

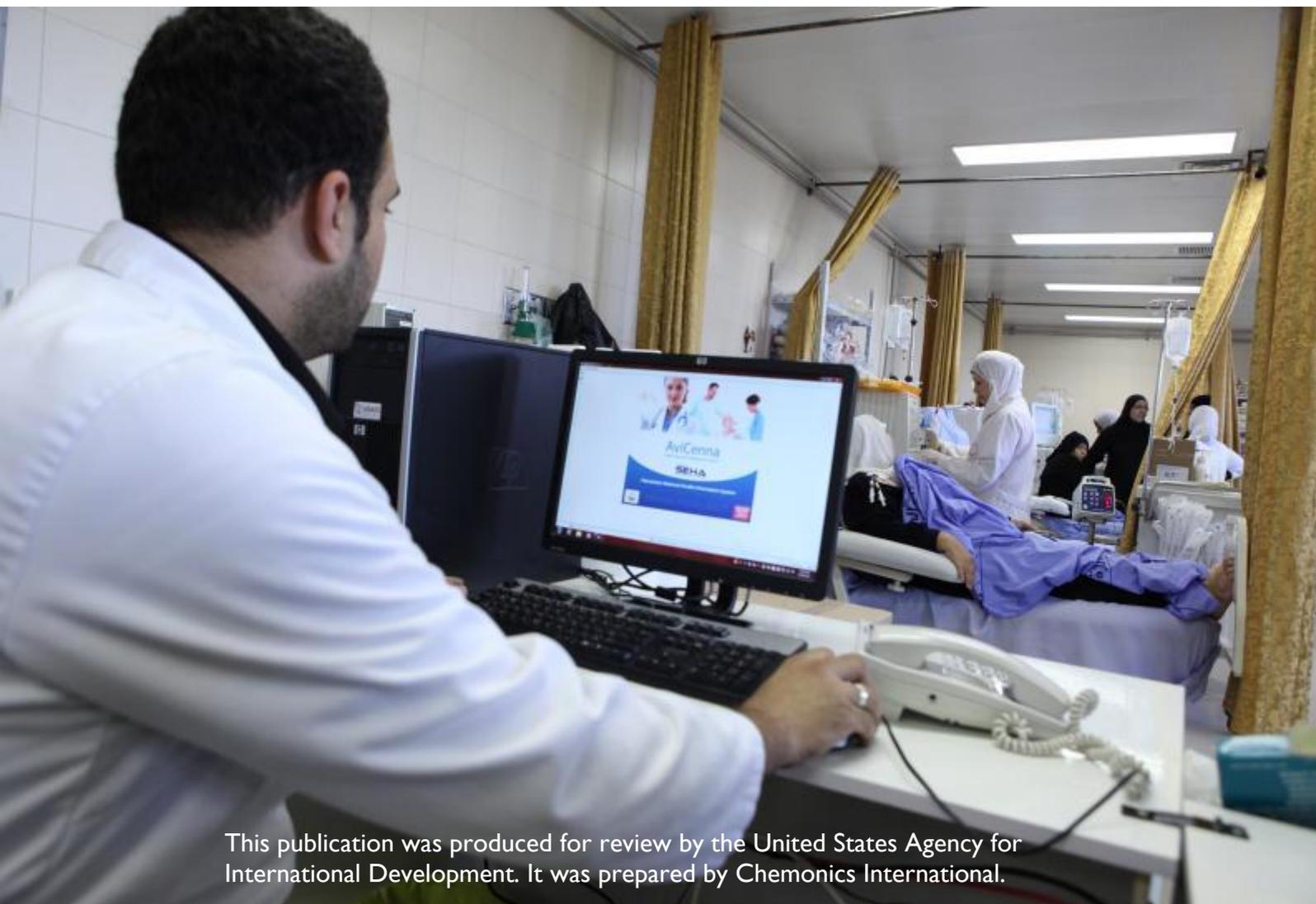


# YEAR 5 QUARTER 3 PROGRESS REPORT

## PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT

Contract No. 294-C-00-08-00225-00

Year 5 Quarter 3 (April 1 to June 30, 2013)



This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International.

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### **DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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# ACRONYMS

AVH	Augusta Victoria Hospital
BCC	Behavior Change Communication
BEU	Biomedical Engineering Unit
CBC	Complete Blood Count
CBO	Community-Based Organizations
CCA	Champion Community Approach
COP	Chief of Party
COR	Contracting Officer's Representative
CT	Computerized Tomography
ECG	Electrocardiogram
ECRI	Emergency Care Research Institute
EMRO	Eastern Mediterranean Regional Office
EPS	Essential Package of Primary Health Care Services
FY	Fiscal Year
HEPD	Health Education and Promotion Department
HHA	Health and Humanitarian Assistance Office
HIS	Health Information System
HP	Hewlett-Packard
HR	Human Resources
HRH	Human Resources for Health
IMRT	Intensity Modulated Radiation Therapy
IT	Information Technology
JRS	Jabalia Rehabilitation Society
M&E	Monitoring and Evaluation
MO2I	Mission Order 2I
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCTC	National Calibration and Training Center
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
OJC	On-the-Job Coaching
PC	Personal Computer
PHC	Primary Health Care
PHIC	Palestinian Health Information Center
PM	Preventive Maintenance
PMC	Palestine Medical Complex
PMP	Performance Monitoring Plan
PNIPH	Palestine National Institute for Public Health
PSCF	Palestine Save the Children Foundation - Gaza
QOU	Al Quds Open University
RIF	Reduction in Force
RTS	Radiation Therapy System
SHC	Secondary Health Care
SOP	Standard Operating Procedure
STTA	Short-Term Technical Assistance

SWO	Stop Work Order
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
WHO	World Health Organization
Y4Q3	Year 4 Quarter 3
Y4Q4	Year 4 Quarter 4
Y5Q1	Year 5 Quarter 1
Y5Q2	Year 5 Quarter 2
Y5Q3	Year 5 Quarter 3

# INTRODUCTION

The Palestinian Health Sector Reform and Development Project (the Project) is a five-year initiative funded by the United States Agency for International Development (USAID) and designed in close 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 capacities and performance to support a functional and democratic Palestinian health sector which is 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. Project activities are spread across five 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

This report covers the period from April 1, 2013 through June 30, 2013, or Year Five Quarter Three (Y5Q3). For the quarter, [Section I](#) presents a general overview of the Project's status, [Section II](#) presents progress by Focus Area, [Section III](#) presents the Project's achievements in Gaza, and [Section IV](#) presents management, operational, and cross-cutting updates and accomplishments. *Annexes A through G* provide additional relevant summary information, including a summary table of indicators for the Project's Performance Monitoring Plan (PMP).

This report reflects the progress made in the implementation of activities detailed in the Year Five Annual Implementation Plan for the period October 1, 2012 through September 30, 2013. The Year Five Plan has not been approved by USAID due to the Congressional hold on funding to the USAID West Bank and Gaza Mission that began in September 2012. As per guidance from USAID received in late December 2012 and in January 2013, work under Focus Areas A, C, D and E has been either substantially reduced, or suspended. The focus of the Project will remain the continued implementation of the Health Information System (HIS) and related activities, as per USAID guidance. A revised Year Five Plan reflecting this change in the Project's scope was submitted to USAID on March 28, 2013. The Project awaits approval on this plan.

Last quarter, all work under Focus Areas A, C, D and E was suspended or substantially reduced. Under Focus Area A, the Project will release the final payment to Al Quds Open University next quarter, once the list of successful graduates is received and reviewed. All procurement activity (under Focus area E) has been suspended except for the continued work on the application of standardized nomenclature and coding of medical equipment for upload to the HIS. The Project also provided support to the MOH in following up on preventive maintenance and training provided by Project suppliers for Project donated equipment.

The Reduction in Force (RIF) continued this quarter due to funding delays, and to the shift in the Project's scope. Three Project staff members received termination notices this quarter, concluding their employment with Project.

# SECTION I: OVERVIEW

## MAJOR ACCOMPLISHMENTS

### Purchase of Open License for the Health Information System

This quarter, the Project has provided the Palestinian Ministry of Health (MOH) with the capacity to nationally expand the health information system (HIS) to cover all health care providers, using the \$1.76 million open license purchase by the Project.

In March 2013, the Project received instructions from USAID to expand the scope of the HIS subcontract to include an open license for the Avicenna Health Information System in place of the originally negotiated per bed licenses. The Project finalized the purchase of the open license this quarter.

With the open license, the MOH can now expand the HIS into other Palestinian health facilities serving Palestinian citizens. The purchase agreement enables the MOH to provide public and non-governmental organization (NGO) health providers within the West Bank and East Jerusalem with the rights to use the HIS. It also enables the MOH to include private sector health care providers in the West Bank and MOH or NGO providers in Gaza for a reduced license fee.



*With the open license, the MOH has the capacity to expand the HIS into a national information system that covers all health care providers serving Palestinian citizens. PHOTO CREDIT: Bassam AlMohor/Chemonics International*

The MOH will use the HIS to strengthen its regulation of the Palestinian health sector by increasing its access to reliable health data. The MOH will require providers adopting the HIS to use a patient identification system consistent with its own and provide monthly health data reports.

### MOH Carries Out First Online Recruitment through the HIS

The MOH received thousands of digital applications during its first online recruitment process through the HIS this quarter. Over a two-week period, 4,000 Palestinians registered via the MOH website in order to apply to the 18 listed vacancies. Digitizing its annual recruitment process will enable the MOH to select new employees more efficiently, via the paperless filtering process provided through the HIS human resources (HR) module.

The MOH automated its management of human resources in 2012, as part of the ongoing roll-out of the USAID-funded HIS into its medical and administrative facilities. The HIS HR module connects over 6,000 MOH employees to an online, Arabic-language system that streamlines HR processes. It is the only HIS module implemented in all MOH facilities.

After being requested to create an account, applicants were prompted to build their recruitment profile and submit documents required for specific vacancies. Once the profile was complete, the application could be submitted digitally.

The annual recruitment process is quicker and easier through the HR module. The digital applications can be sorted electronically, which allows the HR team to quickly identify candidates meeting the job criteria without the need to search through potentially incomplete files of paper applications. The MOH provided system training for a representative of the Palestinian Authority's Personnel Council (Diwan), which supervises the annual recruitment process.

### **Project begins mobilizing community/private sector support for HIS roll out in Qalqilya**

The MOH is expanding its HIS to connect all 21 primary health care (PHC) facilities in the Qalqilya PHC directorate, which will be the first directorate to have all health facilities connected to the system. The Project has begun mobilizing support in the Qalqilya district. Through the campaign, the Project will leverage the needed hardware and running costs for the system. Community cost-sharing will enhance citizen involvement and ownership in the HIS, thereby promoting its sustainability. The Project solicited in-kind contributions for needs identified during a survey of the 19 MOH PHC clinics that do not currently have HIS, including hardware (for 19 clinics), basic structural changes (in 18 clinics), and training (for 19 clinics), particularly for nursing staff.

By linking PHC clinics within their district and to other MOH facilities, the HIS enables health care providers to coordinate health services provided to citizens across MOH facilities. As a result of the unique patient number created by the HIS, 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. Patient information is described as more available and accurate by 85.6% of users recently surveyed, because the system unifies and enhances procedures in recording patient information. The expanded linkage would also improve data-driven decisions by health care providers and managers. The system makes health service management more efficient, according to 82% of users surveyed. MOH facilities can now better track their patients, staff, and non-medical commodities, analyze trends in this data, and plan accordingly.



