messages in play and puppet shows	All Year
Promote husbands' involvement in RH with local BCC groups in 3 governorates	X	X	X	X	X	X	X	X	X				Khaled/ Manal	Messages in media works	All year
Provide technical assistance in gender and FP/RH awareness raising to the National Council of Women (NCW)		X	X	X	X								NCW, Manal, Implementation team		30 May 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Multifaceted Project in 4 Minia communities															
Conduct FP/RH and gender awareness raising sessions for women in collaboration with National Council for Women (NCW) in 5 TAHSEEN renovated Minia clinics		X	X	X									Manal	Seminar report	30 April 2005
Train 15-25 NCW literacy facilitators using FP/RH literacy booklets developed for men						X	X						NCW/ Manal	Training report	31 July 2005
Train female agricultural extension workers from the Ministry of Agriculture/Rural Women Department to deliver FP/RH messages to underserved women in Minia governorate					X								MOA/ Manal	Training report	31 May 2005
Conduct FP/RH and female genital cutting (FGC) awareness raising sessions for Herafeyeen City, an urban		X	X	X									Manal/ Nagwa NCCM	Seminar report	30 April 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
poor area of Cairo, adolescents in collaboration with the National Council for Motherhood and Childhood (NCCM) as part of STW activities (see 1.3.2)															
Design a GBV program in Mansheit Nasser in collaboration with NCCM	X	X	X										NCCM/Manal	Curriculum	31 March 2005
Train 15–25 NCCM male literacy facilitators using FP/RH literacy booklets developed for men						X							NCCM/ Manal	Training report	30 June 2005
Conduct awareness raising sessions in collaboration with the NCCM FGC program in Minia communities where NCCM/TAHSEEN have joint activities	X	X	X	X									NCCM/ Manal	Seminar report	30 April
<b>2.4.2 Support MOHP women's clubs in Minia</b>															

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Train 30 Minia and Fayoum MOHP women's club supervisors in FP/RH and HIV/AIDS				X			X						MOHP/ Manal	Training report	31 July 2005
Train women's club supervisors to deliver FP/RH, HIV/AIDS messages to village women					X	X	X	X	X				Manal		
Conduct 2 Arab Women Speak Out (AWSO) Training of Trainers course for NGO RR in collaboration with Save the Children Organization	X	X	X										SCF/ Manal	TOT report	31 March 2005
Conduct women's empowerment training in Minia, Fayoum and Beni Suef through MOHP trained RR	X	X	X	X	X								Manal	Activity report	31 May 2005
Compile FAQ booklet for use by RR with women attending women's club events and seminars				X									Manal	FAQ booklet	30 April 2005
Print and disseminate 3000					X	X							Manal/ Khaled	Booklet	30 June 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
FAQ booklets to RR and women's clubs															2005
<b>2.4.3 Strengthen partner NGO activities in couples communication</b>													Community mobilization team		
Train 15 MOHP and NGO RR and 15 mothakef sokany (MS) in 5 Minia governorate communities to include couples communication during home visits, using TAHSEEN-developed manual		X	X										Manal/ MOHP	Training report	31 March 2005
<b>2.4.4 Train MOHP service providers and outreach workers in gender and rights</b>															
Train Minia, Beni Suef and Fayoum Governorate outreach workers (RR & MS) on gender and reproductive rights using simplified manual								X	X				MOHP/ Manal	Training report	30 September 2005
Train Beni Suef and Fayoum Governorate service providers							X	X					Manal	Training report	31 August 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Governorate service providers on gender and reproductive rights															2005
Train MOHP/Population Sector on gender and reproductive rights			X										Manal	Training report	31 March 2005
<b>2.4.5 Develop model intervention to address gender based violence (GBV)</b>													Manal		
Develop a GBV manual	X	X	X										Manal	Manual	31 March 2005
Develop a GBV booklet in collaboration with religious leaders	X	X	X										Manal	Booklet	31 March 2005
Include a GBV session in BCC media group program	X	X	X	X	X	X	X	X	X				Khaled/ Manal	Messages in performance	All year
<b>2.5 Conduct behavior change activities with women, men and communities</b>															
<b>2.5.3 Activate and support BCC/Media Groups at the</b>	X	X	X	X	X	X	X	X	X				Khaled		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
<b>governorate level</b>															
Direct media professionals to mobilize communities where clinics are being renovated through TV, press and radio coverage	X	X	X	X	X	X	X	X	X				Khaled		
<b>2.5.5 Incorporate influential community leaders into field activities</b>	X	X	X	X	X	X	X	X	X				Khaled/ Implementation, Management & Sustainability		All year
Orient local political leaders to TAHSEEN field activities at the community level	X	X	X	X	X	X	X	X	X				Khaled	Political figures join media groups	All year
Involve local political leaders in TAHSEEN field activities at the community level	X	X	X	X	X	X	X	X	X				Khaled		All year
<b>2.5.6 Replicate Minia BCC Media Group in other governorates where TAHSEEN is active</b>	X	X	X	X	X	X	X	X	X				Khaled/ Implementation	Media workshops held	All year
<b>2.5.7 Support partner NGOs and other sectors to</b>	X	X	X	X	X	X	X	X	X				Khaled/ NGO specialist	BCC performances	All year

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
communicate FP/RH messages/practices through medium of TAHSEEN play & puppet show															
Stage plays and puppet shows (up to 9 performances) in communities as requested by partner NGOs	X	X	X	X	X	X	X	X	X				Khaled/ NGO specialist	BCC performances	All year
2.7 Increase and promote men's involvement in FP/RH programs															
2.7.1 Strengthen male outreach workers' & information, education and communication officers' RH knowledge and capacity	X	X	X	X	X	X	X	X	X				Khaled/ Manal	Messages inserted in media works	All year
Incorporate IEC officers and mothakef sokany (MS) into BCC media group in 3 governorates	X	X	X	X	X	X	X	X	X				Manal/ Khaled	Messages in media groups	All year
Conduct FP/RH orientation			X										Manal/ Khaled	Workshop report	



Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
workshops for 30 community leaders															
Train 30 community leaders on FP/RH in Mina, Beni Suef and Fayoum				X	X								Community mobilization team	Training report	31 May 2005
Train 30 male Beni Suef & Fayoum NGO literacy facilitators in the TAHSEEN-developed FP/RH curriculum					X	X							Community mobilization team / MOHP/ MOA	Training report	
Train 45 Beni Suef and Fayoum MOA and MWRI agricultural /irrigation extension workers (AEW) in FP/RH with focus on OBSI and HIV/AIDS			X	X									Community mobilization team/MOHP/ MO/MWRI	Training report	
AEW conduct 100 FP/RH seminars with male farmers focusing on OBSI and HIV/AIDS	X	X	X	X	X	X	X	X	X				Community mobilization team /MOA/ MWRI	Seminar reports	30 September 2005
Promote the use of condoms among farmers through AEW orientation	X	X	X	X	X	X	X	X	X				Manal/ Management & Sustainability		
<b>2.7.2 Support partner NGO</b>															

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
education and awareness raising efforts that increase male participation in FP/RH															
Train Minia NGO male outreach workers (MS) in gender and reproductive rights using simplified manual					X								Manal	Training report	31 May 2005
Collaborate with NGO male outreach workers to develop a program that targets men to promote smaller families						X	X	X					Manal	Curriculum	31 August 2005
<b>Result 3 PP/PAC Women and Those Qualified for TL for Medical Reasons Better Informed and Use of Services Increased</b>															
3.1 Expand availability of PP/PAC/TLMR services for medical reasons															
3.1.1 Postabortion care															
Finalize Comprehensive PAC Package during national workshop						X							Mohamed Abu Gabal	Package accepted by curative sector	30 June 2005
Disseminate <i>Linking Family</i>									X				Mohamed Abu	Policy decision	Final

