



YEAR 3 ANNUAL PROGRESS REPORT

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT



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FINAL

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PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT

YEAR THREE (OCTOBER 1, 2010 – SEPTEMBER 30, 2011)

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ACRONYMS

AFD	Agence Francaise de Developpement
BCC	Behavior Change Communication
BEU	Biomedical Engineering Unit
CBO	Community-Based Organization
CF	Cystic Fibrosis
COGAT	Coordinator of Government Activities in the Territories
COTR	Contracting Officer's Technical Representative
EPS	Essential Package of Services
ESI	Emergency Severity Index
EWAS II	Emergency Water and Sanitation and Other Infrastructure Program
FCSP	Financial Capacity Strengthening Program
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIS	Health Information System
ICD	International Classification of Disease
ICU	International Cooperation Unit
IDP	Institutional Development Plan
IPC	Infection Prevention and Control
JCI	Joint Commission International
LDP	Leadership Development Program
M&E	Monitoring and Evaluation
MAP	Medical Aid for Palestinians
MMU	Medication Management and Use
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
PMP	Performance Monitoring Plan
SOP	Standard Operating Procedure
PGD	Pharmacy General Directorate
PHC	Primary Health Care
TAT	Technical Advisory Team
TOT	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
VPP	Visiting Professionals Program
WHO	World Health Organization

SECTION I

YEAR 3 EXECUTIVE SUMMARY

The Palestinian Health Sector Reform and Development Project is pleased to present its Year 3 Annual Progress Report. Sections II, III and IV of this report provide a Project overview including situation analysis and narrative description of progress by technical focus area. Section V presents a summary of Year 3 highlights in monitoring and evaluation (M&E) and Section VI details management and operations highlights.

The Project is a five-year initiative funded by the United States Agency for International Development (USAID) and implemented in collaboration with the Palestinian Ministry of Health (MOH). The Project's main objective is to support the MOH, select non-governmental organizations (NGOs), and select educational and professional institutions in strengthening their institutional capacity and performance to support a functional Palestinian health sector able to meet priority public health needs. The Project works to achieve this goal through three objectives: (1) improving governance and management practices in the Palestinian health sector, (2) improving the quality of essential clinical and community-based health services, and (3) increasing the availability of essential commodities to achieve health and humanitarian assistance goals.

Based upon successes and lessons learned in Years 1 and 2, Year 3 activities were planned across five technical focus areas. These focus areas reflect the scope of work described in the Project contract, and are a grouping of activities and deliverables that contribute to achieving the objectives of the contract as well as the MOH's strategic plan for the Palestinian health sector. To further refine activities, a mid-term evaluation in November 2010 demonstrated suitable areas for more intense focus. A contract modification setting forth the five technical focus areas was approved in July 2011. The Project's performance management plan (PMP) was significantly revised to more accurately and realistically reflect progress against targets based upon focus areas.¹

The Project's achievements in Year 3 bolster the MOH's dual role as both chief regulator of the health sector and primary service provider. A health information system (HIS) went live in two health directorates in the West Bank. The computerized system's cross-cutting impact serves to strengthen the work of the MOH at all levels, and will provide overall support to the health sector to provide more efficient and effective health services for all Palestinians. The Champion Community Approach was implemented in seventeen new communities, bringing together leaders of the community and civil society to identify health needs, empower citizens, and to work with local health-care providers to actively participate in the health-sector reform process. The total number of communities participating in the approach now stands at 38. Training programs in clinical care, leadership and management, and equipment use and maintenance aimed to build the capacity of more than 1,700 MOH and NGO employees to create a cadre of qualified professionals. To support the long-term goals of the reform process, the Project offered technical support to develop and update professional bylaws, standards of care, standard operating procedures,

¹ The revised PMP has been submitted to USAID for approval but has not been approved as of this writing. A summary table reflecting progress against indicators set in the March 2010 approved PMP can be found in Annex A.

and clinical protocols in accordance with internationally recognized standards.

SECTION II

PROJECT OVERVIEW

SITUATION ANALYSIS

Building on foundations laid in the first two years of implementation, the Project continued to promote and consolidate health sector reform. Project activities are spread across five technical focus areas:

- Focus Area A: Institutional Development
- Focus Area B: Health Information System
- Focus Area C: Primary Health-Care Support
- Focus Area D: Hospital Support
- Focus Area E: Procurement Support

In the third year of operation, the Palestinian Health Sector Reform and Development Project continued to build on the solid working relationships it established with the MOH, NGOs, and educational institutions in Years 1 and 2. In addition, new partnerships were forged in an effort to expand the reform process into new areas that advance USAID objectives. The key partner for reaching these objectives remains the MOH. Reinforcing the institutional capacity of the MOH to implement health sector reforms and improve overall management of the sector continues to be the driving force behind the Project's activities.

In Year 3, progress was made in creating and implementing tools that enable the MOH to increase its oversight capacity and regulatory role in the health system. Key Year 3 achievements form the basis for increasing and institutionalizing the regulatory capacity of the MOH, including drafting of bylaws for health care professionals, developing and updating standards of care, and establishing a framework to cost health services in MOH facilities. In addition, installation of project-procured equipment, implementation of the first national computerized Health Information System (HIS), measurable progress in community engagement, advancement in emergency preparedness planning, and sustained collaboration with NGO grantees serve as the key achievements in Year 3. Training and workshops complement these achievements and promote sustainability of the reform process.



Left: A nurse handles a premature baby in the neonatal intensive care unit (NICU) at Rafidia Hospital. Twenty newly procured neonatal incubators (in the background) have improved the level of available intensive care for neonates. Nurses and doctors benefited from training on the optimal use of the incubators to ensure positive outcomes.

Health sector reform continues to constitute a challenge due to the sensitive political situation. In addition, as witnessed in Year 3, MOH strikes caused delays in the implementation of planned activities. The Project continues to build momentum by engaging key players in the reform process. However, the process faces other challenges such as continued MOH dependence on donor funding, which means that a critical element of health sector reform remains outside of the Project's control. In response, the Project initiates and sustains ongoing dialogue with other health sector donors. In addition, high MOH expectations on what the Project can deliver and weak internal communications within the MOH continue to pose challenges. Year 3 saw continued progress in this area, particularly in the districts engaged in the Champion Community Approach, where civic participation is encouraging the MOH to respond to local demand in health-care services and is fostering coordination with the MOH at the community, district, and national levels.

The quality of Palestinian health services has been compromised by fragmentation among health service providers, resulting in multiple and varying clinical standards and norms. The MOH has solicited little citizen participation and feedback, resulting in a gap between citizen expectations and MOH delivery of services. Significant strides were made in Years 1 through 3 to bring the MOH, NGOs, the private sector, and communities together to improve the quality of health service delivery, including unifying and improving standards of care. The NGO grants program has served to enhance complementarity among health service NGOs as well as between NGOs and the MOH.

In Year 1, the Project supported the MOH in carrying out a self-led needs assessment to identify the strengths and weaknesses of the public health system which was followed by the creation of an Institutional Development Plan (IDP) based on the results of the assessment and on the MOH National Strategic Health Plan. This plan included 18 priority areas critical to achieving health sector reform. In the first quarter of Year 3, the MOH Planning and Health Policy and International Cooperation departments worked in a participatory manner with staff across the Ministry to devise an annual plan detailing key priorities for 2011. The action plan incorporated the key IDP areas and replaced the IDP as the guide for MOH activities; importantly, the MOH action plan is in accord with planned Project activities.

The Project is now entering a critical phase during which the MOH will need to fully assume its regulatory role to ensure the success and sustainability of the reform process. Continued efforts to invest in MOH and NGO staff through institutionalizing professional development programs will continue to build the essential leadership skills to meet these goals. Key areas for development include fellowships and the Visiting Professional Programs, as well as skill-building activities and consultancies aimed at strengthening the financial management and educational capacity of the MOH. Such activities entail formal training sessions, information-sharing workshops and meetings, and on-the-job coaching and mentoring.

YEAR 3 HIGHLIGHTS

During the 2008 needs assessment, the MOH staff stressed the importance of building the their capacity to utilize data for management, planning, and informed policy formulation, leading to better service delivery and public satisfaction with the public health system. In Year 3, 81 MOH managers began coursework to attain a Bachelor of Art degree in Health Management through an agreement with Al Quds Open University. Sixty-three MOH staff completed the Financial Capacity Strengthening Program (FCSP) training to build the

capacity of MOH staff in the areas of financial sustainability, transparency, and accountability through sound financial management.

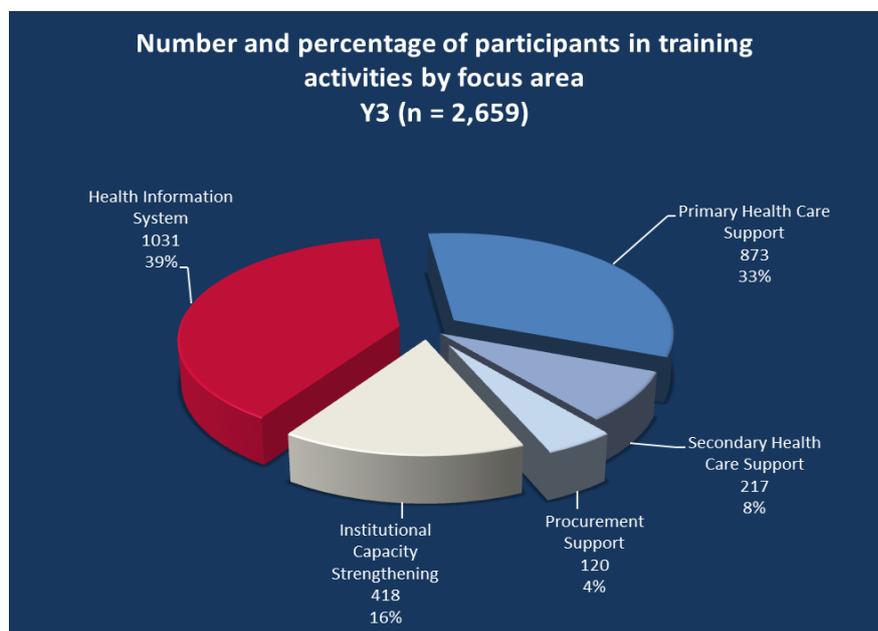
As a means to ensure coordination and open communication between the Project and the MOH, a technical committee comprised of Project staff and MOH representatives from relevant departments meets once each month. During Year 3, significant strides were made in developing and implementing procedures for managing collaborative technical documents developed jointly. A framework was developed for pairing all Project short-term technical assistants with MOH counterparts to ensure maximum impact of their interventions and to promote sustainability.

Supporting the professional development, regulation, and education of health-care professionals. The Project supports the MOH in updating the licensing and relicensing standards for health-care professionals in accordance with internationally accepted standards. To this end, bylaws for licensing of eight health-care professions and facilities were drafted through a participatory process between the MOH and related health syndicates. The Project continued to support the MOH and select NGOs to enhance their professional capacities through formal training, fellowships, and the establishment of a visiting professionals program. A framework for the Visiting Professionals Program (VPP) and related database was developed. Twenty-five MOH and NGO staff completed Leadership Development Program (LDP) training, which aims to develop a cadre of leaders in the Palestinian health sector committed to improving management and leadership practices to facilitate health sector reforms.



Above: Dr. Saif Abu Al-Rab, from Al-Makkased Hospital in Jerusalem, is pictured during a procedure in one of Germany's hospitals. As part of his fellowship, Dr. Saif is gaining advanced knowledge of and practice in orthopedic arthroscopy surgery, specifically in the shoulder area, a surgical sub-specialty that is currently unavailable in the West Bank/Gaza.

In an effort to assess the impact of the Project’s training interventions in Years 1 through 3, the Project’s M&E unit undertook a survey among 107 MOH and NGO staff trained by the Project in February 2011 (see Annex B for list of Year 3 trainings). The purpose of the study was to evaluate the extent to which the trainees report changes in their approach and the application of the skills they received to their work. The study revealed that the three main facilitative factors to ensuring the application of training skills in the work place include the following: the availability of equipment and supplies needed to apply the new skills; the support of their supervisors in the application of the changes to their work approach; and the availability of health education materials and health education campaigns to support their work in providing guidance and treatment to patients. The Project is specifically addressing these facilitative factors through the procurement of and training on essential equipment and supplies, through the development and dissemination of behavior change communication (BCC) materials in collaboration with the MOH, and through the implementation of the Champion Community Approach. One of the critical factors determining the success of trainees in applying the knowledge and skills they have learned is the support they receive from their supervisors. To address this issue, the Project continues to target clinic supervisors and managers through on-the-job coaching and mentoring in supportive supervision, and through targeted technical assistance in system operations and work flow at MOH clinics and hospitals.



Strengthening MOH regulation of the Palestinian health sector. After two years of development and planning, Year 3 witnessed the implementation of the national health information system (HIS). This computerized system is designed to improve efficiency and quality within the entire MOH system. The HIS is also a tool for managing and planning that aims to address issues of efficiency, equity, access, quality, and sustainability. The HIS went live at two MOH hospitals and three MOH clinics in Qalqilya and Nablus directorates in Year 3. Six hundred seventy-three staff were trained on system use and 211 were trained on international classification of disease coding prior to rollout. Sixty MOH staff were trained on using the system’s HR modules. The HR management system, a component of the HIS, is now being used by staff at the central level. All MOH staff records were uploaded into the system to facilitate scheduling and workforce succession planning. The MOH also finalized the study for costing of services and procedures at Rafidia Hospital in Nablus. The methodology of the study and the results will be used to develop a framework for conducting costing studies at additional MOH facilities.

Strengthening Palestinian capacity to provide responsive emergency health care.

The Project's approach to improving emergency services focuses on developing the emergency medicine residency program, implementing triage in select MOH hospitals, and creating national and facility emergency preparedness plans. Improving emergency services is another key area for reform. By providing technical assistance in emergency medicine, the Project is helping the MOH to improve emergency medical services. An emergency preparedness task force was created by the MOH, comprised of representatives from the MOH, Palestine Red Crescent Society, and civil defense in an effort to ensure that emergency preparedness interventions extend beyond the life of the Project. The Project and the MOH collaborated in bringing together relevant stakeholders to further develop and enhance national emergency preparedness planning by facilitating communication among stakeholders and clarifying roles. In addition, three MOH hospitals developed facility-specific emergency preparedness plans.

Improving the quality of primary health care and promoting healthier lifestyles.

The Project aims to strengthen the capacity of Palestinian health institutions to provide effective outreach services in partnership with local communities and NGOs for improved health and safety outcomes. In addition, the Project works to strengthen the capacity of Palestinian health institutions to effectively use communication strategies to promote healthier and safer behaviors. The Champion Community Approach has proven to be an effective method for improving health outcomes and quality of care in communities. In addition to 21 communities in the Nablus directorate who engaged in Year 2, 17 communities in Hebron, South Hebron, and Qalqilya directorates began implementing the approach in Year 3. Four community-based organizations (CBOs) in the Nablus directorate received the Champion Community award and were granted an additional year of funding to implement the approach.



Left: A member of the Palestinian Civil Defense directs an ambulance during a community-wide mock emergency drill in Burqa, Nablus District (population 5000). The emergency drill was organized by Burqa's Sports Association, a CBO participating in the Project's Champion Community Approach. In the background, volunteers from the community create a cordon around school children who were evacuated from the village as part of the drill.

Based on successes in Years 1 through 3, the MOH continues to recognize the value of soliciting feedback from citizens and communities. The Project implements patient satisfaction surveys to monitor the quality of MOH services. As the supportive supervision approach takes hold through modeling, mentoring, coaching, and training, the MOH will be able to take the lead in soliciting feedback to ensure that improved quality of care is

sustained. In addition, BCC is being used as an effective means of improving health outcomes for Palestinians. More than 700 children attended the Healthy Lifestyles Summer Camps in Nablus and Hebron districts in Year 3; these camps incorporated BCC health messages developed in Years 2 and 3. A BCC recall survey was conducted in Year 3 to evaluate the effectiveness of BCC materials and means of distribution. Data from this survey will help to refine BCC activities beyond the life of the Project.

Equipping health professionals for success through responsive procurement.

Using a comprehensive approach to procurement, the Project supports the MOH and select NGOs through provision of equipment and training on use and maintenance. Procurement is a significant component of the Project's activities. In the past, the health system was marked by inefficiencies, including duplication of orders, large stocks of expired pharmaceuticals, stocks of unused equipment, a lack of maintenance programs for medical equipment, and few trained technicians to operate and maintain equipment. During the 2008 assessment the subsequent planning exercise, the Ministry emphasized the need to adopt a more strategic approach to the procurement of equipment, supplies, and pharmaceuticals as a key part of health reform. The Project's procurement team has been working with MOH and NGO hospitals and clinics to institutionalize an integrated procurement system that reduces these inefficiencies and costs, reflects the real needs of facilities, and improves access to health-care services for all Palestinians.



Above: Nine-year-old Ahlam Ghanam (far right) and representatives from USAID and the Lutheran World Federation attended the inauguration of the medical linear accelerator installation at Augusta Victoria Hospital in Jerusalem. Ahlam suffers from Ewing sarcoma and can now receive treatment in Jerusalem rather than seeking treatment abroad.

The Project's approach to procurement plays a key role in supporting the reform process. The Project worked closely with the MOH and select NGOs to procure equipment and other essential commodities, and to establish processes for procuring, testing, and maintaining equipment. A medical linear accelerator was delivered, installed, connected, and awaits commissioning at Augusta Victoria Hospital in Jerusalem. This much-anticipated radiation therapy system will double the treatment capacity of the hospital, meeting the current needs for this service throughout the West Bank and Gaza. In addition to supporting the MOH in putting these systems in place, the Project is providing the necessary training to ensure that all relevant staff are able to properly use and maintain the equipment. The Project is also training physicians so they are able to use test results from the new equipment to provide accurate diagnoses and quality care to their patients. One 64-slice and three 16-slice CT scanners were installed in key MOH hospitals. Twelve technicians and physicians attended related trainings in Haifa, Israel, and Munich, Germany. Three biomedical engineers also attended related service training in Munich.

Providing humanitarian assistance to Gazans. In Year 3, two grants were awarded to NGOs in Gaza that provide specialized services in ophthalmology and physical therapy and rehabilitation. In addition, the Project procured and installed equipment and provided related training. The limited pool of vetted Gaza-based NGOs allows only a narrow segment of the population served by these organizations to benefit from Project activities. Additionally, the limited capacity of NGOs and vendors to adequately respond to RFQs and RFPs caused delays in the Project's ability to award contracts for the procurement of equipment. In response, Project staff instituted regular visits to Gaza to inspect installed equipment and to work with NGOs to ensure that they are properly monitoring and evaluating the grants programs and equipment usage. During these visits, Project staff are also able to visit prospective grantees and to perform needs assessments. In Year 3, essential equipment was procured and delivered to Gaza-based grantees, including ocular diagnostic and surgical tools, and physiotherapy equipment. Equipment valued at more than \$1.5 million has been procured for Year 4 delivery and installation.

DONOR COLLABORATION

The Project continued to work closely with the MOH thematic working groups, technical committee, and the International Cooperation Unit (ICU) in their efforts to coordinate donor engagement. The Project coordinated closely with all key partners to leverage resources and avoid duplication. The following organizations are engaged in complementary activities directly related to Project implementation:

- **Quality:** World Health Organization (WHO), United Nations Population Fund (UNFPA)
- **Behavior change communication:** WHO, UNFPA, USAID Palestinian Authority Capacity Enhancement Project, USAID Ruwwad Project
- **HIS:** WHO, United Nations Relief and Works Agency (UNRWA), Agence Francaise de Developpement (AFD), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- **Nutrition:** WHO, UNFPA, United Nations Children’s Fund (UNICEF)
- **Emergency preparedness:** Medical Aid for Palestinians (MAP), health cluster
- **Non-communicable diseases:** WHO, Austrian Development Agency (ADA)
- **Health facility reconstruction:** USAID Emergency Water and Sanitation and Other Infrastructure Program (EWAS II)

Donor involvement in procurement for the Palestinian health sector is high with most donors responding to sectoral needs. The Project has identified and built relationships with those donors whose activities link most closely to Project plans, including UNFPA, UNRWA, and various international government agencies. Through full coordination with the MOH technical committee and the Biomedical Engineering Unit (BEU), the Project continued to avoid duplication of donated equipment while optimizing the allocation of Project resources. In addition, the Project continued to work with the MOH to develop donor guidelines for procurement to help the MOH optimize donated equipment and to assist them in assessing long-term costs when discussing potential donations.

The efforts and successes of the USAID Palestinian Health Sector Reform and Development Project have not gone unnoticed, with a very high volume of news and media coverage in both local and international press. Coverage included online stories, newspaper articles and features, video reports, radio reports and international news coverage.



جانب من حفل الإطلاق

الخليل : "الوكالة الأميركية" تطلق حملة لإبراز إنجازات المرأة الفلسطينية

من جانبه، أكد مدير التربية والتعليم في جنوب الخليل فوزي أبو هليل الدور البارز الذي لعبته وتلقبه المرأة الفلسطينية، مشيراً إلى أن نسبة عالية من الفتيات يجلسن الآن على مقاعد الدراسة في المدارس والمعاهد والجامعات ويحققن نتائج أفضل من الذكور في الدراسة الأكاديمية.

ودعا إلى دعم وتعزيز مشاركة المرأة في الحياة الديمقراطية والسياسية، وهي كافة مجالات الحياة. من ناحية، أشارت مديرة المدرسة أمل فرج الله إلى أن أثار هو شهر لتكريم المرأة، ويتضمن يوم المرأة العالمي بعيد الأم تأكيداً على عظمة المرأة ودورها في المجتمع أينما كانت.

من جهته، تحدث رئيس بلدية إندنا جمال طيبري عن

الخليل - وفا - أطلقت الوكالة الأميركية للتنمية الدولية (USAID)، أمس، فعاليات حملة "إبراز إنجازات المرأة الفلسطينية" على مختلف الأصعدة، تحت شعار "تعلمي، أشارك، أغير".

بمدرسة عصفلان الأساسية المختلطة في بلدة إندنا جنوب مدينة الخليل.

وقال مدير الإعلام في الوكالة عدنان الجولاني، إن الحملة ستستمر شهراً احتفاءً بيوم المرأة العالمي، وعيد الأم، وذلك تأكيداً على التزام الوكالة الأميركية بالوقوف إلى جانب المرأة الفلسطينية.