*The HIS has been operational at Qalqilya's PHC Directorate clinic since June, 2011. The Project is supporting the MOH in leveraging funds for the expansion of the HIS to all Qalqilya district PHC facilities. PHOTO CREDIT: Bassam AlMohor/Chemonics International*

## STAKEHOLDER COORDINATION

The Project continues to value the importance of coordination with stakeholders in order to increase the effectiveness of collective technical efforts on the ground, leverage resources, and maximize the sustainability of activities. This quarter, the Project participated in the following technical coordination meetings:

Date	Host	Attendees	Highlights
April 15, 2013	World Health Organization (WHO)	<b>WHO:</b> Marco Barone, Aisha Mansour. <b>The Project:</b> Chief of Party (COP), HIS Manager, Programs Manager, HIS Coordinators, HIS Officers and IT Officer.	WHO presented their interactive reporting tool for hospital statistical information based on the Palestinian Health Information Center's (PHIC) requirements. The reports include information on admissions, beds, hospitalization days, discharges, diagnosis and other procedures within hospitals, with flexibility to change parameters and fields of each report.  Most of the data can be generated from HIS.  <b>Next steps:</b> <ul style="list-style-type: none"> <li>• Present and discuss findings with MOH management.</li> <li>• Check data quality and monitor data entry.</li> <li>• WHO will develop a similar tool for PHC facilities.</li> <li>• Compare data with reports generated from HIS and find methods to integrate the two tools</li> </ul>
April 23, 2013	Intrahealth	<b>IntraHealth International :</b> COP. <b>The Project:</b> COP, Programs Manager and HIS Officer.	A general discussion of the areas in which the two projects overlap and how IntraHealth can benefit from the systems we have in place, and build on the existing data.  <b>Next steps:</b> <ul style="list-style-type: none"> <li>• Set up a meeting with the technical team at IntraHealth to present our systems</li> </ul>
April 30, 2013	WHO	<b>WHO:</b> Aisha Mansour and Marco Barone. <b>The Project:</b> HIS Manager, Programs Manager, HIS officers, HIS Coordinator and Procurement Manager.	This meeting was a follow-up meeting. The Project provided a demonstration of the HIS, and illustrated the reports that can be generated from the system. The Project confirmed that WHO reports that were shared with the Project have been forwarded to this HIS implementation team for integration into the system.  Much of the discussion was related to screen shots, where the Project answered WHO questions. WHO expressed much interest in the ability of the system to track waiting time, stay for outpatient clinics and inpatient stays. Timing can be directly linked to quality of service.  The Project reiterated the ability to make changes to the system in the next two months. The Project requested that if any changes are made to specific fields, they would be forwarded to the HIS implementation subcontractor during this customization period. However, if drop-down changes need to be made, the Project can change this immediately. It was also noted that in the newest Avicenna release, there may be an update where field changes can be made immediately.  <b>Next steps:</b>

Date	Host	Attendees	Highlights
			<ul style="list-style-type: none"> <li>• WHO will share the formula for bed occupancy rates.</li> <li>• The Project will share the HIS Reports Manual once complete.</li> <li>• WHO will share changes that would benefit the system within the next two months.</li> <li>• The Project will share the STTA report on Supporting the Cancer Screening Process in the MOH.</li> </ul>
<b>May 6, 2013</b>	Intrahealth	<p><b>IntraHealth International:</b> COP and other technical team members</p> <p><b>The Project:</b> Programs Manager and HIS Officer.</p>	<p>Project staff conducted a presentation for the IntraHealth team about: 1. Palestine Medical Council Accreditation and Education Systems (PMC-AES) 2. HIS 3. HR Module.</p> <p>We discussed various processes at MOH and the areas we will continue to work with and the areas we advise Intrahealth to focus on.</p> <p><b>Next steps:</b></p> <ul style="list-style-type: none"> <li>• IntraHealth will share their finalized work plan with us to decide on practical steps of our joint work.</li> </ul>

## SECTION II: PROGRESS BY FOCUS AREA

The following are progress updates and operational highlights by Focus Area for Y5Q3. Detailed reporting by activity can be found in [Annex A: Progress Against Work Plan](#) for all Focus Areas.

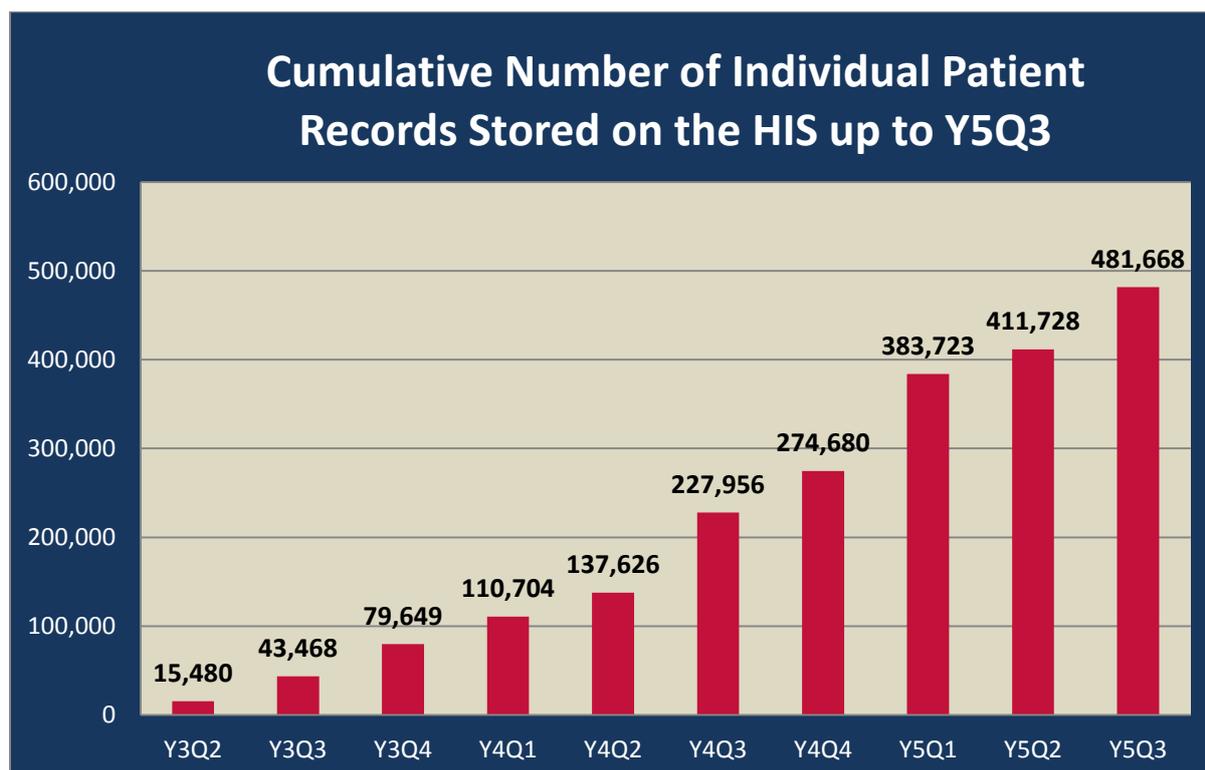
### **FOCUS AREA A: INSTITUTIONAL DEVELOPMENT**

Last quarter, the Project officially closed its grants portfolio. The final two certificates of completion were delivered this quarter, to Jabalia Rehabilitation Society (JRS) and to Al Quds Open University (QOU). The JRS grant titled “Prevention of Hearing Disabilities in Gaza Northern Area” was terminated for convenience last quarter due to funding limitations. QOU’s grant to develop curriculum for the Health Management Program at the university ended naturally last quarter.

The Project released the Fall 2012/2013 payment to QOU after having completed the necessary financial reviews. The Project will release the final (Spring 2013) payment to QOU, pending receipt of the list of successful graduates, and proof of certificates of completion for the 21 enrolled students.

## FOCUS AREA B: HIS

HIS implementation continued this quarter. A total of 13 facilities are connected to the HIS. Facilities include the National Blood Bank in Ramallah, Rafidia Hospital/Nablus; Nablus Central PHC clinic; Darwish Nazzal Hospital/Qalqilya; Qalqilya Central PHC clinic; Azzoun PHC clinic/Qalqilya; Alia Hospital/Hebron; the Palestine Medical Complex (PMC)/Ramallah; Hebron Central PHC clinic; Karantina Clinic/Hebron; Tarqumia Clinic/Hebron; Ramallah Central PHC clinic; and Beit Reema PHC clinic/Ramallah. A total of 481,668 individual patient records are stored on the HIS (as of June 30, 2013). Training for relevant staff took place on each module prior to implementation.



*Note: A target revision needs to be submitted to USAID as the Y5 and end-of-project target was set at 300,000 patient records based on the recommendation of the HIS team. The Project exceeded the target in Y5Q1 and the number is expected to continue to increase.*

### Purchase of Open License

In March 2013, the Project received instructions from USAID to expand the scope of the HIS subcontract to include an open license for the Avicenna Health Information System in place of the originally negotiated per bed licenses. The Project finalized the purchase of the \$1.76 million open license this quarter.

With the open license, the MOH can now expand the HIS into other health facilities serving Palestinian citizens. The purchase agreement enables the MOH to provide public and NGO health providers within the West Bank and East Jerusalem with the rights to use the HIS. It also enables the MOH to include private sector health care providers in the West Bank and MOH or NGO providers in Gaza for a reduced license fee.

## **HIS roll out to Qalqilya District**

With the open license in hand, the MOH now has the ability to roll out the HIS nationally. One impediment to doing so is the limited financial capacity the MOH is currently experiencing for the initial purchasing of hardware and internet connectivity fees required for system implementation at additional facilities. To mitigate this challenge, the Project is supporting the MOH in a campaign that will enhance community involvement and ownership in the HIS, promote sustainability of the system, and reduce overall costs. This quarter, the Project has launched a pilot community mobilization campaign to garner support from local community councils for the roll out of the HIS in 19 Level II and Level III MOH primary health care clinics in various locations in the Qalqilya district.

As a first step, 19 clinic assessments were conducted this quarter to assess the structural requirements for hardware installation based on existing facility conditions. An assessment of technical needs was conducted to allow for an accurate estimate of the required hardware and connectivity, and personnel needs to determine workflow, computer skills and subsequent training that would be required for MOH nurses, doctors, laboratory technicians and pharmacists on the usage of the system. It was determined that a total of 84 computers would be required to roll out the system in all 19 clinics. The Project has secured commitments from local authorities in the targeted villages for 38 out of the 84 needed computers.

As part of the community engagement campaign, the Project has also begun negotiations with private sector foundations for support in procuring the additional needed hardware, and connectivity costs for the system roll out in Qalqilya. It is expected that through community and private sector donations, that the MOH will independently roll out the system to all Qalqilya facilities within the coming year.

## **Major System Upgrade Deployed**

A major upgrade to the HIS (Avicenna 2.2) was deployed this quarter. The upgrade includes substantial changes to the system that have been requested by users for enhanced performance and ease of use, including the addition of a triage and emergency medicine module, a dental module, work lists, and a special nurses' screen.

