



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

YEAR 6 QUARTER I PROGRESS REPORT

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT

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

Year 6 Quarter I (October 1 – December 31, 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

COP	Chief of Party
COR	Contracting Officer's Representative
FY	Fiscal Year
HHA	Health and Humanitarian Assistance Office
HIS	Health Information System
HR	Human Resources
ICI	Investment Climate Improvement Project
IT	Information Technology
MDS	Minimum Dataset
M&E	Monitoring and Evaluation
MO2I	Mission Order 2I
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
PC	Personal Computer
PHC	Primary Health Care
PHIC	Palestinian Health Information Center
PMC	Palestine Medical Complex
PMP	Performance Monitoring Plan
PNIPH	Palestine National Institute for Public Health
RIF	Reduction in Force
SHC	Secondary Health Care
STTA	Short-Term Technical Assistance
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
WHO	World Health Organization
Y5Q4	Year 5 Quarter 4
Y6Q1	Year 6 Quarter I

INTRODUCTION

The Palestinian Health Sector Reform and Development Project (the Project) is a six-year project funded by the United States Agency for International Development (USAID). Through the Project, USAID has supported the Palestinian Ministry of Health (MOH), select non-governmental organizations (NGO), and select educational and professional institutions in strengthening their institutional capacities and performance to promote a functional and democratic Palestinian health sector that is able to meet priority public health needs. From 2008- 2013, the Project worked to achieve this goal through: (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.

During its sixth year of implementation, the Project will support the MOH and its service delivery partners to continue the roll out of a national, computerized Health Information System (HIS). The Project has supported the MOH to gradually roll out this system within Palestinian hospitals and clinics since early 2011. The HIS is a facility-based and patient-centered system that provides relevant, timely, and accurate data to support evidence-based policy-making. In line with its National Health Information Strategy, the MOH uses the HIS to promote and sustain the health of the Palestinian population, more efficiently plan and allocate its resources, and monitor public health trends.

In addition to working on the expansion of the system into additional clinics and hospitals, the Project will also support the MOH in using the system for improved patient care and analyzing and using data for management and decision-making purposes across the health system. The implementation plan for the Project's sixth year (October 1, 2013 – September 30, 2014) includes the following main components:

- A. Expansion of the system to some MOH and non-MOH facilities and central MOH offices;
- B. Upgrading MOH capacity to analyze and make use of overall data from the system. This includes improving clinical staff's ability to make more informed patient care decisions using HIS, and facility manager ability to make better management decisions for their hospitals and clinics;
- C. Developing, advocating, and potentially implementing policies and procedures related to HIS data quality, HIS data exchange, patient data privacy and confidentiality, and e-health.

This report covers the period from October 1, 2013 through December 31, 2013, or Year Six Quarter One (Y6Q1), and reflects the progress made in the implementation of activities detailed in the Year Six Annual Implementation Plan for the period October 1, 2013 through September 30, 2014. The Year Six Plan has not yet been approved by USAID.

For the quarter, [Section I](#) presents a general overview of the Project's major accomplishments of the quarter, [Section II](#) presents progress in implementation against the Project's work plan, 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).