وأضاف أن ذلك ما يعكسه حرصاً على تكريس عنصر الشراكة بين الجنسين في مختلف مشاريعها واستفادة مختلف الفئات العمرية من برامجها وخاصة الفتيات والأطفال بدورها، أشارت لخصائية الإعلام والاتصال في الوكالة أناسيا ليفالغ إلى أن الوكالة تدعم مشاركة المرأة

الوكالة الأميركية للتنمية تحتفل بتوقيع اتفاقية عمل مع 12 هيئة محلية في الخليل لإصلاح وتطوير القطاع الصحي

بعد مرور نحو عام على إطلاق برنامج العمل المجتمعي الصحي - "الجمعية العظمى" لتوفير الملائمة بين وزارة الصحة الفلسطينية والهيئات المحلية لتحسين الوضع الصحي لتواظن الفلسطينية لتوسيع إلى التغطية في مجال توفير خدمات الرعاية الصحية. نظم مشروع "إصلاح وتطوير القطاع الصحي الفلسطيني" الذي تنمته الوكالة الأميركية للتنمية الدولية ورعاية من قبل منظمة للتربية والتعليم للوكالة في منطقة نابلس تمهيداً لتبنيها في كافة المحافظات الفلسطينية في الصحة الغربية.

وتشارك في ورشة العمل التي عقدت في مدينة نابلس ممثلو الهيئات المحلية المشاركة في برنامج الإصلاح المجتمعي الصحي الذي أطلقه المشروع وسير مديرة الصحة في نابلس الدكتور خالد القادري والتعدد من ممثلي المؤسسات والهيئات المختلفة في الأراضي الفلسطينية. وفي مدينة نابلس تمهيداً، حيث تم التطرق إلى الإجراءات التي تحفقت، والتقاط التي كانت بحاجة إلى مزيد من الجهود لتطوير والتغيير ووضع أيد على مناطق القوة، وتبنيها، على التحديات.

وحفقت التجربة الأولى من نوعها بين وزارة الصحة الفلسطينية، المجتمعات المحلية، وهيئات

الخليل : الاحتفال بتوقيع اتفاقية مع ١٢ هيئة محلية لتطوير الخدمات الصحية



الحجيمات .. وجهة الطلبة للتعلم في العطلة الصيفية



امانة وتأهيل العمادة الصحية في بيت امر بدمص مشروع اصلاح وتطوير القطاع الصحي

وتطوير القطاع الصحي برنامج "البنية التحتية المجتمعية"، وأن وزارة الصحة الفلسطينية شريك أساسي بالمشروع الذي يعتبر أهم أهدافه تطوير عيادات الصحة الأولية.

وأكد الجولاني: أن دور الوكالة يقتصر على تنفيذ الأفكار والمقترحات والخطط التي تقدمها الوزارات المختلفة، ومنها وزارة الصحة التي بنيت الشراكة معها من خلال مشروع اصلاح وتطوير القطاع الصحي الفلسطيني، حيث تم تقديم الدعم لتحقيق رؤية الوزارة واحتياجاتها في هذا القطاع.

وبدوره أشار الرملاوي: أن المؤشرات الصحية في محافظة الخليل بالغة الأهمية، سيما أنها تشكل أكبر محافظات الوطن، ما يعني أن الأوضاع الصحية فيها سواء كانت سلبية أم إيجابية ستؤثر في بقية الأراضي الفلسطينية.

رام الله - الأيام - أكد محافظ الخليل كامل حميد: أن هناك حاجة ملحة لتطوير الخدمات الصحية في المحافظة، وأن ذلك لا يتحقق إلا بتعزيز أواصر الشراكة والتعاون مع المجتمع المحلي، حيث إن الهيئات المحلية بالمحافظة تمثل ربع الهيئات المحلية المتواجدة في الضفة وقطاع غزة، داعياً إلى التركيز على الاحتياجات الأكثر إلحاحاً التي تعاني منها المحافظة.

ودعا حميد كافة البلديات والمجالس والهيئات المحلية إلى التعاون الوثيق وبناء الشراكة مع وزارة الصحة، وتقديم الخدمات الصحية من أجل الارتقاء بالواقع الصحي في المحافظة، موضحاً أن اتساع محافظة الخليل يتطلب وضع آليات عمل مشتركة من أجل الوصول إلى كل المناطق والمجمعات التي هي بحاجة فعليه إلى الخدمات الصحية.



الأمالي في بني نعيم يساهمون في إعادة تأهيل العيادة الصحية

يوم طبي مجاني في كفر قدوم

الأمال بقرة الشباب على تغيير المجتمعية أرسم في بلدة بيت تفتت سلسلة من النشاطات ستوى الوعي والآاء بالصحة منظمة من التفاعلات جت ما بين التوعوي والعمل لئين للتحسين واقع بلنتهم. قد رعية الأسرة و تم توزيع حياً على مجموعة من ق.ف. البلدة، بالإضافة

قيلية - الأيام - نظم النادي الرياضي في بلدة كفر قدوم في محافظة يلية، أمس، يوماً طبياً مجانياً في تخصصات الطب الباطني والقلب و ذلك بالتعاون مع أطباء حقوق الإنسان في مقر نة الزكاة في البلدة.

وقال ناصر درويش نائب رئيس النادي: "إن اليوم الطبي يأتي ضمن خطة تنمية صحية وضعها المنسحقن لمشروع تطوير القطاع الصحي في بلدة المنفذ بدعم من الوكالة لخدمات صحية في مجال التوعية يسهم في تطوير القطاع الصحي وأشار صلاح الد حقوق الإنسان في العلاج المجاني الأ وفي ختام الفعاليه سم الفعاليات التي تنظم والمطالبة بفتحته وعس

Français English German

شبكة فلسطين الإخبارية

Palestine News Network

في بطان إسرائيل بالإخراج القوي عن الثواب الأصغر في مجتمعا

الرئيسة شحات محمد شركوان موقع برامج خاصة الصلوا بما تركنا

ورشة عمل في نابلس لتقييم تجربة المشاركة المجتمعية الفاعلة لتحسين مستوى الخدمات الصحية

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12:56 الساعمة 2011-09-08 نشر بتاريخ PM

أرسل كلمة سجل عاجل أو SUB PNIN إلى الرقم 1209 للإشتراك مع شبكة جوال

جوال

التشكلات يحي وتطور من الأضواء من الصروف منج الرامة في المنول من أمانه الخدرة للوزارة من

مستوطن بدمص معالي في بيت امر ويلولة بالفلور لهيات بيكرين ف حاً بالصفلة وأهريات بيكرين... حلة سعادات تبادل...

أجواء رمضان تفتح الطريق الى حل مشكلة عيادة عين سارة بالخا

الخليل: جمعية التطوير والنهضة تنظم افطارا جماعيا في دير سامت

Facebook Activism Inspires West Bank Youth

Print This Post

Written by Blog Administrator on July 29, 2011

Youth in the West Bank town of Burqa are using Facebook activism for the health of the community.

SECTION III

ACTIVITIES BY FOCUS AREA

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT

Over the past three years, the Project has worked with the MOH to enhance their capacity as a service provider and regulator of the health sector by strengthening its institutional capacity and that of partnering health NGOs and academic institutions by implementing improved governance, management, administrative, and clinical practices. The Project works with the MOH to further enhance professional skills, promote best practices, and institutionalize ongoing professional development programs at the MOH. The scope of Focus Area A, Institutional Development, is a cross-cutting element of the Project. Its work with the MOH and select health NGOs on leadership, professional development, and governance supports and is supported by the efforts of the other focus areas.

Leadership Development Program. The Leadership Development Program (LDP) training was completed for all three cohorts this year. Staff from the MOH and select NGOs were selected to participate through a transparent process that encourages equal participation of men and women. In total, 63 individuals including 27 women attended the training which seeks to enhance leadership and administrative skills by providing participants with models and other practical tools for improving and sustaining staff performance. In an effort to institutionalize the LDP training course, the 12-day program will be condensed into a concise 5-day program based on priorities identified by past participants. The program will be housed under the MOH Continuing Medical Education Unit and will include a training of trainers (TOT) program which will select and train up to 15 MOH trainers.

Visiting Professionals Program. The Project continues to work with the MOH to establish a functional program to field qualified medical and administrative specialists with expertise that is currently lacking in the Palestinian health sector. The Visiting Professionals Program (VPP) engages local and expatriate professionals in providing MOH health-care workers with support, on-the-job coaching, and lectures to increase their knowledge base, update their skill sets, and improve the overall quality of care. In addition to fielding individual professionals in Year 3, the Project provided assistance to the MOH in coordinating a Physicians for Peace mission. A series of meetings were held between the Project staff and the MOH International Cooperation Unit which resulted in reaching consensus for creating the VPP database and the framework for a VPP outreach program. Next steps include developing and populating the database.

Fellowships. Similar to the VPP, the Project's approach to fellowships aims to bring expertise to the Palestinian health sector that is currently unavailable. The Project executed an agreement with Al Quds Open University to support up to 170 MOH managers to receive Bachelor of Arts degrees in Health Management. The aim of this initiative is to build a more credible and competent cadre of MOH leaders by enhancing capacity and improving performance. Eighty-one MOH employees are currently enrolled. A surgeon from Al

Makassed NGO hospital in Jerusalem is currently attending a program in Germany to study advanced techniques in orthopedic surgery.

Costing of health services. A study on the costing of health-care services at Rafidia Hospital was completed in Year 2 in an effort to create a comprehensive framework and methodology for costing of services that can be used in hospitals and clinics throughout the West Bank. In Year 3, the data from the study was validated and the methodology was shared with MOH hospital directors in a participatory workshop to solicit their feedback in preparation for rollout of the study in other hospitals and PHC directorates. Data from costing studies will be collected from various MOH hospitals and clinics to analyze costs for services, which will allow the MOH to set standardized prices and improve their ability to negotiate when procuring referral services from other providers. Pricing schemes will be included in the HIS and will facilitate improved financial management practices.

Building management capacity at Qalqilya Hospital. Decentralization in the health sector has been recognized as a means to improve efficiency and quality of services and identified as a reform priority by the MOH. Currently, most decision making is conducted at the central level, which makes it difficult for facilities to prepare their own budgets and develop sound financial plans. Following a Year 2 assessment on the feasibility of decentralization at MOH hospitals, Qalqilya Hospital was chosen as a model for considering this reform approach. A committee to activate this plan at Qalqilya Hospital was formed and three committee members participated in a study tour to a Jordanian hospital currently in the process of decentralization where the MOH determined that it is not yet ready to transfer fiscal authority and responsibility to its facilities. As such, the Minister was presented with three scenarios aimed at improving facility-level financial management capacity which was identified as a prerequisite for the decentralization process. The Finance Department shared the 2011 budget with Qalqilya Hospital for the first time and provided the guidance and tools needed for the accounting staff to track and record their revenues and expenditures on a monthly basis. Collecting this information demonstrates a first step in preparing the management at Qalqilya Hospital to project costs, identify needs, and prepare budgets, thereby strengthening their capacity for decentralization.

Project Grants Program Expands Services and Promotes Equity

The Project's grants program targets NGOs that provide services complementary to those provided by the MOH with emphasis on rehabilitation and physical therapy. Caritas Baby Hospital has established the only cystic fibrosis (CF) rehabilitation clinic in the West Bank that will diagnose, treat, and educate CF patients and their families. Through a grant from the Project, the clinic has expanded their services and is now able to educate health-care providers, conduct home visits and to become more systematic in their coverage, allowing more patients to benefit from these vital services. "This is the first time anybody looked at our family life to help us cope with their illness. I was happy to learn that my three kids are doing well," said Riyadh, a father from Hebron who attended a workshop for families dealing with CF.

These workshops are comprised of four interactive presentations led by Caritas staff, ranging from medical aspects and genetics to diet and physical therapy. In addition, a social worker talks to families about the importance of avoiding labeling children with CF as "sick" and assuming that their children



During one of Caritas Baby Hospital's cystic fibrosis family outreach programs, hospital staff spent time playing with children and teaching them about what they can do to help alleviate the symptoms that they deal with each day. The Project's grant to Caritas Baby Hospital helps to expand services for their cystic fibrosis screening, treatment, and outreach program, the only one of its kind in the West Bank.

will live a life of suffering and die at an early age. The workshop presenters stress that CF, like many hereditary diseases, requires that both parents be carriers, placing the blame on chance and dispelling the myth that mothers "cause" the disease in their children.

Little is known about CF among the general population of the West Bank and the disease is often misdiagnosed, leading to further complications. Caritas's CF program helps to educate not only families but also health-care professionals on CF diagnosis and management to improve outcomes for those who struggle with this disease.

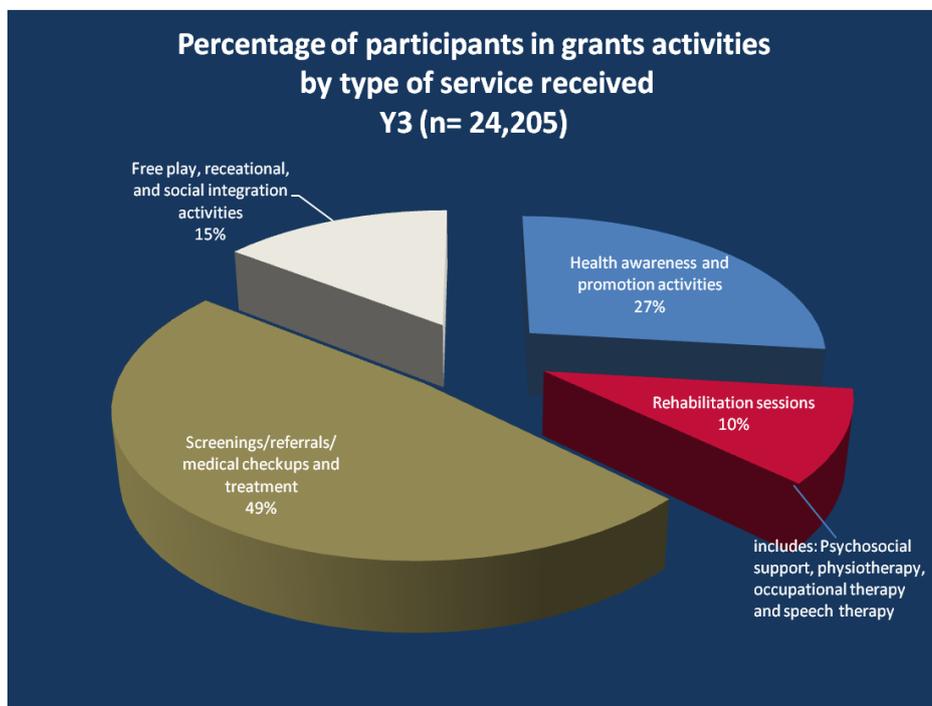
Financial Capacity Strengthening Program. Delivery of the Financial Capacity Strengthening Program (FCSP) was completed in Year 3. Fifty-seven trainees completed the three-module program aimed to build the financial management capacity of MOH staff. In addition, a module on provider payment mechanisms was offered afterward to increase

trainee capacity on the policy implications of financial reform in the health sector. In an effort to ensure the sustainability of this program, Project consultants developed a health finance training framework and tailored the technical material to serve as an e-learning course. The e-learning program will support sustainable capacity building for MOH financial and administrative personnel by ensuring that they possess the necessary skills for financial management and planning.

Licensing/relicensing of health-care professionals. A critical aspect of the reform process is to ensure that licensed health-care providers possess the skills necessary to perform their jobs in accordance with internationally recognized standards. Current licensing/relicensing laws and bylaws have not been updated for more than forty years. In Year 3, the Project and the MOH hosted four participatory workshops to finalize updated draft bylaws. The goal of these workshops was to foster broader participation and to promote transparency among stakeholders; more than 135 representatives from related health syndicates, professional associations, NGOs, and educational institutions attended the workshops. The updated bylaws have been submitted to the Minister of Health for approval.

Grants and Capacity Strengthening for NGOs. The Project provides grants to NGOs that provide services that complement those provided by the MOH. Currently, the MOH provides limited rehabilitation and screening services, creating a gap in provision that is filled by local NGOs. Grants are provided to help NGOs expand their scope of services and improve service quality. In Year 3, grants were awarded to three NGOs in the West Bank and two NGOs in Gaza. Strengthening the linkages among NGOs and between NGOs and the MOH is an

important aspect of the grants program. Two workshops were held to share best practices, address challenges and create a common vision for the role of NGOs within the health sector. In total, grants valuing \$422,460 were awarded to these five NGOs in Year 3 in addition to ten ongoing grants. For a complete list of grantee achievements for Year 3, please see Annex C.



Support to MOH Procurement Unit. As part of the efforts to strengthen the capacity of this unit, the Project supported the MOH in developing a standardized list of medical

equipment by health facility level, type, and the service provided. The Project also worked closely with the Procurement Unit to finalize standard operating procedures (SOPs) for procurement processes. The unit will publish and disseminate the SOPs to relevant MOH departments in order to establish a better understanding of procurement procedures, tasks, and limitations.

Support to MOH Biomedical Engineering Unit. The Project provided the Biomedical Engineering Unit access to the Emergency Care Research Institute Healthcare Product Comparison System which allows staff to access generalized specifications and comparisons for medical equipment. This will allow the MOH to estimate running costs and long-term costs of equipment prior to purchase, and will improve the MOH's ability to respond to potential donors of equipment. In addition, the Project facilitated communication between the unit and the Egyptian Drug Authority and the Saudi Food and Drug Authority in an effort to learn from their experience in medical equipment registration. Representatives from the unit attended the first founding meeting for the Arab Harmonization Group for Medical Equipment held in Beirut. MOH participation resulted in establishing West Bank/Gaza as a permanent member of the group, ensuring that the MOH is updated on issues related to medical equipment management and regulations in the Arab region.

Support to MOH Pharmacy General Directorate. Project staff worked directly with the Pharmacy General Directorate (PGD) to develop and finalize guidelines for registration of medical consumables, small instruments, and devices. The guidelines will enhance the regulatory role of the PGD and will strengthen staff managerial and technical capacities. The draft was submitted to the Minister of Health for endorsement.

FOCUS AREA B: HEALTH INFORMATION SYSTEM

Health information management is crucial to ensure sustainable reform of the Palestinian health sector and to support the efforts of the MOH to provide the best possible quality of health care for all citizens. To address this need, the Project has been working closely with the MOH to develop and implement a national electronic health information system (HIS) in selected facilities in the West Bank. The HIS is a core element of the Project, and provides overall support to the health sector to provide more efficient, effective, and quality health services for all Palestinians. For the first time, the MOH is using unique patient identification records that make a patient's comprehensive medical history readily available to medical staff. The system's reporting functions dramatically improve the MOH's ability to monitor and evaluate health trends. Its cross-cutting impact serves to support the success of Project interventions under all focus areas.



Above: A laboratory technician at Rafidia hospital is now able to sort blood samples by barcode stickers placed on the samples, ensuring test results are accurately transferred to patients' electronic medical records through the Health Information System.

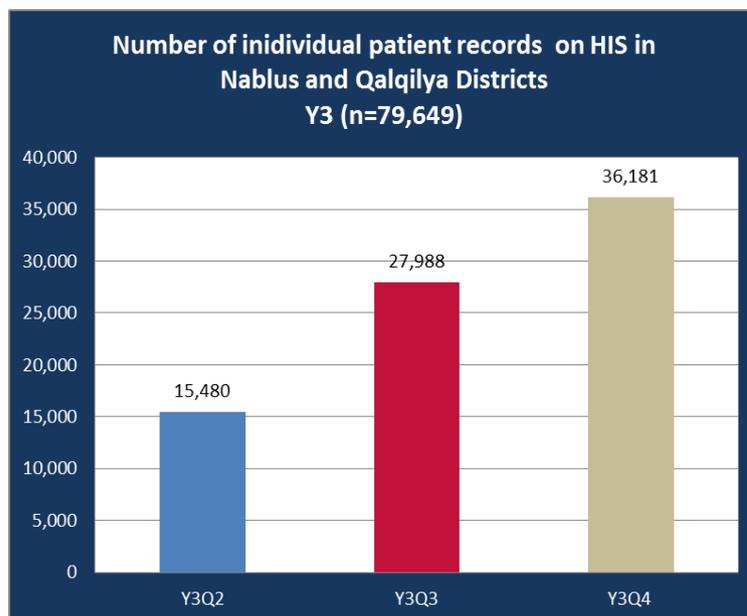
The HIS is designed to facilitate health sector reform at all levels of the MOH. It provides data for decision making that will allow the MOH to utilize limited resources more effectively. The system's standardization of processes will allow the MOH to build business rules and will assist in communicating information using structured schemes. The system's standardization will ensure that all providers are using the same health language and will facilitate the process of adopting international standards and best practices.

HIS implementation in Nablus and Qalqilya directorates. Following lengthy

procurement and preparation efforts in Years 1 and 2, the Project made significant strides in Year 3 to bring the HIS to life.

The HIS team worked closely with relevant MOH staff to run a simulation and test various scenarios prior to going live at the pilot site Rafidia Hospital in Nablus. In addition, nearly 300 physicians, nurses, pharmacists, technicians, and administrative staff from Rafidia attended various HIS training sessions relevant to their areas of responsibility. The HIS went live in Nablus at Rafidia Hospital and Al-Makhfieh PHC clinic (PHC) in

February 2011. Following training similar to Rafidia, the HIS went live in Qalqilya at Darwish Nazzal Hospital and Azzun and Qalqilya PHC clinics. As a result of lessons learned during the implementation at Rafidia Hospital, implementation in Qalqilya was much more rapid and efficient than in Rafidia, despite delays caused by a large-scale MOH strike. Referral scheduling from hospital to PHC clinics and outpatient services is now being performed using the system, saving much time and effort for both patients and medical staff.



Human Resource Management System. This system is a component of the HIS that encompasses all human resource (HR) information for the MOH. After extensive training, the system is now being used by MOH HR staff at the central level and the HR offices at MOH hospitals and Level III and IV primary health-care clinics. The system houses electronic staff records for more than 6,300 employees which will allow the MOH to respond more efficiently to staffing needs and workforce succession.



Left: Barraq Altif, administrative assistant cashier, has worked at Rafidia Hospital for ten years and is excited to witness the full implementation of the HIS. Prior to HIS implementation, Barraq would often see the same patient multiple times within one shift, making payments for individual tests to various departments as they were ordered. During a typical shift, Barraq would handle 500 transactions. The new system is making his work easier and saving patients' time and effort by allowing all tests to be paid for in one transaction.



Above: Nurse Farid Abu-Lail documents notes during rounds in the urology department using the new health information system. Because the system utilizes a unique patient ID based on national identity numbers, each patient's full medical history is available at the click of a mouse, eliminating the need for paper records and creating a more efficient means to access vital information.

