



**USAID** | **WEST BANK/GAZA**  
FROM THE AMERICAN PEOPLE

# YEAR 5 QUARTER 4 PROGRESS REPORT

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT  
PROJECT

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

Year 5 Quarter 4 (July 1 to September 30, 2013)





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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
Y5Q4	Year 5 Quarter 4

# 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 July 1, 2013 through September 30, 2013, or Year Five Quarter Four (Y5Q4). For the quarter, [Section I](#) presents a general overview of the Project's status, [Section II](#) presents progress by Focus Area, and [Section III](#) 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.

All work under Focus Areas A, C, and D was suspended or substantially reduced in Quarter 2 of Year 5. 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.

This quarter, the Project underwent a change in management and finalized the reduction in force and restructuring of the organizational chart. The new Chief of Party (COP) joined the Project in July 2013, and the Director of Compliance and Administration arrived in August 2013. The Procurement Manager left the project in September, concluding the reduction in Force (RIF) that took place over the last quarter to restructure the project to focus solely on HIS.

# SECTION I: OVERVIEW

## MAJOR ACCOMPLISHMENTS

### FINALIZATION OF SOURCE CODE ESCROW AGREEMENT FOR AVICENNA OPEN LICENSE

During a series of meetings held this quarter in Istanbul, Turkey as well as Ramallah, Project staff met with the third party, independent escrow agent and the Health Information System (HIS) software supplier (DataSel) to finalize the source code escrow agreement and hand over the source code for the Avicenna HIS system on behalf of the Ministry of Health (MOH). Third party controls, an installation guide, user guides and database schema were also handed over to the agent. A build assured verification exercise, (a complete build of the application from the source code) was independently conducted by the escrow agent. The exercise proceeded smoothly, and the key features of the application were tested and functional with no bugs.

### ROLL OUT TO CENTRAL MOH DEPARTMENTS

This quarter, the Project connected two MOH central departments to the HIS: the central Secondary Health Care (SHC) department, and the central MOH Finance Department, allowing general directors and central MOH staff to capture, manage and disseminate aggregate clinical data for improved clinical processes and operational workflow for their hospitals. The Project will be working closely with MOH general directors and central department staff to determine current information needs and develop methodologies to access the data and create the needed reports via the HIS. Next quarter, the Project will continue with the roll out to key central MOH departments including the central warehouses, central drug stores and referrals unit.

HIS training and orientation was provided to general directors and to central department staff as the roll out took place. SHC central department staff were trained on system usage on September 3, 2013. Central MOH finance staff were trained on the finance module of the HIS on September 22 and 23, 2013 and were also present at a final workshop held in Jericho on September 26 and 27, 2013.



The Project supported the roll-out of the finance module of the HIS with a series of facility-level workshops in September that culminated in a final two-day workshop in Jericho on September 26. Photo credit: Bassam Al Mohor/Chemonics International.

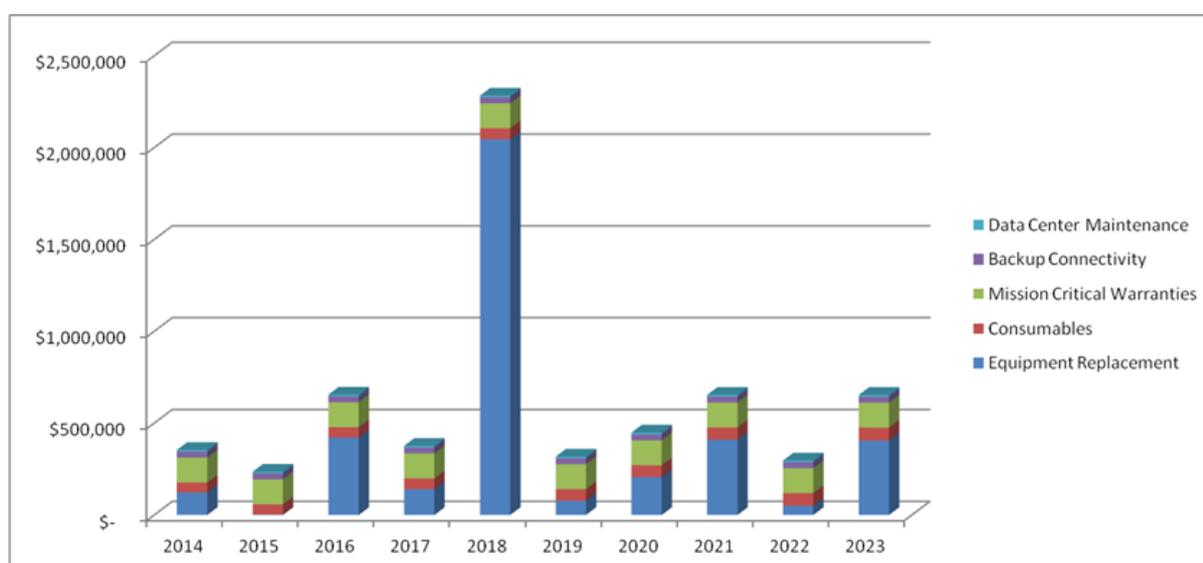
## HIS FINANCIAL ASSESSMENT COMPLETED

This quarter, the Project completed the second phase of an activity designed to yield a facility level consumption model, a financial forecasting tool for HIS supply budgets, and a recommendation for the 2014 HIS budget allocation.

Since June 2013, the Project has worked closely with the MOH to gather facility level data to refresh the 2013 HIS budget estimate conducted early this year, and to construct long-term budget estimates with inputs and support from all stakeholders. Last quarter, the Project carried out a survey among 9 of the 12 facilities operating the HIS, using a survey template to capture past and current HIS demand levels. The Project conducted site visits and interviews with MOH finance and budget directors, warehouse managers, hospitals and clinics, as well as central warehouses, central ministry administration and the national blood bank.