The upgrade also includes the finance and accounting modules of the system. These important modules will allow facility finance staff to conduct basic accounting and financial analysis via the system, including forecasting annual budgets based on real data. Cash transactions will no longer be manually recorded, and most importantly, the module will allow for the operationalization of the newly unified pricing list across MOH facilities. With technical support from the Project, the MOH Finance Department formed a medical services pricing committee at the direction of the Minister of Health in October 2012. The committee verified the current lists of medical services offered at MOH facilities, as well as expanding the lists to include previously unrecorded services. The final, unified list of service names and prices has been approved by the Minister of Health this quarter, and will now be entered into the HIS for immediate use by the MOH finance staff in tracking patient payments and MOH revenue.

## **HIS Human Resources (HR) Module**

The MOH automated its management of human resources (HR) in 2012, as part of the ongoing roll-out of the HIS into its medical and administrative facilities. The HIS HR module connects over 6,000 MOH employees to an online, Arabic-language system that streamlines the HR processes. It is the only HIS module implemented in all MOH facilities.

This quarter, technical assistance was provided to the MOH to ensure the full operationalization of certain components of the HR module. The Project worked closely with MOH HR staff to ensure that correspondence between facilities and the central MOH HR offices takes place through the system. Support was also provided to the MOH in order to maximize the usage of the “Trainings, Appraisals and Disciplinary Actions” and “Recruitment” components of the HR Module.

The MOH used the online recruitment capacity of the HR module for the first time during its annual recruitment period which took place this quarter. The ministry posted the 18 vacancies on its website for two weeks, with a link to the HR module’s online portal. Over this two-week period, more than 4,000 Palestinians registered via the MOH website in order to apply to the 18 listed vacancies. Digitizing its annual recruitment process will enable the MOH to select new employees more efficiently and quickly.

After being requested to create an account, applicants were prompted to build their recruitment profile and submit documents required for specific vacancies. Once the profile was complete, the application could be submitted digitally.

The annual recruitment process is quicker and easier through the HR module. The digital applications can be sorted electronically, which allows the HR team to quickly identify candidates meeting the job criteria without the need to search through potentially incomplete files of paper applications. The MOH provided system training for a representative of the Palestinian Authority’s Personnel Council (Diwan), which supervises the annual recruitment process.

## **HIS Budget and Financial Analysis**

This quarter, the Project began a program of technical assistance to the MOH to assist facility finance managers in using the HIS to prepare their annual budgets. The Project has begun working with MOH staff to conduct an in-depth analysis of the MOH budgeting and procurement process. The Project will analyze existing institutional budget processes, identify gaps and priority areas for reform, and will work closely with the MOH to prepare an HIS Annual Budget Forecast containing data and estimates.

This quarter, a series of interviews was conducted with key MOH staff, including IT department staff, facility administration, and finance and administration staff at both central and facility levels in order to obtain cost estimates, and operations and maintenance budgets. A template for HIS running cost reporting has been developed, and data is being collected from all relevant departments at HIS facilities.

## **CHALLENGES**

The Avicenna 2.2 upgrade caused some system performance issues after it was deployed, including delays in response time. Orienting staff to the new modules on the upgrade was also somewhat challenging.

The MOH facilities do not have staff with the expertise needed to fully realize the potential of the finance and accounting modules of the HIS.

The Project has experienced delays in receiving equipment, fixed assets and consumables lists from the MOH. These lists/data are needed to upload to the system in order to fully operationalize the maintenance and fixed assets modules, and in order to increase their utilization and improve work flow.

Internet connectivity in some facilities continues to hinder optimal performance of the HR module of the HIS.

## **THE COMING QUARTER**

Next quarter, the Project will train MOH staff on the finance and accounting modules of the HIS that were deployed this quarter, and will also train MOH IT staff who are expected to be hired by the MOH next quarter.

The Project will complete the preparation and upload of medical equipment, including surgical sets to the HIS, and follow up with the MOH to ensure that the relevant modules are operationalized.

The Project will continue with the analysis of facility level financial data, and begin training MOH staff on the usage of HIS data for budget forecasting.

Next quarter, the Project will continue to support the MOH in leveraging community and private sector support for the planned roll out of the HIS to Qalqilya Level II and Level III PHC clinics.

## **FOCUS AREA C: PHC SUPPORT**

As per USAID guidance, no further work is being carried out under this Focus Area, other than the finalization and distribution of several key documents and deliverables.

The Nursing Orientation Package was distributed to the MOH this quarter, and was introduced to PHC nursing staff during an event held by the MOH on June 10, 2013.

The Behavior Change Communications (BCC) Training Manual was approved by USAID in late June of this quarter. Next quarter, the Project will be providing the Manual to the MOH as “print-ready”.

The Champion Community Approach Guide was finalized and submitted to USAID this quarter. The guide will be handed over as “print-ready” to the MOH once approved by USAID.

## **FOCUS AREA D: HOSPITAL SUPPORT**

As per USAID guidance received in December 2012, activities under Focus Area D have been suspended for the remainder of the Project.

## **FOCUS AREA E: PROCUREMENT SUPPORT**

Activity under this Focus Area no longer includes the procurement of medical equipment and supplies for the MOH, as per USAID guidance. Activities conducted under this focus area this quarter were primarily focused on the establishment of an electronic inventory of medical equipment at MOH facilities linked to the HIS.

### **Electronic Inventory of Medical Equipment**

This quarter, the Project continued to review, update, and unify medical equipment files for hospitals and clinics connected to the HIS. After an initial upload of the equipment inventory at the PMC, the Project led a second review of the list of equipment, and the standardized nomenclature and coding system has been applied to those items that were not already uploaded into the system. Work also continued this quarter to apply the standardized nomenclature and coding system to the surgical instruments in use at Rafidia Hospital. Since Rafidia's surgical instrument list is extensive, minor additions may be needed to account for additional instruments in use at other MOH HIS facilities.

### **Operational and Clinical Trainings**

This quarter, the Project continued to oversee the delivery of several on-site clinical and operational trainings, as well as trainings abroad that have been organized by Project suppliers. One radiotherapist from Augusta Victoria Hospital (AVH) attended the European Society for Radiotherapy and Oncology (ESTRO) second forum in Geneva, Switzerland. The forum offers an important opportunity for all health professionals specialized in the field of oncology and radiation therapy to update their knowledge and receive the latest technologies in the field.

Additionally, three AVH clinicians were trained on image guided radiation therapy this quarter. This training is part of an overall training package which was included in the original purchase order of the Radiation Therapy System (RTS) donated by USAID to Augusta Victoria Hospital.

Finally, two MOH engineers attended a training to raise the technical capacity of the MOH Biomedical Engineering Unit (BEU) in repairing and maintaining Complete Blood Count (CBC) units procured by the Project after the warranty period ends.

### **Coordination of Preventive Maintenance and Repairs**

The Project continued to provide support to the MOH in the management of preventive maintenance (PM) implementation. This quarter, the Project provided support to the MOH in coordinating three PM visits for each of the four CT Scanners at the PMC, Rafidia, Alia and Beit Jala Hospitals. The Project also oversaw maintenance by medical equipment suppliers, to ensure that they are responsive to requests for service by the MOH.

## **CHALLENGES**

The Project has experienced some delays and resistance from the MOH in working with Project staff to itemize and code the remaining medical equipment and surgical supplies that have not been uploaded to the system. This has caused a delay in the finalization of this activity.

## **THE COMING QUARTER**

Project staff will continue to assist and support the MOH in the use and implementation of the ECRI nomenclature for medical equipment in all relevant HIS-connected facilities, and in uploading its equipment inventory to the HIS.

The Project has adapted international working policies and procedures for the National Training and Calibration Center, to be relevant to the local Palestinian context. These procedures will be provided to the MOH for their application and use next quarter.

The Project developed “CT Department Policies and Work Instructions” in cooperation with the MOH and submitted these protocols to USAID in September 2012. The Project will deliver the document to the MOH once approved.

The Project will continue to follow up on equipment utilization and patient treatment on the RTS, and continue to monitor system performance.

The Project will also provide further support to the BEU in using the Medical Equipment Management Module of the HIS to improve their ability to handle task orders from facilities and manage external repair requests to suppliers.

## SECTION III: GAZA ACTIVITIES

The Project's activities in Gaza supported eligible NGOs by providing health and humanitarian assistance. These activities fell under the grants portion of Focus Area A: Institutional Development and Focus Area E: Procurement Support. There will be no further support provided to Gaza beneficiaries due to funding delays and the shift in the Project's scope to exclusively carry out HIS related activities.

As reported under Focus Area A, a grant to Jabalia Rehabilitation Society (JRS) in Gaza was terminated for convenience last quarter. This quarter, JRS received their certificate of completion.

Last quarter, the Project completed the final delivery of medical equipment to Gaza with the provision of pressure relief mattresses to Palestine Save the Children Foundation (PSCF).

This quarter, the Project completed the transfer of titles for the equipment donated to PSCF, and to Caritas Medical Center in Gaza.

# SECTION IV: MANAGEMENT, OPERATIONAL, AND CROSS-CUTTING ACCOMPLISHMENTS

The following are management and operational highlights for Y5Q3.

## **STAFFING AND RECRUITING**

The Project continued with the reduction in force (RIF) process due to funding delays during the period of April 1, 2013 to June 30, 2013. As reported in the previous quarter, Chemonics distributed one termination notice in May 2013 and an additional two notices in June 2013. These terminations included staff from the technical and operations teams hired through Chemonics International and Massar Consulting and Technical Services Private LTD. Company. The Deputy Chief of Party for Operations left the project in May 2013 and the project received approval in June 2013 to hire a Compliance and Administration Director and a replacement Chief of Party. In addition to that, the Operations and Compliance Coordinator resigned in June 2013.

## **SHORT-TERM CONSULTANCIES**

The Project hired an HR Consultant for the Health Information System (HIS) in May 2013 to support the MOH in utilizing all components of the HR system, including the MOH management in generating reports from the system in decision-making. A HIS Data Integration Consultant was hired to conduct two assignments, one in June 2013 and one to be completed in August 2013, to provide technical assistance to the MOH in financial forecasting and analysis to ensure accurate budgeting for the HIS. A Community and Corporate Social Responsibility Mobilizer was hired in May 2013 to pilot a Community/CRS campaign in order to mobilize resources for HIS in the Qalqilya district clinics. In April 2013, one consultant concluded his assignment. A second consultant concluded his assignment in May 2013. The Media Consultant and Technical Reporting Specialist remain engaged by the Project.

## **COORDINATION WITH USAID**

Due to the changing funding scenarios and USAID implementation priorities, the Project increased its coordination to ensure timely decision making and responsiveness to USAID and congressional needs. Multiple implementation and funding scenarios were discussed between the Chief of Party (COP) and Contracting Officer's Representative (COR). Follow up included weekly meetings with the COP, Acting COP and/or Project staff, and almost daily phone calls and email. The Project continues to exchange an approval request tracker with the COR and hold weekly phone calls and meetings.