Health Information System Improves Management Systems and Patient Care at Rafidia Hospital

“USAID has supported our hospital in many ways, and we appreciate all of them, however the HIS continues to prove itself to be the most valuable tool in improving the quality of patient care and services,” said Dr. Khaled Saleh, the General Director of Rafidia Hospital in Nablus.

In addition to providing access to electronic patient files and other critical documentation, the HIS generates various reports that aid in monitoring and planning which leads to performance improvement on the facility level and for individual health professionals. “I wasn’t aware of its

[HIS] full potential at first, but when I learned more about it I realized what an excellent system it is for hospital management,” noted Dr. Saleh. The system is designed to be inclusive of clinical standards and protocols, patient records, MOH personnel files, staff schedules, job descriptions, comprehensive financial information, cost of services, pharmaceutical stock information, equipment information and preventative maintenance schedules, and a referral system. The HIS also has an HR component which has allowed the hospital to better manage its staff regarding work schedules and annual and sick leave. “The HIS is a standard that should be applied not only to all Palestinian hospitals, but to hospitals all over the world,” continued Dr. Saleh.

HIS as a management and planning tool. Analyses and reports are now being generated based on data entered into the system in Nablus and Qalqilya. Senior management at Rafidia Hospital are using statistical data in their work planning. Because the HIS uses the international classification of disease (ICD)-10 codes, data related to specific illness or injury is readily available. In Year 3, the MOH Secondary Health Care Director requested reports on particular disease and injury to serve as baseline data as part of plans to improve health outcomes for Palestinians.

Sustainability of the HIS. For the system to be successful, the MOH must dedicate staff who are able to manage the system and train new users. To this end, the MOH hired technicians in Year 3 who are working directly with Project staff so that they can lead the rollout process beyond the scope of the Project. The HIS team has been working with the MOH to build the capacity of its IT staff to support the HIS to ensure the long-term sustainability of the HIS. The Project is also engaging the MOH and other potential donors

in discussions on how to expand the HIS into additional directorates as well as to NGO and UNRWA facilities.

FOCUS AREA C: PRIMARY HEALTH CARE

During its 2008 self-assessment, the MOH recognized lack of coordination between health service providers as one of the major weaknesses of the health system. In Year 2, in close coordination with the PHC health directorate of each district, the Project began implementation of an integrated multi-sectoral approach to health-care reform to address this challenge. This innovative approach brings all health service providers together including the MOH, NGOs, UNRWA, the private sector, health education institutions, and civil society organizations, and directly involves the community in decisions on health-care services. Supporting the MOH in implementing health sector reforms through this approach directly addresses issues of quality, sustainability, and equity in the health sector.

As a key aspect of the integrated multi-sectoral approach, the Project and MOH developed and implemented the Champion Community Approach to empower citizens in the health reform process. The approach actively engages communities and creates linkages that facilitate community participation to ensure that clinics respond to the specific needs of the communities they serve. The initiative brings together leaders of the community and civil society to work with local health-care providers and the MOH directorates to identify and plan for future community health needs. In Year 2, the Champion Community Approach was established in 21 communities in the Nablus Directorate, implemented by selected CBOs through a subcontracting mechanism. The approach is an integral component of the Project's integrated multi-sectoral approach; both aspects are implemented at CBOs and clinics concurrently for maximum impact.

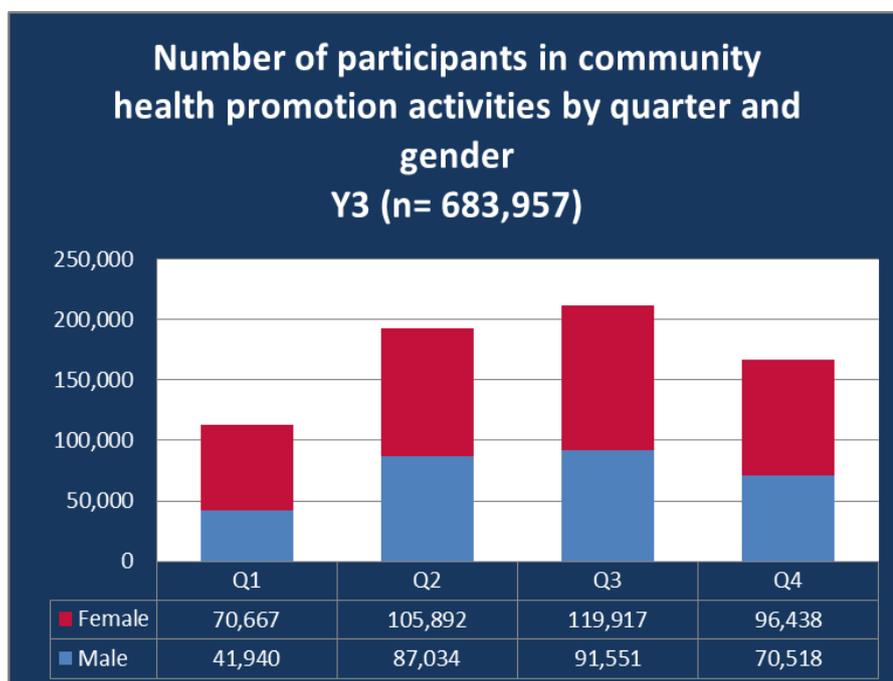
The Champion Community Approach utilizes preventative health-care programs that promote healthy living and address prevalent non-communicable diseases such as hypertension, diabetes, and heart disease, as well as education on injury prevention, nutrition, and the health effects of smoking. The Project is also working directly with health professionals to address these issues through training and the development of job aids to help them screen, diagnose, treat, and follow up on patients' progress. Additionally, the Project continues to develop materials for behavior change communication in an effort to improve community health through education.

Expansion of Champion Community Approach. Based upon successes and lessons learned during Year 2 implementation in the Nablus directorate, the Project successfully began implementation of the approach in Hebron, South Hebron, and Qalqilya directorates. In total, seventeen new communities were selected based on priorities as identified by the MOH and subcontracts were awarded to CBOs. Project-led health facility assessments were conducted for each clinic and quality improvement plans were developed based on the results. Community-clinic boards were formed in each community to develop community action plans and to oversee the implementation of the approach. Project-procured medical equipment and furniture donated by the local community was delivered to PHC clinics. In total, resources valued at approximately \$200,000 were donated.

CBOs as change agents. CBOs play a vital role in promoting civic engagement and community mobilization for health-care reform. These organizations have used social media

to establish networks of volunteers who are leading clean-up efforts and organizing health promotion, outreach, and education within their communities. Importantly, the CBOs conduct health surveys within their communities to determine what services are needed. CBOs in Nablus and Hebron conducted the first Palestinian large-scale emergency drills to respond to natural and man-made disasters. These drills involved entire communities; CBOs coordinated efforts between representatives of the Ministry of Interior, civil defense, and a network of volunteers. The second drill in Hebron operated more efficiently than the first in Nablus as a result of increased communication and sharing of best practices among clinics and CBOs.

Champion communities in the Nablus directorate. The Project held ceremonies to acknowledge the accomplishments of communities in the Nablus directorate that completed one year of participation in the Champion Community Approach. In Year 3, a joint MOH-Project committee presented CBOs in Burqa and Naqura villages with the Champion Community Award based on their performance in pre-determined criteria for mobilizing their communities and contributing to improved quality of available health-care services for their communities. These communities bring the total number of champion community award winners to four; each winning community received an additional year of funding to continue implementing the approach. In addition, four PHC clinics received the Champion Clinic Award in special recognition of their accomplishments in various areas of improving health-care services. Community collaboration with the MOH resulted in the opening of needed laboratories in two communities. In addition, one clinic was moved to a more suitable location to accommodate expanded services. The new clinic was donated by the local village council and furnished using community donations. Leveraging resources within communities has resulted in increased support from private citizens and the private sector, further strengthening the linkages between communities and clinics and further promoting health outreach and reform.



Behavior Change Communication. BCC is critical to enhancing the impact of clinical and community-based health service delivery. Knowledge, beliefs, attitudes, and practices at

the community and household levels shape behaviors that can have a profound influence, either negative or positive, on the health status of individuals and on the strength of the health sector as a whole.

The role of the Project is to support the MOH in producing BCC materials that address priority health issues including non-communicable diseases, nutrition, injury and accident prevention, women's health, community first aid, and healthy lifestyles. These radio spots, cartoon episodes, pamphlets, and booklets bolster reform efforts by educating the general public on their role in improving health outcomes. In an effort to institutionalize BCC as a key tool for shaping reform, the Project worked with the MOH Health Education and Promotion Department to develop a BCC guide to train health educators, community health workers, and other health professionals on administering behavior change messages and materials and developing strategic campaigns, particularly low-cost means of conducting audience research, setting indicators, and monitoring and evaluating results and impact.



Above: Children in Hebron participate in a sack race as part of the Project-sponsored Healthy Lifestyles Summer Camps

Summer camps for children focusing on promoting healthy lifestyles were attended by more than 700 youth from twelve communities engaged in the Champion Community Approach. This is the second year of hosting these camps which have become very popular with children and adults. CBO coordinators and MOH health educators attended training provided by the Palestinian National Committee for Summer Camps in camp management and related topics. They were then trained by Project staff in creative ways to convey health messages. These coordinators and educators then trained a cadre of volunteers to assist in the camps and to help incorporate messages from BCC materials.

Champion Community Approach Engages Youth to Promote Health and Safety

By capitalizing on the time and talents of youth, the Champion Community Approach is successfully engaging cross-generational teams of volunteers. Most of the 38 participating CBOs have set up a Facebook page for encouraging youth participation in activities. The village of Burqa sets a strong precedent for other communities engaged in the approach: to date, the Burqa clinic has more than 100 volunteers, many of whom are in their teens. “We now have 300 fans on Facebook and receive as many as 1,500 views per day with excited responses from Palestinians living abroad...there have even been financial donations to our clinic,” explained 17-year-old volunteer and Facebook administrator Adi. These youth have played a vital role in renovating their clinic, organizing health education activities, and coordinating a community-wide emergency preparedness drill.

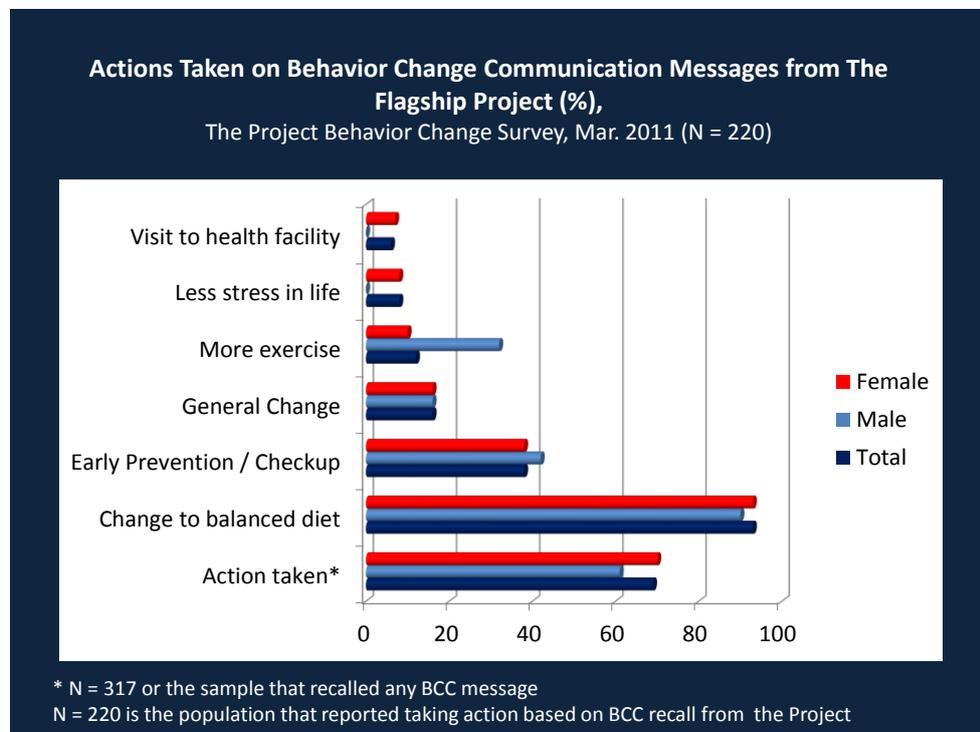
Through the community-clinic coalitions, communities like Burqa are sharing their experience with other communities so that they can establish best practices and replicate the experience throughout the West Bank. Reaching the youth is bridging community relations across generations: youth are inspiring adults within their communities to become more involved in volunteering at outreach and health promotion activities. The Champion Community Approach is taking root in these communities and people are seeing positive results and renewing their faith in their local clinics. To date, more than 680,000 participants from these communities have engaged in health promotion activities throughout the West Bank.



Above: A cross generation team of Burqa volunteers gather in Burqa clinic courtyard they helped renovate. Youth volunteerism has improved dramatically as the result of utilizing social media to reach out to community members. From cleaning up their clinics to coordinating the first ever community-wide emergency preparedness drill in the West Bank, these youth are changing how average citizens view their roles and responsibilities in promoting the health and wellness of their communities.

BCC Recall Study. In Year 3, the Project’s M&E Unit undertook an evaluation of the impact of the Project’s interventions in Behavior Change Communications. In 2011, surveys were conducted among 735 residents from the 21 communities in the Nablus directorate engaged in the Champion Community Approach. The study revealed that exposure to the BCC materials developed and/or reproduced by the Project is higher than the exposure of the respondents to BCC materials from any other source for the topics of healthy lifestyle, women’s health, children’s health, and nutrition, specifically. The weighted average recall across thematic BCC topic areas was 65%. Recall of salient messages from the Project’s

BCC materials ranged from 50-70%, with the highest recall of messages relating to women’s health and diabetes mellitus in particular. Most respondents were exposed to Project BCC materials during their visits to MOH clinics. Among respondents who recalled BCC messages, 69% took various actions to improve their health and wellbeing, such as changing to balanced diets, exercising, and visiting health-care facilities for screenings and check-ups.



Essential Package of Services. The Essential Package of Services (EPS) is a critical tool for improving the quality of services at the PHC level. Using international standards, the EPS offers a list of services, standards, and equipment for each clinic level, allowing citizens to understand what services they can expect to receive at their clinic. The EPS also serves as a guide for district health officials to ensure uniformity of services by clinic level throughout the West Bank, enabling the MOH to roll out the reform process in additional districts in a consistent, high-quality, and sustainable manner. In Year 3, the EPS was translated in Arabic and the Project’s PHC team began using the EPS content as a foundation for planned activities including procurement, training, and on-the-job coaching. Updated standards of care and were translated into Arabic and submitted to the MOH for approval. These documents complement the EPS, offering a comprehensive approach to improving the quality of health-care services.

Client satisfaction. During Year 3, eight CBOs in the Nablus region shared the results of client satisfaction surveys they carried out with support from the Project, among a total of 864 respondents. Surveys were conducted in November 2010 and May 2011, pre and post Project interventions in these communities. After one year of implementation in targeted communities, overall satisfaction with the health services provided by the clinics has increased from 67.1% to 88.9%.

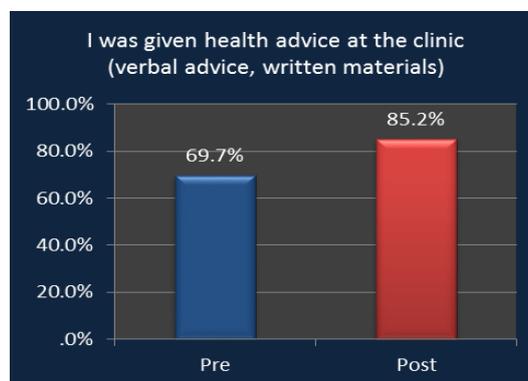
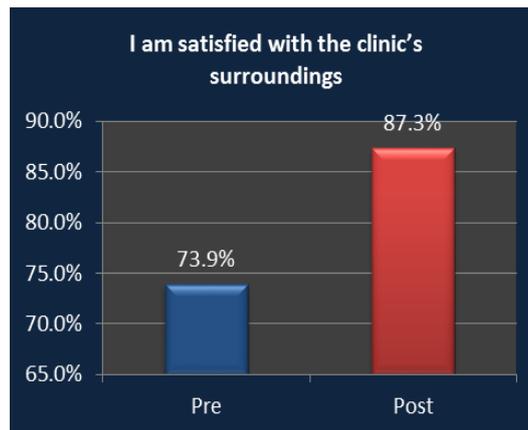
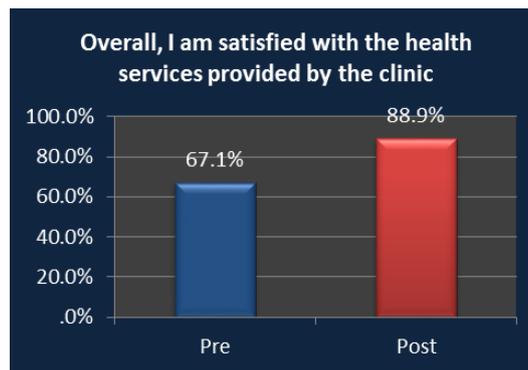
There was also a reported increase in the provision of health advice by providers to patients during clinic visits by more than 15%, and an increase in the satisfaction of respondents with the overall surroundings of the clinic by 13%. Project interventions in quality improvement at the PHC level including on-the-job coaching in chronic disease management, maternal and child health, supportive supervision, and BCC can be directly linked to several of these results. Physical improvements to the clinic and clinic grounds

are largely attributable to donations and volunteerism of citizens of the local communities who were mobilized via the Project's contracted CBOs.

Supportive supervision and performance improvement.

Supportive supervision is an important approach to implementing PHC reform in which supervisors not only model best practices but also encourage their supervisees to adopt their behaviors through formal training and on-the-job coaching. In Year 3, 33 MOH participants received training in supportive supervision and are facilitating the implementation of updated guidelines, protocols, and standards of care. Performance improvement interventions target mid-level directors and clinic staff and encompasses not only supportive supervision, but also communication skills and tools and techniques for problem solving. In Year 3, the Performance Improvement Manual was translated into Arabic and submitted to the MOH for approval.

Quality standards. On-the-job coaching has proven to be an effective means of implementing updated standards and protocols for infection prevention and control, nutrition, and non-communicable diseases (NCDs). Diabetes and hypertension management and care were identified as areas requiring expanded services during the MOH 2008 health sector assessment and verified by PHC assessments and CBO health surveys. In response, many participating clinics have added clinical and counseling services for these NCDs. In Year 3, Project staff offered direct on-the-job coaching as well as technical assistance in the supportive supervision approach. The Project also supported improving quality in PHC laboratories by hosting workshops to review and update standard operating procedures and policies in an effort to identify and address areas requiring further intervention. The Project also focused on nutrition for improving health outcomes; Project staff coached PHC nurses and community members in nutrition targeting diets for preventing and managing NCDs as well as for maternal and child health.



FOCUS AREA D: HOSPITAL MANAGEMENT SUPPORT

The Project continues to work closely with the MOH to improve secondary health-care services at selected MOH hospitals by supporting the development of national quality standards in accordance with international standards, establishing best-practice management procedures, providing training and on-the-job coaching for hospital staff, and enhancing emergency medicine and nursing at Alia, Rafidia, and Ramallah hospitals. These three targeted facilities are the largest MOH hospitals and serve a catchment area of more than 50% of the West Bank population. In addition, the Project provides technical support in neonatology at Rafidia Hospital. The Project is also helping hospitals prepare facility emergency preparedness plans (EPP), with the overall aim of supporting the MOH in developing a national Palestinian EPP. The Project also provides clinical and leadership development programs for Palestinian health professionals, and is working to empower nurses as the principal caregivers for patients. In addition, the Project continues to help build the capacity of the emergency residency program.

Transforming emergency rooms. One of the goals of the MOH is to transform emergency rooms from static units into dynamic and integrated hospital divisions. To this end, Project staff have provided formal training in emergency severity index (ESI) which serves as the basis for triage systems by providing a means to classify patients according to the acuity of their injury or illness. Capacity building through on-the-job coaching and formal training helped to strengthen the skill sets of emergency medical staff in three MOH hospitals with the goal of implementing triage areas in these hospitals to control patient flow and to improve the quality of care. As of Year 3, triage areas have been established in all three hospitals. The Project also provided technical consultation to USAID-funded EWAS II Program in their efforts to renovate the infrastructure of these emergency rooms. Crowd control policies were established and security personnel at Ramallah Hospital were trained in managing patient and visitor areas in and around emergency rooms to ensure that medical staff are able to perform their jobs without interference.

Training and capacity building.

To ensure that emergency medical staff possess the critical skills required to manage trauma cases, the Project continues to host training events aimed at updating these skills. To promote a culture of continuing medical education, Project staff procured and distributed textbooks in emergency medicine, pediatric medicine, and nursing to the three target hospitals and Ibn Sina College. The goal is to improve the quality of and access to critical



Above: MOH emergency staff received training in Basic Life Support and Advanced Cardiac Life Support as part of efforts to improve emergency medical services at Rafidia, Alia, and Ramallah hospitals.

learning resources in support of ongoing on-the-job coaching and training of medical staff. Training was held in infection prevention and control based on updated protocols. Ninety-seven MOH staff attended training in basic life support and 45 attended training in advanced cardiac life support. Additionally, eleven staff attended refresher training in ESI triage in preparation for triage rollout in select hospitals.



Left: Residents and nurses at Ramallah Hospital receive new medical textbooks. These textbooks are part of efforts to improve the knowledge base of nurses and emergency medicine residents and complement on-the-job coaching and training.

Emergency preparedness. Building upon Year 2 efforts in emergency preparedness planning, the MOH created a task force to ensure the sustainability of the planning process. The task force is comprised of MOH staff and representatives from local and international stakeholders including the Palestine Red Crescent Society and civil defense. Project staff began coaching and mentoring the task force to continue this intervention beyond the life of the Project. In addition, the Project initiated coordination between WHO and civil defense in an effort to foster communication and build a relationship that will facilitate creating sound and comprehensive emergency preparedness plans in the future. Using the recently drafted national emergency preparedness framework, table-top exercises were conducted with all relevant stakeholders to clarify roles and responsibilities and to promote collaboration among stakeholders. The Project also provided technical assistance to the three target hospitals in creating facility-based emergency preparedness plans aligned with the national framework.