This quarter, the Project completed the analysis of the survey data and has built a consumption model based on (ideal) average per-patient consumption rates of critical supplies at hospitals and clinics. These rates were then benchmarked against existing HIS data on patient load, and patient load growth patterns, in order to produce an HIS supplies budget estimate for 2014 and beyond (see chart below).

This quarter, the Project also developed a universal hardware list for HIS equipment depreciation and a maintenance schedule. This activity was prompted by the fact that the life cycle of a significant portion of the original HIS equipment procurement is set to expire in 2014, according to manufacturer guidelines. Accordingly, the Project's consultant worked closely with Project staff and staff from the Dimensions subcontractor to understand the exact history of equipment procurement, distribution among facilities, and life cycle. The result is the development of a complete and verified inventory of all HIS equipment procured to date, along with life cycle estimates which have been provided to USAID.<sup>1</sup>



<sup>1</sup> See STTA073: *Integrating HIS Data into MOH Financial Administration\_Skibiak*, submitted to USAID on October 8, 2013.

## 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 ensure the sustainability of delivered systems and programs. This quarter, the Project participated in the following technical coordination meetings:

Date	Host	Attendees	Highlights
September 12	Flagship	WHO/Flagship	Reviewed the process proposed by the World Health Organization (WHO) to develop a national minimum data set, and agreed on next steps including the review of the proposed data set by the Project, and an initial assessment of the mapped values available in the HIS. A task force comprised of MOH, WHO and Project representatives has been formed.
September 19	Flagship	WHO/Flagship	Reviewed data set in detail, with a discussion on available data within the HIS. Agreed on the set to propose to the task force, which includes MOH representatives from the SHC Quality Department, and the Palestine Health Information Center.
September 23	WHO/Public Health Institute	WHO/Flagship/MOH	Jointly revised and selected key performance indicators from the data set. All agreed to the content. Agreed to perform data extraction on the dataset and conduct initial analysis as a pilot.

## SECTION II: PROGRESS BY FOCUS AREA

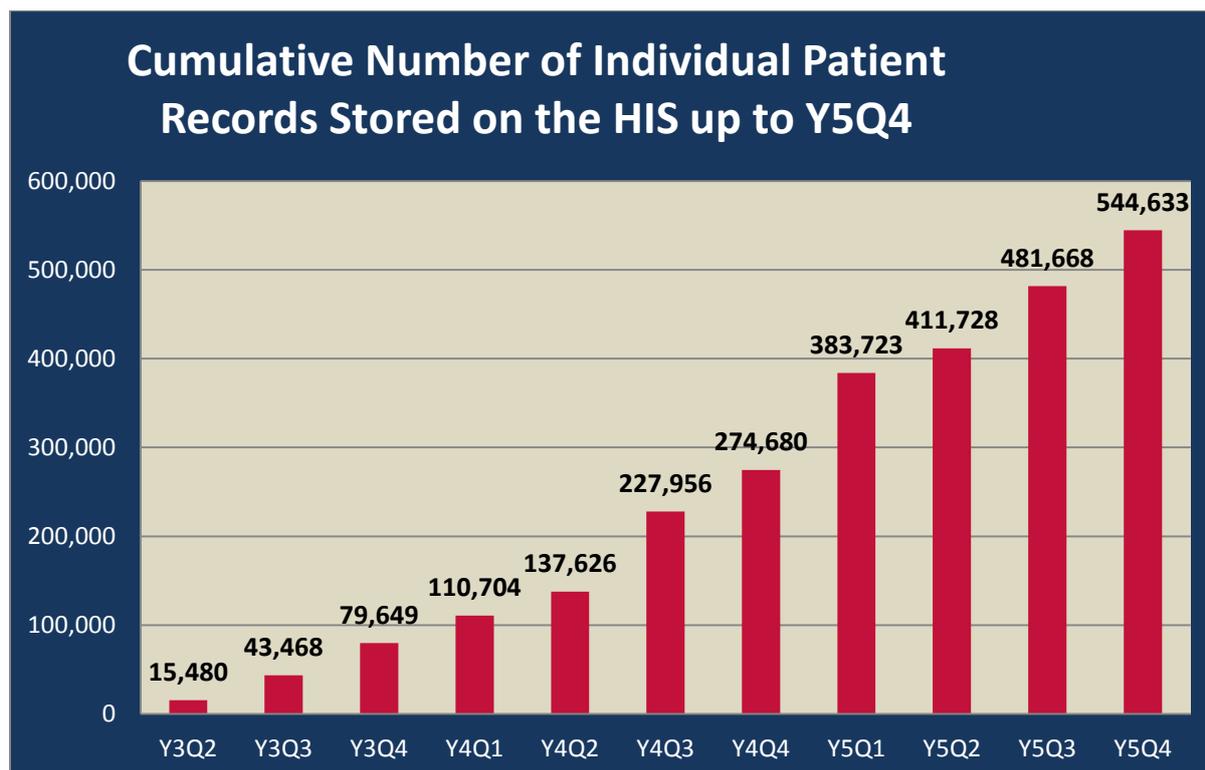
The following are progress updates and operational highlights by Focus Area for Y5Q4. Detailed reporting by activity can be found in [Annex A: Progress Against Work Plan](#) for all Focus Areas.

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

The Project officially closed its grants portfolio in Quarter Two of Year 5. No further activity took place after that time under this Focus Area.

## 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 Primary Health Care (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 544,633 individual patient records are stored on the HIS (as of September 30, 2013).



*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.*

### Roll out of the HIS Financial Module

Last quarter, the MOH began using the new finance and accounting module of the HIS after it was released during a major system upgrade (Avicenna 2.2). The new module defines and automates the MOH's financial processes. The Project supported the roll out of the new module with a series of facility-level workshops in September that culminated in a final two-day workshop held in Jericho on September 26, 2013.



The final workshop on the finance module of the HIS provided over 30 MOH central and facility finance staff with the chance to evaluate the roll-out of the new module.  
 Photo credit: Bassam Al Mohor/Chemonics International.