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
<i>Planning with Postabortion Services</i> study findings with Population Council													Gabal	on FP counseling in district hospitals	Report by Population Council
Design and conduct PAC TOT training course	X	X											Ton/Mohamed Abu Gabal	Nr sites capable of implementing their own training TOT report	31 October 2005
Conduct 30 bimonthly Safe Motherhood Committee (SMC) meetings to guide PAC program implementation	X	X	X	X	X	X	X	X	X				Mohamed Abu Gabal	Meetings report	30 September 2005
Continue PAC support to existing 11 hospitals through monthly meetings, serving 5280 women	X	X	X	X	X	X	X	X	X				Mohamed Abu Gabal	5280 served, 1500 use FP	All year
Implement high quality PAC services in 8 new MOHP hospitals in Cairo and Upper Egypt by training over 200 providers, serving 1600 women	X	X	X	X	X				X				Mohamed Abu Gabal	210 physicians trained 110 nurses trained	30 September 2005
Implement high quality PAC	X	X	X	X	X				X				Alaa Hassan	375 physicians	30

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services in primary health care (PHC) units in Cairo and Upper Egypt through over 400 trained physicians and nurses														trained 750 nurses trained	September 2005
<b>3.1.3 Postpartum care</b>															
Conduct bimonthly SMC meetings to guide PPC implementation	X	X	X	X	X	X	X						Mohamed Abu Gabal	Meeting report	30 September 2005
Provide high quality PPC services to up to 7200 women in 11 MOHP hospitals in Cairo and Upper Egypt by providing training and focus group discussions (FGDs)	X	X	X	X	X								Mohamed Abu Gabal	7200 served 1800 PP IUD users Training report	30 September 2005
Implement high quality PPC services in primary health care units in Upper Egypt through trained physicians and nurses	X	X	X	X	X	X							Alaa Hassan	325 physicians trained 650 nurses trained Training report	30 September 2005
<b>3.2 Improve awareness and knowledge of services for PP/PAC/TLMR for medical</b>													Quality & training team		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
reasons															
<b>3.2.3 Develop or expand PAC community awareness raising activities</b>													Quality & training team		
Continue support to communities with existing PAC activities through bimonthly meetings, reaching 9600 men and women	X	X	X	X	X	X	X						Hala Youseff Alaa Hassan Manal Abdel Tawab	9600 people reached in 240 sessions Meeting report	30 September 2005
Conduct 10 PAC community involvement workshops for local leaders	X	X	X	X	X	X	X	X	X				Hala Youseff Alaa Hassan Manal Abdel Tawab	15 workshop reports	30 September 2005
Train 300 local leaders in communities to raise awareness in their communities on PAC, reaching 3000 men and women	X	X	X	X	X	X	X	X	X				Hala Youseff Alaa Hassan Manal Abdel Tawab	15 workshop reports	30 September 2005
<b>3.2.4 Develop or expand PPC community awareness raising activities</b>													Quality & training team		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Continue support to existing communities that are active in PP awareness raising through bimonthly meetings, reaching 3840 men and women	X	X	X	X	X	X	X	X	X				Hala Youseff Alaa Hassan Manal Abdel-Tawab	24 meetings 3840 participants 96 awareness raising sessions Meeting report	30 September 2005
Conduct 11 workshops on community PPC activities with local leaders	X	X	X	X	X	X	X	X	X				Hala Youseff Alaa Hassan Manal Abdel-Tawab	18 workshops Workshop report	30 September 2005
Train 720 local leaders in communities to raise awareness in their community on PPC, reaching 7200 men and women	X	X	X	X	X	X	X	X	X				Hala Youseff Alaa Hassan Manal Abdel-Tawab	720 local leaders trained, 7200 pax in 180 awareness raising sessions Training reports	30 September 2005
<b>3.2.5 Produce BCC materials for community PP/PAC activities</b>													Quality & training team & Khaled		
Include postpartum and postabortion contraception information for service	X	X	X	X	X	X	X	X	X				Gamal Khaled	Newsletter articles	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
providers in the <i>Evidence Based Medicine on Family Planning and Reproductive Health Critically Appraised Topics</i> (CAT) newsletter (see 10.1.2)															
Print 5,000 copies of Q&A booklets that include PPC and PAC messages (see 1.1.1)	X	X	X	X									Khaled	Booklet	
Produce BCC materials for community PAC activities			X										Khaled	PAC materials	
Produce BCC materials for community PPC activities			X										Khaled	PPC materials	
<b>Result 4 Quality of FP/RH Services Improved</b>															
<b>4.1 Refresh the Gold Star program</b>													Quality & Training team		
Conduct national workshop to orient all central office and governorate staff regarding need to re-certify all Gold Star			X										Quality & Training team	Workshop report	31 March 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
clinics															
Contract external assessors to conduct clinic assessments				X	X	X	X	X					Quality & Training team	Assessment report	
4.2 Create a CQI initiative for the NGO and commercial sectors (see 4.6)													Management & Sustainability and Quality & Training teams		
4.4 Strengthen service provider training systems													Quality & Training team		
4.4.1 Incorporate Standards of Practice for Integrated MCH and RH Services (SOP) into RCT and MOHP training courses and support SOP training													Quality & Training team		

Training in the integrated MCH and RH standards of practice will be limited to Upper Egypt governorates in 2005. Expansion of training into Lower Egypt governorates will necessitate additional funding.

4.4.2 Strengthen national EBM capabilities				X	X	X							Quality & Training team		
Conduct 3 EBM courses using UC/Irvine graduates.													Quality & Training team	Training report	



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<b>4.4.3 Strengthen other MOHP training systems and courses</b>													Quality & Training team		
Develop or revise additional training packages as requested by MOHP	X	X	X	X	X	X	X	X					Quality & Training team		
Design and implement district managers' curriculum on integrated approach to enable them to start up, supervise and manage integrated activities in their districts	X		X			X							Quality & Training team	Training report	30 June 2005
Design and conduct TOT for the integrated FP/RH/MCH training courses for physicians, nurses, lab techs and raedat rifiat	X	X				X	X						Quality & Training team	TOT report	
<b>4.6 Support RCT through to self-reliance</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability team		30 September 2005
Create a CQI system for the Regional Center for Training (RCT)				X	X	X	X	X	X				Management & Sustainability and Quality &		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
(RCT)													Training teams		
<b>4.6.2 Provide RCT with TA in business development and income generation</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability team		
Build business development and sustainability capabilities through changes in institutional mind set	X	X	X	X	X	X	X	X	X				Management & Sustainability team	2 Training courses Training report	
Develop a quality control system (see 4.2)				X	X	X							Quality & training team	Systems consultation	
<b>4.7 Refurbish and upgrade service delivery points (SDPs) in Upper Egypt governorates</b>													Implementation team	SDPs upgraded	
<b>4.7.1 Identify and assess needs of up to 25 targeted communities in 4 Upper Egypt governorates</b>													Implementation team	Needs assessments	
Inspect and obtain clear ance for nominated service delivery points (SDP)	X	X											Implementation team	List finalized	28 February 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Conduct assessments in selected communities to identify community needs and available resources	X	X	X										NGO subcontractors	Data collected from 61 clinics	31 March 2005
<b>4.7.2 Renovate selected service delivery points (SDP)</b>	X	X	X	X	X	X							Subcontractor and implementation team		30 June 2005
Prepare engineering drawings and bill of quantities required for tender documents	X	X	X										Implementation team	Drawings and data	31 March 2005
Tender and select successful contractor to execute construction	X	X	X										Implementation team		31 March 2005
Follow up and supervise the renovation process through to completion	X	X	X	X	X	X	X	X	X				Implementation team		
<b>4.7.3 Equip and furnish selected service delivery points (SDPs)</b>													Implementation team	SDPs equipped	
Procure and deliver commodities for up to 25 new	X	X	X										M Mansour	Commodities delivered	31 March 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
rural SDPs															
Procure and install 22 ultrasound machines based on sound selection criteria		X	X	X	X								M Mansour	Ultrasound installed	31 May 2005
<b>4. 8 Improve quality of health services in rural areas through training of service providers</b>													Quality and training team		
<b>4.8.1 Conduct initial training for service provision team</b>													Quality and training team		
Conduct 1 ultrasound training courses for physicians					X								Training specialist	10 physicians Training report	30 June 2005
Conduct 3 integrated FP/RH/MCH training courses for physicians					X	X							Training specialist	45 physicians trained Training report	30 June 2005
Conduct 5 integrated FP/RH/MCH training courses for nurses			X		X	X							Training specialist	125 Nurses trained Training report	30 June 2005
Conduct 4 integrated FP/RH/MCH training courses for lab technicians			X		X	X							Training specialist	40 lab technicians trained	30 June 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
														Training report	
Conduct 5 integrated FP/RH/MCH training courses for raedat rifiat			X		X	X							Training specialist	125 RR trained Training report	30 June 2005
Conduct 3 integrated FP/RH/MCH training courses for health visitors (zaerat seheyat)			X		X	X								75 health visitors trained	
Conduct 15 training courses on maintenance, cleaning and record keeping for service providers using HSR system				X		X	X						Training specialist	250 C&M trained Training report	31 July 2005
<b>4.8.2 Follow up on clinical and HSR systems skills training</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability, Quality & Training	Clinic systems functioning and documentation methods implemented	30 September 2005
<b>4.9 Adapt TAHSEEN integrated implementation model for urban poor areas</b>													Implementation team		
<b>4.9.1 Identify and assess health needs in urban poor communities</b>													Implementation team		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Conduct situation analyses in 3 selected urban poor communities	X	X	X										Ayman	3 situation analyses	31 March 2005
<b>4.9.2 Renovate selected service delivery points in urban poor communities</b>	X	X	X	X	X	X							Maged, Ayman	Supplies, equipment for 5 clinics	30 June 2005
Prepare engineering drawings and bill of quantities required for tender documents	X	X											Implementation team	Drawings and data	
Tender and select successful contractor to execute construction	X	X	X										Implementation team		
Follow up and supervise the renovation process through to completion	X	X	X	X	X	X	X						Implementation team		
<b>4.9.3 Equip and furnish selected urban service delivery points (SDP)</b>													Implementation team		
Procure commodities and ultrasound machines for renovated SDPs	X	X	X	X	X	X							Mansour, Ayman	Commodities and ultrasound machines in	30 June 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
renovated SDPs														place	
<b>4.10 Improve quality of health services in urban poor communities through training of service providers</b>													Training specialist		
<b>4.10.1 Conduct initial skills training for service provision team</b>	X	X	X	X	X	X	X						Training specialist	Training report	31 July 2005
Conduct 1 ultrasound training courses for physicians						X							Training specialist	10 physicians Training report	31 July 2005
Conduct 2 integrated FP/RH/MCH training courses for physicians				X	X								Training specialist	30 physicians Training report	30 June 2005
Conduct 4 integrated FP/RH/MCH training courses for nurses	X	X	X				X						Training specialist	80 nurses Training report	31 August 2005
Conduct 4 integrated FP/RH/MCH training courses for RR				X	X	X	X						Training specialist	100 80 Training report	30 June 2005
Conduct 1 integrated				X									Training specialist	20	30 June 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
FP/RH/MCH training course for health visitors (zaerat seheyat) in urban area													specialist		2005
Conduct 1 integrated FP/RH/MCH training courses for lab technicians		X											Training specialist	10 Training report	30 June 2005
Conduct 3 training courses on maintenance, cleaning and record keeping for service providers using HSR system				X	X	X							Training specialist	60 Training report	31 August 2005
<b>4.10.2 Follow up on clinical and HSR systems skills training</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability, Quality & Training	Clinic systems functioning and documentation methods implemented	All year
<b>4.11 Assist the Health Workforce Development (HWD) Project lay the foundation for a medical and nursing school accreditation system</b>	X	X	X	X	X	X	X	X	X						
<b>Result 5 Integration within the SO20 Program Strengthened</b>															



Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
5.1 Help MOHP to integrate FP/RH and MCH services													Quality & training team		
5.1.1 Clinical service delivery strategy													Quality & training team		
5.1.2 Integrated Standards of Practice													Quality & training team		
Conduct national workshop to orient all FP and MCH central office staff on the Standards of Practice for Integrated MCH and RH Services			X										Quality & training team	Workshop report	31 March 2005
Organize 6 regional orientation meetings for Upper Egypt FP and MCH directors				X	X								Quality & training team	54 FP/MCH directors trained in SOP Meeting report	31 May 2005
Develop and produce job aids and issue <i>Standards of Practice for Integrated MCH and RH Services</i>			X	X	X								Quality & training team	Job aids and SOP document	31 May 2005
TOT for Upper Egypt district level managers, with priority given to TAHSEEN groups of						X	X						Quality & training team	Upper Egypt district supervisors	31 July 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
given to TAHSEEN areas of intervention														trained TOT report	
Reprint Women's Health Card			X										Quality & training team	Card reprinted	31 March 2005
Establish national EBM group for sustainability and future updating of SOP					X								Quality & training team	EBM group established	31 May 2005
<b>5.1.3 MIS system</b>															
Continue to streamline data from FP and MCH sectors	X	X	X	X	X	X	X	X	X				Quality & training team		All year
<b>5.1.4 Training system</b>															
Present findings of FP and MCH training systems assessment			X										Quality & training team	Assessment report	31 March 2005
<b>5.1.5 Gold Star (see 4.1)</b>													Quality & training team		
<b>5.1.6 Integrated Services</b>													Quality & training team		
<i>Standards of Practice for Integrated MCH and RH Services training will be conducted in Upper Egypt governorates only during 2005</i>															
Conduct orientation in	X	X				X	X						Quality &	Workshop report	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
integrated FP/RH/MCH services for master trainers in 4 governorates													training team		
Deliver integrated FP/RH/MCH training in 45 sites (see 4.8.1 & 4.10.1)			X	X	X	X							Quality & training team	Training report	
Hold quarterly Integration Committee meetings	X			X			X						Quality & training team		
Hold quarterly Training Committee meetings			X			X			X				Quality & training team	Meeting report	30 September 2005
<b>5.1.7 Supervision and leadership</b>															
Conduct clinic management and integrated supervision (CMIS) orientation workshops for trainers in 3 governorates and urban poor areas	X	X	X	X	X	X	X	X	X				Management & sustainability team	Workshop report	
Provide training in CMIS in 3 governorates and urban poor areas	X	X	X	X	X	X	X	X	X				Management & sustainability team	Training report	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
<b>5.1.8 Design and implement joint district planning</b>															
Finalize an FP/MCH integrated district planning methodology during a workshop		X											Quality & Sustainability & Management & sustainability teams	Workshop report	28 February 2005
Design an FP/MCH integrated district planning training course and train master trainers in 10 districts	X		X										Quality & Sustainability & Management & sustainability teams	Training report	31 March 2005
Assist in developing 10 FP/MCH integrated district workplans					X	X							Quality & Sustainability & Management & sustainability teams	10 district plans	30 June 2005
<b>Result 7 FP/RH Management Systems Strengthened</b>															
<b>7.1 Improve FP/RH program coordination and monitoring</b>															
Hold monthly coordination meetings between the MOHP/PS and TAHSEEN/CATALYST and	X	X	X	X	X	X	X	X	X				M Abu Nar		All year

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
POLICY to coordinate activities															
Participate in quarterly forums among USAID SO20 projects working in the field of FP/RH as needed			X			X			X				M Abu Nar		All year
Form an MOHP/PS Planning, Monitoring and Evaluation Committee and hold monthly meetings	X	X	X	X	X	X	X	X	X				Management & Sustainability team	Meeting reports	All year
<b>7.2 Improve rural health unit clinic and financial management capabilities, increase community involvement and activate clinic boards</b>													Management & Sustainability, Quality & Training		
<b>7.2.1 Improve clinic management and integrated supervision skills in TAHSEEN intervention governorates</b>															
Conduct 3 clinic management and integrated supervision	X													Workshop report	31 January 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
orientation workshops to to build support at governorate and district levels															
Conduct clinic management and integrated supervision training in 53 TAHSEEN intervention communities in Minia, Beni Suef and Fayoum governorates and 2 urban poor areas	X	X	X	X	X	X	X	X	X				Management Sustainability, Quality & Training	Training report	31 September 2005
<b>7.2.2 Activate RHU clinic boards and service improvement funds</b>													Management Sustainability, Quality & Training and Implementation teams		
Provide TA to activate clinic boards and service improvement funds in 53 TAHSEEN renovated clinics and intervention areas in Minia, Beni Suef and Fayoum Governorates and urban poor	X	X	X	X	X	X	X	X	X				Management Sustainability, Quality & Training and Implementation teams	Clinic boards & bank accounts established	31 September 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
areas															
Provide TA in the clinic board selection process including board member nomination and issuance of decrees announcing the formation of the clinic board	X	X	X	X	X	X	X	X	X				Management & Sustainability		
Conduct training for 53 RHU clinic boards in Minia, Beni Suef and Fayoum Governorates and urban poor areas	X	X	X	X	X	X	X	X	X				Management & Sustainability, Quality & Training	Boards trained & plans implemented Training report	30 September 2005
Orient and mobilize above mentioned communities	X	X	X	X	X	X	X	X	X				Management & Sustainability		
<b>7.2.3 Develop local capacity to mobilize community</b>															
Develop and train village council, community leaders and other political leaders from 53 communities in community mobilization (see 2.2.6)	X	X	X	X	X	X	X	X	X				Management & Sustainability, Youth, Doaa	Training report	30 September 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Provide TA to develop community mobilization plans in 53 communities	X	X	X	X	X	X	X	X	X				Management & Sustainability and Implementation teams	Community mobilization plan	
Develop capacity of Youth Committee and Working Groups to mobilize youth and develop links to RHU (see 1.4.5)	X	X	X	X	X	X	X	X	X				Management & Sustainability and Youth		30 September 2005
<b>7.2.4 Provide TA in community mobilization/sustainability to governorate and city council in support of MOHP/RHUs</b>													Management & Sustainability team		
Train governorate and city council members in community mobilization/sustainability for FP/RH issues	X	X	X	X	X	X	X	X	X				Management & Sustainability	2 courses per governorate completed Training report	30 September 2005
<b>7.2.5 Provide TA to simplify financial rules and regulations governing clinics for MOHP governorate and district</b>			X	X	X	X	X	X	X				Management & Sustainability		



Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
mangers in 3 governorates and MOHP/CO															
Produce simplified rules and regulations booklet for use by MOHP governorate and district mangers to support activation of clinic boards			X										Management & Sustainability	Booklet	31 March 2005
Distribute simplified rules and regulations booklet to governorate and district managers				X	X	X	X	X	X				Management & Sustainability team	Booklets distributed	30 September 2005
<b>7.2.6 Increase capacity of governorate financial department to automate system</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability team	Training material developed and training conducted Training report	
Conduct advanced financial management training	X	X	X	X	X	X	X	X	X				Management & Sustainability team	Training reports and evaluation	30 September 2005
Provide procurement training for governorate financial and non-financial staff using Law 89	X	X	X	X	X	X	X	X	X				Management & Sustainability team	Curriculum developed and training conducted	30 September 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
7.3 Provide TA to MOHP/PS to develop 2006 Workplan													Management & Sustainability team	Workplan developed	
7.3.1 Provide TA for MOHP/PS Workplan workshop													Management & Sustainability team	Completed MOHP/PS workplan	
7.4 Pilot and implement the integrated FP and MCH incentive system													Management & Sustainability team	Incentive system implemented	
7.4.1 Train village council members to gather community perceptions regarding MOHP/RHU as an integral part of incentive system	X	X	X	X	X								Management & Sustainability team	Training report	
7.4.2 Test the new system in 2 districts		X	X	X	X								Management & Sustainability team	System tried both tools used, reports are out and funds distributed (orientation and in the field TA)	31 May 2005
7.4.3 Roll out the implementation plan for the incentive system in									X				Management & Sustainability team	Roll out plan and implementation of the system in all TAHSEEN	31 October 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
coordination with HSR and other MOHP entities														governorates	
7.5 Support MOHP/PS management information systems	X	X	X	X	X	X	X	X	X				Sayed		30 September 2005
7.5.1 Explore ways to exchange information with MCH/HIS	X	X	X	X	X	X	X	X	X				Sayed		30 September 2005
7.5.2 Upgrade financial management system	X	X	X	X	X	X	X	X	X				Sayed		30 September 2005
7.5.3 Upgrade RR information system	X	X	X	X	X	X	X	X	X				Sayed		30 September 2005
7.5.4 Upgrade IEC information system	X	X	X	X	X	X	X	X	X				Sayed		30 September 2005
7.5.5 Upgrade client information system	X	X	X	X	X	X	X	X	X				Sayed		30 September 2005
7.5.6 Develop M&E system for tracking MOHP indicators	X	X	X	X	X	X	X	X	X				Sayed		30 September 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
7.6 Support MOHP/PS plans for developing a geographic information system (GIS)	X	X	X	X	X	X	X	X	X				Sayed		
7.6.1 Develop MOHP GIS	X	X	X	X	X	X	X	X	X				Sayed		
7.6.2 Assist MOHP to map selected RH services	X	X	X	X	X	X	X	X	X				Sayed		
7.6.3 Introduce use of GIS for M&E	X	X	X	X	X	X	X	X	X				Sayed		
7.10 Provide TA to review and revise MOHP/PS organizational development and human resources systems	X	X	X	X	X	X	X	X	X				Management & Sustainability		
7.10.1 Finalize MOHP/PS organizational assessment performed in 2004													Management & Sustainability	Organizational assessment report	
Review assessment recommendations and provide required TA	X	X	X	X	X	X	X	X	X				Management & Sustainability		
7.11 Introduce integrated client	X	X	X	X	X	X	X	X	X				Management & Sustainability	Workshop report	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
medical record system in collaboration with Health Sector Reform													Sustainability & Quality teams		
7.11.1 Review HSR forms and medical record keeping	X	X	X	X	X	X	X	X	X				Sayed & Management & Sustainability		
7.11.2 Recommend ways to implement HSR forms in MOHP/PS	X	X	X	X	X	X	X	X	X				Sayed		
7.11.3 Review the HSR software tools	X	X	X	X	X	X	X	X	X				Sayed		
7.11.4 Update HSR software tools to accommodate MOHP/PS reporting requirements as appropriate	X	X	X	X	X	X	X	X	X				Sayed		
7.11.5 Implement the forms and software tools in selected health facilities	X	X	X	X	X	X	X	X	X				Sayed		
7.12 Enhance MOHP contraceptive logistics management and planning capacity in coordination with	X	X	X	X	X	X	X	X	X				Sayed		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
EPTC															
7.12. 1 Establish MOHP-to-EPTC communication line and configure data channel	X	X	X	X	X	X	X	X	X				Sayed		
7.12. 2 Develop EPTC contraceptive inventory report for submission to MOHP	X	X	X	X	X	X	X	X	X				Sayed		
7.12.3 Develop front end software to allow MOHP access to EPTC contraceptive inventory data	X	X	X	X	X	X	X	X	X				Sayed		
7.12. 4 Analyze contraceptive distribution data according to EPTC historical files	X	X	X	X	X	X	X	X	X				Sayed		
7.13 Provide technical assistance to NCCM in management and capacity building													Management & Sustainability team		
Assess NCCM organizational needs													Management & Sustainability team		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Provide TA for management issues													Management & Sustainability team		
<b>7.14 Improve NPC capability to manage information, data and decision making</b>													Implementation team		
Upgrade NPC information center and management offices	X	X	X	X	X	X	X	X	X				Implementation team		30 September 2005
<b>Result 9 NGO Sector's Role in FP/RH Expanded</b>															
<b>9.1 Replicate Year 1&amp; 2 NGO selection process in Minia, Beni Suef and Fayoum Governorates</b>													Management & Sustainability team		
Assess and complete the NGOs selection and sub-granting/contracting processes carried out in 2003 and 2004	X	X											Management & Sustainability team		
<b>9.3 Strengthen MOHP/PS/NGO Unit capacity and ensure</b>			X	X	X	X							Management & Sustainability		30 June 2004

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
continuous collaboration among MOHP units working with NGOs													team		
9.3.1 Continue MOHP/MISA TAHSEEN/CATALYST working group meeting													Management & Sustainability team		
Conduct 4 quarterly meetings of MISA/MOHP working group			X			X			X				Management & Sustainability team	Meeting report	
9.3.2 Assist the MOHP/PS/NGO unit to work with other ministries	X	X	X	X	X	X	X	X	X				Management & Sustainability team		
Conduct 4 quarterly meetings for NGO committees of various ministries			X			X			X				Management & Sustainability team	Meeting report	
Conduct strategy development workshop for MOHP/PS/NGO unit			X												
Conduct one workshop for all NGO units in various ministries						X							Management & Sustainability team	Workshop report	



Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
<b>9.3.3 Assist MOHP/PS/NGO unit to collaborate with HSR</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability team		
Conduct 4 quarterly meetings with Health Sector Reform Task Force			X			X			X				Management & Sustainability team	Meeting report	
<b>9.5 Improve selected partner NGOs' capacities in outreach and referral, education and sustainability</b>	X	X	X	X									Management & Sustainability team		30 April 2005
Conduct 15 training courses for NGO RR in 3 governorates and urban poor areas		X		X		X		X					Management & Sustainability team	Training report	
Conduct 3 training courses for NGO boards of directors in Beni Suef, Fayoum and urban poor areas		X			X			X					Management & Sustainability team	Training report	
<b>9.5.1 Strengthen NGO networking and sustainability efforts at the governorate level</b>	X	X	X	X	X	X							Management & Sustainability team		30 June 2005
Provide support to local Specialized NGO Union	X	X	X										Management & Sustainability		31 March 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Specialized NGO Union													team		
Conduct fundraising training for Specialized NGO Union members				X	X	X							Management & Sustainability team	Training report	30 June 2005
<b>9.7 Support CSI through to self-reliance by building capacity through management and business development training</b>							X	X					Management & Sustainability team	Training report	30 September 2005
Provide TA in organizational development and assist CSI to establish independent NGO status	X	X	X	X	X	X	X	X	X				Management & Sustainability team		30 September 2005
<b>9.8 Implement FP/RH activities through selected and trained partner NGOs in new communities (see 9.1)</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability team	5 sub grants	30 September 2005
Follow up on sub-grant implementation in 53 intervention communities	X	X	X	X	X	X	X	X	X				Management & Sustainability team		
<b>9.9 Link TAHSEEN partner NGO activities with ongoing health</b>	X	X	X	X	X	X									30 June 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
and non health programs implemented by international and national organizations and NGOs															
Identify ongoing programs and establish collaboration	X	X	X	X	X	X							Management & Sustainability		30 June 2005
9.9.1 Establish at least 3 strategic alliances based on mutual interests			X	X	X	X	X	X					Management & Sustainability		31 August 2005
Link FP/RH messages and clinical work to HIV/AIDS, literacy and micro-credit initiatives and programs through CSR activities	X	X	X	X	X	X	X	X	X				Management & Sustainability		
<b>Result 10 Commercial Sector's Role in FP/RH Expanded</b>															
10.1. Revive, strengthen and promote Ask/Consult Network in Upper Egypt	X	X	X	X	X	X							Management & Sustainability		30 June 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
10.1.1 Review and validate Ask/ Consult Network electronic database for the entire country	X												Management & Sustainability		
10.1.2 Promote Ask/Consult through TV spots, radio, and local newspapers in collaboration with CHL	X	X	X	X	X	X	X	X	X				Management & Sustainability		
Assist CHL to plan and promote Ask/Consult on an as needed basis	X	X	X	X	X	X	X	X	X				Management & Sustainability		
10.1.3 Train, build knowledge, and increase participation and involvement of Ask/Consult Network members in FP/RH issues	X	X	X	X	X	X							Management & Sustainability	Training report	30 June 2005
Train up to 4700 Upper Egypt A/C network pharmacists in FP/RH counseling skills using EBM techniques, with priority given to TAHSEEN intervention	X	X	X	X	X	X	X	X	X				Management & Sustainability	Training report	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
areas															
Train up to 2391 Upper Egypt A/C network physicians in FP/RH issues using EBM, with priority given to TAHSEEN intervention areas	X	X	X	X	X	X	X	X	X				Management & Sustainability	Training report	
Produce quarterly CATS newsletter in collaboration with CHL			X			X							Management & Sustainability		
Ask/Consult Network activities will be limited to Upper Egypt, with priority given to TAHSEEN intervention areas. Any expansion into Lower Egypt governorates will necessitate additional funding.															
<b>10.2 Encourage pharmaceutical companies' participation in FP/RH markets</b>															
Support pharmaceutical companies with research findings related to the FP/RH market in Egypt as requested	X	X	X	X	X	X	X	X	X				Management & Sustainability		
<b>10.3 Promote corporate social responsibility (CSR) with respect to FP/RH issues</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability		

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
<b>10.3.1 Conduct CSR activities at the national level</b>	X	X	X	X	X	X	X	X	X				Management & Sustainability		
Collaborate with UNDP Global Compact Initiative network	X	X	X	X	X	X							Management & Sustainability		30 June 2005
Conduct 1 national CSR fundraising campaign			X										Management & Sustainability		
Establish strategic alliances with up to 2 business associations that position FP/RH as a priority for CSR activities	X	X	X	X	X	X	X	X	X				Management & Sustainability		
Target the market by industry to establish strategic alliances in up to 3 different sectors	X	X	X	X	X	X	X	X	X				Management & Sustainability		
Partner with Rotary Clubs in up to 2 governorates to replicate the Nahia model	X	X	X	X	X	X	X	X	X				Management & Sustainability		
<b>10.3.2 Conduct CSR activities at the governorate level</b>															
Establish CSR partnerships with up to 2 governorate business associations	X	X	X	X	X	X							Management & Sustainability	Funds mobilized distributed to clinics	30 June 2005

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
associations															
Use project workshops/governor's meetings as fundraising events at the governorate level to donate CSR generated funds to TAHSEEN intervention clinics	X	X	X	X	X	X	X	X	X				Management & Sustainability		
<b>10.3.3 Conduct CSR activities at the village level</b>															
Incorporate CSR resource mobilization and management of service improvement funds into village council and board member training	X	X	X	X	X	X							Management & Sustainability team	Village and board members include resource mobilization in workplans	30 June 2005
Generate funds at the village level through solicitation or through fee for service contributions (Decree 239)	X	X	X	X	X	X	X	X	X				Management & Sustainability team		
Follow up at the RHU level through RHU board training program models	X	X	X	X	X	X	X	X	X				Management & Sustainability team	Training report	

Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
program models															
<b>Result 11 Monitoring and Evaluating the Impact of TAHSEEN / CATALYST Activities at the Clinic and Community Levels</b>															
11.1 Perform monitoring and evaluation activities in 4 governorates and 1 urban poor area													M&E team		
11.1.1 Conduct post intervention assessments through household surveys in 2 villages in Minia, 2 in Beni Suef and 2 in Fayoum					X	X							M&E team	Results report	30 June 2005
11.1.2 Conduct pre and post intervention assessments in 1 urban poor area								X					M&E team	Results report	31 August 2005
11.1.3 Conduct pre and post intervention assessment in 2 villages in Giza governorate		X						X					M&E team	Results report	31 August 2005
11.1.4 Assess quality of care pre and post renovation of selected RHUs in Minia, Beni	X	X	X					X					M&E team	Results report	31 August 2005



Activity/Tasks	Jan 05	Feb 05	Mar 05	Apr 05	May 05	June 05	July 05	Aug 05	Sept 05	Oct 05	Nov 05	Dec 05	Responsible	Deliverables	Deliverables Due Date
Suef, Fayoum, and Giza governorates and 1 urban poor area															
11.1.5 Collect detailed service statistics from selected RHUs in Minia, Beni Suef, Fayoum, and Giza and urban poor areas	X	X	X	X	X	X	X	X					M&E team	Results report	31 August 2005



## **ANNEX B TAHSEEN/CATALYST Training and Curricula Development 2005**

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## TAHSEEN/CATALYST Training & Curricula Development 2005

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Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
1	1.4.4	Peer educator training for university students	Use existing	Leadership	University students in Minia and Beni Suef	TAHSEEN/CATALYST	20	3	3
2	1.4.5	FP/RH in Youth/Adult Partnership	Use existing	FP/RH messages	Youth Working Group members	TAHSEEN/CATALYST	15	2	3
3	1.4.5	Youth as facilitators and leaders	Use Youth Leaders Program curriculum	Leadership	Minia Youth Committee members	TAHSEEN	15	6	2
4	1.4.5	Leadership training	Use existing	Leadership	Youth at the village level in Minia governorate	TAHSEEN/CATALYST	15	7	2
5	2.4.1	FP/RH for literacy facilitators	Revise and update existing curricula	TOT	NCW literacy facilitators	TAHSEEN/CATALYST	15-25	6	5