Emergency medicine residency program. To support the efforts to transform emergency rooms into dynamic emergency divisions, the Project provides technical assistance to the emergency medicine residency program. After one year of technical support, Project staff conducted an assessment of the current state of the program and discussed findings with all stakeholders. The assessment found that there remain noteworthy challenges that are impeding the successful implementation of the program. Some of these challenges include the lack of time that residents are afforded to review literature and the excessive amount of time they are required to be on rotation. Discussions of these challenges helped stakeholders to more fully realize their complementary roles and the need for systematic dialogues that will address challenges, improve communication, and

ensure sustainability of the program. The MOH hosted scientific days for residents and program coordinators to emphasize the importance of learning plans that incorporate literature review and clinical training. Life support trainings were also held during which residents were able to practice vital procedures such as proper intubation techniques. Significantly, residents vocalized their support of additional scientific days and trainings as a practical means to improving their knowledge in emergency care.

Emergency Preparedness Planning Fosters Communication and Coordination among Stakeholders



Representatives from the Palestinian MOH, Ministry of Interior, the Palestine Red Crescent Society (PRCS), WHO, UNRWA, UNICEF, UNFPA, the United Nations Office for Coordination of Humanitarian Assistance (OCHA), and Medical Aid for Palestinians (MAP) participated in workshops aimed at improving coordination of emergency services and to establish a framework for a national emergency preparedness plan.

“The key to ensuring a quality emergency response is cooperation and coordination. If we plan and communicate now, we will be ready later,” said Dr. Rami Khalil, Ramallah Hospital. Dr. Khalil was one of 40 participants in the emergency preparedness workshop hosted jointly by the MOH and the Project. Representatives from three MOH hospitals presented emergency plans for their facilities. The MOH will use these plans as guides for additional facilities and ultimately a MOH national plan. “If we are ready, we will save lives,” continued Dr. Khalil.

This workshop built on efforts carried out by the MOH to create a national emergency preparedness plan. The MOH

has created an emergency preparedness task force that includes representatives from the MOH, Ministry of Interior, Palestinian Red Crescent Society, the World Health Organization and other local and international bodies. The members of the task force are working together to create a coordinated emergency preparedness plan for the West Bank and Gaza. The Project worked closely with the MOH to develop emergency preparedness plans for hospitals and clinics, each of which will ultimately feed into the MOH’s national plan for emergency preparedness and disaster response.

Nursing. Despite the fact that nurses serve as the principle caregivers in MOH hospitals, they have historically not been empowered. Project staff supported nurses at the central MOH level and at the hospital level to develop National Nursing Clinical Standards that focus on helping nurses to become active members of interdisciplinary teams of caregivers and to make decisions related to patient care. Year 3 witnessed the implementation of nursing competencies developed during Year 2 in the emergency divisions of two hospitals. Project staff supported the MOH Nursing Unit in drafting three policies and procedures: Nursing Endorsement Policy, Staffing and Scheduling Policy, and Documentation Guidelines

Policy. The MOH nursing scientific committee was activated and renamed the “in-service training committee” in one of the hospitals. The primary focus of this committee is to improve nurse-patient relations and implementation of the national clinical nursing standards. On-the-job coaching supported these efforts and helped to clarify roles and responsibilities. The MOH also hosted a series of scientific nursing days to educate and boost the confidence of nurses.

Quality improvement. Using international quality standards such as Joint Commission International (JCI) standards and WHO Patient Safety Goals, the Project supports the MOH in their efforts to adopt and modify selected quality standards. A quality core group of a number of donors and the MOH has been established to support the MOH to carry out quality improvement activities such as the patient safety initiative developed by the WHO in hospitals throughout the West Bank. The Project is assisting the MOH in implementing this initiative in two target hospitals. Project staff provided on-the-job coaching in patient identification, incident reporting, effective communication, and safety improvements for high-alert medications as part of the Project’s interventions aiming to improve and implement standards related to medication management and use (MMU). In addition, quality improvement efforts were made in laboratory safety. In Year 3, a lab quality assessment was completed for Ramallah Hospital and was submitted to the MOH’s Quality Assurance Department. A lab quality manual was drafted to guide hospital management in creating plans for lab quality improvements and in developing related lab SOPs. MMU and infection prevention and control (IPC) committees were formed in all three hospitals; these committees will conduct surveys to identify and address gaps with technical assistance from Project staff and will assist implementation of infection prevention protocols and unit-based competencies developed in Year 3. New policies and related forms were developed to improve patient flow, chart review, and incident reporting.

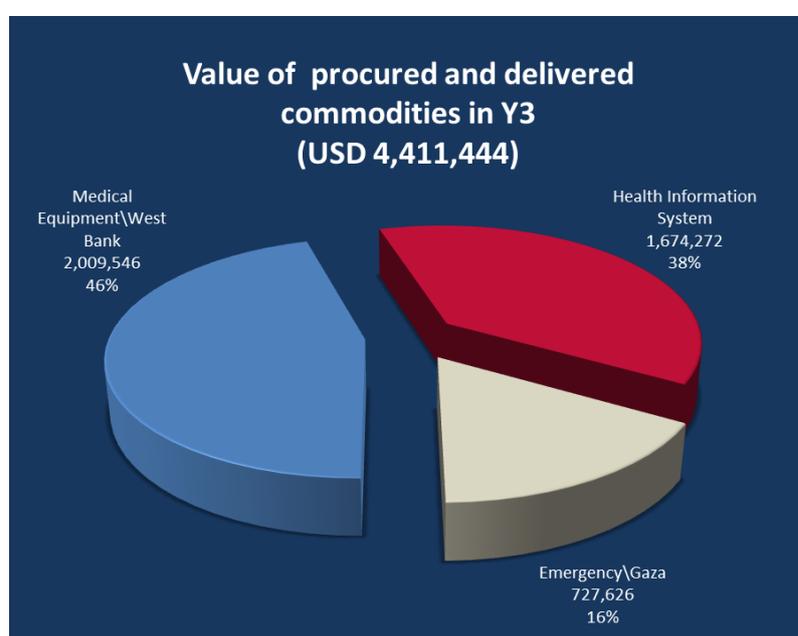
Neonatal Intensive Care Unit assistance. Following EWAS-II renovations and installation of Project-procured essential neonatal intensive care unit (NICU) equipment, on-the-job coaching in Quarter 4 was conducted to improve the skills of NICU nurses at Rafidia Hospital. As part of the Project’s comprehensive approach to procurement, training on infant incubator use and coaching in infection prevention and control within the NICU was conducted. Infection prevention and control remains a challenge for Rafidia’s NICU staff; in response, Project staff guided and supported the IPC committee at Rafidia Hospital in conducting root cause analysis for identifying and addressing the causes of the spread of infection in the NICU. This analysis utilized data collected by the HIS. This was the first time that many committee members had conducted such analysis, offering them a framework for conducting similar analyses in the future to address clinical challenges that arise.

Nutrition. The Project’s quality improvement efforts in hospitals also focused on enhancing the MOH’s Nutrition Department. Food and nutrition services assessments were conducted in all twelve MOH hospitals and reports were submitted to the MOH Nutrition Department to serve as a baseline for creating plans and applying interventions to improve the quality of provided food and nutrition services in hospitals and to ensure uniformity of nutrition services in all facilities. National dietary based guidelines and a related training program outline were developed and submitted to the MOH to assist the nutrition department in updating their skills and improving the quality of services they provide.

FOCUS AREA E: PROCUREMENT

The Project's approach to procurement has set a new standard at the MOH. In addition to rigorous needs assessments undertaken by the MOH with assistance from the Project and engagement with other donors, the Project works closely with the MOH to ensure that a proper site is identified and prepared before delivery of equipment and that physicians and technicians are properly trained. Key elements of this approach include coordinating with the MOH and donors to avoid duplication and maximize resources, adhering to transparent procurement regulations, and ensuring effective pharmaceutical management. To introduce the concept of preventative maintenance and as a practical demonstration to MOH end-users and maintenance staff, all vendors of Project-procured equipment are obliged to conduct preventative maintenance on medical equipment every three months during a 24-month warranty period. In addition, vendors must ensure that on-site technicians are provided with hands-on clinical and operational training for all new equipment.

In Years 2 and 3, procurement support included delivery of major medical equipment to MOH facilities (hospitals and clinics) and selected NGOs throughout the West Bank, complemented by relevant clinical and technical training. The Project was also able to secure delivery of medical equipment to selected NGOs in Gaza, albeit limited due to various restrictions and challenges.



Equipment installed. In total, equipment valued at \$4,411,444 was installed in Year 3, including medical equipment, emergency assistance to Gaza, and HIS-related hardware and software. Highlights include a medical linear accelerator and four CT scanners. The linear accelerator was installed and connected at Augusta Victoria NGO Hospital in Jerusalem, a site chosen for the hospital's existing comprehensive oncology department. Once commissioned and operationalized, this radiation therapy system will double the treatment capacity of the hospital and meets the current needs for this service throughout the West Bank and Gaza, thereby reducing referrals abroad. A 64-slice CT scanner was procured and installed at Ramallah Hospital and three 16-slice CT scanners were installed at Alia, Rafidia, and Beit Jala MOH hospitals. The Project supports these hospital's CT departments by providing on-the-job coaching and by emphasizing the importance of the relationship between the CT department and other hospital departments. Commissioning is anticipated to be complete by early Year 4.

Training and on-the-job coaching. In addition to training all relevant staff in system use and maintenance and providing on-site support for recently installed equipment, the Project works with the MOH and NGOs to provide intensive off-site formal training for more sophisticated equipment including the CT scanners and the medical linear accelerator. The Project continued to revisit beneficiary facilities to assess the utilization and maintenance of Project-procured equipment. The teams identified gaps in the effective utilization of ECGs, orthopedic drills, and infant incubators. Workshops and formal trainings were held to review the routine use and maintenance of equipment and to teach new techniques for optimizing the use of equipment features, ensuring positive outcomes for patients.

Assistance to the MOH Biomedical Engineering Unit. The Project hosted workshops for MOH Biomedical Engineering Unit (BEU) to review best practices for procurement, relevant USAID regulations, and compliance issues. The procurement team worked with Focus Area A to provide technical assistance to the BEU in institutionalizing the procurement process through implementing preventative maintenance schedules and creating an electronic database of all equipment. This database will be linked to the HIS and will allow the MOH to better allocate resources, schedule maintenance, and locate vital equipment. In addition, the HIS equipment records will include all vital information on each piece of equipment, including past dates of service and details regarding the equipment's functionality, how functionality issues were resolved and who performed the service.



“So many of our staff have been isolated from improving their medical knowledge—with limited access to travel or continuing education...these workshops are invaluable to updating essential knowledge of our staff,” said Dr. Hassan Fitian, Rafidia NICU Director. Above: Head NICU nurse Haneen Al-Kum follows guidance on touching technique as instructed by a product specialist during a training session for optimizing use of the new infant incubators.

Comprehensive Approach to Procurement Promotes Healthy Outcomes for Palestinians

Training is a fundamental component of the Project's approach to procurement. Project staff work closely with the MOH to procure top-of-the-line medical equipment with concurrent clinical training and workshops to advance the skills of health-care professionals in utilizing the equipment. The clinical workshops allow these professionals to keep up to date with advances in their sector while ensuring maximum utilization of new equipment.

Neonatal intensive care unit nurses from Rafidia Hospital attended training sessions following the procurement of 20 Giraffe incubators. Although the Project had hosted training at the time that the equipment was delivered, Project consultants noticed that many of the

advanced features of the new incubators were not being utilized. A product specialist led the training, teaching staff the optimal use of the incubator, including thermoregulation and impact of light and sound on the babies' environment. “So many of our staff have been isolated from improving their medical knowledge—with limited access to travel or continuing education...these workshops are invaluable to updating essential knowledge,” emphasized Dr. Hassan Fitian, Rafidia Hospital's Neonatal Intensive Care Unit Director.

SECTION IV

GAZA ACTIVITIES

In Years 1 and 2, the Project's interventions in Gaza were comprehensive, providing commodity procurement, capacity building, and grants to select eligible NGOs that provide services aligned with Project goals. The Project's capacity-building efforts focused on bolstering the ability of select NGOs to assess their organizational and management needs. Through a subcontractor, the Project facilitated needs assessment reports, institutional development plans (IDPs), and capacity building in clinical, management, and financial areas. Seven needs assessment reports and five IDPs were finalized in Year 2; in Year 3, the Project hosted IDP and needs assessment review workshops. Initial procurement assessments for eligible NGOs were conducted in Year 2. The first two grants to Gaza-based NGOs were awarded in Year 3.

Procurement and Grants to NGOs Improves Quality of Life for Gazans

St. John Eye Hospital's Gaza Clinic recently received new equipment that is being used to diagnose acute eye disorders and to perform sophisticated eye surgeries as part of the Project's interventions in Gaza. Procurement included an advanced phacoemulsification machine valued at \$189,000 US. This machine, the only model of its kind in Gaza, is now being used to perform highly complex cataract removal surgery that is less invasive and dramatically reduces patient recovery time. In addition, a grant to St. John aims to help screen and diagnose eye disorders in diabetic patients.

Palestine Save the Children Foundation also received a Project grant to expand their rehabilitation services for young children with physical disabilities. Rehabilitation and physical therapy equipment was procured to help the organization expand its services. Community outreach is helping to identify young children who are in need of services and home visits are enabling children with limited mobility to receive care that will help them improve their motor skills and lead happier and healthier lives.



Ahmed Abed Elal, a high-school student from Gaza, underwent cataract removal surgery in both eyes using a Project-procured phacoemulsification machine. Ahmed suffered from blurred vision since birth, but surgery completely restored Ahmed's vision. "Words cannot express my gratitude...I am happier, more relaxed, I feel more...I enjoy the simple sensations of life."

The Project's approach toward Gaza NGOs shifted in Year 3 from being comprehensive in terms of providing overall capacity strengthening to being more targeted by providing grants and procurement support. Project staff continued to carry out field evaluations to assess the viability and sustainability of the procurement requests for vetted NGOs, and the Project stands ready to fulfill these requests pending receipt of USAID-issued waivers. In addition, Project staff regularly visited Gaza in Year 3 to inspect installed equipment and to work with NGOs to ensure that they are properly monitoring and evaluating the grants programs and equipment usage.

Working with NGOs in Gaza, Project staff apply the same approach to procurement to maximize access of valuable services to Palestinians living in Gaza. The team coordinates with Focus Area A's grants team to review and verify grantee equipment requests. In Year 3, members of the Project's procurement team were able to enter Gaza and perform site visits to inspect potential installation sites, to



Above: Dr. Kamal Okasha with the newly procured phacoemulsification machine, the only of its kind in Gaza, which allows for highly sophisticated surgeries to remove cataracts from both the front and back of the eye.

evaluate the utilization of procured equipment, and to conduct needs assessments for prospective beneficiaries. Equipment valued at \$727,600 was delivered and installed for two grantee NGOs in Gaza in Year 3. St. John Eye Hospital's Gaza Clinic received new diagnostic and surgical ophthalmology equipment including a phacoemulsification machine for performing advanced cataract removal surgeries. Palestine Save the Children Foundation received physical therapy and rehabilitation equipment to support their outreach programs. In total, equipment valued at over \$1.5 million has been procured, most of which awaits delivery and installation in Year 4.

The process for identifying and vetting potential beneficiary NGOs and obtaining the approval of the Coordinator of Government Activities in the Territories (COGAT) for equipment requests have proven to be more time-consuming processes than anticipated. In addition, the limited capacity of NGOs and vendors in Gaza to adequately respond to RFQs and RFPs continues to pose a challenge, but after making a number of site visits in mid-Year 3, the Project is better positioned to award grants and procure equipment for additional NGO rehabilitation centers and hospitals.

SECTION V

MONITORING AND EVALUATION

The Project's Monitoring and Evaluation (M&E) team functions as a component of the Knowledge Management Unit which was established in Year 3. The team assumed a critical role by providing data and analysis reflecting progress of the Project towards the achievement of intended results and outcomes. In response to the mid-term evaluation of the Project's impact conducted in November 2010, the M&E team carried out several revisions and enhancements to the systems and functions of the unit including a major revision to the Project's Performance Monitoring Plan (PMP) and its indicators, enhancement of data flow processes for more intuitive and accurate reporting, and the introduction of data quality checks.

The M&E team performs several key functions to support the implementation of Project activities by developing survey tools and assessments and by conducting special studies referenced in this report. This past year, the M&E team worked closely with the Focus Area C (PHC Support) to establish a quality assessment tool to collect baseline data on clinics' competencies against measurable markers of quality service. A scoring system was developed to evaluate these competencies pre- and post-intervention. The M&E team also supported the Focus Area D (Hospital Support) in conducting an assessment of the NICU at Rafidia Hospital. The Project has provided the NICU with 20 infant incubators and 10 wall-mounted bedside monitors. The purpose of the study was to assess the utilization of the equipment provided, the performance of NICU staff, and parent satisfaction of the services received for their infants. The results of this assessment have served to direct Project interventions at the NICU to target the specific needs for capacity building among staff.

In addition, the M&E team provides Project-contracted CBOs and grantees capacity building support throughout the year in the implementation of client satisfaction surveys by CBOs, and in the development of M&E plans to monitor progress in the implementation of activities by grantee organizations.

The most significant achievement of the M&E team in Year 3 was the revision of the Project's Performance Monitoring Plan. Through a series of participatory meetings and workshops held throughout the year, the M&E team revised the plan which was previously approved in March 2010 with the intention of aligning the PMP with the Project's five focus areas. Technical staff were heavily engaged in the review and identification of relevant output and outcome indicators for their focus areas, in a review of the Project's results framework, and in identifying data sources, data collection tools, and special studies needed to monitor and evaluate Project interventions. The revised PMP was submitted to USAID in August 2011 after the signing of a contract modification in July and has not been approved as of the time of writing. The Summary Table of Indicators (Annex A) is reflective of the PMP approved by USAID in March 2010.

Several internal and external audits of the M&E team were conducted in Year 3 including data quality assessments conducted by USAID on Operational Standard Indicators in November 2010 and in September 2011. USAID also underwent a technical audit by the Regional Inspector General in July/August 2011, which included a thorough audit of M&E data and functionality. The written reports on these audit findings have not been received by the Project as of the time of writing. However in response to the audits, the Project did carry out a comprehensive internal data review to check data validity and precision, and to minimize the potential for inaccurate reporting resulting from data entry errors. The review and subsequent database clean-up conducted in Quarter 4 resulted in a change in the reported “number of people reached through community-based social mobilization activities” (USAID Operational Indicator 3.1.6 MCH) for FY10 from 162,083 to 163,148. This data entry error was corrected and the accurate number has been reflected in the Project’s Year 3 Quarter 4 Progress Report, and in Annex A. Additionally, the data clean-up revealed 76 duplicate entries of trainees which have since been revised. Additional results of the internal review are reflected in the PMP Summary Table of Indicators (Annex A)

SECTION VI

PROJECT MANAGEMENT AND OPERATIONS

Year 3 presented a number of significant changes for the Project. A mid-term evaluation as well as major staffing changes offered an opportunity to narrow Project focus, delving deeper into successful activities. The following are management and operational highlights for Year 3.

Staffing and recruiting. Year 3 was a year of significant staffing changes at the senior management level. Quarter 1 saw the departure of the Chief of Party, Deputy Chief of Party for Technical Programs, Component I Director and reassignment of the Deputy Chief of Party Operations to serve as Acting Component I Director. During Quarter 3 the recruitment was finalized for Chief of Party, Deputy Chief of Party for Technical Programs, and Deputy Chief of Party Operations. The Project hired a number of long-term staff during Year 3: Operations Manager, M&E Manager, Compliance Manager, Program Officer, four Administrative Assistants (Procurement, Focus Areas A, B, and C, and Grants), Executive Assistant, three drivers, and two bookkeepers. In addition to long term hires, the Project also provided intern opportunities in M&E, operations, nutrition, hospital support, and HIS. Unfortunately, the Project lost some of its employees due to resignations. Such resignations provided some opportunities for the Project staff to advance their careers through applying to vacancies recruited for both externally and internally.

During Year 3, the Project released new guidelines to staff on organizational levels and salary increases. The intention of the guidelines is to standardize the position titles and to provide consistency in promotions. The Project also released guidance to staff on the use of Performance Improvement Plans in the event an employee is not meeting job expectations. Staff performance evaluation took place during Quarter 4. This process involved written self-evaluations by all staff members and written supervisor evaluations, followed by in-person meetings. The Chief of Party reviewed all evaluations and played a critical role in working with supervisors to build their capacity in conducting staff evaluations.

The Project organizational chart was finalized during Year 3. Previously, Project staffing was based on three different technical components in addition to the operations team. During Quarter 2, the Project moved into five focus areas that better suit the nature of Project activities. This shift in structure along with rolling out of guidelines on organizational levels as discussed above shaped the revised Project's organizational chart.

Finally, the Project implemented a human resource/payroll system during Year 3. The implementation of the system aimed to increase efficiency in the payroll system and effectiveness in the human resource cycle. As a result, the Project is able to share human resources/payroll information with different stakeholders (Project management, home office, employees) instantaneously.

Technical Advisory Team (TAT). In conjunction with USAID, the Project established a technical advisory team to support and provide guidance for Project staff on technical program activities. TAT members were Dr. Dragana Veskov, Ms. Annette Bongiovanni, and Mr. James Griffin. Both Dr. Veskov and Ms. Bongiovanni are directors with the International Health Group at Chemonics International. Mr. Griffin is the Senior Vice President of the International Health Group at Chemonics International. The TAT joined Project staff for a week-long visit to the Ramallah office and various beneficiary facilities and organizations in late June. Throughout the course of this assignment, the TAT members reviewed relevant Project reports, provided technical input on Project activities based on experience and international best practices in primary and secondary health care and in project management; provided recommendations to increase the Project's impact on improving health care for the Palestinian people; and assisted the Chief of Party and Deputy Chief of Party with the evaluation of staff skills in order to make recommendations for improvement. The expectation is to continue to work with the TAT members to seek out technical advice and incorporate international best practices into future activities.

MISSION ORDER 21 AND COMPLIANCE

In Year 3, the Project submitted a total of 135 vetting requests, which included requests for 368 individuals for thirty-three trainings. These figures represent all requests submitted throughout the year, some of which have been approved and others are still pending. In addition, Chemonics submitted complete sub-award reports on the fifth of each month which included 645 transactions. In Quarter 1, the Project responded to USAID confirming corrective actions taken as a result of the compliance review that covered the period October 2009 till March 2010. On August 9, 2011, the Project received the final report from Ernst and Young on their regulatory compliance review covering the period from April 1, 2010 to September 30, 2010. The report did not reveal any compliance findings; however, it revealed several recommendations that are currently being implemented. On August 24, 2011, the Project responded to USAID confirming corrective actions taken as a result of the April-September 2010 compliance review.