The final workshop provided over 30 MOH central and facility finance staff with the chance to evaluate the roll-out of the new module. At the workshop, the MOH finance staff agreed to shift all cash transactions to the HIS. By removing manual cash transactions at the facility level, the MOH will ensure all financial

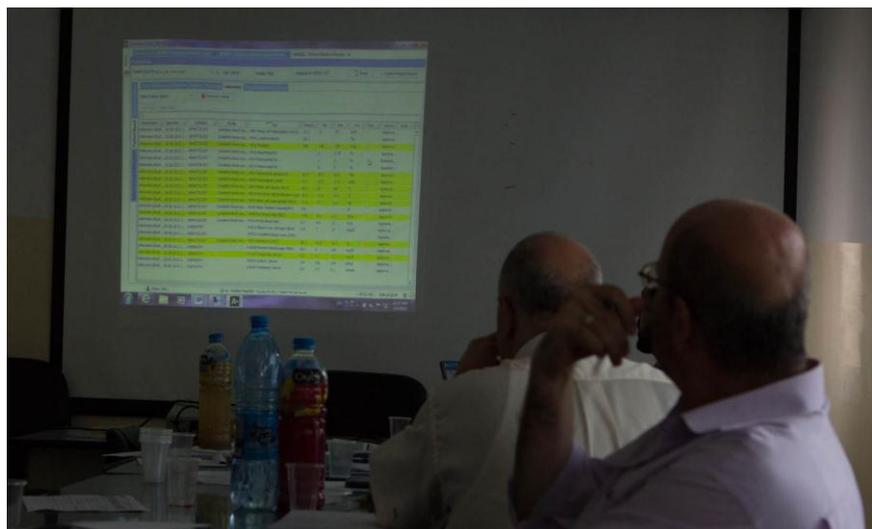
data is fed directly into the HIS for use in budget analysis and forecasting. It will also standardize the fees charged to citizens for health services provided at different facilities.

Participants strategized on continuing the roll-out of the module as the MOH connects central departments to the HIS in Year 6.

### Roll out of the HIS to Central MOH Departments

The Project has begun connecting MOH senior leadership to the HIS to improve its oversight, management, and planning of health services at the 12 HIS hospitals and clinics and in preparation for the planned expansion into other facilities. The central SHC Department was connected to the system this quarter, and nine general directors were oriented on the system, including the General Directors of SHC, directors of SHC Administrative and Financial Affairs, the SHC Nursing Director, SHC quality directors, and others.

The directors were oriented with the system’s reporting features, which will allow them to generate accurate, timely data for data-driven decision-making.



On September 3, 2013, nine general directors for secondary health care services were oriented on using HIS to generate accurate, timely data for data-driven decision-making.  
 Photo credit: Bassam Al Mohor/Chemonics International.

The senior administrators expressed their enthusiasm for the system's reporting features, and emphasized the importance of rapid, accurate, and structured gathering and analysis of data for their decision-making, management, and tracking of the population's general health. The immediate need to provide access to accurate data provided through the system was highlighted by the directors as well.

### **Enhancing the usage of the Human Resource Module of the HIS**

The HR module of the HIS is currently being implemented in all MOH facilities, connecting over 6,000

MOH employees and streamlining HR processes.

This quarter, the Project worked with the MOH to convene nearly 80 staff to improve and expand the Human Resource (HR) Module of the HIS. Through two workshops held in September, the MOH used peer-to-peer teaching and user feedback by its HR staff to ensure sustainability and impact of the automated personnel management system.



The MOH held two peer to peer workshops this quarter, to allow a total of nearly 80 ministry staff to come together to discuss the Human Resource Module of the HIS, and learn about new module options. *Photo credit: B. Al Mohor/Chemonics International.*

The workshops represented a rare opportunity for nearly 80 ministry staff from 24 hospitals and PHC directorates across the West Bank, as well as the relevant general directorates, to discuss the system and learn about new module options. The peer-to-peer conversations are part of the MOH's efforts to improve the system through user feedback. (This is the second annual peer-to-peer workshop held by the MOH with Project support. A similar workshop was held in 2012, two months after all facilities were first connected to the HR module).

The workshops were held at the Caesar Hotel in Ramallah on September 4 (for hospital HR staff) and September 17 (for PHC HR staff). Top MOH officials were also in attendance at the workshop including Suleiman Al Ahmad, Director General of Administration, Ali Al

Helou, Director General of the Engineering and Computer Unit, and Sameer Shalabi, Personnel Director.

During the workshops, staff had the opportunity to discuss the current status of the system and brainstorm next steps. Staff members from different facilities provided tips for optimal utilization of the system. Through a collaborative discussion process, bottlenecks and common problems were addressed and users exchanged feedback on troubleshooting the implementation issues.

The vendor and the Project documented the discussion and are working to adjust the system to accommodate requests from current and future users. The MOH highlighted the impact of the HR module by inviting staff to explain how they use the system at their facility.

The workshops were also designed to prepare staff for the continuing expansion of the HR module. The MOH again used the peer-to-peer approach to introduce the new HR Correspondence tool, which is being piloted at Rafidia Hospital and the Nablus PHC Directorate and will soon be rolled out to all MOH facilities. At both workshops, HR staff currently using the tool provided a live demonstration and responded to questions and concerns from their HR peers