SECTION I: OVERVIEW

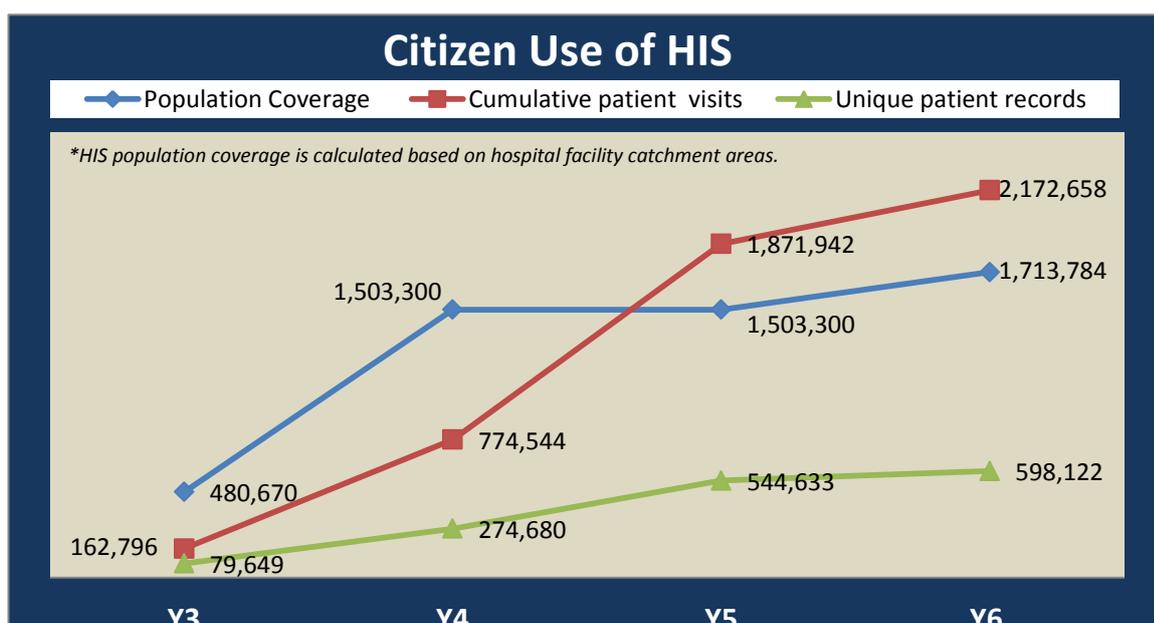
MAJOR ACCOMPLISHMENTS

HIS Implementation at Beit Jala Hospital

This quarter marked the initiation of the HIS roll-out to the Ministry of Health (MOH) Beit Jala Hospital in the Bethlehem Governorate. The Project began implementation of the system at the hospital by mapping the facility workflow, assigning network points, determining locations for hardware and networking, and identifying users. The Project then installed an extensive IT network, including a new server room, and delivered and installed the necessary hardware and network adaptors to enable activation of the system, scheduled for early next quarter.

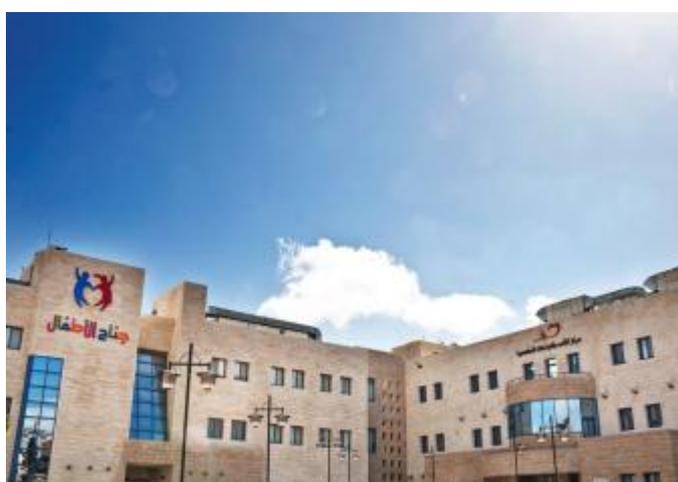
Following the system's installation, the Project will begin training hospital staff on using the system to manage and deliver health care services. The Project has oriented the facility management on the system and garnered their support for change management initiatives to be implemented among the staff. The hospital director is already a champion of HIS, after managing the system's roll-out during his time as director of Alia Hospital.

Beit Jala Hospital, also known as Al Hussein Hospital, serves over 200,000 beneficiaries and has 113 beds. Because it is a major referral hospital, Beit Jala serves well beyond the population of its catchment area, with an average annual patient load of nearly 100,000. The hospital offers fourteen specialty services, including oncology, and houses the only public pediatric cancer ward in the West Bank.



By standardizing patient administration and management procedures across health facilities, the system allows all the professionals involved in a patient's medical care to share information. Attending medical staff have immediate access to a patient's medical record through the HIS (within privacy parameters developed by the Project), which is especially crucial in emergency situations. Patients arriving at Beit Jala Hospital will receive more uniform continuum of care once the HIS is activated.

Facility management will also be improved at Beit Jala Hospital. By improving inventory controls and coordination between facilities, the HIS minimizes waste and inefficiencies, particularly in hospitals' use of consumables (e.g., pharmaceuticals and disposables), which are a third of the MOH's yearly budget. The Project anticipates that all HIS modules will be completely operational at Beit Jala Hospital by the end of next quarter.



MOH HIS facilities were connected to a national fiber optics network managed by PalTel, replacing the previous, frequently unstable microwave connection. Photo credit: Chemonics International

Palestinian Authority (PA) takes over financial responsibility for HIS connectivity

As of this quarter, the PA has taken over financial responsibility for the transmission highway for e-health data between government health facilities. MOH facilities using the HIS are now connected through a national fiber optic network, paid for by the PA, rather than through the microwave network funded by the Project.

HIS facilities are now connected through a fiber optics network

managed by the largest telecommunications company, PalTel. The MOH administrative offices were already connected via fiber optics at a subsidized 30% cost, through an existing memorandum of understanding (MOU) between the MOH and PalTel. This MOU was extended by special MOH request to cover all existing and new HIS facilities. As a result, HIS connectivity is sustainably financed through a larger government budgetary commitment.