In addition, the Project responded to inquiries during a program audit performed in August 2011. Project staff were able to rapidly and accurately respond to questions regarding the total vetting results received by the Project with derogatory and non-derogatory results and total number of Partner Information Forms submitted. Comprehensive lists were provided for the Project's grantees, subcontractors, and trainees.

In Year 3, Project staff continued to receive on-the-job mentoring on procurement, compliance, and regulatory issues. Topics included introduction to the prime contract and modifications, negotiation memos, consent to subcontract, budget analysis and negotiation, and allowability of cost. A local procurement blanket waiver was introduced and implemented in March 2011. The new compliance manager began working with the Project in May 2011 and has been working well with the staff to keep them educated on Mission Order 21 issues, providing support and advice, and ensure full compliance with USAID rules and regulations.

COORDINATION WITH USAID

Senior management meets with the Contracting Officer's Technical Representative (COTR) at USAID and other Health and Humanitarian Assistance team members on a weekly basis. The COTR and other technical staff receive weekly bullets that highlight major Project accomplishments. In addition, the COTR, Chief of Party, and Project staff started regular Project presentations/meeting in person during Quarter 3, either in the USAID offices in Tel Aviv or in the Project offices in Ramallah.

ANNEX A: SUMMARY TABLE OF INDICATORS

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
1	Score on impact assessment	See below	Baseline/ Year 5	Discrete	Impact	Baseline assessment in Y2	To be reported in Y5						
	1.1 Distribution of targeted specialized PHC and SHC services per capita												
	1.2 Percentage of community-clinic boards reporting increased participation in planning and policy-making for health-care services provided in their community					68%							
	1.3 Percentage improvement in efficiency in management and delivery of MOH health-care services at facilities equipped with the Project-provided Health Information System (HIS) ³					56%							

² The Flagship Project will report on PMP indicators on a quarterly basis (through the quarterly progress reports), annual basis (through the annual report), and at the end of the project. The impact indicators will be reported as baseline data (in Y2Q4) and through a final impact assessment (in Y5).

³ This score of this indicator will be derived from the weighted results of four sub-indicators.

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
	<i>1.4A Percentage of satisfaction of clients with the quality of services received at the health facility</i>					90%							
	<i>1.4B Percentage of satisfaction of providers with the quality of services provided at their health facility</i>				67%								
	<i>1.5 Percentage improvement in performance of MOH/INGO staff who have completed Project-assisted Leadership Development Program</i>				56% ⁴								
2	Percentage of drafted laws, policies, regulations, or guidelines related to improved access to and use of health services adopted with USG support through the	Efficiency, Quality, Sustainability	Annually	Cumulative	Outcome	0	0%	0%	60% ⁵	50%	50% ⁶	50%	50%

⁴ This percentage is derived from the first cohort (14) of the LDP trainees.

⁵ Percentage based on 24 adopted documents of a total of 40 documents drafted by the end of Y2.

⁶ Percentage based on 24 adopted documents of a total of 48 documents drafted by the end of Y3.

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
	Flagship Project												
3	Number of institutions that have used USG-assisted (through the Project) MIS information to inform administration/ management decisions (F Indicator)	Efficiency	Annually	Cumulative	Outcome	0	0%	0%	0%	0%	5 ⁷	5	14
4	Number of individual patient records stored in the USG-supported MIS (through the Project)	Efficiency, Quality	Annually	Cumulative	Outcome	0	0%	0%	0%	0%	79,649 ⁸	60,000	340,000
5	Percentage of planned Institutional Development Plans activities implemented	Efficiency, Sustainability	Quarterly	Cumulative	Outcome	0	74%	0%	71%	80%	76% ⁹	80%	80%
6	Number of improvements to laws, policies, regulations, or guidelines related to improved access to and use of health services drafted with USG support, through the Project (F Indicator)	Quality	Annually	Discrete	Output	0	9	5	18	10	8	7	34

⁷ The five facilities are: 1. Rafidia Hospital, 2. Nablus PHC Directorate, 3. Darwish Nazzal Hospital, 4. Qalqilya PHC Directorate, 5. Azzoun PHC clinic .

⁸ Number is generated from the HIS from 5 facilities. The number exceeds the target because the target was initially set as a safe estimate of the number of patients visiting the facilities planned to implement the HIS.

⁹ This indicator is no longer valid as the activities of the project are no longer derived from the MOH IDP.

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
7	Number of MOH institutions receiving capacity-strengthening support	Quality, Equity	Annually	Cumulative	Output	0	36	40	132	100	136	200	402
8	Number of eligible NGOs receiving capacity-strengthening support	Quality, Equity	Quarterly	Cumulative	Output	0	15	15	13	20	13 ¹⁰	30	30
9	Number of grants awarded to selected NGOs	Quality, Access	Quarterly	Cumulative	Output	0	0	0	10	15	15	30	53
10	Number of clients benefiting from health services at targeted health-care facilities following Project input ¹¹ 2 above	Quality, Access	Annually	Discrete	Outcome	0	0	0	69,360	80,000	60,407 ¹²	100,000	500,000
11	Number of participants in community health promotion activities	Quality	Annually	Discrete	Outcome	0	0	0	163,148 ¹³	100,000	683,957 ¹⁴	500,000	1,000,000

¹⁰ This indicator counts the number of eligible (vetted NGOs) that receive capacity strengthening support in the form of management support (IDPs or strategic planning). Originally there were 15 vetted organizations. However, in Y2 of the project, two organizations became ineligible and project inputs to these two NGOs were stopped accordingly.

¹¹ Number of beneficiaries is captured at the PHC level for PH centers that received full quality improvement support at the 30 targeted communities in FY10, in addition to the total number of beneficiaries from NGOs receiving grant support through the Flagship Project up to FY10. Number of beneficiaries at the PHC level is calculated using the following formula. : **# of beneficiaries** = No. of PHC centers you support X average population per center (4380 referenced) X % population covered by MOH health insurance (referenced to the MOH = (60%) X probability of any person using a PHC (referenced to PHIC= 0.7).

¹² This number is estimated based on clients benefitting from PHC clinics implementing the Integrated Multi-sectoral Approach and the clients benefitting from NGOs. Clients benefitting from PHC are calculated based on a formula agreed upon with USAID (No. of Clinics x population per clinic x 0.7 visits per person per year x 60% (percentage of population holding MOH insurance and therefore using MOH facilities) . In Y3, the number of PHC clinics assisted was 17 therefore the number of clients = (17*4380*0.7*0.6) = 31,273 clients. The number of beneficiaries through grants given to local NGOs was 29,134 based on grantees quarterly reports. Note that potential duplication may occur in grant beneficiaries between Y2 and Y3 as the grants awarded may span over intervals of Y2 and Y3.

¹³ 1065 participants added to Y2 value following an internal database review.

¹⁴ This reflects the number of participants and not unique individuals.

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
12	Percentage of target audience in Project-assisted communities reached by BCC messages	Quality	Annually	Cumulative	Outcome	0	0	0	69% ¹⁵	50%		65%	80%
13	Percentage of health-care facilities assisted to provide improved quality of services	Quality, Equity	Quarterly	Cumulative	Output	0	10%	10%	36%	30%	39.0% ¹⁶	50%	100%
14	Number of protocols and job aids developed and/or updated	Quality	Quarterly	Discrete	Output	0	0	0	12	10	0	25	50
15	Number of communities assisted to implement community-based activities	Quality, Sustainability	Quarterly	Cumulative	Output	0	0	9	30	37	38 ¹⁷	67	100
16	Number of BCC modules developed	Quality	Quarterly	Discrete	Output	0	4	4	7	7	4 ¹⁸	4	15
17	Number of people benefiting from services introduced or enhanced as a result of USG-procured medical equipment, through the Project ¹⁹	Equity	Annually	Discrete	Outcome	0	0	0	-	100,000		30,000	200,000

¹⁵ This percentage (69%) reflects the results of round one of the BCC recall survey conducted in March 2011 at 21 communities targeted in Y2 for BCC activities. This reflects the percentage of individuals who recalled Project produced BCC messages and took action to improve their health.

¹⁶ This percentage is based on the following calculation: (136 MOH facilities assisted + 27 NGOs assisted)/ 418 facilities = 39%.

¹⁷ Y1 and Y2 PMP showed that 9 communities were assisted in Y1. An internal data review showed that we have no records of any communities assisted in Y1 of the project. Further investigation revealed that these 9 reported communities were to be targeted by the MOH and the project is not providing direct assistance to these communities.

¹⁸ A total of 15 BCC modules have been developed along with the MOH Health Education and Promotion Department to cover six major themes. BCC material developed, printed or re-printed are classified based on these 15 modules.

¹⁹ The project cannot identify a valid data source for this indicator. Equipment utilization is tracked as number of tests for some major equipment and not number of users.

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
18	Number of facilities benefiting from USG-funded medical equipment	Quality, Equity	Annually	Cumulative	Outcome	0	1	0	100	60	117 ²⁰	70	80
19	Value (in USD) of procured commodities delivered – disaggregated as follows (19.1-5):	Quality, Equity	Quarterly	Discrete	Output	0	172,900	500,000	15,625,628	17,000,000	4,411,444	1 Million	22 Million
	19.1 Total amount in USD of medical disposables/ supplies provided						0	0	0	-	0	-	
	19.2 Total amount in USD of pharmaceuticals provided						0	0	1,249,399	-	0	-	
	19.3 Total amount in USD of medical equipment delivered						172,900	500,000	10,157,171	-	2,009,546	-	
	19.4 Total amount in USD of MIS hardware, software, and support provided						0	0	4,219,058	-	1,674,272	-	
	19.5 Total amount in USD of						0	0	0	-	727,626	-	

²⁰ The actual number of procurement-assisted facilities (117) is higher than target originally set (70) because the procurement process is needs-based. Therefore more facilities were identified by the MOH and the Project eligible for procurement support. This number also includes facilities assisted in Gaza.

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
	<i>humanitarian assistance/ emergency supplies provided</i>												
20	Percentage of trainees applying skills/knowledge acquired during USG-funded training, through the Project	Sustainability, Quality	Annually	Cumulative	Outcome	0	0	0	-	40%		55%	80%
21	Number of health professionals trained in technical and management areas (individual) - disaggregated as follows (21.1-12):						322	350	650	450	890 ²¹	400	2,000
	<i>21.1 Number of medical and para-medical practitioners trained in evidence-based clinical guidelines (participants)</i>						112	-	701	-	227	-	
	<i>21.2 Number of health professionals from MOH trained (individual)</i>						284	-	501	-	829	-	

²¹ Numbers of trained individuals are much higher than the targets for Y2 and Y3 because the targets set for training at the beginning of the project were not realistic and did not take into consideration the scope of training activities covered by the Project especially training of individuals conducted through the HIS focus area.

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
	21.3 Number of health professionals from NGOs trained (individual)						35	-	51	-	52	-	
	21.4 21.13 Number of professionals from other organizations trained (individual)						3	-	98	-	9	-	
	21.5 Number of community members trained (individual)						0	-	79	-	822	-	
	21.6 Number of people trained in essential maternal health services (participants)						0	-	75		0	-	
	21.7 Number of people trained in essential child survival interventions (participants)						0	-	0	-	36	-	
	21.8 Number of people trained in chronic diseases (participants)						31	-	240	-	0	-	
	21.9 Number of people trained in						81	-		-	849	-	

No.	Indicator Description	Related Impact Indicator	Reporting Frequency ²	Cumulative/ discrete	Type	Baseline	FY09		FY10		FY11		Targets
							Result	Target	Result	Target	Result	Target	LOP**
	<i>injury prevention (participants)</i>								315				
	21.10 <i>Number of people trained in women's health (participants)</i>						0	-	0	-	2	-	
	21.11 <i>Number of household trained to improve practices for safe water use and hygiene (participants)</i>						0	-	0	-	0	-	
	21.12 <i>Number of people trained in other technical areas (participants)</i>						0	-	265	-	432	-	
	21.13 <i>Number of people trained in administration/ management topics (participants)</i>						289	-	448	-	1340	-	

ANNEX B: YEAR 3 TRAINING EVENTS TABLE

Quarter I Training Programs

Y3Q1 Training Title	Date	Number of Participants		Purpose
		F	M	
Financial Capacity Strengthening Program	Oct 19, 2010	7	27	34 staff from MOH attended Financial Capacity Strengthening training in Ramallah. The participants were from different MOH facilities cross West Bank. The training was aimed to build trainee in applying the necessary tools for two MOH priorities, costing of health services and program budgeting, to prepare trainees financial reform
Managing Performance	Oct 25, 2010	9	16	25 participants manly from MOH and NGO attended Managing Performance training in Ramallah. The trainees are working in different health facilities in West Bank. The aim of the training was managing performance and effective coaching and to help leaders to increase the performance.
Financial Capacity Strengthening Program	Oct 26, 2010	6	15	21 staff from MOH attended Financial Capacity Strengthening training in Nablus. The participants were from different MOH facilities from northern distract. The training was aimed to build trainee in applying the necessary tools for two MOH priorities, costing of health services and program budgeting, to prepare trainees financial reform
Rehabilitation\Speech and Communication	Nov 4, 2010	4	0	4 trainees from Al-Yasmine Center NGO attended Rehabilitation\Speech and Communication training in Ramallah, conducted by Princess Basma NGO. The aim of the training was to identify problems of speech and communication in children with special needs and to implement the appropriate therapy tools
Financial Management Training	Nov 4, 2010	5	8	13 employees from MOH who are working with primary healthcare directorates and the MOH central office attended a Financial Management Training Program that consists of several trainings that are aimed at building trainee skills in financial reporting and analysis in Egypt.
Technical Training for Sonosite Titan Ultrasound System	Nov 10, 2010	0	1	One biomedical engineer attended Technical Training for Sonosite Titan Ultrasound System in England. The aim of the training was To familiarize the Engineer with ultrasound system functionality and theory principles, Identify software and transducer compatibility for the Sonosite and System repair in case of system breakdown including disassembly of small parts
Fellowship-Al Makassed	Dec 7, 2010	0	1	The aim of the fellowship training that conducted in Münster University-Germany is Building Al Makassed Hospital capacity and improving its performance in the orthopedic services and treatment through providing up-date training to introduce new subspecialties to the hospital for an orthopedics doctor.
HIS-Patient Registration and Master Index System-II	Dec 12, 2010	7	7	14 staff from Rafidia Hospital attended a Patient Registration and Master Index System Training which is one of the Health Information system Modules. The aim of the training was to show how the patient data entered in the system which are used in all the other modules making up the system.
HIS-Patient Registration and Master Index System -I	Dec 12, 2010	4	7	11 staff from Rafidia Hospital attended a Patient Registration and Master Index System Training which is one of the Health Information system Modules. The aim of the training was to show how the patient data entered in the system which are used in all the other modules making up the system.
MenaTech Human Resource Program -I	Dec 12, 2010	19	18	37 trainees from MOH from different districts attended a MenaTech Human Resource Program Training. The aim of the training was to get the trainees an introduction on the features of the HR component of the HIS - Health Management System - and on the basic of the system
HIS-General Appointment System -I	Dec 13, 2010	5	7	12 staff from Rafidia Hospital attended a General Appointment System Training which is one of the Health Information system Modules. The aim of the training was to handle all appointment settings for resources in hospitals as doctors,

Y3Q1 Training Title	Date	Number of Participants		Purpose
		F	M	
				Radiology services, operating rooms etc. This is based on rules that are set up for entities to provide a conflict-free scheduling and booking limitations/quota needed by the hospital.
HIS-General Appointment System- II	Dec 13, 2010	7	6	13 staff from Rafidia Hospital attended a General Appointment System Training which is one of the Health Information system Modules. The aim of the training was to handle all appointment settings for resources in hospitals as doctors, Radiology services, operating rooms etc. This is based on rules that are set up for entities to provide a conflict-free scheduling and booking limitations/quota needed by the hospital.
Managing Performance	Dec 13, 2010	9	12	21 trainees from MOH and 4 from NGOs attended a Managing Performance Training in Ramallah. The aim of the training was to help leaders to increase performance, expand the skills of the team, improve relationships and morale, encourage creativity, and promote achievements.
HIS-Radiology Information System	Dec 14, 2010	1	8	9 staff from Rafidia Hospital attended a Radiology Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure the fulfillment of radiological requests related to polyclinic patients, inpatients and other patients, who have directly applied for that purpose and ensures that necessary records are kept
MenaTech Human Resource Program -II	Dec 14, 2010	21	13	34 trainees from MOH from different districts attended a MenaTech Human Resource Program Training. The aim of the training was to get the trainees an introduction on the features of the HR component of the HIS - Health Management System - and on the basic of the system
HIS-Laboratory Information System	Dec 14, 2010	4	6	10 staff from Rafidia Hospital attended a Laboratory Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure that all laboratory requests related to polyclinic, clinic and emergency room patients are fulfilled and necessary records are kept
HIS-Blood Bank Information System -I	Dec 14, 2010	5	2	7 staff from Rafidia Hospital attended a Blood Bank Information System Training which is one of the Health Information system Modules. The aim of the training was to track inventory and donor data meeting the hospital's requirements
HIS-Pathology Information System	Dec 15, 2010	5	6	11 staff from Rafidia Hospital attended a Pathology Information System Training which is one of the Health Information system Modules. The aim of the training was to prepare and archive pathology reports and admission of patients to pathology sections of hospitals and subsequent procedures
HIS-Blood Bank Information System -II	Dec 15, 2010	2	1	3 staff from Rafidia Hospital attended a Blood Bank Information System Training which is one of the Health Information system Modules. The aim of the training was to track inventory and donor data meeting the hospital's requirements
HIS-Outpatient (Polyclinic) Information System-V	Dec 15, 2010	8	9	17 staff from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services
HIS-Inpatient (Clinic) Information System - IV	Dec 16, 2010	15	2	17 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Outpatient (Polyclinic) Information System- VII	Dec 16, 2010	1	9	10 staff from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services
HIS-Outpatient (Polyclinic) Information	Dec 16, 2010	3	6	9 staff from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health

Y3Q1 Training Title	Date	Number of Participants		Purpose
		F	M	
System-VI				Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services
HIS-Inpatient (Clinic) Information System-II	Dec 18, 2010	2	9	11 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Inpatient (Clinic) Information System - V	Dec 19, 2010	3	5	8 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Inpatient (Clinic) Information System-VI	Dec 19, 2010	9	7	16 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Inpatient (Clinic) Information System-III	Dec 19, 2010	0	7	7 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Outpatient (Polyclinic) Information System -I	Dec 20, 2010	0	6	6 staff from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services
HIS-Outpatient (Polyclinic) Information System	Dec 20, 2010	3	7	10 staff from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services
HIS-Outpatient (Polyclinic) Information System-III	Dec 21, 2010	4	29	33 staff from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services
HIS-Inpatient (Clinic) Information System - I	Dec 21, 2010	2	5	7 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Outpatient (Polyclinic) Information System- IV	Dec 21, 2010	0	9	9 staff from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services
HIS-Material Management System (Inventory)	Dec 22, 2010	11	8	19 staff from Rafidia Hospital attended a material management system training which is one of the Health Information system Modules. The aim of the training was to carry out the stock procedures and the input-output procedures for the consumables (medicine, consumable, and fixture) kept in the hospital storage, pharmacy, operating room and laboratories.
HIS-Pharmacy Information System -II	Dec 22, 2010	5	2	7 staff from Rafidia Hospital attended a Pharmacy Information System Training which is one of the Health Information

Y3Q1 Training Title	Date	Number of Participants		Purpose
		F	M	
				system Modules. The aim of the training was to introduce the participants on the inventory control of clinic pharmacy and to monitor in-hospital distribution of medication at the level of nursing departments and to provide optimum response to medication movement and information needs within the hospital
HIS-Maintenance Management System -II	Dec 23, 2010	10	14	24 staff from Rafidia Hospital attended a Maintenance Management System Training which is one of the Health Information system Modules. The aim of the training was to keep identification records related to all the devices used in the hospital in addition to maintenance, repair, replacement and relocation of such equipment in or outside of the hospital
HIS-Maintenance Management System-I	Dec 23, 2010	1	7	8 staff from Rafidia Hospital attended a Maintenance Management System Training which is one of the Health Information system Modules. The aim of the training was to keep identification records related to all the devices used in the hospital in addition to maintenance, repair, replacement and relocation of such equipment in or outside of the hospital
HIS-Pharmacy Information System -I	Dec 23, 2010	11	7	18 staff from Rafidia Hospital attended a Pharmacy Information System Training which is one of the Health Information system Modules. The aim of the training was to introduce the participants on the inventory control of clinic pharmacy and to monitor in-hospital distribution of medication at the level of nursing departments and to provide optimum response to medication movement and information needs within the hospital
HIS-Inpatient (Clinic) Information System-VIII	Dec 30, 2010	7	0	7 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Inpatient (Clinic) Information System-VII	Dec 30, 2010	10	3	13 staff from Rafidia Hospital attended an Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.