### **System performance monitoring at all connected facilities**

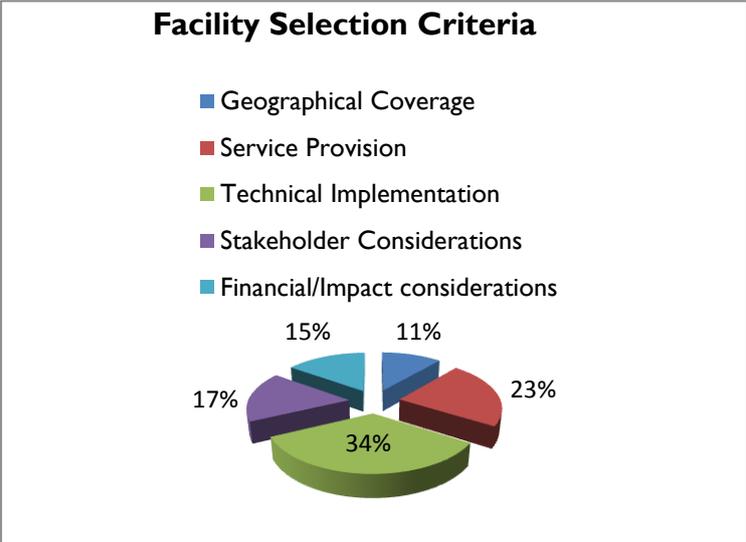
Project staff closely monitored system performance and network usage this quarter, and worked closely with the Project's implementing subcontractor to optimize performance based on user feedback. Six patches of the software were deployed as a result of system monitoring. Additionally, one version upgrade and one patch of the HR module were deployed this quarter based on user feedback and system monitoring.

### **Planning for Project Year Six; facility selection and prioritization methodology developed**

This quarter, the Project developed a methodology for the selection and prioritization of health facilities targeted for HIS roll-out during the Project's extension year, based on prior experience with HIS implementation. The purpose of doing so is to enhance the potential for successful uptake of the system given the human-factors such as effective leadership, appetite for change, and computer literacy, as well as other factors such as implementation cost and timeframe and availability of resources. The project assessed geographic coverage, the level and type of services provided, the number of beneficiaries served, and the potential for swift installation, uptake and successful implementation.

The list of recommended hospitals for HIS expansion, based on the resulting scores of this exercise were shared with USAID, and are listed below:

1. Beit Jala Hospital (80.3%)
2. Al Makassed hospital (71.8%)
3. Jenin Hospital (56.6%)
4. Jericho Hospital (50.4%)
5. Tulkarem hospital (45.9%)



**CHALLENGES**

The Project has faced some challenges in gaining central level support for the activation of an HIS Supervisory

Each of the selection criteria developed was assigned a weight via agreement amongst the team as to their relative importance to determining priority for roll out, and this was averaged so as to assign a relative weight to each of the five categories.

Committee. The Committee, designated by the Minister of Health, has been tasked with carrying out national oversight of the HIS, and with legal and policy-level decision making as pertains to the HIS. The Project will work closely with USAID and with the Minister of Health next quarter, to finalize the terms of reference and activate the committee.

**THE COMING QUARTER**

The Project has received a one-year, no-cost extension to the Project’s original contract end date of September 30, 2013. The extension will allow for expansion of the HIS to additional health facilities and for supporting the MOH in enhancing their usage of HIS data for decision making. The Project will work closely with USAID to prioritize the facilities for roll out, and to develop an implementation plan that will detail the activities to be carried out during the Project’s sixth year.

The Project plans to continue with the roll out of the HIS to central MOH offices next quarter, including the MOH central warehouses, the central drug stores, and the referrals unit.

The Project also plans to begin the installation of the HIS in Beit Jala Hospital next quarter with pre-installation activities taking place, including installation of hardware and networking. The Project will also begin orienting the facility management to the system to garner their support for change management initiatives to be implemented among the staff.

The Project will also be investigating alternative cost models for the roll out of the HIS to An Najah University, a non-governmental educational hospital well-suited for system implementation.

Next quarter, the Project will work with the MOH to extract data from the HIS, and develop a system for routine data cleansing. The Project will also work on building a data exchange platform to allow MOH and non-MOH hospitals to share patient financial and medical records.

Support to the MOH in the development of a Supervisory Committee will also continue.

## **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 Champion Community Approach Guide was finalized and submitted to USAID in Y5Q3. 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 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 completed the review, update, and unification of medical equipment files in preparation for the development of an electronic inventory of medical equipment for upload to the HIS. The naming of all contents of the surgical sets was completed this quarter. The new naming and coding system was agreed upon with the MOH, and an orientation session was held at each HIS hospital for relevant facility staff.

The MOH is continuing to upload facility equipment inventory lists to the HIS. The MOH Biomedical Engineering Unit (BEU) is now taking the lead in updating each hospital's inventory using the adopted nomenclature.

The BEU has been provided access rights to the system and has begun using the HIS to conduct medical maintenance management and manage all facility level technical operations.

### **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 technologist from Augusta Victoria Hospital (AVH) attended the European Society for Radiotherapy and Oncology (ESTRO) course on Basic Treatment Planning in the Netherlands this quarter.

Additionally, AVH's biomedical engineer attended a service training by the supplier of the Radiation Therapy System (RTS) donated by USAID to Augusta Victoria Hospital.

### **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 developed "CT Department Policies and Work Instructions" in cooperation with the MOH and submitted these protocols to USAID in September, 2012. The delay in receiving USAID approval on the CT Department Policies and Work Instructions has delayed the delivery and demonstration of its contents to the MOH.

## **THE COMING QUARTER**

All activities under this focus area will have ceased next quarter. The Project will, however, continue to provide 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: MANAGEMENT, OPERATIONAL, AND CROSS-CUTTING ACCOMPLISHMENTS

The following are management and operational highlights for Y5Q4.

## **STAFFING AND RECRUITING**

The new Chief of Party (COP) joined the project in July 2013, and had a two-week overlap with the outgoing COP and orientation with the home office project director in the field office. In early August, the new Director of Compliance and Administration also joined the team. The current staffing structure includes 13 long-term Chemonics staff, and five long-term staff hired through Massar Consulting and Technical Services Private, LTD Company (Massar). The Massar staff include one HIS coordinator, IT support, two drivers, and office maintenance and cleaning. The staff is organized into a technical unit focused on HIS, a knowledge management unit overseeing technical reporting, communications, and monitoring and evaluation, and a compliance and administration unit responsible for finance, human resources, operations, and compliance. The Procurement Manager left the project in September, concluding the reduction in force (RIF) that took place over the last quarter to restructure the project to focus solely on HIS. No new local staff was hired during the quarter.