## FINANCIAL PERFORMANCE

Chemonics' expenditures were \$730,164 in April, \$347,763 in May and \$1,512,745 in June 2013. The total expenditure for the quarter was \$2,590,672. Y5Q3 financial performance was 7.4% or \$179,695 above the projected \$2,410,977.

Total Obligated to Date	Invoiced to Date	Obligation Remaining	% of Obligated Funds Invoiced
\$ 78,716,896	\$75,262,881	\$3,454,015	95.61%

## COMPLIANCE

Chemonics continues to ensure full compliance with USAID rules and regulations and maintains proper systems, especially in relation to Mission Order 21 (MO21). In Y5Q3, the Project submitted a total of 2 vetting requests for one NGO and one vendor. These figures represent all requests submitted during the quarter. In addition, Chemonics submitted complete sub-award reports on or before the fifth day of each month which included 40 transactions. These figures have decreased dramatically due to a reduction in project activities resulting from the funding limitations.

# ANNEX A: PROGRESS AGAINST WORK PLAN

## FOCUS AREA A: INSTITUTIONAL DEVELOPMENT GANTT CHART

Focus Area A: Institutional Development								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
<b>A1. Continue oversight on the ongoing grant agreements.</b>								
A1a. Project technical and finance teams to conduct periodic site visits among partner NGOs to follow up on implementation.	X	X	X	X	Completed.		There will be no other field visits among partner NGOs. All grants were officially closed-out on March 31, 2013.	A3 A4 A5
A1b. Review grantees' monthly financial and technical reports and process approved payments.	X	X	X	X	Completed.			A3 A4 A5
A1c. Review grantees' final reports.	X	X	X	X	Completed. Received final reports from QOU and JRS.			A3 A4 A5
A1d. Close grant agreements.	X	X	X	X	Completed. Certificates of completion were delivered to QOU and JRS.			A3 A4 A5
<b>A2. Enhance the health management skills and education MOH staff through supporting up to 95 MOH staff to receive their bachelor's degree in Health Management at Al Quds Open University.</b>								
A2a. Assess and evaluate pass/fail hours for graduation.	X	X	X	X	Ongoing. Payment was released for the Fall 2012/2013 Semester.		The Project is awaiting the list of graduates, grades, hours and proof of certificate from QOU.  Payment for the final Spring 2013 semester will be released once	A2

Focus Area A: Institutional Development								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
							the above documentation is received and reviewed.	
A2b. Share results of assessment with the MOH every semester, and jointly determine status of scholarships for following semester.	X	X	X	X	Ongoing.		Conduct assessment of performance of 21 remaining students, share with the MOH and review for payment.	A2
<b>A3. Award new and follow-on grants to complement MOH service provision in the areas of rehabilitation, community health education, and capacity building (if funding is available).</b>								
A3a. Conduct Grant Evaluation Committee (GEC) meeting to review follow-on applications.	X	X			Suspended.  No further grants will be awarded, as per USAID guidance.			A5
A3b. Conduct pre-award responsibility determination, share request for approval with USAID and conduct compliance review.	X	X						
A3c. Prepare and sign grant agreements.	X	X						A5
A3d. Conduct orientation workshop for signed grant agreements and meet with partner NGOs individually to develop their monitoring and evaluation (M&E) plans.		X	X					A3 A4 A5
A3e. Project technical and finance teams to conduct periodic site visits among partner NGOs to		X	X	X				A3 A4 A5

Focus Area A: Institutional Development								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
follow up on implementation.								
A3f. Review grantees' monthly financial and technical reports and process approved payments.		X	X	X				A3 A4 A5
A3g. Review grantees' final reports.				X				
A3h. Close grant agreements.				X				
<b>A4. Hold workshops for current and previous grantees and other relevant CBOs to strengthen their capacity to apply for and receive funding in the future (if funding is available).</b>								
A4a. Prepare for the workshops; topics to include: <i>Communications, Preparing an Impact-Oriented Annual Report, Effectively Responding to a Solicitation, Reading and Analyzing a Solicitation, Conceptualizing Program Design, Budgeting for the Program, and Assembling and Submitting a Complete Application.</i>	X				Suspended. All workshops have been suspended, as per USAID guidance.			
A4b. Give the workshops.	X	X	X					I.I

## FOCUS AREA B: HIS GANTT CHART

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
<b>BI. Continue the rollout of the HIS in Ramallah district.</b>								
BIa. Complete HIS modules implementation in Ramallah district.	X				<p>In progress.</p> <p>The HIS is implemented and functional in all departments of the PMC and Blood Bank, and in Ramallah PHC directorate clinic and Beit Reema clinic.</p> <p>The finance and accounting modules are ready and deployed to the HIS and they were demonstrated to the PMC staff.</p> <p>Project staff is supporting the process of connecting HIS facilities to the Blood Bank (to have blood orders through HIS).</p>	User resistance to change (specifically among doctors).	<p>Continue to follow up and resolve HIS technical issues.</p> <p>Train users on the finalized finance and accounting modules of the HIS.</p> <p>Support MOH facilities to begin making blood orders through HIS.</p> <p>Continue to support the operationalization of all HIS modules in Ramallah district including Mental Health module.</p>	BI

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
BIb. Monitor and evaluate the HIS.	X	X	X	X	<p>In progress.</p> <p>Meetings were held with HIS users and management in Ramallah facilities to monitor and evaluate the HIS and the system's performance.</p> <p>Frequent meetings were held at the Blood Bank to ensure successful HIS implementation.</p> <p>Changes based on user feedback have already been applied on the system.</p> <p>Project staff monitored system performance and generated reports to evaluate HIS usage, system performance and network usage in Ramallah District.</p>		Continue ongoing communication with HIS users and management of Ramallah facilities for feedback.	B2
BIc. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk.	X				<p>In progress.</p> <p>The two MOH IT staff members assigned to support HIS-related functions in the Ramallah District are</p>	Additional MOH IT staff are needed to provide support to the four Ramallah HIS sites (PMC, Ramallah PHC Clinic, Blood Bank and Beit Rima Clinic). The	<p>Train and support new MOH IT staff who will provide HIS support in Ramallah District.</p> <p>Continue handing over access rights and</p>	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>providing first line support for users.</p> <p>MOH is in the process of recruiting six additional IT staff, from which at least one new staff member will be located in Ramallah Directorate.</p>	two MOH IT staff assigned to the Ramallah district are not able to sufficiently provide the needed support.	privileges to MOH IT staff.	
B1d. Facilitate 12-month post-implementation warranty and maintenance.	X	X	X	X	<p>Delayed.</p> <p>The 12-month post-implementation warranty and maintenance period for Ramallah and Hebron districts has been delayed and will begin once HIS implementation is finalized.</p>	A delay in the finalization of the accounting and finance modules of the HIS has caused a delay in the launch of the post-implementation period.	Begin maintenance and warranty period for Ramallah and Hebron Districts once HIS implementation is finalized.	
<b>B2. Support and maintain the HIS in all facilities and implemented districts (Nablus, Qalqilya, Ramallah, and Hebron).</b>								
B2a. Monitor and evaluate the HIS.	X	X	X	X	<p>In progress.</p> <p>A major release of HIS (2.2) was deployed to all HIS facilities, which included substantial changes in the system based on users' feedback and requests. The release also</p>	<p>Delays in receiving equipment, fixed assets and consumables lists from the MOH. These lists/data are needed to upload to the system in order to activate the maintenance and fixed assets modules.</p> <p>Occasional poor system</p>	<p>Train users on the finalized finance and accounting modules of the HIS.</p> <p>Continue to support the operationalization of all HIS modules including Maintenance, Medical Committees</p>	B2

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>includes the finance and accounting modules.</p> <p>The project staff monitored the deployment of the new release and supported MOH staff in adjusting to the changes and additions to the system.</p> <p>Project staff supported HIS facilities to activate warehouse orders for stocks, and fixed assets and is supporting the facilities in implementing maintenance orders for bio-medical equipment.</p> <p>Project staff continued to support the operationalization of HIS modules including Medical Foundation, Medical Committees, Mental Health and Maintenance in all HIS facilities.</p> <p>Project staff periodically generated reports to monitor system usage and quality of data in</p>	<p>performance.</p> <p>User resistance to change (related to the new release).</p> <p>No financial experts in MOH facilities for maximum utilization of finance and accounting modules of the HIS.</p>	<p>and Mental Health.</p> <p>Continue to conduct feedback sessions in all facilities with HIS.</p> <p>Continue working with MOH management in preparing them to monitor the system themselves and monitor data quality and evaluate the performance.</p>	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					different departments.  One new release and three patches of HIS (Avicenna) software were deployed.  One new release and two patches of the Human Resources System (MENAITECH) were deployed.			
B2b. Continue handing over administrative privileges to MOH IT staff for the HIS.	X				Completed.		Support MOH in training new MOH IT staff who will be recruited in the near future.	
B2c. Facilitate 12-month post-implementation warranty and maintenance.	X	X	X	X				
<b>B3. Expand implementation of the HIS to Al Makassed Hospital.</b>								
B3a. Conduct pre-implementation activities (install hardware, define users, etc.).	X				Delayed. Awaiting USAID approval and funding.			
B3b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS.	X				Delayed. Awaiting USAID approval and funding.			I.I - BI
B3c. Training and implementation on the in-patient and emergency		X			Delayed.			I.I - BI

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
modules of the HIS.								
B3d. Training and implementation on administrative support services modules of the HIS.		X			Delayed.			I.1 - B1
B3e. Monitor and evaluate the HIS.		X	X	X	Delayed.			B2
B3f. Begin transition of HIS management to IT staff through technical documentation and training and establish help desk.		X			Delayed			
B3g. Facilitate 12-month post-implementation warranty and maintenance.		X	X	X	Delayed.			
<b>B4. Expand implementation of the HIS to Bethlehem district (if funding is available).</b>								
B4a. Conduct pre-implementation activities (install hardware, define users, etc.) for Beit Jala Hospital.			X					
B4b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Beit Jala Hospital.			X					I.1 – B1
B4c. Training and implementation on the in-patient and emergency modules of the HIS for Beit Jala Hospital.				X				I.1 – B1
B4d. Training and implementation on administrative support services modules of the HIS for Beit Jala				X				I.1 – B1

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
Hospital.								
B4e. Monitor and evaluate the HIS for Beit Jala Hospital.				X				B2
B4f. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for Beit Jala Hospital.				X				
B4g. Facilitate 12-month post-implementation warranty and maintenance for Beit Jala Hospital.				X				
B4h. Conduct pre-implementation activities (install hardware, define users, etc.) for Bethlehem PHC directorate clinic.			X					
B4i. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Bethlehem PHC directorate clinic.			X					I.1 – B1
B4j. Training and implementation on administrative support services modules of the HIS for Bethlehem PHC directorate clinic.				X				I.1 – B1
B4k. Monitor and evaluate the HIS for Bethlehem PHC directorate clinic.				X				B2
B4l. Begin transition of HIS management to MOH IT staff through technical documentation				X				