Quarter 2 Training Programs

Y3Q2 Training Title	Date	Number of Participants		Purpose
		F	M	
Inpatient (Clinic) Information System for Nurses IV	Jan 2, 2011	12	1	13 nurses from Rafidia Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
Inpatient (Clinic) Information System for Nurses I	Jan 2, 2011	17	6	23 nurses from Rafidia Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
Inpatient (Clinic) Information System for Nurses VI	Jan 3, 2011	8	10	18 staff from Rafidia Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
Inpatient (Clinic) Information System for Nurses V	Jan 3, 2011	12	5	17 nurses from Rafidia Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system modules. The aim of the training was to ensure making optimum use of hospital beds and to control

Y3Q2 Training Title	Date	Number of Participants		Purpose
		F	M	
				and monitor patient admission procedures.
Inpatient (Clinic) Information System for Nurses III	Jan 4, 2011	7	3	10 nurses from Rafidia Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
Inpatient (Clinic) Information System for Nurses II	Jan 4, 2011	9	0	9 nurses from Rafidia Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
Emergency Room for Nurses	Jan 6, 2011	1	6	7 nurses from Rafidia Hospital in Nablus attended emergency room training as part of the HIS. The aim of the training was to keep records related to patients admitted to emergency rooms or polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, and materials, and to ensure continuity of services. It is also designed to expedite work at such units and to ensure keeping of records related to actions taken in the emergency room (preparation for crisis, reports about incidents involving the police, patient observation form)
First Aid Training	Jan 6, 2011	23	2	25 community members from Bani Na'im community in Hebron attended First Aid training. The aim of the training was to instruct participants in basic first aid skills, identify risks and solutions through behavior change, and create a group of trained first responders in the community
Operating Room System for Nurses II	Jan 6, 2011	8	6	14 staff from Rafidia hospital attended operating room system training in Nablus. The aim of the training was to keep records related to surgery requests, post-surgery procedures, and define such requests and appointments, and to keep records of advice given for preparation of patients for surgery and performs checks
Operating Room System for Nurses I	Jan 9, 2011	6	5	11 staff from Rafidia hospital attended operating room system training in Nablus. The aim of the training was to keep records related to surgery requests, post-surgery procedures and define such requests and appointments, and to keep records of doctor's pre-op orders for patients.
Chemistry Analyzer	Jan 16, 2011	0	1	One biomedical engineer attended training for introducing the chemistry analyzer equipment. The aim of the training was to enhance the skills and understanding of technical and programming aspects of "Chem Well," the premium range of chemistry analyzers.
First Aid Training	Jan 20, 2011	22	4	26 community members from Tarqumiya community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 24, 2011	10	5	15 community members from Yatta community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 24, 2011	15	0	15 community members from Nuba community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 24, 2011	11	4	15 community members from Dura community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a

Y3Q2 Training Title	Date	Number of Participants		Purpose
		F	M	
				group of trained first responders at the community.
First Aid Training	Jan 24, 2011	10	9	19 community members from Hebron city attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 24, 2011	15	0	15 community members from Deir Samit community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 26, 2011	16	3	19 community members from Adh Dhahiriya community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 27, 2011	11	6	17 community members from Kharas community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 27, 2011	10	0	10 community members from Raqa'a community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
Augmentative and Alternative Communication	Jan 27, 2011	3	0	3 staff from Farah Center attended Augmentative and Alternative Communication in Nablus that was conducted by Princess Basma Rehabilitation Center. The aim of the training was to identify problems of speech and communication in children with special needs, use appropriate communication tools, and implement the appropriate therapy.
First Aid Training	Jan 29, 2011	15	0	15 community members from Ithna community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jan 30, 2011	11	4	15 community members from Beit Ummar community in Hebron attended first aid training. The aim of the training was to provide the participants with basic first aid skills, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
Al Quds Open University Fellowship	Feb 7, 2011	49	27	The project has executed a purchase order with Al Quds Open University to support up to 170 Ministry of Health (MOH) managers to receive their Bachelors of Arts in Health Management. 76 students are currently managing staff without their bachelor's degree. By providing this degree, the Project will be supporting a more credible and competent leadership team that will ultimately reflect on the operations of the MOH.
Disability & Rehabilitation Services in Palestine	Feb 10, 2011	7	13	20 members from Palestinian Happy Child Center PHCC and their beneficiaries attended Disability & Rehabilitation Services in Palestine training in Ramallah. The aims of the training were to highlight disability issues and their importance; to explore the size of the problem in Palestine, availability of diagnostic; intervention, prevention, and rehabilitation services in the country; to raise consciousness and promote understanding about children with disabilities amongst families and communities; to encourage the wider society to accept them as active members of the community; and to empower mothers of children with special needs and health providers who deal with children with special needs.
Coronary CTA Training	Feb 13, 2011	0	4	4 cardiologists and radiologists from Beit Jala and Hebron hospitals attended coronary CTA training in Germany; the training course aimed to provide doctors with a general overview of new diagnostic pathways such as coronary calcium testing; the impact of CT on cardiac diagnostics; and CT technology and radiation dosage. The training also addressed new approaches in cardiac CT, CTA indications, CT protocols, and non-invasive cardiac imaging. Moreover, the training

Y3Q2 Training Title	Date	Number of Participants		Purpose
		F	M	
				included hands-on workstations which will allow the doctors to experience live scanning and to address different critical cases.
HIS-General Ledger System for Accountants	Feb 20, 2011	1	3	4 accountants from Nablus Directorate attended General Ledger System for Accountants training, which is one of the Health Information System modules. The aims of the training were to control hospital income and expenditures; to determine hospital's budget; to classify and assure optimum use of the hospital's financial resources; to determine needed parameters to allow hospital staff to benefit from the profits made by the revolving fund; and to include such amounts in their payrolls.
HIS-General Appointment System for Admins	Feb 20, 2011	3	6	9 administrative staff from Rafidia Hospital attended a General Appointment System training which is one of the Health Information System modules. The aims of the training were to handle all appointment settings for resources in hospitals as doctors, radiology services, operating rooms, etc. This is based on rules that are set up for entities to provide a conflict-free scheduling and booking limitations/quota needed by the hospital.
Human Resources Management System	Feb 21, 2011	23	12	35 HR staff from MOH attended training in Human Resources Management System to train staff from the remaining hospitals and clinics that were not initially trained
Leading Effective Teams	Feb 21, 2011	7	10	17 staff from MOH attended leading effective teams training. The aim of the training was to enable leaders to work effectively with their teams to accomplish change objectives. This course clarified the characteristics of an effective team and provided leader with strategies and tools to make collaboration more productive.
HIS-Outpatient Information System for Doctors	Feb 21, 2011	7	1	8 doctors from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information System modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers to meet the requirements of polyclinic patients, who account for the major demand on hospital services.
HIS-Outpatient Information System for Doctors	Feb 22, 2011	2	6	8 doctors from Nablus Directorate attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information System modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers to meet the requirements of polyclinic patients, who account for the major demand on hospital services.
HIS-Outpatient Information System for Doctors	Feb 23, 2011	0	10	10 doctors from Nablus Directorate attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information System modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers to meet the requirements of polyclinic patients, who account for the major demand on hospital services.
HIS-Outpatient Information System for Nurses	Feb 24, 2011	6	2	8 nurses from Rafidia Hospital attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information System modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers to meet the requirements of polyclinic patients, who account for the major demand on hospital services.
HIS-Patient Registration for Nurses	Feb 24, 2011	2	0	2 nurses from Nablus Directorate attended Patient Registration System Training which is one of the Health Information System modules. The aim of the training was to show how the patient data entered in the system is used in all the other modules comprising the system.
HIS-Outpatient Information System for Nurses	Feb 24, 2011	11	1	12 nurses from Nablus Directorate attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information System modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers to meet the requirements of polyclinic patients,

Y3Q2 Training Title	Date	Number of Participants		Purpose
		F	M	
				who account for the major demand on hospital services.
PHCC Profile (As a model)	Feb 24, 2011	7	13	20 members from Palestinian Happy Child Center (PHCC) and their beneficiaries attended PHCC profile training in Ramallah. The aims of the training were to share the PHCC experience with all participants as a successful model with international recognition; to discuss disability issues and their importance; to explore the size of the problem in Palestine and the availability of diagnostic, intervention, prevention and rehabilitation services in the country; to raise consciousness and promote understanding about children with disabilities amongst families and communities; to encourage the wider society to accept them as active members of the community; and to empower mothers of children with special needs and health providers who deal with these children.
Basic Life Support for Health Care Providers	Feb 24, 2011	3	3	6 staff from MOH attended training in basic life support (BLS) skills for emergency department doctors and nurses in three hospitals
HIS-Outpatient Information System for Nurses	Feb 24, 2011	6	2	8 nurses from Nablus Directorate attended an Outpatient (Polyclinic) Information System Training which is one of the Health Information System modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers to meet the requirements of polyclinic patients, who account for the major demand on hospital services.
Prevention and Control of Infection	Mar 1, 2011	9	8	17 MOH staff from various locations attended training to introduce the Joint Commission International (JCI) standards on prevention and control of infection at Rafidia Hospital
HIS-Laboratory Information System for Lab Technicians	Mar 2, 2011	8	2	10 lab technicians from Nablus Directorate attended Laboratory Information System Training which is one of the Health Information System modules. The aim of the training was to ensure that all laboratory requests related to polyclinic, clinic, and emergency room patients are fulfilled and necessary records are kept.
Governance, Leadership, and Direction	Mar 2, 2011	11	6	17 MOH staff from various locations attended training to introduce the Joint Commission International (JCI) standards for governance, leadership, and direction at Rafidia Hospital.
Medication Management and Use	Mar 3, 2011	9	4	13 MOH staff from various locations attended training to introduce the Joint Commission International (JCI) standards for medication management and use at Rafidia Hospital.
Basic Life Support for Health Care Providers I	Mar 3, 2011	1	6	7 MOH staff from Hebron and Nablus attended training to introduce basic life support (BLS) for emergency department doctors and nurses in three hospitals
CT Scanner	Mar 5, 2011	0	3	3 MOH biomedical engineers attended CT scanner training in the Netherlands. The aim of the training was to provide the biomedical engineers with hands-on training for service and repair of CT scanners and train them on performance checks and calibration needs.
First Aid Training	Mar 6, 2011	15	0	15 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Mar 6, 2011	18	0	18 community members from Deir al Hatab community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
Basic Life Support for Health Care Provider II	Mar 10, 2011	0	6	6 MOH staff from various locations attended training to introduce basic life support (BLS) for emergency department doctors and nurses in three hospitals
Basic Life Support for Health Care Provider III	Mar 17, 2011	2	4	6 MOH staff from various locations attended training to introduce basic life support (BLS) for emergency department doctors and nurses in three hospitals
First Aid Training-	Mar 20, 2011	15	0	15 community members from Burin community in Nablus attended First Aid training. The aim of the training was to

Y3Q2 Training Title	Date	Number of Participants		Purpose
		F	M	
				provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
Developmental Assessment	Mar 12, 2011	7	13	20 members from Palestinian Happy Child Center PHCC and their beneficiaries attended Developmental Assessment training in Ramallah. The aim of the training was to learn the key developmental milestones and at what age they are usually achieved, to be able to carry out a developmental evaluation on a toddler by taking a history and observing the child, and to know at what age to be concerned if a milestone has not been archived.
Basic Life Support for Health Care Provider V	Mar 24, 2011	0	5	5 MOH staff from various locations attended training to introduce basic life support (BLS) for emergency department doctors and nurses in three hospitals
Speech, language skills and deaf child	Mar 26, 2011	7	14	21 members from Palestinian Happy Child Center PHCC and their beneficiaries attended speech, language skills, and deaf child training in Ramallah. The aim of the training was to learn the stages in speech and language development and how to assess a child's understanding of language, a child's use of expressive language (speech), and a child's play which reflects their understanding of the world around them.
First Aid Training	Mar 27, 2011	14	0	14 community members from Deir al Hatab community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
Leading Effective Teams	Mar 28, 2011	7	10	17 staff from MOH, UNRWA, and Augusta Victoria Hospital attended Leading Effective Teams training in Ramallah. The aim of the training was to make the leaders able to work effectively with their teams to accomplish change objectives. This course clarified the characteristics of an effective team and provides leaders with strategies and tools to make collaboration more productive.
Basic Life Support for Health Care Provider VI	Mar 31, 2011	3	4	7 MOH staff from various locations attended training to introduce basic life support (BLS) for emergency department doctors and nurses in three hospitals

Quarter 3 Training Programs

Y3Q3 Training Title	Date	Number of Participants		Purpose
		F	M	
First Aid Training	Apr 3, 2011	19	0	19 community members from Deir al Hatab community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Basic Life Support for Health-Care Providers I	Apr 7, 2011	1	5	6 MOH nurses and a doctor from Ramallah and Nablus hospitals attended Basic Life Support for Health-Care Providers training at Augusta Victoria Hospital in Jerusalem. The aim of the training was to introduce the participants on basic life support skills.
First Aid Training	Apr 9, 2011	15	0	15 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.

Y3Q3 Training Title	Date	Number of Participants		Purpose
		F	M	
Oncology Information System	Apr 12, 2011	3	8	11 trainees from Augusta Victoria Hospital in Jerusalem attended Oncology Information System training. The aim of the training was to enhance department workflow and eliminate paper charts using comprehensive information system that manages the clinical and administrative activities within the radiotherapy department.
Basic Life Support for Health Care Provider II	Apr 14, 2011	2	5	7 MOH nurses and a doctor from Ramallah and Nablus hospitals attended Basic Life Support for Health-Care Providers training at Augusta Victoria Hospital in Jerusalem. The aim of the training was to introduce the participants on basic life support skills.
Getting Answers from Babies	Apr 16, 2011	7	13	20 trainees from different organizations attended Getting Answers from Babies training at Palestine Happy Child Center in Ramallah. The aim of the training was to understand findings from recent research on brain development and plasticity in early infancy, understand how research on typical brain development can assist diagnosis, and intervention in developmental disorders including autism, speech and language disorders, and ADHD.
Operating Theater and CSDF	Apr 19, 2011	2	14	16 nurses from Al-Makassed Hospital in Jerusalem attended operating theater and CSDF training. The aim of the training was to emphasize the risks of infection, allow the nurses to recognize how infection agents may be transmitted in health care, ensure the nurses know how to protect themselves from infection in health care environment, and other related topics.
Basic Life Support for Health Care Providers	Apr 21, 2011	3	7	10 MOH nurses and a doctor from Ramallah and Nablus hospitals attended Basic Life Support for Health-Care Providers training at Augusta Victoria Hospital in Jerusalem. The aim of the training was to introduce the participants on basic life support skills.
First Aid Training	Apr 24, 2011	0	11	11 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	Apr 24, 2011	15	0	15 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Basic Life Support for Health Care Providers	Apr 27, 2011	1	16	17 MOH and NGO nurses and doctors from Nablus, Ramallah, and Jerusalem hospitals attended Basic Life Support for Health-Care Providers training at Augusta Victoria Hospital in Jerusalem. The aim of the training was to introduce the participants on basic life support skills.
First Aid Training	May 5, 2011	13	2	15 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Basic Life Support for Health Care Provider	May 4, 2011	5	10	15 MOH nurses and a doctor from Nablus, Ramallah, and Hebron hospitals attended Basic Life Support for Health Care provider training at Ramallah Hospital in Ramallah. The aim of the training was to introduce the participants on basic life support skills.
First Aid Training	May 7, 2011	17	2	19 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Maternal Infant Care	May 8, 2011	24	12	36 MOH medical staff from different districts attended maternal infant care training. The aim of the training was to present the theoretical aspects of infant incubation care which included giraffe care, neutral thermal environments and comfort zone, performing procedures in giraffe environments, and humidity in giraffe environments.
First Aid Training	May 8, 2011	14	7	21 community members from Burin community in Nablus attended First Aid training. The aim of the training was to

Y3Q3 Training Title	Date	Number of Participants		Purpose
		F	M	
				provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS-Patient Registration and Master Index System I	May 8, 2011	2	5	7 staff from Dr. Darwish Ma Hospital attended Patient Registration and Master Index System Training which is one of the HIS modules. The aim of the training was to show how patient data is entered in the system.
HIS-Patient Registration and Master Index System II	May 9, 2011	3	7	10 staff from Dr. Darwish Nazzal Hospital attended Patient Registration and Master Index System Training which is one of the HIS modules. The aim of the training was to show how patient data is entered in the system.
Coronary CTA Level One	May 9, 2011	0	4	4 doctors from various hospitals from different districts attended Coronary CTA training in Germany. The aim of the training was to provide the participants with a general overview of new diagnostic pathways such as coronary calcium testing, the impact of CT on cardiac diagnostics, as well as CT technology and radiation dosage.
HIS-General Ledger System for Accountants II	May 9, 2011	2	8	10 accountants from Dr. Darwish Nazzal Hospital attended General Ledger System for Accountants training which one of the HIS modules. The aim of the training was to control hospital income and expenditures, to determine hospital's budget and to classify and assure optimum use of the hospital's financial resources. Parameters needed to allow hospital staff to benefit from the profits made by the revolving fund and to include such amounts in their payrolls can be entered at level or functionality levels.
HIS-General Ledger System for Accountants	May 9, 2011	2	3	5 accountants from Dr. Darwish Nazzal Hospital attended General Ledger System for Accountants training which one of the HIS modules. The aim of the training was to control hospital income and expenditures, to determine hospital's budget and to classify and assure optimum use of the hospital's financial resources. Parameters needed to allow hospital staff to benefit from the profits made by the revolving fund and to include such amounts in their payrolls can be entered at level or functionality levels.
Coronary CTA Level Two	May 9, 2011	0	2	2 doctors from various hospitals from different districts attended Coronary CTA training in Germany. The aim of the training was to provide the participants with a general overview of new diagnostic pathways such as coronary calcium testing, the impact of CT on cardiac diagnostics, as well as CT technology and radiation dosage.
HIS-Laboratory Information System	May 10, 2011	3	5	8 lab technicians from Dr. Darwish Nazzal Hospital attended Laboratory Information System Training which is one of the HIS modules. The aim of the training was to ensure that all laboratory requests related to polyclinic, clinic, and emergency room patients are fulfilled and necessary records are kept.
HIS-Outpatient Information System for Doctors II	May 10, 2011	0	13	13 doctors from Dr. Darwish Nazzal Hospital attended Outpatient (Polyclinic) Information System Training, one of HIS modules. This training ensured efficient operation of the polyclinic system by structuring the physicians' work schedules, with the help of computers and meeting requirements of polyclinic patients, who account for a majority of hospital services.
HIS-Outpatient Information System for Doctors I	May 11, 2011	0	5	5 doctors from Dr. Darwish Nazzal Hospital attended Outpatient (Polyclinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules to respond to patient needs.
HIS-Radiology Information System	May 11, 2011	0	5	5 staff from Dr. Darwish Nazzal Hospital attended Radiology Information System Training which is one of the HIS modules. The aim of the training was to ensure the fulfillment of radiological requests related to polyclinic patients, inpatients and other patients, who have directly applied for that purpose and ensures that necessary records are kept.
HIS-Radiology Information System II	May 12, 2011	0	1	A doctor from Dr. Darwish Nazzal Hospital attended Radiology Information System Training which is one of the HIS modules. The aim of the training was to ensure the fulfillment of radiological requests related to polyclinic patients, inpatients and other patients, who have directly applied for that purpose and ensures that necessary records are kept.

Y3Q3 Training Title	Date	Number of Participants		Purpose
		F	M	
HIS-Emergency Room for Doctors II	May 12, 2011	0	5	5 doctors from Dr. Darwish Nazzal Hospital in Nablus attended emergency room training as part of implementation of HIS. The aim of the training was to keep records related to patients admitted to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. It is also designed to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form).
Physiology Therapy	May 14, 2011	4	13	17 trainees from different organizations attended Physiology Therapy training at Palestinian Happy Child Center in Ramallah. The aim of the training was to introduce the participants to early detection of disabilities in children, know how to deal with physical problems, and know the stages of physiology therapy.
First Aid Training-	May 14, 2011	8	12	20 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Study Tour for CT Department	May 15, 2011	0	3	3 X-Ray Technicians from Ramallah Hospital, Rafidia Hospital, and Beit-Jala Hospital attended Study Tour for CT Department at Carmel Medical Centre – Haifa in Israel. The aim of the training was to introduce the participants to CT department design, technical, medical and secretarial staff allocated for different tasks in department, how to build CT protocols, special Instruction on performing/reconstructing CT images with different applications (Vascular, Spine, Colonoscopy).
First Aid Training	May 15, 2011	8	11	19 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	May 16, 2011	21	18	39 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	May 16, 2011	0	15	15 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS-Inpatient (Clinic) Information System for Nurses III	May 16, 2011	4	4	8 nurses from Dr. Darwish Nazzal Hospital attended Inpatient (Clinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
First Aid Training	May 16, 2011	17	0	17 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS-Emergency Room for Doctors I	May 16, 2011	0	7	7 doctors from Dr. Darwish Nazzal Hospital in Nablus attended emergency room training as part of health information system. The aim of the training was to keep records related to patients admitted to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. It is also designed to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form).
First Aid Training	May 16, 2011	12	8	20 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.

Y3Q3 Training Title	Date	Number of Participants		Purpose
		F	M	
HIS-Inpatient (Clinic) Information System for Nurses I	May 17, 2011	6	3	9 nurses from Dr. Darwish Nazzal Hospital attended Inpatient (Clinic) Information System Training which is one of HIS modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
Radiation Therapy System	May 17, 2011	0	1	One physicist from Augusta Victoria Hospital in Jerusalem attended radiation therapy system training. The objective of the training was to create TPS and adapt to clinical workflow, set up the machine and understand calculation algorithms necessary for treatment.
HIS-Inpatient (Clinic) Information System for Nurses II	May 17, 2011	4	3	7 nurses from Dr. Darwish Nazzal Hospital attended Inpatient (Clinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
First Aid Training	May 18, 2011	37	0	37 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Performance Improvement	May 18, 2011	22	11	33 MOH staff from Hebron District attended Performance Improvement training. The aim of the training was to define quality and its dimensions, introduce the performance improvement framework, introduce the supportive supervision approach, introduce effective communication for supportive supervision, and introduce problem solving tools for performance improvement.
First Aid Training-May	May 21, 2011	11	10	21 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS-Emergency Room for Nurses	May 22, 2011	2	4	6 nurses from Dr. Darwish Nazzal Hospital in Nablus attended emergency room training as part of health information system. The aim of the training was to keep records related to patients admitted to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. It is also designed to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form).
Study Tour for CT Department II-	May 22, 2011	0	5	5 X-Ray Technicians and a doctor from different MOH hospitals attended Study Tour for CT Department at Carmel Medical Centre – Haifa in Israel. The aim of the training was to introduce the participants to CT department design, technical, medical and secretarial staff allocated for different tasks in department, how to build CT protocols, special instruction on performing/reconstructing CT images with different applications (Vascular, Spine, Colonoscopy).
Leading Effective Teams-	May 23, 2011	9	16	25 staff from MOH and different NGOs from various districts attended leading effective teams training in Ramallah. The aim of the training was to enable leaders to work effectively with their teams to accomplish change objectives, to clarify the characteristics of an effective team, and provides leaders with strategies and tools to make collaboration more productive
HIS-Inpatient (Clinic) Information System for Doctors I-	May 23, 2011	0	8	8 doctors from Dr. Darwish Nazzal Hospital attended Inpatient (Clinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS-Inpatient (Clinic) Information System for Doctors II	May 24, 2011	0	9	9 doctors from Dr. Darwish Nazzal Hospital attended Inpatient (Clinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.