## **SHORT-TERM CONSULTANCIES**

During the last quarter, the project engaged two expatriate and three local short-term consultants. The HIS Data Integration Consultant completed his second assignment in August 2013 to provide technical assistance to the MOH in financial forecasting and analysis and ensure accurate budgeting for the HIS. The Community Mobilization consultant completed her assignment in July 2013 to pilot a community/corporate social responsibility campaign to mobilize resources for HIS in the Qalqilya District and to raise money for hardware and running costs for the Level 2 clinics. The Project's HR Consultant continued work during the quarter to support the MOH in utilizing all components of the HR system. He is working with the MOH management in generating reports from the system to aid in decision-making. The Project has also continued to use a Media Consultant to assist in documenting impact, public outreach and promotion of Project activities, and in professional photography and videography, and a Technical Reporting Specialist to support the work of the Knowledge Management division.

## **COORDINATION WITH USAID**

The Project continued to coordinate closely with USAID via weekly meetings between the Chief of Party (COP) and Contracting Officer's Representative (COR). The Project also continued to exchange an approval request tracker with the COR on a weekly basis. In

addition, the COP started providing a weekly report by email to USAID on all major accomplishments, ongoing activities and planned events as well as requests from USAID. At the end of the quarter, the Project returned to sharing technical successes with USAID via the weekly “bullets.” The COP also meets regularly with the activity manager and/or the program director of USAID to summarize progress and to further address technical and operational issues.

## FINANCIAL PERFORMANCE

Chemonics’ expenditures were \$508,166 in July, \$242,914 in August and \$361,927 in September 2013. The total expenditure for the quarter was \$1,113,007. Y5Q4 financial performance was 0.15% or \$1,670 below the projected \$1,114,677.

Total Obligated to Date	Invoiced to Date	Obligation Remaining	% of Obligated Funds Invoiced
\$ 84,716,896	\$76,375,888	\$8,341,008	90%

## 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 Y5Q4, the Project submitted a total of seven vetting requests for one trainee and six vendors. 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 24 transactions. These figures have decreased dramatically due to a reduction in project activities resulting from the restructuring of the project. An MO21 compliance review was conducted on September 11, 2013 under the new protocols as specified in the mission notice 2013-WBG-02. The audit covered the period from April 1, 2012 to August 31, 2013.

# 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.			A3 A4 A5
A1d. Close grant agreements.	X	X	X	X	Completed.			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 for the final Spring 2013 semester will be released in October 2013.	A2
A2b. Share results of assessment with the MOH every semester, and jointly determine status of scholarships for following semester.	X	X	X	X	Completed.			A2

Focus Area A: Institutional Development								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
<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 follow up on implementation.		X	X	X				A3 A4 A5
A3f. Review grantees' monthly financial and technical reports and process approved payments.		X	X	X				A3 A4 A5
A3g. Review grantees' final reports.				X				

Focus Area A: Institutional Development								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
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				Completed.  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.	User resistance to change (specifically among doctors).  Delays by MOH staff in submitting HIS-related data to ensure full system functionality.	Continue to follow up and resolve HIS technical issues.	BI
BIb. Monitor and evaluate the HIS.	X	X	X	X	Ongoing.  Frequent meetings were held at different facilities in Ramallah district to ensure successful HIS implementation.  Project staff monitored system performance and generated reports to evaluate HIS usage, system performance and network usage in		Continue ongoing communication with HIS users and management of Ramallah facilities for feedback.	B2

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					Ramallah District.			
B1c. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk.	X				In progress.  The two MOH IT staff members assigned to support HIS-related functions in the Ramallah District are providing first line support for users.	Delays by MOH in hiring additional IT staff, which will include at least one staff member to support HIS in Ramallah District.  The two MOH IT staff are not entirely dedicated for HIS support and need additional help in providing support to the four Ramallah HIS sites (PMC, Ramallah PHC Clinic, Blood Bank and Beit Rima Clinic).	Train and support new MOH IT staff who will provide HIS support in Ramallah District.  Continue handing over access rights and privileges to MOH IT staff.	
B1d. Facilitate 12-month post-implementation warranty and maintenance.	X	X	X	X	In progress.  The 12-month post-implementation warranty and maintenance period for Ramallah and Hebron		Continue facilitating the 12-month post-implementation warranty and maintenance.	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					districts began in the beginning of Y5Q4 after a delay to ensure finalization of HIS implementation.			
<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>Ongoing.</p> <p>Project staff closely monitored system performance and network usage and worked with subcontractor to optimize the performance based on user feedback.</p> <p>Six patches of HIS (Avicenna) software were deployed based on users' feedback and monitoring of the system.</p> <p>One version upgrade and one patch of the Human Resources System (MENAITECH) were deployed based</p>	<p>Occasional poor system performance.</p> <p>User resistance to change (related to the new release).</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> <p>Follow-up on finance module implementation and ensure system usage.</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>on users' feedback and monitoring of the system.</p> <p>Training and implementation of the finance module in all HIS facilities.</p> <p>A workshop for all HIS finance departments was conducted to evaluate the implementation of the module and concluded in stopping the usage of manual cash boxes, once it is matched with the HIS.</p> <p>Training and implementation of HIS reporting for the Secondary Healthcare Directorate.</p> <p>Project staff continued to support the operationalization of HIS modules including Medical Foundation,</p>		and Mental Health.	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					Medical Committees, Mental Health and Maintenance in all HIS facilities.  Project staff periodically generated reports to monitor system usage and quality of data in different departments.			
B2b. Continue handing over administrative privileges to MOH IT staff for the HIS.	X				Completed.			
B2c. Facilitate 12-month post-implementation warranty and maintenance.	X	X	X	X	Completed.			
<b>B3. Expand implementation of the HIS to AI Makassed Hospital.</b>								
B3a. Conduct pre-implementation activities (install hardware, define users, etc.).	X				Delayed. Awaiting USAID approval.			
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.			I.I - B1
B3c. Training and implementation on the in-patient and emergency		X			Delayed.			I.I - B1