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
6	2.4.1	FP/RH messages for literacy facilitators	Use existing booklets	TOT	NCCM male literacy facilitators	TAHSEEN/CATALYST	15-25	6	6
7	2.4.1	How to deliver FP/RH messages to underserved women	Use existing curriculum	FP/RH	Raedat rifiat from the MOA/Rural Women Department in Minia	TAHSEEN/CATALYST	20	1	5
8	2.4.2	Arab Women Speak Out (AWSO) for NGO RRs	Developed by Johns Hopkins University	TOT	NGO raedat rifiat	In collaboration with Save the Children	15	2	4
9	2.4.2	Women empowerment topics	Use existing curriculum	Women's empowerment	Women from 5 Minia villages	MOHP TAHSEEN/CATALYST	25	5	4
10	2.4.2	Basic FP/RH and HIV/AIDS	Use existing curriculum	FP/RH and HIV/AIDS messages	MOHP supervisors of women's clubs in Minia and Fayoum	TAHSEEN/CATALYST	30	3	5
11	2.4.4	Couple's communication	Use existing curriculum	Gender	NGO raedat rifiat and mothakef sokany	TAHSEEN/CATALYST	30	1	5

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
12	2.4.5	Gender Rights	Use gender rights manual	Gender	MOHP service providers in Beni Suef and Fayoum	TAHSEEN/ CATALYST	30	3	2
13	2.4.5	Gender Rights	Use simplified manual	Gender	Outreach workers: mothakef sokany and raedat rifat	TAHSEEN/ CATALYST	30	3	5
14	2.4.5	Gender Rights	Use gender rights manual	Gender	MOHP/PS sector staff	TAHSEEN/ CATALYST	30	1	2
15	2.7.1	FP/RH	Revise and update existing curricula	FP/RH messages	Community leaders in Minia, Beni Suef and Fayoum	TAHSEEN/ CATALYST	30	3	5
16	2.7.1	FP/RH	Revise and update existing curricula	TOT	30 male NGO literacy facilitators in Beni Suef and Fayoum	TAHSEEN/ CATALYST MOHP NGO	30	3	3
17	2.7.1	FP/RH with focus on OBSI and HIV/AIDS	Revise and update existing curricula	TOT	MOA and MWRI agricultural /irrigation extension workers in Beni Suef and Fayoum	TAHSEEN/ CATALYST	15	3	3

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
18	2.7.2	Gender and rights	Use simplified manual	TOT	Minia NGO male outreach workers (MS)	TAHSEEN/CATALYST	25	3	4
19	3.1.1	PAC Care clinical training for physicians and nurses	Revise and update existing curricula	Clinical	OB/GYN providers (physicians and nurses) in MOHP hospitals	El-Shatby University hospital and El-Galaa Teaching Hospital	8 physicians; 4 nurses	15	6
20	3.1.1	PAC Emergency Care for PHC staff	Revise and update existing curricula	Clinical	PHC providers (physicians and nurses)	TAHSEEN/CATALYST	35	10	1
21	3.1.3	Postpartum Care clinical training for physicians and nurses	Revise and update existing curricula	Clinical	OB/GYN providers (physicians and nurses) in MOHP hospitals	RCT	10 physicians; 10 nurses	20	6
22	3.1.3	Postpartum Care for PHC staff	Revise and update existing curricula	Clinical	PHC providers (physicians and nurses)	TAHSEEN/CATALYST	35	10	1
23	4.2	CQI initiatives: Quality management and standards of practice	Use existing curricula	Quality management	Managers, supervisors and physicians in NGO clinics	TAHSEEN/CATALYST	25	2	7
24	4.4.2	EBM	Use UC/Irvine graduates	Clinical	MOHP Physicians	TAHSEEN/CATALYST	15	6	6



Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
25	4.4.3	Integrated approach to start up, supervision and management of integrated activities	Develop	Management	District managers	TAHSEEN/ CATALYST	34	7	6
26	4.4.3	TOT for Integrated FP/RH/MCH training for physicians	Under development	TOT	Governorate trainers	TAHSEEN/ CATALYST	15	2	6
27	4.4.3	TOT for Integrated FP/RH/MCH training for nurses	Under development	TOT	Governorate trainers	TAHSEEN/ CATALYST	15	2	6
28	4.4.3	TOT for Integrated FP/RH/MCH training for lab techs	Under development	TOT	Governorate trainers	TAHSEEN/ CATALYST	15	2	6
29	4.4.3	TOT for Integrated FP/RH/MCH training for raedat rifiat	Under development	TOT	Governorate trainers	TAHSEEN/ CATALYST	15	2	6

## TAHSEEN/CATALYST Workplan 2005

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
30	4.6.1	Sustainability issues (e.g., market development, business development)	Use existing	Management	Managers, supervisors and trainees of RCT	TAHSEEN/ CATALYST	15	1	21
31	4.8.1 & 4.10.1	Ultrasound	Develop	Clinical	MOHP physicians in governorates	TAHSEEN/ CATALYST	10	2	7
32	4.8.1& 4.10.1	Integrated FP/RH/MCH for physicians	Revise and update existing curriculum	Clinical	MOHP physicians in governorates	TAHSEEN/ CATALYST	15	5	18
33	4.8.1& 4.10.1	Integrated FP/RH/MCH for nurses	Revise and update existing curriculum	Clinical	MOHP nurses in governorates	TAHSEEN/ CATALYST	20	9	12
34	4.8.1 & 4.10.1	Integrated FP/RH/MCH for lab technicians	Revise and update existing curriculum	Clinical	MOHP lab techs and lab assistants	TAHSEEN/ CATALYST	10	5	5
35	4.8.1 & 4.10.1	Integrated FP/RH/MCH for raedat rifiat	Revise and update existing curriculum	Clinical	MOHP RR in governorates	TAHSEEN/ CATALYST	30	9	5
36	4.8.1 & 4.10.1	Integrated FP/RH/MCH for health visitors	Design new curriculum	Clinical	MOHP health visitors in governorate schools	TAHSEEN/ CATALYST	30	4	5

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
37	4.8.1 & 4.10.1	Clinic maintenance, cleaning and record-keeping	Revise and update existing curricula	Management	Service providers in governorates	TAHSEEN/ CATALYST	20	18	5
38	4.8.2 & 4.10.2	Follow up on clinical and HSR systems training	N/A	Ongoing coaching	At governorate level	TAHSEEN/ CATALYST	N/A	N/A	N/A
39	5.1.2	Integrated standards of practice	Develop curriculum	TOT	District level supervisors in Upper Egypt districts	TAHSEEN/ CATALYST	15	3	6
40	5.1.6	Orientation to integrated FP/RH/MCH (see 4.4.4)	Develop curriculum	TOT	Master trainers in 4 governorates	TAHSEEN/ CATALYST	10	4	6
41	5.1.7 (see 7.2.1 and 7.2.2)	Orientation to clinic management and integrated supervision (CMIS)	Use existing	TOT	Trainers in 3 governorates and urban poor areas	TAHSEEN/ CATALYST			

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
42	5.1.7 (see 7.2.2)	Clinic management and integrated supervision (CMIS)	Use existing	Management	Clinic teams in 3 governorates and urban poor areas, incl. physicians, nurses, RR, clerks and district supervisors of MCH and FP; and RR and nursing supervisors	TAHSEEN/ CATALYST	40-50	10 +	12
43	7.2.1	Clinic boards: management and integrated supervision	Use existing	Management	Clinic board members in 54 TAHSEEN intervention communities	TAHSEEN/ CATALYST	50	10 +	6
44	7.2.2	RHU clinic boards orientation: management, fund raising and community mobilization	Use existing	Management	Clinic board members in 54 TAHSEEN intervention communities	TAHSEEN/ CATALYST	50	10 +	6

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
45	7.2.3	Community mobilization	Develop	Management	Village council members, community leaders and political leaders	TAHSEEN/ CATALYST	35	22	6
46	7.2.3	Capacity building (see 1.4.5)	Revise and update existing curriculum	Leadership	Members of the Youth Committee and Working Groups	TAHSEEN/ CATALYST	50	2	9
47	7.2.4	Community mobilization and collaboration on FP/RH issues	Develop	Leadership	Members of governorate and city councils	TAHSEEN/ CATALYST	35	12 +	4
48	7.2.6	Advanced financial management	Develop	Financial management	Financial managers and officers	TAHSEEN/ CATALYST	28	4	5
49	7.2.6	Procurement using Law 89	Develop	Financial management	Financial managers and officers	TAHSEEN/ CATALYST	28	4	2
50	7.4.1	Measuring community opinion of MOHP/RHU	Develop	Management	Village council members and assigned staff	TAHSEEN/ CATALYST	20	10	3