Y3Q3 Training Title	Date	Number of Participants		Purpose
		F	M	
First Aid Training-	May 25, 2011	15	0	15 community members from Burin community in Nablus attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Physiology Therapy and Case Study	May 28, 2011	4	12	16 trainees from different organizations attended Physiology Therapy and Case Study training at Palestinian Happy Child Center in Ramallah. The aim of the training was to introduce early detection of disabilities in children and how to deal with the physical problems.
HIS-General Ledger System for Accountants	Jun 5, 2011	0	5	5 staff from Qalqilya Directorate attended General Ledger System for Accountants training which is one of the HIS modules. The aim of the training was to control hospital income and expenditures, to determine hospital's budget and to classify and assure optimum use of the hospital's financial resources, to define parameters needed to allow hospital staff to benefit from the profits made by the revolving fund and to include such amounts in their payrolls can be entered at level or functionality levels.
HIS-Patient Registration and Master Index System	Jun 5, 2011	5	3	8 staff from Qalqilya Directorate attended Patient Registration and Master Index System Training which is one of the HIS modules. The aim of the training was to show how to enter patient data in the system.
HIS-Outpatient Information System for Nurses	Jun 6, 2011	9	0	9 nurses from Qalqilya Directorate attended Outpatient (Polyclinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a majority of hospital services.
HIS-Laboratory Information System-	Jun 8, 2011	4	5	9 lab technicians from Qalqilya Directorate attended Laboratory Information System Training which is one of the HIS modules. The aim of the training was to ensure that all laboratory requests related to polyclinic, clinic, and emergency room patients are fulfilled and necessary records are kept.
Anesthesia Machine-	Jun 19, 2011	0	2	2 biomedical engineers and technicians from Al-Makassed Hospital in Jerusalem and Alia Hospital in Hebron attended Anesthesia Machine training in Jordan. The aim of the training was to provide the participants with hands-on service training on Anesthesia Machine to be able to repair and conduct preventive maintenance on the equipment to ensure safe operation and effective support for patient under anesthesia.
Aria, Clinic and OBI WK	Jun 20, 2011	3	7	10 doctors, radiotherapist, and engineers from Augusta Victoria hospital in Jerusalem attended Aria, Clinic and OBI WK training. The aim of the training was to learn: <ul style="list-style-type: none"> • How to manage patient data using ARIA software. • How to plan and delivery of defined dose to patients using different imaging modalities. • How to prepare a treatment plan using ECLIPSE "Treatment Planning System." • How to perform equipment QA checks and calibrations for On-board Imaging System.
HIS-Outpatient Information System for Doctors	Jun 21, 2011	1	6	7 doctors from Qalqilya Directorate attended Outpatient (Polyclinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a majority of hospital services.
Triage and Fast Track	Jun 22, 2011	2	9	11 doctors and nurses at Alia Hospital in Hebron attended triage and fast track training. The aim of the training was to manage the turnover in staff and changes in the hospital's emergency division, and to enforce reporting amongst nurses.
HIS-Outpatient Information System for Doctors	Jun 22, 2011	1	5	6 doctors from Qalqilya Directorate attended Outpatient (Polyclinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers and meeting requirements of polyclinic patients, who account for a majority of

Y3Q3 Training Title	Date	Number of Participants		Purpose
		F	M	
				hospital services.
Procedure Skills Lab	Jun 27, 2011	1	15	16 medical staff from various hospitals from different districts attended Procedure Skills Lab training. The aim of the training was to introduce the participants to oral airway and endotracheal intubation, interosseous line placement, needle thorocostomy, chest tube thorocostomy, and emergency cricothyoidotomy.

Quarter 4 Training Programs

Y3Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
First Aid Training	Jul 1, 2011	18	10	28 community members from 'Azzun community in Qalqiliya attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	Jul 1, 2011	8	12	20 community members from Kafr Qaddum community in Qalqiliya attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	Jul 1, 2011	2	14	16 community members from Qalqiliya City attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	Jul 1, 2011	0	17	17 community members from Kafr Thulth community in Qalqiliya attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Jul 1, 2011	1	23	24 community members from Habla community in Qalqiliya attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
CT Training for Technicians	Jul 2, 2011	0	12	12 paramedics from MOH attended CT Training for Technicians in Ramallah. The following items were delivered during the training: 1- Sex and age specific conversion factor used to determine effective dose form and dose length 2- CT parameters and dose calculation methods. 3- Guidelines for use of the NEMA XR 25 CT dose-check standard regarding the alert value of CT scanner.
Pain Management Training	Jul 3, 2011	0	4	4 MOH staff from different facilities attended pain management training at Ramallah Hospital. The aim of the training was to discuss the theory and thinking behind the growing specialty of pain management.
Critical Care Training	Jul 3, 2011	6	19	25 MOH staff from different facilities attended critical care training at Ramallah Hospital. The aim of the training was providing the participants with the new standards of care and techniques for sepsis Patients
Burn Care Training	Jul 5, 2011	11	8	19 MOH staff from different facilities attended burn care training at Rafidia Hospital. The aim of the training was: 1- Conducting the best practice post-op care for burn patients 2- Splinting techniques, and proper positioning 3-Train the proper fitting for compression garments.
Basic Life Support	Jul 6, 2011	1	5	6 trainees from MOH attended Basic Life Support training in Ramallah. The aim of the training was to review CPR

Y3Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				techniques for patients of all ages, recognition of several life-threatening emergencies, use of an AED, and relief of choking in a safe, timely and effective manner.
ACLS I Training	Jul 10, 2011	2	11	13 staff from MOH from different districts attended ACLS training at Ibn Sina College in Nablus. The aim of the training was to provide the participants with the following: 1- Rapid identification and treatment of lethal cardiac rhythms in accordance to 2010 AHA standards. 2- Instill the confidence needed to be an active part of a team, or team leader through dynamic "Mega Code" station. 3- Provide the basic in simple rhythm recognition and current 2010 AHA treatment modalities tailored to the recognition of limited MOH resources
Provider Payment Mechanism	Jul 12, 2011	10	12	22 administrative and financial staff from the MOH central office and various facilities in the West Bank attended a training focused on Provider Payment Mechanisms. The aim of the training was to increase the capacity of the trainees to support the MOH in designing and implementing the most appropriate provider payment mechanisms that promote effective financial reforms.
ACLS Training	Jul 17, 2011	2	9	11 staff from MOH from different districts attended ACLS training at Ibn Sina College in Nablus. The aim of the training was to provide the participants with the followings: 1- Rapid identification and treatment of lethal cardiac rhythms in accordance to 2010 AHA standards. 2- Instill the confidence needed to be an active part of a team, or team leader through dynamic "Mega Code" station. 3- Provide the basic in simple rhythm recognition and current 2010 AHA treatment modalities tailored to the recognition of limited MOH resources.
Provider Payment Mechanism	Jul 18, 2011	2	28	30 administrative and financial staff from the MOH central office and various facilities in the West Bank attended a training focused on Provider Payment Mechanisms. The aim of the training was to increase the capacity of the trainees to support the MOH in designing and implementing the most appropriate provider payment mechanisms that promote effective financial reform.
ACLS Training	Jul 24, 2011	0	9	9 staff from MOH from different districts attended ACLS training at Ibn Sina College in Nablus. The aim of the training was to provide the participants with the following: 1- Rapid identification and treatment of lethal cardiac rhythms in accordance to 2010 AHA standards. 2- Instill the confidence needed to be an active part of a team, or team leader through dynamic "Mega Code" station. 3- Provide the basic in simple rhythm recognition and current 2010 AHA treatment modalities tailored to the recognition of limited MOH resources.
ACLS Training	Jul 27, 2011	2	10	12 staff from MOH from different districts attended ACLS training at Ibn Sina College in Nablus. The aim of the training was to provide the participants with the following: 1- Rapid identification and treatment of lethal cardiac rhythms in accordance to 2010 AHA standards. 2- Instill the confidence needed to be an active part of a team, or team leader through dynamic "Mega Code" station. 3- Provide the basic in simple rhythm recognition and current 2010 AHA treatment modalities tailored to the recognition of limited MOH resources.
Service Training for CT Scanner	Aug 15, 2011	0	1	1 biomedical engineer from the MOH attended service training for CT scanner in the Netherlands. The training objective was: 1-Installing and configuring the system 2- Operating the system - Installing Brilliance software 3- Performing performance check and calibration needed for CT.
Study Tour for Radiation Therapy System	Aug 15, 2011	1	1	2 Biomedical Engineers from Augusta Victoria Hospital in Jerusalem attended a study tour for radiation therapy in Turkey. The aim of the tour was: 1- Observation of the work flow in the department and handling the radiation therapy system in different stages of treatment. 2- Hands on training for patient preparation, preparing treatment plans and doing portal images. 3- System troubleshooting of common problems that might occur.
First Aid Training	Aug 23, 2011	8	10	18 community members from Talfit community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of

Y3Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				trained first responders at the community.
First Aid Training	Sep 7, 2011	19	0	19 community members from Burqa community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
First Aid Training	Sep 9, 2011	11	9	20 community members from Talfit community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
HIS-ICD 9 & 10	Sep 11, 2011	4	13	17 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 11, 2011	3	5	8 Doctor managers were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
Procurement Best Practices Training	Sep 11, 2011	10	7	17 staff from the Ministry of Health attended procurement best practices training in Nablus. The aim of the training was to strengthen the MOH procurement unit's capacity in technical and managerial areas to include: procurement management (planning, organization, leadership, and control) and the International procurement best practices and Inco teams (risk management, professional skills, and provision management).
Leading and Managing	Sep 11, 2011	7	16	23 staff from MOH from different districts attended Leading and Managing training in Ramallah. The aim of the training was to familiarize selected MOH future trainees with the new 5-day condensed leadership course as part of the LDP institutionalization plan.
HIS-ICD 9 & 10	Sep 12, 2011	2	15	17 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 12, 2011	1	15	16 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.

Y3Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
HIS-ICD 9 & 10	Sep 13, 2011	0	8	8 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 13, 2011	2	28	30 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
First Aid Training	Sep 13, 2011	20	0	20 community members from Talfit community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
HIS-ICD 9 & 10	Sep 14, 2011	2	19	21 Doctors and nurses were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 14, 2011	2	10	12 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 14, 2011	1	6	7 Doctors and nurses were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 15, 2011	1	6	7 Doctors and nurses were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 18, 2011	0	13	13 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and

Y3Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 18, 2011	0	7	7 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
First Aid Training	Sep 18, 2011	10	8	18 community members from Burqa community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
Mammography Training	Sep 18, 2011	2	0	2 MOH staff attended Mammography Training in Beit Jala Hospital. The aim of the training included: 1. Identification normal breast anatomy. 2. Patients' preparation for mammography. 3. Filing and record keeping. 4. Using mammography films, cassettes, markers and compression. 5. Identification of benign and malignant cases. 6. Identifying mistakes that could occur while developing films, artifacts. 7. Using the mammography machine and its parts and maintaining infection control procedures.
HIS-ICD 9 & 10	Sep 19, 2011	1	19	20 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 20, 2011	3	16	19 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list. ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
HIS-ICD 9 & 10	Sep 20, 2011	2	7	9 Doctors were trained on International Classification of Diseases in four districts (Nablus, Qalqilya, Hebron and Ramallah). Ms. Barbara Kelly-Mahaffey, Senior HIM Consultant from Optum Insight (Formerly Ingenix Consulting) conducted the training. The Objectives of the training were: ICD-10: Introduction on how to use the Diagnosis Code and how to look up codes from ICD-10 list.

Y3Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				ICD-9 Introduction to procedures tailored to the physicians and other health-care workers and how to look up codes from ICD-9 lists.
First Aid Training	Sep 23, 2011	14	5	19 community members from Burqa community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training	Sep 23, 2011	18	0	18 community members from Talfit community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.
Monitoring Solution for ICU	Sep 26, 2011	11	11	22 MOH staff from different facilities attended Monitoring Solution for ICU training in Nablus. The aim of the training was: 1- Teaching the ICU staff on the setup and how to maximize the utilization of the Solar Monitoring system. 2- Identifying new vital patient parameters and explain their importance in monitoring the patient status. 3- Providing the staff with hands on application training on proper placement of Electrodes to patient.
First Aid Training	Sep 27, 2011	9	6	15 community members from Burqa community in Nablus attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community.

ANNEX C: YEAR 3 GRANTEE ACHIEVEMENTS BY QUARTER

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
Bethlehem Arab Society For Rehabilitation <i>Bethlehem</i>	Promoting and protecting the rights of children with disabilities, empowering children with special needs in their communities, and increasing the capacity of professionals who provide services to them.	<ul style="list-style-type: none"> • 252 children benefitted from psychosocial intervention, making noticeable progress in self-confidence, team spirit, social interaction, and rules following. There was a clear improvement in the children's behaviors and psychological well-being. • 2817 children with and without disability had access to free play in the four toy libraries of El-Khader, Nahalin, Obeidieh, and Deheisheh. • 358 children participated in 36 integrated internal pedagogical activities. • 80 awareness sessions on child rights and child protection issues were organized by the social workers for 1297 children in public schools. • 24 awareness-raising sessions were organized by social workers for 242 parents in Bethlehem schools. • 24 awareness activities on child rights were organized for 108 children with and without disability in Deheisheh, El-Khader, and Obeidieh. • 9 awareness sessions were organized for 78 teachers at Obeidieh, Dar Salah, El-Khass, and El-No'man schools. 	<ul style="list-style-type: none"> • 23 children with disabilities (15 males, 8 females) were provided with wheelchairs procured through grant funds. • The implementation of activities completed. By April 30, 2011, all procurement-related issues should be finalized. 	<ul style="list-style-type: none"> • The implementation of activities stopped in February. There is a no-cost time extension for their grant agreement which allows until April 30, 2011, to finalize their activities planned under the grant. • Grant closed out. 	<p>Phase 2:</p> <ul style="list-style-type: none"> • New application was submitted, reviewed and approved by the grants evaluation committee. In September, the grants team was given authority to move forward with pre-award determination. • The agreement will be signed next quarter.
St. John Eye Hospital <i>Jerusalem</i>	Sustaining and promoting preventive eye care services for children at risk; reducing blindness	<ul style="list-style-type: none"> • 3153 children referred to and treated at the main hospital in Jerusalem. • 438 of children treated through 	<ul style="list-style-type: none"> • The final report was submitted in January, 2011. The implementation of activities stopped in December, 2010. By March 30, 2011, all procurement- 		

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
	through early detection screening and treatment.	<ul style="list-style-type: none"> mobile outreach clinics. 2 orthoptic assistants received intensive practical and theoretical training to become professionals in the field. The number of targeted beneficiaries treated during the life time of the project is 8000; as a result of having a new doctor and the two orthoptic assistants funded by the Project, the hospital treated 12,024 children as of December, exceeded its target by more than 4000. 	<ul style="list-style-type: none"> related issues should be finalized. Grant closed out. 		
St. John Eye Hospital Clinic Gaza	Providing diabetic patients with screening and diagnostic services for eye diseases associated with diabetes.			<ul style="list-style-type: none"> Application was submitted; comments were shared and approved by the Grant Evaluation Committee members. Approval was given by USAID. Pre-award determination is finalized. The signing agreement will be in the next quarter. 	<ul style="list-style-type: none"> Agreement signing was completed in July and the implementation process began September 1, 2011. 95 diabetic patients were examined at St. John Eye Hospital Gaza Clinic. 43 diabetic patients were treated by laser sessions. 7 diabetic patients were referred to the main hospital in Jerusalem or the Gaza clinic for surgical intervention.
Nablus Association for Social and Community Development Nablus	Increasing the awareness of families of children with special needs and communities in Nablus area to accept children with special needs and help them to integrate within their communities.	<ul style="list-style-type: none"> 24 home visits were conducted in Nablus area to 24 encephalic palsy cases. Guidance on how to deal with these cases was given to their families. 6 new cases of children with encephalic palsy joined Askar and benefited from their rehabilitation services. Treatment sessions including occupational therapy, physiotherapy, speech therapy and other areas of rehabilitation continued for 50 cases of encephalic palsy from Beit Dajan, Qusin, Nablus city, Askar refugee 	The grant agreement was suspended.	The grant agreement is still suspended.	<ul style="list-style-type: none"> The suspension was lifted. The implementation of activities that are planned under the grant agreement are scheduled to begin on October 1, 2011.

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
		camp, Beit Fourik, Dair Al Hatab, and Balata refugee camp.			
Princess Basma Rehabilitation Center <i>Jerusalem</i>	Improving the treatment of their clients, increasing effectiveness of the referral system, increasing the efficiency of the follow-up system, empowering families/communities of children with special needs, and supporting the inclusion of children with special needs and their families into all aspects of society.	<ul style="list-style-type: none"> 177 children with special needs were assessed in Nablus, Ramallah and Hebron community centers by Princess Basma specialized staff; 139 received treatment and rehabilitation sessions at the community centers; 38 were referred from Nablus, Ramallah and Hebron community centers to Princess Basma Center in East Jerusalem and received treatment and rehabilitation sessions. 38 children with special needs were effectively and efficiently followed up after discharge from the center by the staff at the community centers. 177 mothers of children with special needs were reached by professional teams within their communities; 139 received training and empowering sessions at the community centers; 38 were admitted with their children to the Basma center for training and empowering sessions. 3 workshops were conducted at Al Yasmin center in Ramallah, and Farah center in Nablus, where staff were trained by the Basma team on Functional Training Methodology. 	<ul style="list-style-type: none"> 70 children with special needs were assessed in Nablus, Ramallah, and Hebron community centers by Princess Basma specialized staff; 47 received treatment and rehabilitation sessions at the community centers, and 20 children were referred from Nablus, Ramallah, and Hebron community centers to Princess Basma Center in East Jerusalem where they received 78 treatment and rehabilitation sessions. 23 children with special needs were effectively and efficiently followed up after discharge from the Princess Basma Center by staff at the community centers. 	<ul style="list-style-type: none"> The implementation of activities stopped in January. There is a no cost time extension for their grant agreement which allows until April 30, 2011, to finalize their activities under the grant. Grant closed out. 	Phase 2 <ul style="list-style-type: none"> New application was submitted, reviewed and approved by the grants evaluation committee. In September, the grants team was authorized to move forward with pre-award determination. The agreement will be signed next quarter.
Augusta Victoria Hospital <i>Jerusalem</i>	Supporting the early detection mobile mammography team in remote areas of the West Bank in association with the MOH and	<ul style="list-style-type: none"> Mobile mammography unit visited 24 villages in Ramallah; 1723 women received instructions on self-examination. 636 women benefited from mammography scans. 	<ul style="list-style-type: none"> 800 women received instructions on self-examination as part of the mobile mammography clinic in villages near Ramallah. 400 women received mammography scans. 	<ul style="list-style-type: none"> The implementation of activities stopped in May. There is a no cost time extension for their grant agreement which allows until June 15, 2011, to finalize financial issues. 	

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
	raising awareness for breast cancer screening and mammography education for women.	<ul style="list-style-type: none"> Draft information booklet and referral guide about Breast Cancer have been completed; design copy of the booklet will be reviewed by the Project. 	<ul style="list-style-type: none"> Information booklet and referral guide about breast cancer was designed and printed. 	<ul style="list-style-type: none"> Grant closed out. 	
Holy Family Hospital Bethlehem	Implementing the first neonatal residency program.	<ul style="list-style-type: none"> 5 resident doctors nominated by the PMCouncil continued the implementation of their one year training program in neonatal resuscitation. 	<ul style="list-style-type: none"> Three resident doctors are continuing their one-year training program in neonatal resuscitation. Another two doctors who are paid by the MOH are continuing their training program in which the Project is supporting their meals when they are on call and purchase of uniforms and malpractice insurance. 	<ul style="list-style-type: none"> One resident doctor completed her one-year training program and she began another six months training program in neonatal resuscitation; two others completed the one-year training program. Another doctor who is paid by the MOH is continuing the training program and another completed training in which the Project is supporting on-call meals, uniforms, and malpractice insurance. 	<ul style="list-style-type: none"> Two resident doctors completed one year of training; another completed six month of training. Medical books were delivered to the hospital's library. Procurement and installation of the neonatal patient monitor and spare parts was completed.
Al-Makassed Hospital Jerusalem	Providing in-kind assistance and training in specialized health care.	<ul style="list-style-type: none"> Preparations for operating theatre and CSSD training is ongoing; the training is scheduled for February and March. Coordination between Al Makassed and the Project is ongoing to procure the portable ultrasound with mobile docking station and UPS machine. 	<ul style="list-style-type: none"> Needs assessment was conducted for the operating theatre and central sterile supply departments by an expert from Britain. Training material will be developed and shared; training will be implemented, targeting the operating theatre department staff. Coordination between Al-Makassed and the Project is ongoing to purchase a portable ultrasound with mobile docking station and backup system. 	<ul style="list-style-type: none"> An assessment was conducted March 4-11, 2011; a report on training needs in operating theater and central sterile supply department departments was delivered. Scope of work for the trainer was prepared, approved, delivered, and signed. A contract for consulting services was signed between the hospital and the trainer after approval from the Project. The trainer also delivered a detailed training manual and plan prior to training, which took place in April 2011. Offers on needed equipment are under technical analysis by the BEU and the Project's procurement team in order to proceed with procurement process. 	<ul style="list-style-type: none"> Procurement of needed equipment needed was put on hold when the Project was notified of a delay in funding for Year 4.