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

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
B4d. Training and implementation on administrative support services modules of the HIS for Beit Jala Hospital.				X				I.1 – B1
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				X				I.1 – B1

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
PHC directorate clinic.								
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 and training and establish help desk for Bethlehem PHC directorate clinic.				X				
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.I – B1
B5c. Training and implementation on the in-patient and emergency modules of the HIS for Jericho			X					I.I – B1

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
Hospital.								
B5d. Training and implementation on administrative support services modules of the HIS for Jericho Hospital.			X					I.1 – B1
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 for Jericho Hospital.			X					
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.1 – B1
B5j. Training and implementation on administrative support services			X					I.1 – B1

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
module of the HIS for Jericho PHC directorate clinic.								
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>								
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.I – BI
B6c. Training and implementation on the in-patient and emergency modules of the HIS for the								I.I – BI

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
hospitals.								
B6d. Training and implementation on administrative support services modules of the HIS for the hospitals.								I.1 – B1
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.								
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								I.1 – B1

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
modules of the HIS for the PHC directorate clinics.								
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 compatible with MenalTech.	X				Completed.			
B7d. Assess the usage of the HR module in all MOH facilities and resolve any pending issues.	X	X	X	X	Ongoing. Conducted two HR workshops for users' feedback and	Delays in general response of the HR department at MOH which delays the	Continue providing support for MOH and HR-related tasks and continue supporting	

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>demonstration of correspondence and letters process.</p> <p>MOH IT staff activated MENAME (self-services) in Jerusalem 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>operationalization of certain processes at MOH including correspondence and letters, training and appraisals.</p> <p>Internet connectivity in some of the facilities needs to be upgraded for better system performance.</p>	<p>them in the implementation of the Correspondence and Letters module, appraisal module and the training module.</p>	
<b>B8. Develop privacy, confidentiality, and user access rules and protocols for HIS.</b>								

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
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.  A Ministerial change has delayed legal recognition of the Framework. The Project will follow up with the MOH legal department, and the new Minister to obtain approval of the document and proceed with roll out of 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.  The Project will work with the MOH to implement usage of these forms as the Framework for eHealth Privacy is rolled out.		Distribute forms.	
B8d. Develop User Access Manual.	X	X			Completed.			3

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
B8e. Deliver User Access Manual to HIS facilities and train facility staff on the use of the User Access Manual.		X			In Progress.  The manual will be delivered to the MOH in October 2013.			
B8f. Organize and conduct a promotional campaign to educate the general public about patient rights and responsibilities under the new system.		X			Suspended.			
<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 personnel.	X				Completed.			
B9b. Evaluate existing HIS budget process and performance.	X				Completed.			
B9c. Evaluate impact and efficiency of the HIS and suggest reforms toward long-term sustainability.		X			Completed.			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.			

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
BI0b. Draft and Release RFQ for PACS.	X				Delayed. Funding has not yet been made available for 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	X				In progress.			

Focus Area B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
maintenance and support.					Ongoing for 24 months.			
<b>B12. Conduct feasibility assessment of HIS implementation in Champion Community PHC clinics (if funding is available). **</b>								
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

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C1f. Conduct clinical and managerial coaching including Supportive Supervision for directorate and field staff.	X	X	X		Suspended.			2
C1g. Identify a total of ten new CBOs and issue subcontracts to implement the CCA.	X				Completed.			5.2 6.2
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 dialogue 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>								

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C3a. Obtain MOH and USAID approval and finalize CCA Manual.	X				Delayed.  The CCA Manual was submitted to USAID Y5Q3.		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, it will be provided to the MOH as “print ready”.			4
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

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
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
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.			1.2

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
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			In Progress.  The manual has been developed as a "print-ready" document, and will be provided to the MOH next quarter.		Finalize design of manual and provide to MOH.	3
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.			

Focus Area C: PHC								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
<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,	X	X	X		Suspended.			2

Focus Area D: Hospital Support								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
including doctors and nurses.								
D1e. Support OJC in sustained optimal use of equipment in related intervention.	X	X	X		Suspended.			2
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</i> , <i>Information Sharing with Patients</i> , <i>Communicating with Parents</i> , and <i>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>								
EIa. Oversee on-site and off-site training for relevant technical staff at AVH.	X	X	X	X	Completed.  One technologist from AVH attended a course on Basic Treatment Planning by The European Society for Radiotherapy and Oncology (ESTRO) in Utrecht, The Netherlands.		Service training at Varian, for the biomedical engineer.  On-site RPM training (Real-time Position Management) will be conducted at AVH by a specialist from Varian.	1.3
EIb. Follow up on equipment utilization.	X	X	X	X	Completed.  The new system is still handling about 75-80 treatment sessions per day as the old system is still faulty from last quarter.		Continue to follow up on equipment utilization and patient treatment on the RTS.	
EIc. Follow up with the manufacturer, the local supplier, and the beneficiary on the prescheduled PM on the system.	X	X	X	X	Completed.  PM was conducted this quarter by the supplier with the participation of the hospital's engineer.			