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
and training and establish help desk for Bethlehem PHC directorate clinic.								
B4m. Facilitate 12-month post-implementation warranty and maintenance for Bethlehem PHC directorate clinic.				X				
<b>B5. Expand implementation of the HIS to Jericho district (if funding is available).</b>								
B5a. Conduct pre-implementation activities (install hardware, define users, etc.) for Jericho Hospital.			X					
B5b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Jericho Hospital.			X					I.1 – BI
B5c. Training and implementation on the in-patient and emergency modules of the HIS for Jericho Hospital.			X					I.1 – BI
B5d. Training and implementation on administrative support services modules of the HIS for Jericho Hospital.			X					I.1 – BI
B5e. Monitor and evaluate the HIS for Jericho Hospital.			X	X				B2
B5f. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk			X					

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
for Jericho Hospital.								
B5g. Facilitate 12-month post-implementation warranty and maintenance for Jericho Hospital.			X	X				
B5h. Conduct pre-implementation activities (install hardware, define users, etc.) for Jericho PHC directorate clinic.			X					
B5i. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Jericho PHC directorate clinic.			X					I.I – BI
B5j. Training and implementation on administrative support services module of the HIS for Jericho PHC directorate clinic.			X					I.I – BI
B5k. Monitor and evaluate the HIS for Jericho PHC directorate clinic.			X	X				B2
B5l. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for Jericho PHC directorate clinic.			X					
B5m. Facilitate 12-month post-implementation warranty and maintenance for Jericho PHC directorate clinic.			X	X				
<b>B6. Expand implementation of the HIS to Tulkarem and Jenin districts and the Jerusalem PHC directorate clinic (if funding is available). **</b>								

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
B6a. Conduct pre-implementation activities (install hardware, define users, etc.) for the hospitals.								
B6b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for the hospitals.								I.1 – BI
B6c. Training and implementation on the in-patient and emergency modules of the HIS for the hospitals.								I.1 – BI
B6d. Training and implementation on administrative support services modules of the HIS for the hospitals.								I.1 – BI
B6e. Monitor and evaluate the HIS for the hospitals.								B2
B6f. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for the hospitals.								
B6g. Facilitate 12-month post-implementation warranty and maintenance for the hospitals.								
B6h. Conduct pre-implementation activities (install hardware, define users, etc.) for the PHC directorate clinics.								

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
B6i. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for the PHC directorate clinics.								I.1 – B1
B6j. Training and implementation on administrative support services modules of the HIS for the PHC directorate clinics.								I.1 – B1
B6k. Monitor and evaluate the HIS for the PHC directorate clinics.								B2
B6l. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for the PHC directorate clinics.								
B6m. Facilitate 12-month post-implementation warranty and maintenance for the PHC directorate clinics.								
<b>B7. Continue implementation of HR module of the HIS in MOH facilities.</b>								
B7a. Continue working with HR Working Group to oversee support and training needs.	X				Completed.			
B7b. Work with MOH to update all job descriptions.		X			Completed.			
B7c. Formulate a hiring/recruitment process that is	X				Completed. MOH's recruitment		??	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
compatible with MenalTech.					process took place using the HR system for the first time. Around 4,000 job applicants applied online through the system; their applications will be filtered through the system.			
B7d. Assess the usage of the HR module in all MOH facilities and resolve any pending issues.	X	X	X	X	<p>In progress.</p> <p>The “Correspondence and Letters” module of the HR system was piloted at Rafidia Hospital and at the Nablus PHC Directorate clinic.</p> <p>Employees within HIS facilities are using the system’s “self-services for daily transactions”. Usage in other (non-HIS) facilities varies depending on internet connectivity and availability of PCs. However, all HR departments in all MOH facilities are using the system and keeping the records updated.</p> <p>MOH HR IT staff conducted HR training</p>	Internet connectivity in some of the facilities needs to be upgraded for better system performance.	Continue providing support for MOH and HR-related tasks and continue supporting them in the implementation of the Correspondence and Letters module and the training module.	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					for HIS support staff to enable them to provide HR support in their facilities as the two MOH HR IT staff are overwhelmed in supporting all districts by themselves.  Initiated the automation of the "Training" process through the HR system.			
<b>B8. Develop privacy, confidentiality, and user access rules and protocols for HIS.</b>								
B8a. Finalize the Framework for eHealth Privacy and Confidentiality and coordinate with the MOH to get legal recognition (i.e., a decree) for the rules and regulations introduced.	X	X			Completed.		Print and distribute the framework.	3
B8b. Develop Patient Confidentiality Information Practices Notification Customer Form and User Nondisclosure Form.	X				Completed.			
B8c. Coordinate with HIS facilities to implement usage of the Patient Confidentiality Information Practices Customer Form and User Nondisclosure Form.	X				Delayed.  User Nondisclosure Form is ready for printing.  The Patient Confidentiality Information Practices		Print and distribute forms.	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					Customer Form was approved at the close of this quarter.			
B8d. Develop User Access Manual.	X	X			Delayed. User Access Manual is finalized in both Arabic and English and was approved at the close of this quarter		Print and distribute User Manual.	3
B8e. Deliver User Access Manual to HIS facilities and train facility staff on the use of the User Access Manual.		X			Delayed Approval on the Access Manual was received late this quarter. Delivery will occur next quarter. Pending B8d.		Deliver manual to HIS facilities and train staff on its use.	
B8f. Organize and conduct a promotional campaign to educate the general public about patient rights and responsibilities under the new system.		X			Delayed Pending the completion of the previous sub activities.			
<b>B9. Conduct MOH HIS Budget and Financial Analysis.</b>								
B9a. Identify existing knowledge and data on HIS costs through conducting interviews with related MOH and Ministry of Finance	X				Completed.			

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
personnel.								
B9b. Evaluate existing HIS budget process and performance.	X				<p>Completed.</p> <p>The Project is now conducting a follow on task to support the MOH in the usage of HIS data for the development of SHC facility budget forecasts.</p> <p>The Project's consultant on this assignment conducted 17 site visits and interviews this quarter.</p> <p>The Project consultant met with finance and budget directors, warehouse managers; covering all four districts; hospitals and PHCs, as well as central warehouses, central ministry administration and national blood bank.</p> <p>Created a template for HIS running cost reporting, submitted to all relevant departments.</p>		Receive MOH central warehouse's data needed to complete the evaluation.	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					Updated the Project's HIS patient load data tracker for estimating patient load-based budget needs.  Developing universal hardware list for equipment depreciation and maintenance schedule.			
B9c. Evaluate impact and efficiency of the HIS and suggest reforms toward long-term sustainability.		X			In Progress.  As a follow on activity, the Project will be conducting further work with the MOH to make suggestions for reform of the current budget/procurement process, using data from the HIS.			B2
<b>B10. Procure and install the PACS for medical images in hospitals with HIS (if funding is available).</b>								
B10a. Select the appropriate PACS solution that is compatible with the HIS and hospitals' needs.	X				Delayed.  Funding has not yet been made available for this activity.			
B10b. Draft and Release RFQ for PACS.	X				Delayed.  Funding has not yet been made available for			

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					this activity.			
BI0c. Receive and evaluate proposals and subcontract the selected supplier.		X			Delayed.			
BI0d. Test and implement PACS.				X				
BI0e. Train health facilities staff on the use of the PACS.				X				1.3
<b>BI I. Support implementation of online testing system for the PM Council.</b>								
BI I a. Set up training room and server room.	X				Completed.			
BI I b. Customize software and redesign PM Council website.	X				Completed.			
BI I c. Conduct system development testing and obtain the PM Council's approval and acceptance of the system.	X				Completed.			
BI I d. Deploy online testing system.	X				Completed.			
BI I e. Train end users and administrators.	X				Completed.			
BI I f. Facilitate follow up maintenance and support.	X				In progress. Ongoing for 24 months.			
<b>BI2. Conduct feasibility assessment of HIS implementation in Champion Community PHC clinics (if funding is available). **</b>								

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
B12a. Conduct feasibility assessment and provide cost information to the MOH and CBOs.	X	X			Delayed. Per USAID guidance, this activity is suspended.			

*\*\*The timing of activities B6 and B12 is dependent on the availability, timing, and quantity of USAID funding.*

## FOCUS AREA C: PHC SUPPORT GANTT CHART

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
<b>CI. Expand the integrated multi-sectoral approach to engage communities and clinics in two health directorates, Ramallah and Bethlehem.</b>								
CIa. Scale up in two PHC directorates in selected clinics according to MOH priorities; conduct meetings with directors and supervisors in selected directorates.	X				Completed.			5.2 6.2
CIb. Select ten communities from within the two directorates based on priorities as identified by MOH PHC Directors and Management Team.	X				Completed.			5.2 6.2
CIc. Obtain USAID approval for ten selected communities.	X				Completed.			
CI d. Conduct meetings with district health offices, community representatives, and clinical staff.	X				Completed.			
CIe. Assist the MOH in conducting health facility assessments in ten communities to identify gaps to be addressed for implementation of the EPS.	X				Completed.			5.2 6.2
CI f. Conduct clinical and managerial coaching including Supportive Supervision for directorate and field staff.	X	X	X		Suspended.			2
CIg. Identify a total of ten new CBOs and issue subcontracts to	X				Completed.			5.2 6.2

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
implement the CCA.								
C1h. Implement CCA in selected communities.	X	X	X		Suspended.			5.2
<b>C2. Continue to support implementation of the integrated multi-sectoral approach at communities and clinics in currently and previously engaged districts.</b>								
C2a. Support the MOH in monitoring the implementation of the CCA in the current and previously contracted CBOs.	X	X	X		Completed.			
C2b. Facilitate open dialogues between various health care professionals and communities.	X	X	X		Suspended.			
C2c. Continue assessing needs and providing technical assistance in the selected clinics and communities.	X	X	X		Completed.			
C2d. Select champions (CBOs and clinics) from the various districts currently engaged in the approach and host awarding ceremonies.		X	X		Suspended.			5.2 6.2
<b>C3. Institutionalize CCA system.</b>								
C3a. Obtain MOH and USAID approval and finalize CCA Manual.	X				Delayed.  The CCA Manual was submitted to USAID this quarter.		Receive USAID approval on the CCA Manual.  Provide the CCA manual to the MOH as "print-ready".	3
C3b. Print CCA Manual.		X			Delayed.  Once the CCA manual is approved by USAID,			4

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					it will be provided to the MOH as “print ready”.			
C3c. Distribute the CCA Manual and train PHC managers on CCA manual.			X					4
C3d. Deliver the CCA Manual to the MOH so that they can add it to their orientation and implementation schedule.			X					4
C3e. Oversee the beginning of national implementation of the CCA.			X	X				4
<b>C4. Continue the institutionalization of the EPS in all directorates.</b>								
C4a. Introduce the EPS at the district level by conducting meetings with PHC directorates.	X	X	X		Suspended.			4
C4b. Assist the district supervisors and other stakeholders in introducing and implementing the EPS at facilities and community levels in the selected communities.	X	X	X	X	Suspended.			4
<b>C5. Implement the EPS and related documents (SOC, Standard Operating Procedures, and Job Aids).</b>								
C5a. Conduct formal training on SOC, Infection Prevention and Control (IPC), and Pre-Hospital Emergency Protocols.	X	X	X		Suspended.			1.2
C5b. Complement the formal training with follow up visits on the implementation of the same topics.	X	X	X	X	Completed.			1.2