Fiber optics communication is also proving more effective for HIS data transmission. HIS users describe the system as responding more quickly and without the interruptions previously experienced with microwave connections, which is vulnerable to weather changes and interference from local satellite signals.

Blood unit orders taking place via the HIS

This quarter, the Project supported the HIS linkage between the National Blood Bank and the Palestine Medical Complex (PMC). In March 2013, the Project connected the national blood bank to the HIS and began registering blood supplies on the system. Automating blood unit orders this quarter has already improved the blood bank's response to PMC orders and reduced waste of blood supplies significantly.



“The system saved us lots of time, which saves lives,” said Raida Saif, a lab technician at the National Blood Bank. “If a patient has been here before and his details are on the system, I cannot make a mistake with his blood group, for example. The system corrects me.” Photo credit: Bassam al Mohor/Chemonics International

During the blood collection, the blood bank staff enter the donor’s information into the HIS, including health status, results of screening tests, and the donor’s signature. This information can then be retrieved from the system by scanning bar codes on the bags of donated blood or using the donor’s ID number.

Regulation of national blood supplies will also be easier through the system. The Project

anticipates that all HIS hospitals will automate their blood orders via the system by the end of next quarter. This will improve the integrity of the MOH’s management of blood supplies, while reducing the workload on the blood bank’s limited staff.

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
October 28	Flagship	WHO/Flagship/ ULTIMIT	Having agreed upon the content of the Minimum Data Set (MDS), a meeting was conducted with the presence of a representative from ULTIMIT in order to agree upon the data to be extracted from the HIS for initial analysis.
November 5	Flagship	WHO/Flagship	The WHO presented an analysis of key indicators using the discharge data extracted from over 600 patient records taken from the HIS. It was agreed that a larger extraction would take place in order to continue to test the analysis framework, before sharing with the MDS Task Force.
December 2	Flagship	WHO/Flagship	Secondary analysis presented by the WHO on the discharge data from nearly 10,000 patient records. It was agreed to call for a meeting of the MDS Task Force to share the same

Date	Host	Attendees	Highlights
			presentation, and to come to agreement with them on next steps in securing the commitment of the MOH on the MDS.
December 18	Flagship	Flagship/ Investment Climate Improvement Project (ICI)	This was the first of a series of meetings carried out between ICI and Flagship to discuss cooperation on an intervention to support the PA in enhancing the medical referrals process. The ultimate goal is to automate/document the process of referrals so as to reduce the deductions made on PA revenues by the Israeli authorities.
December 22	Flagship	Flagship/ICI/Palestinian Health Capacity Project (PHCP)	This was the second meeting held to discuss the efforts to reduce deductions from PA revenues by the Israeli authorities.
December 24	Flagship	Flagship/ICI/PHCP	This was the third meeting held between Flagship and ICI, with the participation of PHCP for continued discussions and planning on a joint, multi-phased intervention in support of the MOH Medical Referrals unit. Concept papers were delivered by all three Projects, and it was agreed that ICI would combine the papers into one document, outlining the multi-phased intervention.

SECTION II: PROGRESS AGAINST IMPLEMENTATION PLAN

The following are progress updates and operational highlights for Y6Q1. Detailed reporting by activity can be found in *Annex A: Year 6 Activity Chart*.

A. HIS EXPANSION, SUPPORT AND MAINTENANCE

HIS Rolls Out at Beit Jala Hospital



Starting next quarter, 259 staff persons at Beit Jala hospital will be trained to use the HIS through hundreds of network points installed over the past few months. The Project has supported facility-wide access by providing a central server, 80 computers, 14 printers, and 15 network adaptors. Photo credit: Chemonics International

HIS expansion, support, and maintenance continued this quarter with the roll out of the system to Beit Jala Hospital. All pre implementation activities were completed this quarter, and the Project anticipates the system going live at the hospital early in quarter two of this year. This quarter, the Project defined users, mapped the facility workflow, assigned network points, and delivered and installed the cabling, networking, the server room, and hardware.

Following the system's installation, the Project will begin training hospital staff on using the system to manage and deliver care services. The Project has already oriented the facility management on the system and garnered their support for change management initiatives to be implemented among the staff. The hospital director is a champion of HIS, after managing the system's roll-out during his time as director of Alia Hospital.

Following the activation at Beit Jala Hospital, the HIS will be in use at 14 MOH facilities to manage and deliver health services. Those 14 facilities include five hospitals, eight primary health care clinics, and the National Blood Bank.

The MOH acquired the capacity to nationally expand the health information system (HIS) to cover all health care providers earlier this year, using the \$1.76 million open license purchased by the Project. A total of 598,122 individual patient records are stored on the HIS (as of December 31, 2013).