					The supplier is in the process of getting a new UPS (replacement has been cleared out of customs) 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		Delayed.	Awaiting USAID approval on the CT Department Policies and Work Instructions.	Deliver and demonstrate 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	Completed.  The Project coordinated three PM visits for each of the four CTs at the PMC, Rafidia, Alia and Beit Jala hospitals this quarter.  PM was conducted in September for the scanners at the PMC and Alia hospital. PM will be conducted next			

					quarter for Beit Jala and Rafidia hospitals due to the MOH Engineers strike.			
<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.			E1, E2
E3b. Follow up on equipment utilization in Gaza.	X	X	X		Completed.			
<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>								
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	Completed.			
<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	Completed.  The following technical issues were faced:  • Tulkarem-Anabta Clinic: One GE vital signs monitor was			E1, E2

					<p>reported faulty</p> <ul style="list-style-type: none"> <li>• Alia hospital's CT scanner went faulty this quarter for about a month.</li> <li>• The CT at Rafidia hospital went faulty for few days this quarter. The supplier fixed it on September 5, 2013.</li> </ul>			
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# ANNEX B: SUMMARY TABLE OF INDICATORS

## PMP - Summary Table of Indicators Y5Q4

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				
<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	Quarterly	Discrete	Project	Output	0				450	150				

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					
		members trained			records			-	-	901	517	557	0	0	0		
		Others – technical trainings through grants	Quarterly	Discrete	Project records	Output	0				No target set						
											22	0	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			550		
										431	683	686					
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			52		
										48	48	56					
4	M	Number of	EOP	Discrete	Project	Outcome	0	-	-	-	-	25			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				
		reform processes and products institutionalized at the MOH			records											
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	Annually	Cumulative	Project records	Output	0	-	-	22	22	22			22	

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				
		departments receiving capacity building support with USG support through the Project														
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>																

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				
<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>																
<b>B1</b>	3.1.5 OPHT	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	544,633	
<b>B2</b>	M	Percentage (%) effectiveness of HIS at the facilities that have used the USG-supported Health Information System	Y5 only	Cumulative	Special Study	Outcome	0					80% (special study report)				
<b>Focus Area C</b>																
<b>Intermediate Result C.1: Strengthened capacity of health institutions to deliver quality clinical services</b>																
<b>C1</b>	M	Average score (%) on PHC Quality Assessment Tool	Baseline Y4 and Endline	Discrete	Special PHC quality assessment tool	Outcome	0	-	-	-	-	45%		45%		
										25%	66%					
<b>Intermediate Result C.2: Community mobilization to strengthen clinic-community linkages to provide effective community based services</b>																
<b>C2</b>	M	Number of participants in community based social mobilization	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				

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		
		activities												
C3	M	Number of volunteers at communities supporting the implementation of health activities and local health clinic renovation as part of the Champion Community Approach	Annually starting Y4	Cumulative	Partner reports	Outcome	0	-	-	-	450	600	600	
										396	925	1,138		
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		

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			
<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 as followed:	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		
E2.1		Total amount USD of medical disposables/ supplies provided.					0	0	0	13,113	0	0	0		
E2.2		Total amount USD of pharmaceuticals provided.					0	1,249,399	0	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	0
E2.4		Total amount of USD of HIS provided.					0	4,219,053	1,674,272	1,377,967	327,039	123,317	1,099,878	233,470	
E2.5		Total amount of USD of humanitarian assistance/					0		727,626	881,461	19,600	1,700	0	0	

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			
		emergency supplies provided													

# ANNEX C: OPERATIONAL INDICATORS

USAID OP Indicator	Indicator	HHA 2013(FY13)Target	FY09	FY13Q1	FY13Q2	FY13Q3	FY13Q4	FY13	LOP	Comments
			FY10					Value	Value to date	
			FY11							
			FY12							
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	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	46	111	1,779	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	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 <b>79,649</b> <b>274,680</b>	<b>383,723</b>	<b>411,728</b>	<b>481,668</b>	<b>544,633</b>	<b>544,633</b>	<b>544,633</b>	<b>System generated number</b>
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# ANNEX D: SUMMARY TABLE OF TRAININGS

Training Title	Start Date	End Date	Number of Participants		Objective
			Male	Female	
HIS-Finance/Accounting End User Training July-13- Ramallah	02-Jul-13	02-Jul-13	4	1	5 MOH staff were trained on the Finance/Accounting module as part of the HIS implementation
HIS-Finance/Accounting End User Training July-13- Nablus	10-Jul-13	10-Jul-13	3	4	7 MOH staff were trained on the Finance/Accounting module as part of the HIS implementation
HIS-Finance/Accounting End User Training July-13- Qalqilya	11-Jul-13	11-Jul-13	3	2	5 MOH staff were trained on the Finance/Accounting module as part of the HIS implementation
HIS-Finance/Accounting End User PHC Training July-13- Ramallah	18-Jul-13	18-Jul-13	4	2	6 MOH staff were trained on the Finance/Accounting module as part of the HIS implementation
HIS-Finance/Accounting End User PHC Training July-13- Nablus	22-Jul-13	22-Jul-13	3	4	7 MOH staff were trained on the Finance/Accounting module as part of the HIS implementation
HIS-Finance/Accounting End User PHC Training July-13- Qalqilya	23-Jul-13	23-Jul-13	13	2	15 MOH staff were trained on the Finance/Accounting module as part of the HIS implementation
HIS-Finance/Accounting End User Training July-13- Hebron	25-Jul-13	25-Jul-13	9	4	Training on the Finance/Accounting module as part of the HIS implementation
HIS- Secondary Healthcare GD Training Sept. 2013- Nablus	03-Sep-13	04-Sep-13	9	2	11 MOH staff attended training on HIS. The purpose of the training is to orient and train the Secondary Healthcare General Directorate directors on the different reports available from within the system. To enable them from following up on the different
HIS- Finance Department Training Sept 2013 Nablus	22-Sep-13	23-Sep-13	11	10	21 MOH staff from the finance department in Nablus were trained on the finance module of the HIS in order to be able to operate and follow-up on finance issues.