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C5c. Assist the MOH in developing and adopting Standard Operating Procedures for clinical and laboratory services and in updating policies and procedures related to those areas.		X	X	X	Suspended.			3
C5d. Print the updated policies and procedures.		X	X		Suspended.			3
C5e. Conduct follow up visits on the implementation of the various topics.			X	X	Suspended.			
C5f. Conduct formal training on nurses' orientation package.	X	X	X		Suspended.		The MOH will distribute the package and conduct the training.	1.2
C5g. Initiate review and unification of PHC supervisory checklists.		X	X		Suspended.			
<b>C6. Support the MOH/HEPD in selected BCC activities under the MOH BCC strategy.</b>								
C6a. Continue the provision of training and TOT on First Aid Trainer's Guide to MOH/HEPD staff and other health care professionals.	X	X			Completed.			1.2
C6b. Conduct TOT for MOH health educators using the BCC Training Manual.	X				Suspended.			1.3
C6c. Disseminate BCC Training Curriculum to MOH/HEPD.	X	X			Delayed.  USAID approval on the BCC Training Manual was received this		Finalize design of manual and provide to MOH.	3

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					quarter.			
C6d. Conduct winter workshops for mothers and volunteers that will serve as preparation for summer camps and encourage greater participation.	X	X			Suspended.			
C6e. Conduct Healthy Lifestyle Summer Camps.			X	X	Suspended.			
<b>C7. Support the MOH strategy on the prevention of breast cancer.</b>								
C7a. Continue the provision of training on mammography for mammography technicians and nurses.	X				Completed.			1.2
C7b. Conduct OJC for trained mammography technicians and nurses.		X	X		Completed.			2

## FOCUS AREA D: HOSPITAL SUPPORT GANTT CHART

Focus Area D: Hospital Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
<b>DI. Provide technical assistance to NICU health providers at Rafidia, Alia, Jenin, and Ramallah Hospitals (facility level) (subject to USAID approval and funding).</b>								
DIa. Facilitate the formation of a Neonatal Working Group for NICU team-building and consensus-building activities through organized seminars and workshops to address SOC, policies, and protocols.	X		X		Completed.			
DIb. Provide technical assistance in updating existing and/or drafting new policies and guidelines, as needed (e.g., <i>Oxygen Therapy, Phototherapy, Infection Prevention, Parenteral Fluid Management, Neonatal Mechanical Ventilation Management, Hypothermia, Policies for Admission, or Transport and Transfer of Patient</i> ), and share new policies and guidelines with the Neonatal Working Group.	X	X	X		Completed.			3
DIc. Provide technical assistance in implementing these policies and guidelines, as needed.	X	X	X		Suspended.			
DI d. Provide OJC on clinical care to NICU health providers, including doctors and nurses.	X	X	X		Suspended.			2
DI e. Support OJC in sustained optimal use of equipment in related intervention.	X	X	X		Suspended.			2

Focus Area D: Hospital Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
D1f. Support delivery of technical assistance to NICU staff in risk communication: “Developing Relationships & Effective Communication with Families,” which covers such topics as <i>Visiting Patients in the NICU, Information Sharing with Patients, Communicating with Parents, and Communication Skill Building.</i>	X				Completed.			

## FOCUS AREA E: PROCUREMENT SUPPORT GANTT CHART

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
<b>EI. Complete relevant training for RTS at AVH.</b>								
EI.a. Oversee on-site and off-site training for relevant technical staff at AVH.	X	X	X	X	Ongoing.  One radiotherapist from AVH attended the second ESTRO Forum by the European Society for Radiotherapy and Oncology (ESTRO) in Geneva, Switzerland.  Three AVH staff members attended a training course at Varian (Poland) on Image Guided Radiation Therapy (IGRT) and Real Time Position Management (RPM).		Service training at Varian, for the biomedical engineer  A course arranged by the European Society for Radiology and Oncology (ESTRO) in Sept 2013, for one physicist.  A course arranged by ESTRO in Sept 2013, for one technologist.	1.3
EI.b. Follow up on equipment utilization.	X	X	X	X	Ongoing.  Early this quarter the new RTS was handling 50 treatment sessions per day and the old system was handling about 40 treatment sessions per day.		Continue to follow up on equipment utilization and patient treatment on the RTS.	

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>Recently the old system stopped working due to a fault, therefore the new system is currently handling about 75 treatment sessions per day.</p> <p>Following recent trainings attended at VARIAN, AVH treated a number of patients using advanced treatment techniques namely: IMRT (Intensity Modulated Radiation Therapy) and IGRT (Image Guided Radiation Therapy).</p>			
El.c. Follow up with the manufacturer, the local supplier, and the beneficiary on the prescheduled PM on the system.	X	X	X	X	<p>Ongoing.</p> <p>A fault occurred where the Gantry Swivel Joint was leaking water and the machine stopped working for more than a week. The supplier managed to import the part from Europe and install successfully. PM was conducted this quarter by the supplier with the participation of the hospital's engineer.</p>		<p>Support the next round of PM scheduled for Y5Q4.</p> <p>Monitor system performance.</p>	

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					The supplier is in the process of getting a new UPS to replace the faulty one. The RTS system is still under warranty.			
<b>E2. Complete relevant training for the CT scanners procured for four MOH hospitals (Ramallah, Rafidia, Beit Jala, and Alia).</b>								
E2a. Facilitate the adoption of best practices and protocols for CT scanner application and dosage control with support of STTA.	X	X	X		In Progress.  Best practices and protocols have been developed and delivered to USAID for approval in September 2012.		Deliver the contents of the “CT Department Policies and Work Instructions” to MOH CT Departments, once approved by USAID.	
E2b. Support the MOH with the management of PM implementation for the CT scanners on a monthly basis.	X	X	X	X	Ongoing.  The Project coordinated three PM visits for each of the four CTs at the PMC, Rafidia, Alia and Beit Jala hospitals this quarter.		Continue to support the MOH in following up on scheduling and implementing PM.	
<b>E3. Complete the delivery, installation, and training on medical equipment for Gaza (procured under Grants or by direct procurement assistance).</b>								
E3a. Follow up on pending deliveries, installations, and clinical training in Gaza.	X	X	X		Completed.  The supplier of the Laparoscopy system for Al-Ahli Hospital provided further OJC for the user and system			E1, E2

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					check.  The supplier of the OCT (Optical coherence tomography system) for St. John Eye Center provided further OJC for the ophthalmologist.			
E3b. Follow up on equipment utilization in Gaza.	X	X	X		Completed.  The director of St. John Eye Center complained about unclear viewing and blurry effect when using the Surgical Microscope during surgical procedures. The local supplier failed to solve the issue promptly. The manufacturer was contacted and provided the supplier with a thorough cleaning procedure that solved the issue and restored optimum clarity.  Transfer of ownership was completed for all beneficiaries.			
<b>E4. Complete the delivery, installation, and training on medical equipment for the West Bank (procured under Grants or by direct procurement assistance to support the EPS).</b>								

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
E4a. Follow up on pending deliveries, installation, and operational training in the West Bank.	X	X	X		Completed.			
E4b. Follow up on equipment utilization in the West Bank.	X	X	X	X	In progress.  Two MOH engineers attended a service training course in France at Horiba training facility on the CBC(s) procured recently.		Follow up on equipment utilization.	
<b>E5. Provide technical assistance and/or clinical training to beneficiary MOH and NGO hospitals and clinics to ensure effective use and maintenance of all procured equipment.</b>								
E5a. Revisit all beneficiary hospitals and clinics to identify needs related to equipment use, maintenance, and/or clinical support.	X	X	X	X	Ongoing.  The following technical issues were faced: <ul style="list-style-type: none"> <li>• Vital signs monitors: the issue on the repeatability of the readings reported last quarter</li> <li>• Sign-in clock device at Ramallah Directorate was found to have an intermittent problem</li> <li>• Hizma Clinic, Jerusalem Directorate: Spectrophotometer</li> </ul>		Continue to provide support to MOH, as needed.	E1, E2

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>BTS 350 was reported to give unreliable results.</p> <ul style="list-style-type: none"> <li>• Al-Makassed Hospital , Orthopedic Drills: The two drills went faulty and the supplier sent to the manufacturer for evaluation.</li> <li>• Jericho Hospital: Obstetrics and Gynecology Ultrasound: an error message appears during system startup.</li> <li>• Jericho Hospital: The electrical surgical unit (ESU) was reported faulty last quarter.</li> <li>• Alia MOH Hospital: one ECG unit was faulty and outside the warranty. The project representative assisted MOH Engineers to diagnose the fault and facilitated for the needed technical documents from the</li> </ul>			

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					supplier <ul style="list-style-type: none"> <li>• Tarqumia MOH clinic : an autoclave was reported faulty and under warranty</li> <li>• CT scanner at Beit Jala MOH Hospital: an error appeared in image re-construction</li> </ul>			
E5b. Address problems by providing OJC or technical assistance.	X	X	X	X	Ongoing. In response to E5a. above, the following actions were taken : <ul style="list-style-type: none"> <li>• Vital signs monitors: the supplier conducted PM and calibration for 20 units in three directorates to restore accuracy.</li> <li>• Sign-in clock device, Ramallah Directorate: a representative from the supplier inspected the unit and found it working. The unit will remain under observation.</li> <li>• Hizma MOH Clinic: Spectrophotometer: the supplier re-calibrated the unit and solved the problem.</li> </ul>		Continue to coordinate OJC for the MOH to address problems that occur with Project-donated equipment.	2

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<ul style="list-style-type: none"> <li>• Al-Makassed Hospital ,Orthopedic Drills: The supplier reported to hospital that the units are outside the warranty and provided an estimate of cost for repair to the hospital.</li> <li>• Jericho Hospital, Obstetrics and Gynecology Ultrasound: the supplier was conducted for urgent intervention. System software was uploaded and the problem was solved. The unit will remain under observation</li> <li>• Jericho Hospital, the electrical surgical unit (ESU): the supplier failed to repair the unit and decided to send back to the manufacturer for repair and returned back to the hospital in good working condition. It took about 4 months to fix it. The warranty period has been</li> </ul>			

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>extended accordingly.</p> <ul style="list-style-type: none"> <li>Alia MOH Hospital: A faulty ECG unit. After the needed board has been identified MOH initiated the procurement process for it.</li> <li>Tarqumia MOH clinic, faulty autoclave: the supplier repaired the unit in a short period of time.</li> <li>CT scanner at Beit Jala MOH Hospital: the unit is under warranty and the supplier had to order the faulty part from Europe. It took about 2 weeks to get the part and repair the unit.</li> </ul>			
E5c. Support the MOH with the management of PM implementation for procured equipment on a quarterly basis.	X	X	X	X	<p>Ongoing.</p> <p>About fifty PM procedures were conducted for equipment at MOH health facilities with involvement BEU and facility engineers. PM was performed for equipment such as: Vital signs monitors, CT</p>		Assist MOH in scheduling and implementing PM, as needed.	

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					scanners, infusion pumps, the electrical surgical unit, hemodialysis machines, ultrasound machines etc.			
<b>E6. Establish an electronic inventory of medical equipment at MOH facilities linked to the HIS.</b>								
E6a. Review, update, and unify medical equipment files for hospitals and clinics already connected to the HIS.	X	X			<p>Ongoing.</p> <p>Equipment inventory for both the pediatric and cardiology wings of the PMC were completely reviewed, and standard nomenclature and coding system was adapted to the equipment that are not already uploaded on the HIS system.</p> <p>The work continued on the sterilization module where standard nomenclature and coding system have been adapted to most of the surgical instruments that have been inventoried at Rafidia Hospital.</p>		<p>Continue the effort in updating hospitals and clinics inventory</p> <p>Sterilization unit module: work will continue in Rafidia Hospital to build up the surgical sets using the surgical instruments that have been tagged with standard nomenclature and coding system.</p>	
E6b. Connect the Biomedical Engineering Unit at MOH to the HIS's Medical Equipment	X				Completed.			