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
51	7.13	Operational management, sustainability and market development	Develop	Sustainability	Staff and management of the NCCM	TAHSEEN/ CATALYST	20	1	7
52	9.4.2	Capacity building and sustainability	Use existing	Management & sustainability	NGO board members and staff	TAHSEEN/ CATALYST + NGOs	25 - 30	One set of courses in each governorate	7
53	9.5	RH issues and communication skills	Use existing	TOT	NGO raedat rifiat	TAHSEEN/ CATALYST	60 - 75	6	10
54	9.5	RH issues and communication skills for home visits & referral	Use existing		NGO raedat rifiat in new TAHSEEN served governorates	TAHSEEN/ CATALYST	25-30	15-20	6
55	9.5	Capacity building	Use existing	TOT	NGO board members	TAHSEEN/ CATALYST	60-75	6	15
56	9.5	NGO board training	Develop	RH Messages	NGO board members	TAHSEEN/ CATALYST	30	3-5	5
57	9.5	Gender, advocacy, sustainability and RH messages	Use existing	FP/RH messages	Specialized NGO Union members	TAHSEEN/ CATALYST	25-30	1	6
58	9.5.1	Fundraising	Revise and update existing curriculum	Management	Members of Specialized NGO Union	TAHSEEN/ CATALYST	30	5	7

Reference Number	Workplan Activity Number	Topic	Curriculum Development Status	Type of Training	Trainees	Implementing Agency	Number of Trainees per Course	Number of Courses in 2005	Length of Training (Days)
59	9.7	CSI management training in business development	Develop	Management	Senior management team with business development manager	TAHSEEN/ CATALYST	10	1	10
60	9.10	Capacity building: Demand creation and supply		NGO sustainability	NGOs in poor urban areas	TAHSEEN/ CATALYST		2	
61	10.1.2	FP/RH methods counseling	Revise and update existing curriculum	Clinical	Upper Egypt Ask/Consult network physicians and pharmacists	TAHSEEN/ CATALYST	40	90 for physicians; 180 for pharmacists	2 for physicians; 1 for pharmacists
62	10.1.2	Ask/Consult training on evidence based medicine	Revise and update existing curriculum	Clinical	Upper Egypt Ask/Consult network physicians and pharmacists	TAHSEEN/ CATALYST	40	90 for physicians; 180 for pharmacists	2 for physicians; 1 for pharmacists





## **ANNEX C TAHSEEN/CATALYST Workshops 2005**

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## TAHSEEN/CATALYST Workshops 2005

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Reference Number	Workplan Activity Number	Topic	Participants	Implementing Agency	Length of Workshop (Days)	Number of Participants per Workshop	Number of Workshops in 2005
1	1.4.1	FP/RH awareness raising	Male religious leaders	TAHSEEN/CATALYST	1	25	24
2	1.4.1	FP/RH awareness raising	Female religious leaders	TAHSEEN/CATALYST	1	20	6
3	1.4.5	Youth Leaders Program orientation	Youth committee members	TAHSEEN/CATALYST	2	15	7
4	1.4.5	Youth Leaders Program follow-up	Youth at the village level	TAHSEEN/CATALYST	1	15	7
5	2.2.1	Community awareness raising in urban poor areas	Community members	TAHSEEN/CATALYST	1	60	140
6	2.2.4	Roundtable discussions to develop integrated model for village-level community planning	Community members	TAHSEEN/CATALYST			

Reference Number	Workplan Activity Number	Topic	Participants	Implementing Agency	Length of Workshop (Days)	Number of Participants per Workshop	Number of Workshops in 2005
7	2.2.8	FP awareness day	Service providers from 11 hospitals	TAHSEEN/CATALYST in collaboration with the Curative Care sector	1	20	11
8	2.2.8	Medical specialty workshops to raise awareness about their clients' FP needs	2 different groups of specialists (med-surgery) in 11 district hospitals	TAHSEEN/CATALYST in collaboration with the Curative Care sector	1	10	22
9	2.5.6	Communicating FP/RH messages	Local media professionals in Media Groups	TAHSEEN/CATALYST	1	40	84
10	2..7.1	Gain consensus on FP/RH curriculum/manual for community leaders	Community leaders	TAHSEEN/CATALYST	3	30	1
11	3.1.1	Finalize Comprehensive PAC Package	National stakeholders	TAHSEEN/CATALYST	1	50	1
12	3.2.3	Community involvement in PAC	Local leaders	TAHSEEN/CATALYST	1	30	8

Reference Number	Workplan Activity Number	Topic	Participants	Implementing Agency	Length of Workshop (Days)	Number of Participants per Workshop	Number of Workshops in 2005
13	3.2.3	Orientation to Community PAC	300 community leaders	TAHSEEN/CATALYST	2	6 religious leaders 6 PHC providers/raedat 6 agricultural workers 6 education 6 media reps 6 NGOs/Local assembly reps 2 FP/MCH representatives	10
14	3.2.4	Community PPC activities	Local leaders	TAHSEEN/CATALYST	1	30	13
15	3.2.4	Orientation to Community Postpartum Care	720 community leaders	TAHSEEN/CATALYST	2	6 religious leaders 6 PHC providers/raedas 6 Agricultural workers 6 education 6 Media 6 NGOs/Local assembly 2 FP/MCH representatives	15

Reference Number	Workplan Activity Number	Topic	Participants	Implementing Agency	Length of Workshop (Days)	Number of Participants per Workshop	Number of Workshops in 2005
16	4.1	The need to re-certify all Gold Star clinics	MOHP central office and governorate staff	TAHSEEN/CATALYST	1	60	1
17	5.1.2	Validation of integrated standards of practice	FP and MCH central office staff	TAHSEEN/CATALYST	1	60	1
18	5.1.8	FP/MHC integrated district planning	MOHP staff FP and MCH CO	TAHSEEN/CATALYST	2	50	1
19	7.2.1	Clinic management and integrated supervision program orientation	Health undersecretaries, FP and MCH governorate directors, district managers from MOHP and governorate admin./financial officers	TAHSEEN/CATALYST	2	13 per governorate	3
20	7.2.2	Orientation to the work of clinic boards (see 5.1.7)	MOHP managers at governorate and district level, governor, secretary general and local city council members	TAHSEEN/CATALYST	1	30	One for each governorate as training starts
21	7.2.4	Community mobilization techniques and collaboration	Governorate and local council staff and district managers	TAHSEEN/CATALYST	2	35	1 for each governorate

Reference Number	Workplan Activity Number	Topic	Participants	Implementing Agency	Length of Workshop (Days)	Number of Participants per Workshop	Number of Workshops in 2005
22	7.2.5	Community mobilization	MOHP staff, clinic staff, NGOs/CDAs, local village councils	TAHSEEN/CATALYST	1	25	1 for each community
23	7.3	Workplan development and integration between TAHSEEN / CATALYST and MOHP/PS (TA only)	MOHP/PS and TAHSEEN / CATALYST	TAHSEEN/CATALYST	1-2	35	1
24	7.4.4	Initiate testing of incentive system	MOHP (MCH and FP) CO office staff and representatives from the governorate	TAHSEEN/CATALYST	2	60	2
25	9.1	Orientation to TAHSEEN's activities	NGOs, MISA NGO Unit	TAHSEEN/CATALYST	1	50	2
26	9.3.2	Assist the MOHP/PS/NGO unit to work with other ministries	Representatives of all NGO units in various ministries	TAHSEEN/CATALYST	1	50	1
27	10.3.2	Fund raising and FP/RH positioning as a priority for the private sector	Representatives of MOHP and commercial sector companies, and clinic and university staff	TAHSEEN/CATALYST	1	200 at the national level 100 at the governorate level	4 at the national level 2 at each governorate level





## **ANNEX D TAHSEEN/CATALYST BCC Products 2005**

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## TAHSEEN/CATALYST BCC Products 2005