# 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.

1) **Number of Activities Added/Updated this reporting period: From 9/7/2013 -20/10/2013**

Activity Type	Activity Status			
	Closed	Completed	On Going	Total
H071 - Strengthening the capacity of the Palestinian Health System (CB/TA)	6	4	12	22
H072 - Provision of training to Palestinian MOH/NGO staff	0	9	0	9
Total:	6	13	12	31

**2) 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	
FY14 Goals	No	Oct. 22,2013	
FY14 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 11,2013	
PMP Indicators FY13 Results	7 indicators updated	Oct 22,2013	

**3) PMP Indicators**

- i. Attach Current Geo-MIS PMP Matrix report.  
Attached [GeoMIS PMP matirx .pdf](#)
  
- ii. 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.*

# ANNEX F: SUMMARY OF COMMUNICATIONS PRODUCTS

## Y5Q4 COMMUNICATION PRODUCTS

Title	Language	Focus Area	Link (if available)
<b>Telling Our Story</b>			
Managing Staff Performance with the Click of a Button; First Person	English	B	Attached
Providing Citizen-Centered Health Care; First Person	English	B	Attached

## Y5Q4 WEEKLY UPDATES TO USAID

Date	Title	Focus Area
12-Sep	Senior MOH Administrators Start Using HIS	B
19-Sep	MOH HR Staff Conduct 2nd Annual Peer-to-Peer Workshop on HR System	B
26-Sep	Health services improved by USAID-funded human resource (HR) system, says Ministry of Health (MOH) doctor at the largest government hospital	B

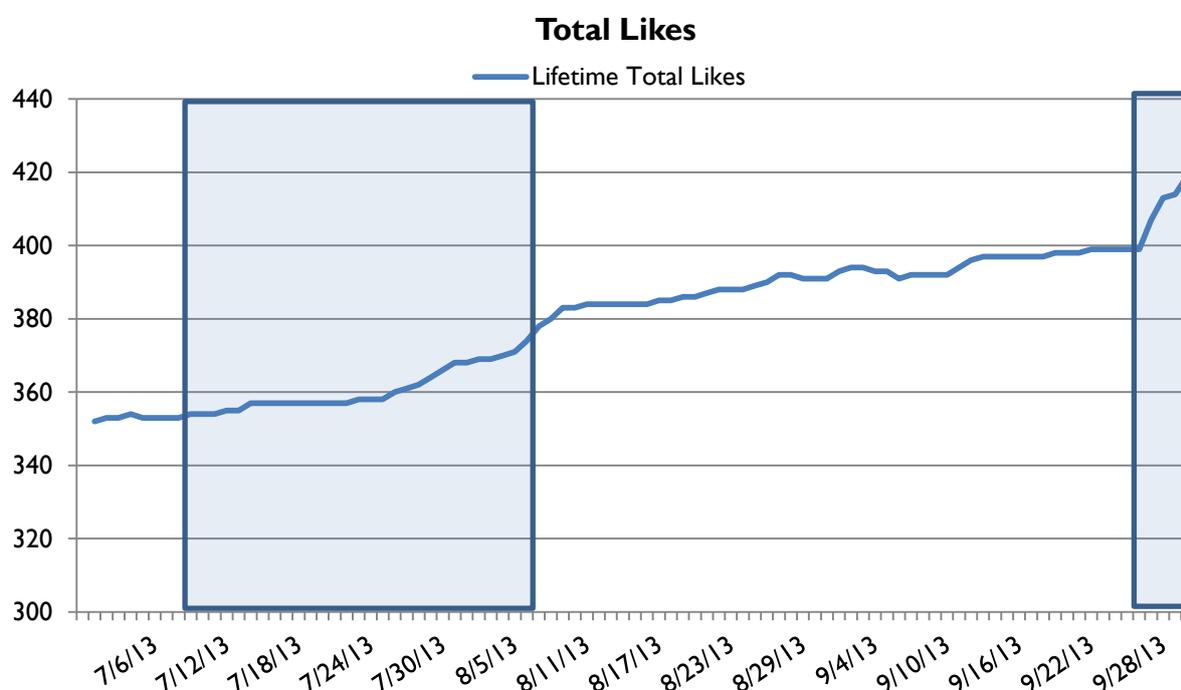
## SOCIAL MEDIA SUMMARY

The Project has continued to foster an online community of Palestinians and interested parties through social media. Since launching last year, the Project's online presence has grown dramatically. The Project's Page can be found at [www.facebook.com/flagshipproject](http://www.facebook.com/flagshipproject).

### LIKES

During Y5Q4, Page likes increased by over 15 percent. The biggest jump occurred during the social media campaign conducted by the Project during Ramadan (July 9 – August 8), when total likes grew by 8 percent. A rapid jump in total likes (by 5 percent) was also triggered by the Project's social media coverage of a MOH workshop on using HIS-based management of ministry finances (September 29).

- July 1: 352 likes
- September 30: 419 likes



### POST CONSUMPTION

Just as important as likes and total audience is the Page's actual consumption. Are people seeing and engaging with the Project's content?

During Y5Q4, the Project posted to Facebook a total of 46 times:

- 39 Photos
- 1 Link
- 6 Videos

An average of 212 people saw each post, with a high of 931 and a low of 3 views per post. Each post received an average of 29 clicks, with a high of 92 clicks and a low of 1 click. “Clicks” are important because they measure interactions with each post (i.e., what content is most interesting to our fans? What content are they clicking through?).

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

## Y5Q4 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.	April 30, 2013	May 31, 2014
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, 2014
Elizabeth Price	Knowledge Management Support	Chemonics	To provide support in the development of contractually required deliverables and public relations materials as needed.	February 7, 2012	February 7, 2014

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
Nicholas Skibiak	MOH Financial Analyst	Chemonics	Provide technical assistance to the MOH in financial forecasting and analysis to ensure accurate budgeting for the HIS.	May 23, 2013	September 24, 2013

FRONT COVER: HUMAN RESOURCES OFFICER, BASSEM YASSIN TEACHES A NURSE AT THE PALESTINE MEDICAL CENTER HOW TO USE THE SELF-SERVICE FUNCTIONS OF THE HIS HUMAN RESOURCES MODULE.

PHOTO CREDIT: BASSAM ALMOHOR // CHEMONICS INTERNATIONAL

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

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<sup>1</sup> Op.S: Operational Standard Indicator / M: Management Indicator

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