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
Management Module.								
E6c. Assist the MOH to upload equipment inventory to the HIS for relevant health facilities.	X	X	X	X	Ongoing. New equipment has been uploaded for Qalqilya and Rafidia hospitals. Upload for the PMC is forthcoming.		Upload the updated equipment lists of the remaining health facilities that are connected to HIS.	
E6d. Connect the Biomedical Engineering departments at the MOH hospitals that have not yet been added to the HIS to the HIS's Medical Equipment Management Module.		X	X		Delayed.		Once the licenses for a new facility are obtained and connectivity to HIS is facilitated we will work closely with the biomedical engineer at the facility concerned to update the inventory, use the adopted nomenclature naming and coding for medical equipment and operationalize the medical equipment management module.	
E6e. Train MOH staff on the use of the HIS's Medical Equipment Management Module to schedule and manage PM tasks and duties in each health facility.	X	X	X		Completed. Additional training has been arranged for the biomedical engineers and the users at both the PMC and Alia Hospital in order to improve the use of the biomedical equipment management module and manage the process			1.3 2

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					of service orders and requests via the system only.			
E6f. Support HIS team in connecting equipment compatible with the HIS (e.g., chemistry analyzer, CTs, and Complete Blood Counts) at new health facilities to the HIS through communicating with the relevant suppliers and/or manufacturers.	X	X	X		Completed.  The connectivity of one CBC brand was facilitated this quarter after the supplier provided the corresponding communication protocol.			
<b>E7. Assist the MOH in activating the Palestinian National Training and Calibration Center.</b>								
E7a. Equip the National Training and Calibration Center and train staff on the operational use and utilization of equipment.	X				Completed.  This quarter, a product specialist from Fluke provided a five-day training for BEU engineers and other MOH engineers on the use and operation of the newly procured medical equipment calibrators and simulators from Fluke.  The National Training and Calibration Center was officially inaugurated 23 Jan 2013.			E1, E2

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
E7b. Assist the MOH in developing working policies and procedures for the National Training and Calibration Center according to international standards, and coordinate provision of on-site technical training for the implementation of such procedures through the STTA.	X	X	X		In progress.  The working policies and procedures have been adapted for the Palestinian context, and delivered to USAID for review. Approval was received late this quarter.		Policies and procedures for the National Training and Calibration Center will be provided to the MOH next quarter.	
<b>E8. Delivery and installation of medical equipment in beneficiary hospitals, if applicable.</b>								
E8a. Install the equipment and train on proper use and maintenance.	X	X	X		Completed.			E1, E2
E8b. Follow up on PM.		X	X	X	Ongoing.		Continue support in scheduling and implementation of PM, as needed.	
<b>E9. Follow up on the procured mammography machines for Hebron, Bethlehem, Toubas, and Jerusalem PHC directorate clinics.</b>								
E9a. Procure and install mammography machines.	X	X			Completed.			E1, E2
E9b. Train PHC clinic staff on appropriate use and maintenance of mammography machines.	X	X	X		Completed.			I.3
<b>E10. Procure equipment for PHC clinics that will allow implementation of the EPS (if funding is available).</b>								
E10a. Review existing equipment assessments and/or conduct new equipment assessments, as needed, based on EPS guidelines in cooperation with the technical team for PHC clinics that are	X							

Focus Area E: Procurement Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
proposed for expansion into the integrated multi-sectoral approach.								
E10b. Procure needed equipment to implement the EPS in PHC clinics.		X	X					E1, E2
E10c. Train PHC clinic staff on the appropriate use and maintenance of procured equipment.		X	X	X				2
<b>EI1. Provide MOH PHC clinics with electronic sign-in devices (if funding is available).</b>								
EI1a. Evaluate the use of electronic sign-in devices installed at the pilot clinic sites in Y4Q4.	X				Completed.			
EI1b. Expand the electronic sign-in system to select MOH clinics if proven effective in the assessment of the pilot.		X	X					
<b>EI2. Procure and install pharmaceutical Cold Rooms in remaining directorates (if funding is available).</b>								
EI2a. Review needs assessments and confirm PHC clinic sites where Cold Rooms are needed.	X							
EI2b. Release RFQ and select supplier.	X							
EI2c. Procure and install Cold Rooms.		X	X					E1, E2

# ANNEX B: SUMMARY TABLE OF INDICATORS

## PMP - Summary Table of Indicators Y5Q3

No.	Op. S. /M'	Indicator Description	Reporting Frequency	Cumulative/Discrete	Data Source	Type	Base -line	Target						Target LOP	Actual LOP	
								Actual								
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013				
<b>Cross Cutting Indicators</b>																
I	M	Total number of individuals trained through the Project	Quarterly	Discrete	Project records	Output	0	-	-		1485	455			4703	
								322	729	1713	1308	969	110	0		
I.1	3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	Quarterly	Discrete	Project records	Output	0			600	425	150				
								222	191	806	449	55	10	0		
I.2	3.1.6 (19) MCH	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines (individuals)	Quarterly	Discrete	Project records	Output	0			610	600	150				
								112	478	117	352	357	88	0		
I.3	M	Number of individuals trained in other topics	Quarterly	Discrete	Project records	Output	0				460	155				
											541			0		
		Procurement related trainings	Quarterly	Discrete	Project records	Output	0				10	5				
								-	-	172	2	0	12	0		
		Community members trained	Quarterly	Discrete	Project records	Output	0				450	150				
								-	-	901	517	557	0	0		
		Others –	Quarterly	Discrete	Project	Output	0				No					

No.	Op. S. /M <sup>i</sup>	Indicator Description	Reporting Frequency	Cumulative/Discrete	Data Source	Type	Base -line	Target							Target LOP	Actual ILOP
								Actual								
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013				
		technical trainings through grants			records						target set					
									22	0	0	0				
1.4	M	% of trained individuals applying skills/knowledge acquired from USG-funded training provided under the Project.	Annual starting Y3	Discrete	Special Study	Outcome	0	0%	40%	55%	65%	75%				
								-	-	88%	85%	86%				
2	M	Number of individuals who received direct on-the-job technical assistance through the Project	Annual	Cumulative	Project records	Output	0	-	-	-	550	550				
										431	683	686			550	
3	M	Number of technical documents (laws, policies, regulations, guidelines...etc ) produced with USG-support through the Project and submitted to the MOH	Annual	Cumulative	Project records	Output	0	-	-	-	52	52				
										48	48	56			52	
4	M	Number of reform processes and products institutionalized at the MOH	EOP	Discrete	Project records	Outcome	0	-	-	-	-	25				
											-	to be reported in Y5 annual report			25	

No.	Op. S./M <sup>i</sup>	Indicator Description	Reporting Frequency	Cumulative/Discrete	Data Source	Type	Base -line	Target						Target LOP	Actual LOP	
								Actual								
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013				
5	3.1.6 MCH	Number of local organizations provided with technical assistance for health-related institutional capacity-building	Quarterly	Discrete	Project records	Output	0	-	25	25	25	25		100		
									39	20	38	10	0			0
5.1	M	NGOs					0		18	3	2	0	0	0		
5.2	M	CBOs					0		21	17	35	10	0	0		
6	M	Number of MOH facilities assisted to provide quality health care services	Annual	Cumulative	Project records	Output	0	-	-	-	170	170		170		
										136	162	169				
6.1	M	SHC					0			12	13	13				
6.2	M	PHC					0			124	149	156				
<b>Focus Area A</b>																
<b>Intermediate Result A.1: Strengthened capacity of MOH staff and systems in the provision of quality, sustainable and equitable healthcare services</b>																
AI	M	Number of MOH departments receiving capacity building support with USG support through the Project	Annually	Cumulative	Project records	Output	0	-	-	22	22	22		22		
										22	Target reached in Y3	Target reached in Y3				

No.	Op. S. /M <sup>i</sup>	Indicator Description	Reporting Frequency	Cumulative/Discrete	Data Source	Type	Base -line	Target					Target LOP	Actual ILOP		
								Actual								
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013				
A2	M	Number of individuals receiving fellowships with USG support through the Project	Annually	Cumulative	Project records	Output	0	-	-	-	64	64			64	
										81	96	96				
<b>Intermediate Result A.2: Enhanced capacity of NGOs to provide quality complementary healthcare services</b>																
A3	M	Number of beneficiaries from NGOs	Quarterly	Discrete	Grantees reports	Output	0	-	-	-	25,000	15,000			40,000	
											16,676	12,837	5,108	0		
A4	M	Percentage (%) Satisfaction of beneficiaries from services provided by NGOs receiving grants	Y4	Cumulative	Special Study	Outcome	0	-	-	-	90%	90%			90%	
											98%	to be reported in Y5 annual report				
A5	M	Number of grants awarded to selected NGOs	Annual	Cumulative	Project records	Output	0		10	20	25	30			30	
									10	15	21	0				
<b>Focus Area B</b>																
<b>Intermediate Result B.1 and B.2: Improved availability of information to provide quality health care and to inform administration and management decisions at MOH healthcare</b>																
B1	3.1.5 OPH T	Number of individual patient records stored in the USG-supported Health Information System.	Quarterly	Cumulative	System generated	Output	0			60,000	150,000	250,000			250,000	
										79,649	274,680	383,723	411,728	481,668		

No.	Op. S. /M <sup>i</sup>	Indicator Description	Reporting Frequency	Cumulative/Discrete	Data Source	Type	Base -line	Target					Target LOP	Actual ILOP
								Actual						
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013		
B2	M	Percentage (%) effectiveness of HIS at the facilities that have used the USG-supported Health Information System	Y5 only	Cumulative	Special Study	Outcome	0							
Focus Area C														
Intermediate Result C.1: Strengthened capacity of health institutions to deliver quality clinical services														
C1	M	Average score (%) on PHC Quality Assessment Tool	Baseline Y4 and Endline	Discrete	Special PHC quality assessment tool	Outcome	0	-	-	-	-	45%	45%	
Intermediate Result C.2: Community mobilization to strengthen clinic-community linkages to provide effective community based services														
C2	M	Number of participants in community based social mobilization activities	Annually	Discrete	Project records	Output	0		100,000	500,000	300,000	100,000	IM	
								0	163,148	683,957	367,102	1,352,327		
C3	M	Number of volunteers at communities supporting the implementation of health activities and local health clinic renovation as part of the Champion Community	Annually starting Y4	Cumulative	Partner reports	Outcome	0	-	-	-	450	600	600	
										396	925	1,138		