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
Four Homes of Mercy Jerusalem	Strengthening and enhancing its community-based rehabilitation program and developing a comprehensive rehabilitation program for the disabled, their families and communities. This includes various components designed to address the needs of the disabled in the catchment area of villages and towns of Al-Ezariyeh, Abu Dis, and Al-Sawahreh.	<ul style="list-style-type: none"> • Rapid assessment on disability condition was conducted for 6 beneficiaries in El-Azaryeh, Abu Dis and Al-Sawahreh. • 12 home visits for 12 children with special needs conducted. Basic rehabilitation services provided including family counseling and mobilization and ADL training on daily activities. • 39 social and cultural recreational activities were conducted for 77 beneficiaries from FHOM. Two open day activities conducted for 98 beneficiaries, including 23 outpatient participants from the catchment area. • 54 children with special needs were referred from El-Azaryeh, Abu Dis, and Al-Sawahreh to FHOM and received occupational therapy, physiotherapy and social work. 	<ul style="list-style-type: none"> • Rapid assessment on disability condition was conducted for two beneficiaries in villages near Bethany. • Home visits for two children with special needs were conducted. Basic rehabilitation services were provided, including family counseling and mobilization and ADL training, which includes teeth brushing, dressing, eating and other daily activities. • 17 social and cultural recreational activities were conducted for 77 beneficiaries. • 21 children with special needs were referred from El-Azaryeh, Abu Dis, and Al-Sawahreh and received occupational therapy, physiotherapy, and social work. 	<ul style="list-style-type: none"> • 42 health promotion and outreach activities were successfully conducted for 273 participants, including an open day recreational activity in May. • Outpatient referral services were provided for 72 beneficiaries from the catchment in area of Ezariyeh, Abu Dis and Sawahreh. 	<ul style="list-style-type: none"> • In July, six recreational activities for a total of 56 participants, three music therapy sessions for 20 participants, open day activity for residents of the FHOM for 40 participants, and an open day activity for outpatients' mothers for 10 participants were held. • In August and September, 46 group prevocational training sessions were conducted successfully with 148 individual clients/residents. • 136 individual sensory stimulation sessions were conducted successfully with 131 individual clients/residents. (Please note that the same clients could participate in different sessions).
Shepherd's Field Hospital Bethlehem	Developing the hospital clinic program and institutionalizing its interventions in health awareness and primary health care with focus on women and children to produce positive changes in the current health behaviors and practices among the target population.	<ul style="list-style-type: none"> • Midwives training for 8 hospital midwives completed. • The preparation of BCC material is ongoing; a design and printing company was contracted to produce 8 health educational pamphlets, 8 posters and two promotional booklets. • 5 pamphlets approved by the Project and currently under printing. Comments were given by technical staff to the NGO on the remaining pamphlets. • 332 women received health education counseling/awareness in both group and individual sessions at the hospital; target groups are 	<ul style="list-style-type: none"> • 5 health educational pamphlets and 5 posters were designed and printed. The remaining three pamphlets and posters are under design. The printed pamphlets and posters will be distributed at the hospital, during home visits, and to health/society groups in communities supported by the Project. • 8 health educational TV messages are under production. • 395 women received health education counseling/awareness in both group and individual sessions; target groups are women seeking the hospital's health services in gynecology/obstetrics ward and 	<ul style="list-style-type: none"> • 811 women and their families participated in health / education/ awareness sessions. • 73 pre- and post-natal home visits were conducted; 70 people received health education information. • 275 pre- and post-natal check-ups were conducted by the well-baby clinic. Blood tests were conducted; medication and vitamins were distributed. • Pamphlets and posters were distributed at the hospital and to similar health clinics in the region. • Production of TV health 	<ul style="list-style-type: none"> • Health education messages were given verbally and in print to pregnant women and new deliveries at outpatient clinics and hospital. • Final changes were made to health education TV spots, currently pending USAID approval. • Grant agreement closed out on August 31, 2011.

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
		<p>women seeking the services in gynecology/obstetrics and pediatric clinics. This activity was carried out by the hospital's midwives and nurses whom the hospital trained to conduct health awareness activities (home visits, individual, and group counseling)</p> <ul style="list-style-type: none"> • 9 women and their families (new delivery) were visited at their homes and received health awareness follow up and education on post-natal care. This activity was carried out by the trained nurses/midwives. 	<p>pediatric clinics. This activity was carried out by the hospital's midwives and nurses whom the hospital trained to conduct health awareness activities (home visiting, individual, and group counseling).</p> <ul style="list-style-type: none"> • 36 women and their families (new delivery) were visited by nurses and midwives at their homes and received health education as well as follow up care after giving birth at the hospital. • 188 newborns received medical checkups and pregnant women were followed up by the hospital's well-baby clinic. Blood tests were conducted; medication and vitamins were distributed. 	<p>messages were produced and submitted for approval.</p>	
Caritas Baby Hospital Bethlehem	<p>Establishing the only cystic fibrosis (CF) rehabilitation clinic in Palestine that will diagnose, treat, and educate CF patients and their families.</p>	<ul style="list-style-type: none"> • 16 patients received dietary counseling; compliance with therapy was evidenced through improved appetite and weight gain. • 42 CF patients received outpatient physiotherapy sessions and yoga classes. • 439 chest physiotherapy sessions were provided to 21 patients admitted to the hospital for inpatient care. • 13 CF patients had their sputum tested by the hospital's medical laboratory and 9 patients were diagnosed with serious bacterial infections requiring treatment; 6 of these patients have committed to therapy while the rest have chosen to defer their treatment against medical advice. • 12 sweat chloride tests were performed by the hospital's medical laboratory and one new patient 	<ul style="list-style-type: none"> • 16 CF patients were diagnosed with a serious bacterial infection and have committed to inpatient treatment. Hospital's physical therapists and pediatrician have cooperated in the treatment of these patients and in-house social workers have helped in counseling. • 19 CF patients received outpatient dietary counseling sessions as well as a comprehensive physical exam by the pediatrician. • 34 CF patients received outpatient physiotherapy sessions and yoga classes. • 507 inpatient chest physical therapy sessions were performed on the 26 CF patients who were receiving inpatient treatment. • 38 CF patients had their sputum tested by the laboratory. • 10 sweat chloride tests were performed by the laboratory during 	<ul style="list-style-type: none"> • 10 patients were diagnosed with a serious bacterial infection and one patient committed to inpatient treatment after sputum culture analysis necessitating inpatient treatment. • 26 CF patients received outpatient dietary counseling sessions as well as a comprehensive physical exam by the pediatrician. • 44 CF patients received outpatient physiotherapy sessions and yoga classes. • 152 inpatient chest physical therapy sessions were performed on 17 CF patients who were receiving inpatient treatment. • 14 CF patients underwent pulmonary function testing with a spirometer. • 26 CF patients were visited at home as part of their newly 	<ul style="list-style-type: none"> • 20 children with CF were admitted for inpatient treatment. • 46 CF patients received outpatient chest physical therapy as well as yoga classes. • 30 CF patients had their sputum screened for bacterial infection. • 574 chest physical therapy sessions were performed on CF patients admitted to the hospital. • 28 patients underwent sweat chloride testing for CF screening during this period. • In July, the work commenced on a new website for cystic fibrosis, which will feature information in English and Arabic for both patients and professionals. • In July and August, 15 CF patients were diagnosed with a serious bacterial infection and were admitted to hospital for treatment. • In July and August, 24 CF patients

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
		<p>was officially diagnosed with CF. This brings the number of CF patients to 35. The hospital's team has successfully diagnosed 4 patients with CF since implementation of the Project-sponsored grant in July 2010.</p> <ul style="list-style-type: none"> 4 CF patients underwent pulmonary function testing by the newly acquired spirometer, and a baseline value was established for each patient. A repeat test will be performed in the future in order to monitor the response to therapy. 20 Quality of Life Questionnaires were administered during this period to 20 CF patients, and there was a noticeable improvement in psychosocial status as well as improved appetite and weight gain in previously-hospitalized CF patients. 	<p>this period and all patients screened were found to be free of CF.</p> <ul style="list-style-type: none"> 12 CF patients underwent pulmonary function testing with the spirometer, and a baseline value was established for these patients. A repeat test will be performed in the future in order to monitor the response to therapy. 11 CF patients were visited at home as part of the newly established Home Visit program; they received physiotherapy sessions, counseling, and pulmonary function testing during these visits. 12 Quality of Life questionnaires performed on 12 CF patients demonstrated improved mood and appetite as well as improved social interaction. 	<p>established home visit program; they received physiotherapy sessions, counseling and pulmonary function testing during these visits. The home visit team included their physiotherapist, social worker, and pediatrician.</p> <ul style="list-style-type: none"> 24 quality of life questionnaires were conducted for CF patients and demonstrated improved mood and appetite as well as improved social interaction. 	<p>received outpatient physiotherapy sessions.</p> <ul style="list-style-type: none"> 434 inpatient chest physical therapy sessions were performed on the 15 CF patients who were admitted to the hospital. In August and September, six new patients were diagnosed with CF as a result of screening efforts; they received comprehensive genetic, dietary, and social counseling and began the necessary medications. In August, a new pediatric pulmonologist (Dr Nisreen Abu Rumman) who recently completed her training in the USA joined Caritas hospital and will be taking care of CF patients. In September, 33 CF patients and their families attended a social workshop which took place at Caritas Baby Hospital on September 10, 2011.
Palestine Save the Children Foundation Gaza	Improving the living conditions of physically disabled individuals in the Middle Area of Gaza Strip.	<ul style="list-style-type: none"> 30 physically disabled children benefitted from 185 physiotherapy sessions, 170 occupational therapy sessions, and 125 psychotherapy sessions in the four targeted refugee camps (Deir el Balah, Al Maghazi, Al Bureij, and Al Nussirat). 	<ul style="list-style-type: none"> 60 physically disabled children benefitted from comprehensive rehabilitation sessions in Deir el Balah, Al Maghazi, and Al Bureij areas. 620 physiotherapy sessions, 605 occupational therapy session, and 470 psychotherapy sessions were conducted for 30 disabled children. 	<ul style="list-style-type: none"> 60 physically disabled children benefitted from comprehensive rehabilitation sessions in Deir el Balah, Al Maghazi, and Al Bureij areas. 475 physiotherapy sessions, 450 occupational therapy session, and 350 psychotherapy sessions were conducted for 30 disabled children. 	<ul style="list-style-type: none"> 146 physically disabled children benefitted from rehabilitation sessions conducted this quarter. 472 physiotherapy sessions, 476 occupational therapy sessions, and 324 psychotherapy sessions were conducted for 406 disabled children.
Palestinian Happy Child Center (PHCC) Jerusalem	Serving children with special needs and sustaining the quality of work at the PHCC.	<ul style="list-style-type: none"> 25 disabled children were diagnosed by the pediatrician and other seniors of the PHCC to detect any developmental delay, disorder or physical, cognitive or mental disability, and a tailor-made 	<ul style="list-style-type: none"> 168 disabled children were examined by the pediatrician and other senior staff of the PHCC to detect any developmental delay, disorder, physical, cognitive, or mental disability; a tailor-made 	<ul style="list-style-type: none"> 252 disabled children were examined by the pediatrician and other senior staff to detect any developmental delay, disorder, physical, cognitive, or mental disability; a tailor-made program 	<ul style="list-style-type: none"> 513 disabled children received diagnostic services provided by the pediatrician and other seniors of the PHCC to detect any developmental delay, disorder, or physical, cognitive or mental disability. These children

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
		<p>program was prepared to suit their needs.</p>	<p>program was prepared to suit their needs.</p> <ul style="list-style-type: none"> Four training sessions were conducted in child development areas targeting PHCC core staff and other professionals and social workers. 	<p>was prepared to suit their needs.</p> <ul style="list-style-type: none"> Six training sessions were conducted in child development areas targeting core staff and other professionals and social workers. Interventions including speech therapy, special education, physiotherapy, occupational therapy, counseling, and psychotherapy were conducted for children with tailor-made programs. Psychological and behavioral interventions were conducted for parents. In March and May 2011, recreational activities for beneficiary children were held. 90 disabled children and their siblings and parents attended. 265 mothers of children with special needs benefitted from psychosocial, counseling and behavioral sessions, and mothers' support groups for children with downs syndrome, autism, epilepsy, and cochlear implants. 169 follow-up sessions for around 45 children with learning difficulties were conducted with their schools and teachers, led by special educators, counselors, and a BCC specialist. Around 68 children with epilepsy or suspected to have epilepsy benefit from EEG service. 	<p>were referred to the center by schools, social workers, and doctors.</p> <ul style="list-style-type: none"> PHCC conducted two training sessions for core staff and social workers on child development. Interventions including speech therapy, special education, physiotherapy, occupational therapy, counseling, and psychotherapy were conducted for children with tailor-made programs. Psychological and behavioral interventions were conducted for parents. Two "Fun Days" were held, bringing together PHCC beneficiary children and other typically-developing children. The "Fun Days" were conducted at the First Ramallah Group. 190 disabled children and their siblings and parents attended. 416 mothers of children with special needs benefitted from psychosocial counseling, behavioral sessions and support groups, and Mom's Support Groups at PHCC targeting the following areas: Children with Downs Syndrome, Children with Autism, Children with Cochlear Implant, and Children with Epilepsy. 145 children with epilepsy or suspected to have epilepsy benefited from EEG services during the month of July. 248 children with special needs (severe cases) benefited from tailor-made programs designed to meet the needs of each individual child.
Al-Makassed Hospital	Providing orthopedic subspecialty fellowships.	<ul style="list-style-type: none"> The doctor who is going to do his fellowship program in Germany 	<ul style="list-style-type: none"> The doctor who is doing his fellowship program in Germany 	<ul style="list-style-type: none"> The doctor who began his fellowship program in Germany 	<ul style="list-style-type: none"> Dr. Saif participated in approximately 5 surgeries a day, in

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
Jerusalem		travelled on December 7, 2010, and began his fellowship program. The other doctor who will do his fellowship in Australia is awaiting a response from the institution there in order to set start date for his program.	travelled on December 7, 2010, and started his fellowship program. The other doctor who will do his fellowship in Australia is waiting for a response from the institution in order to set a start date for his program. <ul style="list-style-type: none"> The first quarterly report covering the period of December 7, 2010, to March 7, 2011, was submitted by the doctor who is doing his fellowship program in Germany.. 	continues to train. <ul style="list-style-type: none"> The other doctor who will do his fellowship in Australia is waiting for a response from the institution in order to set a start date for his program. Delays in obtaining a visa postponed his original start date. 	the area of arthroscopy (mainly) and arthroplasty. <ul style="list-style-type: none"> Participated in the Palestinian Germany Medical Association Conference and two other workshops. Received the license to continue his training in a German hospital.
Care for Children with Special Needs Society Nablus	Launching a campaign for early detection of communicative disorders.		<ul style="list-style-type: none"> 2066 first and second grade students were screened for hearing loss. 70 children with special needs received speech and auditory therapy sessions. 122 children were examined for specified hearing assessment. 64 children with special needs received special education classes and psychological treatment sessions. 32 children with special needs received physiotherapy sessions. 	<ul style="list-style-type: none"> 187 children were examined for specified hearing assessment. 8 awareness sessions with parents were held. 114 children with cochlear implantation were followed up by the audiology department. 192 children benefited from special education classes and physiological services. 33 children received physical rehabilitation services. 72 children benefited from speech therapy sessions and auditory sessions. 2651 first and second grade students were screened. 	<ul style="list-style-type: none"> 316 children suffering from hearing loss, speech problems, learning difficulties, and downs syndrome were provided rehabilitation services Hearing tests were conducted for 321 children. 232 children examined for specified hearing assessment. 89 children with cochlear implants were followed up by audiology department staff. 94 benefited from the special education classes and psychological services. 35 children received physical rehabilitation services. 78 children benefited from speech therapy sessions and auditory sessions. Four children suffering from hearing loss were provided with hearing aids. Screenings to detect hearing problems were conducted for 230 children as part of Healthy Lifestyles

Grantee	Purpose of Grant	Y3Q1 Activities	Y3Q2 Activities	Y3Q3 Activities	Y3Q4 Activities
					Summer Camps.

ANNEX D: USAID OPERATIONAL INDICATORS

USAID OP Indicator	Indicator	HHA 2011 (Y3)Target	FY09 FY10	Y3Q1	Y3Q2	Y3Q3	Y3Q4	Y3 (FY11)Value	LOP Value to date	Comments
3.1.6 MCH	Number of people reached through community-based social mobilization activities	200,000	0 163,148*	112,607	192,926	211,468	166,956	683,957	847,105	This indicator counts participants and not unique individuals reached through community based activities. Y3 value is over target because participants may attend multiple activities. *1065 participants added to Y2 following internal data review.
3.1.6 MCH	Number of local organizations provided with technical assistance for health-related institutional capacity-building	25	0 21	0	12	5	0	17	38	Local organizations are defined as "contracted CBOs". Y3 value is under target because the Project intended to award subcontracts to 15 local organizations in the Tubas and Jenin districts in Q4 (September) but postponed the signing due to funding limitations.
3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	600	222 191	308	202	160	136	806	1,219	Note that numbers differ from previous quarterly submissions. The numbers reflected here have been verified as accurate after the Project conducted an annual database review and cleanup to remove duplicate entries. Y3 value is over target because HIS user trainings are included under this indicator and may not have been accounted for at the time of setting the target.
3.1.6 (19) MCH	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines (individuals)	610	112 478	5	21	40	51	117	707	Note that numbers differ from our previous quarterly submissions. The numbers reflected here have been verified as accurate after the Project conducted an annual database review and cleanup to remove duplicate entries. A considerable number of evidence-based clinical guidelines have been developed by the Project as part of the Essential Package of Services which was delivered to the MOH in Y2 for approval. Training on the EPS was scheduled to occur in Y3; however, significant delays in receiving MOH approval on the EPS has delayed training implementation. Therefore Y3 value is considerably below target.
3.1.5 OPHT	Number of individual patient records stored in the USG-supported Health Information System.	50,000	0 0	0	15,480	27,988	36,181	79,649	79,649	System-generated number The value for this indicator is dependent upon the number of patients seen in the facilities where the HIS is operational. The target for this indicator was set based on a rough estimate of how many patients would visit the facilities in Y3.

ANNEX E: GEO-MIS MATRIX



GeoMIS_matrix_Y3.pdf

ANNEX F

ANNUAL SUMMARY OF SUCCESS STORIES

Success Story	Date
Changing Lives through Diabetes Management and Counseling	Y3Q1
Salfit's Dialysis Patients Reap the Benefits from Health Sector Coordination Efforts	Y3Q1
Clinical Workshops Enhance Skills of Health Professionals	Y3Q1
New CT Scan Provides Patients with a Gentler and More Calming Experience	Y3Q1
Accelerating Hope	Y3Q2
Rafidia Hospital Receives Upgrades	Y3Q2
أهالي قرية دير الحطب - أجندة مزدحمة بالنشاطات الصحية والإجتماعية في 2011	Y3Q2
ضمن النظام الصحي المحوسب: وزارة الصحة الفلسطينية تبدأ بحوسبة ملفات الموظفين	Y3Q2
سجل المرضى المحوسب ... مستشفى رفيديا تقود التغيير ومع التغيير	Y3Q2
مستشفى رفيديا الحكومي ... رياح الإصلاح والتطوير تهب في المكان	Y3Q2
نساء ياصيد: ضد مرض السكري ... ومع التغيير	Y3Q2
المطلع ... المستشفى التحويلي الوحيد لمرضى السرطان في الضفة الغربية وقطاع غزة... أمل كبير لمنات المرضى	Y3Q2
الدكتور عدنان قرمش: آمال وطموحات أكبر من المكان	Y3Q2
New Equipment Restores Sight and Improves Quality of Life for Gazans	Y3Q3
Facebook Activism Inspires Youth	Y3Q3
الدكتور عدنان قرمش: آمال وطموحات أكبر من المكان	Y3Q3
CT Technology Creates New Services	Y3Q4
Summer Camps – Healthy AND Fun	Y3Q4
قسم العظام في مستشفى المقاصد ينتظر انضمام جراحين بتخصصات نادرة لطاقمه	Y3Q4

ANNEX G

MEDIA COVERAGE INDEX

Summary of Year 3 Activities Receiving Media Coverage	Date
Champion Community Workshop in Nablus where MOH commits to sustainability of the initiative	Oct 4
Wattan TV interview on Champion Community initiative	Oct 6
Celebration of USAID Health Project accomplishments in Burin	Oct 12
Third Annual Medical Association conference	Oct 14
New kidney dialysis equipment made available at Palestine Medical Complex	Oct 22
Protocol for Narcotics and Dangerous Drugs approved by Ministry of Health	Oct 25
Project Community Based Organizations expansion into Hebron makes headlines	Oct 28
Seminar in Hebron over replication of successful Nablus Community Champion interventions	Oct 29
Award ceremony for Champion Communities in Nablus	Dec 30
Hebron Signing Ceremony for Twelve new CBO's participating in the Champion Community Initiative	Dec 31
Al-Quds Open University and MOH Continuing Education signing ceremony	Jan 13
Celebration of Women's Accomplishments in Ithna	Mar 14
USAID's Women's Month Coverage	Mar 14
Celebration of Women's Accomplishments in Burqa	Mar 16
Linear Accelerator Procured for Augusta Victoria Hospital	Mar 18
Memorandum of Understanding between MOH and Journalist's Union	Mar 28
AVH Linear Accelerator at opens a window of hope for Ahlam and hundreds of children	Apr 14
Workshop on Creation of Laws on Children with Disabilities and Parental Care	Apr 28
Artificial breathing training at Rafidia hospital	Apr 28
Talfit walk for promotion healthy lifestyles	May 5
Qalqilya Signing Ceremony	May 11
Naqura and Yitma role models for communities making changes for health	May 22
Medical Costing and Health Information System Workshop	May 25
Continuation of Flagship Closing Ceremonies in Nablus Villages	May 26
Therapeutic Communication Lecture for PMC Nurses	May 29
Third Phase of Community Champion Initiative comes to a close	Jun 4
Cystic Fibrosis Workshop at Caritas hospital in Bethlehem for patients and the family	Jun 5
Emergency Drill in Burqa	Jun 7
Preparation Work Begins for 12 Health Summer Camps	Jun 30
CBO Youth in Qalqilya advocate for improved health services from governor	Jul 4
USAID-Supported 4K Race in Bani Na'im	Jul 9
Closing Health Summer Camps in Nablus	Jul 17
Rehabilitation in Beit Ummar Clinic	Jul 19
Before and after Bani Na'im	Jul 20
Behavior Change Communication highlighted in news as part of healthy summer camps	Jul 24
Burqa Facebook Community Activism Highlighted on USAID Impact Blog	July
Ramadan Iftar in Ein Sarah clinic in Hebron with MOH	Aug 7
Free Health day in Kufer Qadam Qalqilya through CBO activity and PR	Aug 18
Workshop "Towards Building the capabilities of Palestinian Society in Disaster Response"	Aug 21
CBO Organizes Ramadan Health Tent for Diabetes Patients in Hebron	Aug 21
Deir Samit CBO organizes Ramadan Iftar for Diabetes patients	Aug 22

Summary of Year 3 Activities Receiving Media Coverage	Date
USAID Organizes 12 Healthy Summer Camps for Children	Sep 8
Road Safety Campaign in Beit Ummar-Hebron	Sep 8
Emergency Drill in Bani Na'im – Hebron receives high visibility	Sep 14
Workshop for Emergency plans and preparedness	Sep 22

FRONT COVER: Young boys from the community of Kharas, Hebron, lead the way in a march aimed at raising awareness of local shopkeepers on the importance of keeping healthy foods in stock and taking care of their environment. The activity was part of the Project-sponsored Healthy Lifestyles Summer Camps.

Photo disclaimer and credit: All photos in this report were taken by the USAID Palestinian Health Sector Reform and Development Project. All photos in this report are property of Chemonics International.

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