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Reference Number	Workplan Activity Number	Type of Material	Type of Activity Topic	Number of Products to be Produced or Printed	Number of Products to be Disseminated by Agency
1	1.1.1	Booklet	Q&A booklets on birth spacing, first pregnancy, breastfeeding, postpartum and postabortion care contraception	5000	2000 TAHSEEN 3000 MOHP
2	1.1.2	FP/RH messages and interviews inserted into youth-oriented TV programs	TV programs aired on Channel 7 serving the northern region of Upper Egypt will be produced by TAHSEEN trained media professionals	24 expected programs	NA
3	1.1.2	FP/RH messages and interviews inserted into youth-oriented radio programs	Radio programs aired on NUE Radio serving the northern region of Upper Egypt will be produced by TAHSEEN trained media professionals	24 expected programs	NA
4	1.1.3	Journal articles	Articles with FP/RH messages for CAT newsletter produced by media professionals trained by TAHSEEN	12 articles expected	NA
5	1.1.4	Puppet performances	FP/RH messages targeting youth & communities in Minia, Beni Suef, Fayoum, Giza and urban poor areas	175 performances	175
6	1.1.4	Videotape of puppet show	Puppet show described above	200 tapes for use in clinics	200
7	1.1.4	BCC play	FP/RH messages targeting youth & communities in Minia, Beni Suef,	175 performances	175

Reference Number	Workplan Activity Number	Type of Material	Type of Activity Topic	Number of Products to be Produced or Printed	Number of Products to be Disseminated by Agency
			Fayoum, Giza and urban poor areas		
8	1.1.4	Videotape of play	Play described above	200 tapes for use in clinics	200
9	1.1.5	Poster	Delaying first pregnancy	3000	1000 TAHSEEN 1000 MOHP 1000 NGOs
10	2.4.2	FAQ booklet	4 color 4 page leaflet for use by raedat rifiat with women attending women's club events and seminars.	3000	1000 TAHSEEN 1000 NGOs 1000 MOHP
11	2.4.5	Manual	Gender based violence		
12	2.4.5	Booklet	Gender based violence by religious leaders		
13	3.2.5		Produce BCC materials for community PPC/PAC activities		
14	3.2.5	Newsletter	Include postpartum and postabortion contraception information for service providers in CAT newsletter (see 10.1.2)		

## **Annex E TAHSEEN/CATALYST Seminars 2005**

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## TAHSEEN/CATALYST Seminars 2005

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Reference Number	Workplan Activity Number	Topic	Length of Seminar (Days)	Participants	Implementing Agency	Number of Participants per Seminar	Number of Seminars in 2005
1	1.1.2	FP/RH messages presented in direct communication seminars	1	Presenters: IEC officers  Audience: members of TAHSEEN-served communities in 4 governorates	TAHSEEN/CATALYST	100	135
2	1.3	Family life education to raise awareness of parents and teachers	1	Parents and teachers	TAHSEEN/CATALYST	50	50
3	2.2.4	RH awareness raising seminars		Community members in 3 Cairo poor areas and 1 Alexandria urban poor area	TAHSEEN/CATALYST		24
4	2.4.1	Gender and FP/RH seminars for 4 NCW Multifaceted Project communities	1	Women from NCW, TAHSEEN villages and hamlets	TAHSEEN/CATALYST NCW	20	10
5	2.4.1	Conduct FP/RH and gender awareness raising sessions for women in collaboration with National	1	Women and men from TAHSEEN villages and hamlets	TAHSEEN/CATALYST	20-30	5

TAHSEEN/CATALYST Workplan 2005

Reference Number	Workplan Activity Number	Topic	Length of Seminar (Days)	Participants	Implementing Agency	Number of Participants per Seminar	Number of Seminars in 2005
		Council for Women (NCW) in 5 TAHSEEN renovated Minia clinics					
6	2.4.1	Awareness raising sessions on FGC in communities with joint NCCM/TAHSEEN activities	1	Women and men from TAHSEEN and NCCM villages	TAHSEEN/CATALYST NCCM	20 - 30	10
7	2.4.1	Awareness raising sessions on gender and FP/RH in 5 TAHSEEN clinics in Minia	1	Women from TAHSEEN villages	TAHSEEN/CATALYST NCW	20 - 30	26
8	2.4.2	Trained women's club supervisors deliver FP/RH, HIV/AIDS messages	1	Village women attending women's club meetings	TAHSEEN/CATALYST + supervisors of women's clubs	15	10
9	2.5.8	Nadwet El Beit El Kabeer	1	Target women in 2 of Minia communities	TAHSEEN/CATALYST	20	72
10	2.7.1	Awareness raising seminars on FP/RH	1	Male farmers	TAHSEEN/CATALYST MOA MWRI	15	100
11	2.7.1	Awareness raising seminars on condom use	1	Male farmers	TAHSEEN/CATALYST MOA MWRI PHARMA	15	3



## **ANNEX F TAHSEEN/CATALYST Research and Assessments 2005**

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## TAHSEEN/CATALYST Research and Assessments 2005

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Reference Number	Workplan Activity Number	Topic	Type of Research	Agency Responsible for Dissemination	Means of Dissemination
1	1.4.6	Knowledge of RH.FP Among Youth in Bab El-Shaariya, an urban poor area, before intervention	Pre-test	TAHSEEN/CATALYST	Report
2	1.4.6	Knowledge of RH.FP Among Youth in Bab El-Shaariya, an urban poor area, after intervention	Post-test	TAHSEEN/CATALYST	Report
3	3.1.3	Assessment of the postpartum care referral system from hospital to PHC	Assessment through follow up home visit care	TAHSEEN/CATALYST	Report and presentation
4	4.9.1	Identification and assessment of health needs in urban poor communities	Situation analysis	TAHSEEN/CATALYST	Report
5	7.2.6	Financial rules and regulations governing clinics	Data compilation and simplification	TAHSEEN/CATALYST and MOHP	Distribute simplified rules and regulations via a booklet to governorate and district managers
6	7.10	Organizational assessment of NPC human resources	Examination of the organization structure in comparison to identified strategic directions	TAHSEEN/CATALYST	Report and presentation
7	9.1	Inventory of NGOs working in FP/RH in each new governorate	Searching registration documents of NGOs in each	TAHSEEN/CATALYST	Report to MOHP's NGO unit

Reference Number	Workplan Activity Number	Topic	Type of Research	Agency Responsible for Dissemination	Means of Dissemination
			governorate		
8	9.1	Institutional capacity of potential partner NGOs	Assessment of the capabilities of potential partner NGOs in each governorate	TAHSEEN/CATALYST	Report to MOHP's NGO unit
9	9.3.2	Study tour for MOHP/PS/NGO unit to assume new responsibilities and have a stronger role	Assessment of the aspired roles, research the best models, and draw lessons learnt from the visit	TAHSEEN and MOHP PS and NGO unit	Report of recommendations based on the study tour and presentation to MOHP/PS management.

## **ANNEX G TAHSEEN/CATALYST Committee Meetings 2005**

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## TAHSEEN/CATALYST Committee Meetings 2005

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Reference Number	Workplan Activity Number	Committee	Participants	Meeting Objectives	Frequency of Meetings / Total Number in 2005
1	3.1.3	Safe Motherhood Committee	6	Guide PAC program implementation	Bimonthly 6
2	5.1	Integration Committee	5 from MOHP	To guide integration process	Quarterly 4
3	5.1.6	Training Committee	MOHP RCT	To guide integrated training for MCH/RH services based on integrated SOPs	Quarterly 4
4	7.1	MOHP/PS Planning, Monitoring and Evaluation Committee	MOHP/PS personnel	Coordination and monitoring	Monthly 12
5	9.3.1	MOHP/MISA/TAHSEEN Working Group	Approx. 10 from MOHP + TAHSEEN + MISA	Coordinate and follow-up on activities of both ministries re NGOs work in FP/RH	Quarterly 4
6	9.3	MOHP/Health Reform /TAHSEEN Task Force	Approx. 15 from MOHP / PS NGO unit and Health Reform	Coordinate MOHP NGO unit work with Health Reform	Quarterly 4
7	9.3	MOHP and Various Ministries Committee	Approx. 15 from MOHP / PS NGO unit and NGO units in other ministries	Coordinate MOHP work with NGO units in other ministries	Quarterly 4

Reference Number	Workplan Activity Number	Committee	Participants	Meeting Objectives	Frequency of Meetings / Total Number in 2005
8	9.3.2	Ministry NGO Committees	MOHP/PS/NGO unit and NGO units from other ministries	Coordinate Unit's work with NGO committees of other ministries	Quarterly 4