No.	Op. S. /M <sup>i</sup>	Indicator Description	Reporting Frequency	Cumulative/Discrete	Data Source	Type	Base -line	Target					Target LOP	Actual ILOP	
								Actual							
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013			
		Approach													
C4	M	USD amount leveraged through community members in support of health activities and local clinic renovations	Annually starting Y4	Discrete	Partner reports	Outcome	0	-	-	-	60,000	20,000	80,000		
										263,069	51,017	59,667			
<b>Intermediate Result C.3: Strengthened capacity of health institutions to effectively use behavior change communication strategies</b>															
C5	M	Percentage of individuals trained on BCC methodologies who report applying skills/knowledge acquired through this training	Y4 only	Discrete	Special Study	Outcome	0	-	-	-	60%	-	60%		
											Training moved to Y5	Training not conducted			
<b>Focus Area E:</b>															
<b>Intermediate Result E.1: Quality commodities delivered to support all other project activities</b>															
E1	M	Number of facilities benefiting from USG-funded medical equipment	Annually	Cumulative	Project records	Output	0		60	70	150	160	160		
								1	100	117	159	184			
E2	M	Value (in USD) of procured commodities delivered – disaggregated	Quarterly	Discrete	Project records	Output	0	0.5M	17M	3M	4M	2M	26.5M		
								172,900	15,625,628	4,411,444	3,182,044	1,499,332	794,447	1,099,878	

No.	Op. S. /M <sup>i</sup>	Indicator Description  as followed:	Reporting Frequency	Cumulative/Discrete	Data Source	Type	Base -line	Target							Target LOP	Actual ILOP
								Actual								
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013				
E2.1		Total amount USD of medical disposables/ supplies provided.					0	0	0	0	13,113	0	0	0		
E2.2		Total amount USD of pharmaceuticals provided.					0		1,249,399		0	0	0	0		
E2.3		Total amount USD of medical equipment delivered.					0	172,900	10,157,171	2,009,546	909,501	1,152,693	687,422	0		
E2.4		Total amount of USD of HIS provided.					0		4,219,053	1,674,272	1,377,967	327,039	105,325	1,099,878		
E2.5		Total amount of USD of humanitarian assistance/ emergency supplies provided					0			727,626	881,461	19,600	1,700	0		

# ANNEX C: OPERATIONAL INDICATORS

USAID OP Indicator	Indicator	HHA 2013(FY13)Target	FY09 FY10 FY11 FY12	FY13Q1	FY13Q2	FY13Q3	FY13Q4	FY13 Value	LOP Value to date	Comments
3.1.6 MCH	Number of local organizations provided with technical assistance for health-related institutional capacity-building	10	0 39 20 38	10	0	0		10	107	Starting FY12Q3 note that indicator values were adjusted retroactively to include both CBOs and NGOs as per the revised PMP approved June 5, 2012
3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	150	222 191 806 449	55	10	0		65	1,733	Note that this indicator includes individuals trained on the HIS.
3.1.6 (19) MCH	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines (individuals)	150	112 478 117 352	357	88	0		445	1,504	

3.1.5 OPHT	Number of individual patient records stored in the USG-supported Health Information System.  (cumulative)	300,000	0  0  79,649  274,680	383,723	411,728	481,668		481,668	481,668	System generated number
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# ANNEX D: SUMMARY TABLE OF TRAININGS

Training Title	Date	Number of Participants		Purpose
		Female	Male	
<b>IT Training Administration</b>	April 29, 2013	1	3	Four MOH administrative staff attended training on administering and supporting the HIS system independently.
<b>ESTRO Forum</b>	April 19, 2013	0	1	One doctor attended the European Society for Radiotherapy and Oncology (ESTRO) second Forum in Geneva Switzerland. The forum offers an important opportunity for all health professionals specialized in the field of Oncology and Radiation therapy to update their knowledge and receive the latest technologies in the field.
<b>ABX CBC Factory Service Training</b>	May 13, 2013	0	2	Two engineers attended a training to raise the technical capacity of the MOH Biomedical Engineering Unit in repairing and maintaining CBC units procured by the project after the warranty period ends.
<b>Image Guided Radiation Therapy</b>	May 22, 2013	2	1	Three clinicians were trained on image guided radiation therapy. This training is part of an overall training package which was included in the original purchase order of the Radiation Therapy System donated by USAID to Augusta Victoria Hospital.

# ANNEX E: GEO-MIS QUARTERLY UPDATE REPORT

## Geo-MIS Partner's Quarterly Update Report

### Chemonics /Palestinian Health Sector Reform and Development

FY 2013

I certify that we have appropriate tools in place for data collection, verification, analysis, and storage and we have updated the Geo-MIS system with the most updated information that reflects the current project implementation deliverables and achievements.

In addition, the attached list of PMP indicators are still appropriate, valid, and up to date for program performance tracking up to this quarter and those indicators are in compliance with DQA measures (Validity, Integrity, Precision, Reliability, and Timeliness) as per ADS 203.3.5.1.

Number of Activities Added/Updated this reporting period: From 1/4/2013 -9/7/2013

Activity Type	Activity Status			Total
	Closed	Completed	On Going	
A064 - Training of health care providers	0	2	0	2
H063 - Provision of medical supplies, vaccines and equipment to NGOs	0	2	0	2
H064 - Provision of medical supplies, pharmaceuticals and equipment to the PA	0	51	0	51
H065 - Grants to NGOs working in emergency care and rehabilitation services	0	12	0	12
H067 - Technical Capacity Building and training	0	1	0	1
H070 - Behavioral Change, Info. dissemination and Communication	43	10	0	53
H071 - Strengthening the capacity of the Palestinian Health System (CB/TA)	28	17	12	57
H072 - Provision of training to Palestinian MOH/NGO staff	0	21	0	21
<b>Total:</b>	<b>71</b>	<b>116</b>	<b>12</b>	<b>199</b>

Program Updates this reporting period:

Category	Added/Updated this reporting period	Date of last update	Comments
Overall Goals	NO	Oct 16,2011	Updated, Only once
Overall Achievements	NO	Oct 16,2011	
FY13 Goals	No		Work plan not yet finalized due to project scope changes
FY13 Achievements	No		
Planned Events	0 added		
Success Stories	0 added	Nov 26,2012	
Pictures	0 added	May 27,2012	
Documents	0 added		
Sub Partners	0 added	Sep 6,2012	
PMP Indicators FY13 Results	28 indicators updated	July 7,2013	

List of proposed PMP indicators to be added or dropped (if any).

The project underwent major changes in scope in Y5 and a work plan has not been finalized yet. Four focus areas of the project were closed in Y5 following funding delays and the only ongoing activity is the installation of the HIS at the designated facilities. Following a contract amendment, a Y5 work plan is going to be finalized and the PMP indicators will be updated.

# ANNEX F: SUMMARY OF COMMUNICATIONS PRODUCTS

## Y5Q3 COMMUNICATION PRODUCTS

Title	Language	Focus Area	Link (if available)
<b>Telling Our Story</b>			
Equipping Clinics for Quality Care	English	C	<a href="https://www.dropbox.com/s/82iylsljeu8afk9/Y5Q3_Case_Study_Citizen%20satisfaction%20%2823June13%29.docx?m">https://www.dropbox.com/s/82iylsljeu8afk9/Y5Q3_Case_Study_Citizen%20satisfaction%20%2823June13%29.docx?m</a>
Ministry Works with Mothers to Teach Healthy Living	English	C	<a href="https://www.dropbox.com/s/n5c4mllmhlsfkfb/Y5Q3_Snapshot_Ministry%20Works%20with%20Mothers%20to%20Teach%20Healthy%20Living%20%28Y4%20Annual%20Report%29.doc">https://www.dropbox.com/s/n5c4mllmhlsfkfb/Y5Q3_Snapshot_Ministry%20Works%20with%20Mothers%20to%20Teach%20Healthy%20Living%20%28Y4%20Annual%20Report%29.doc</a>
<b>Video</b>			
Voices of Impact: Supervising Quality Care	English/Arabic	C	<a href="http://youtu.be/mjBriR3IWW0">http://youtu.be/mjBriR3IWW0</a>
Voices of Impact: Engineering Health	English/Arabic	E	<a href="https://www.youtube.com/watch?v=H7Un2QiQ10k">https://www.youtube.com/watch?v=H7Un2QiQ10k</a>
Voices of Impact: Delivering Quality Care	English/Arabic	C	<a href="http://youtu.be/W2WRUiMaeLw">http://youtu.be/W2WRUiMaeLw</a>
Voices of Impact: Championing Community Health	English/Arabic	C	<a href="https://www.youtube.com/watch?v=oNTOvIMYAQc">https://www.youtube.com/watch?v=oNTOvIMYAQc</a>
Voices of Impact: Modernizing Health Care	English/Arabic	B	<a href="http://youtu.be/nzROaKyiW8E">http://youtu.be/nzROaKyiW8E</a>
Voices of Impact: Reaching the Disabled	English/Arabic	A	<a href="http://youtu.be/Kn5xrFSbuLg">http://youtu.be/Kn5xrFSbuLg</a>

## Y5Q3 WEEKLY UPDATES TO USAID

Date	Title	Focus Area	Video Bullet
4-Apr	<a href="#">The USAID-funded Health Information System (HIS) has enhanced health care services, according to Ministry of Health (MOH) staff</a>	B	<a href="#">↓</a>
11-Apr	<a href="#">Palestinian citizens have greater trust in Ministry of Health (MOH) primary health care (PHC) services as a result of USAID health reform</a>	C	
16-May	<a href="#">MOH assumes financial responsibility for HIS supplies</a>	B	
20-Jun	MOH gains the capacity to create a national HIS	B	

# ANNEX G: SUMMARY OF SHORT-TERM TECHNICAL ASSISTANCE (STTA)

## Y5Q3 SUMMARY OF SHORT TERM TECHNICAL ASSISTANCE

Name	Title	Organization	Purpose of Assignment	STTA Duration	
				Start	End
Ashraf Al-Saleh	HR Module Implementer	Chemonics	Support the MOH in utilizing all components of the HR system, including the MOH management in generating reports from the system for decision-making.	May 1, 2013	September 25, 2013
Bassam Al-Mohor	Media Consultant	Chemonics	Enhance the visibility of the Project's activities and achievements among the Palestinian people, through documentation in Arabic language press releases, articles and success stories for publication and distribution among local media outlets.	April 17, 2012	September 25, 2013
Elizabeth Price	Knowledge Management Support	Chemonics	To provide support in the development of contractually required deliverables and public relations materials as needed.	January 16, 2012	August 31, 2013
Hadeel Alqassis	Community and Corporate Social Responsibility(CSR) Mobilizer	Chemonics	To pilot a community/CSR campaign in order to mobilize resources for HIS in the Qalqilya district clinics; including hardware and running costs.	May 20, 2013	July 31, 2013
Nalin Johri	M&E Advisor	Chemonics	Provided the Project support in conducting data analysis for the final impact assessment and preparing a results report to be incorporated in the final report of the Project.	March 1, 2013	April 25, 2013
Nicholas Skibiak	MOH Financial Analyst	Chemonics	Provide technical assistance to the MOH in financial forecasting and analysis to ensure	June 1, 2013	September 15, 2013

			accurate budgeting for the HIS.		
Sami Alalul	Videographer	Chemonics	Enhance the visibility of the Project's activities and achievements among the Palestinian people, through documentation in the form of video production.	November 1, 2012	May 31, 2013

FRONT COVER: THE KIDNEY DIALYSIS UNIT AT DARWISH NAZZAL HOSPITAL, QALQILYA.

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