Cumulative Number of Individual Patient Records Stored in the HIS up to Y6Q1



Cost-effective models for HIS expansion researched

Also this quarter, the Project has researched and explored several models for HIS roll-out to An Najah University Hospital and Al Makassed Hospital with the objective of developing the most cost-effective model for HIS implementation to non-MOH facilities. In line with this objective, the Project assessed the financial and technical feasibility of directly procuring the hardware associated with HIS implementation.

The recommendation that arose from the results of this assessment was to continue procurement of hardware under subcontract with the HIS implementing partner, Dimensions, as the cost saved in direct procurement would be lost in the level of effort that would be required of long-term Project staff. This recommendation was shared with USAID this quarter.

Other HIS roll out scenarios were explored and discussed with Al Makassed Hospital in Jerusalem this quarter. These scenarios included a possible cost-share by Al Makassed, where pre-implementation activities (including cabling, networking, and the purchase and installation of hardware) would be carried out by the hospital. The Project would then support Al Makassed with HIS installation and training. This implementation methodology was still being discussed with Al Makassed and USAID as of the close of the quarter.

Roll-out to central MOH offices continued

This quarter, the Project continued to roll out the HIS to MOH central offices and departments and provided coaching and follow up in the utilization of the system for central

level directors and administrators at the central Secondary Health Care (SHC) Department, and the central Finance Department.

The system was installed this quarter at the MOH's Medical Services Procurement Unit (Referrals Unit). The Project began the roll out at the Referrals Unit by meeting with the director, administrative manager, and IT manager to discuss the system and its potential usage and benefits and map the unit's workflow and functions. The required hardware for system implementation was delivered, and training was carried out in December on the usage of the HIS.

Once fully operational, the HIS will allow the Referrals Unit staff to receive pre-populated referral requests from MOH facilities via the system, always correlated to a complete patient record. The unit's committee members who review and assess referral requests will also be allowed to review patient files and can cross check and regulate requests via the system.

Blood orders activated via the HIS at the Palestine Medical Complex

The National Blood Bank, located near the MOH Palestine Medical Complex (PMC) in Ramallah has been using the HIS to manage its operations since March 2013. The bank is responsible for storing and distributing blood supplies to all MOH hospitals and 17 private hospitals and is one of 13 MOH health facilities connected to the HIS.



"Connectivity with the PMC made a difference even in such a short time," said Kafah Rimawi, director of the MOH National Blood Bank. Photo credit: Bassam Al Mohor/Chemonics

Late last quarter, the PMC was linked to the blood bank and this quarter, the Project began coaching the PMC and other HIS facilities in automating blood unit orders. It reformed the hospital's use of blood units, reducing waste by ensuring that blood units are only distributed in response to specific needs. PMC doctors also report that orders of blood units are filled more quickly through the HIS and mistakes are automatically caught and corrected by the system.

Next quarter, the Project will facilitate the connection of the National Blood Bank to Rafidia, Darwish Nazzal, and Alia hospitals, following the registration of the bank's blood supply stock in the HIS.

Human Resources Module of the HIS institutionalized

This quarter, the Project continued implementation and follow up on the Human Resources (HR) Module of the HIS in MOH facilities. The Project supported the creation of an HR steering committee formed by members of the ministry's central HR and administrative departments. The steering committee mobilized quickly to ensure activation and usage of the HR module.



“Because public hospitals serve a large number of people and have hundreds of staff,” said PMC pediatrician Dr. Hassan Eideh, “controlling their time is a very tedious job. The HR makes it easier to control the flow of work and organize its staff rosters.” Photocredit Bassam Al Mohor/ Chemonics International.

During their first meeting in November, the committee resolved that all MOH employee transactions must be carried out through the automated system and set protocols related to system usage and regular data cleaning processes. The steering committee also formed a technical committee which is being tasked to carry out an assessment and provide actionable steps to roll out the employee self-services function of the HR module (MENAME) to all MOH facilities. The technical committee is assessing usage of the HR module at the connected facilities and will report back to the steering committee, which will follow up with recommendations to enhance and enforce usage of the system, as needed.

Project staff also continued to support the MOH in operationalizing sub modules of the HR system, including the staff scheduling roster. The scheduling of MOH clinical staff is now being carried out on the system.

Continued support to MOH on HIS monitoring and maintenance

Throughout the quarter, the Project worked with the MOH on HIS support and maintenance in all facilities by conducting frequent site visits and monitoring system performance to evaluate HIS usage, network functionality and system performance. Three patches of HIS software were deployed this quarter, based on user feedback and on the monitoring of system usage.

B. ENHANCED HIS CAPACITY TO ANALYZE AND MAKE USE OF OVERALL DATA FROM THE HIS

The Project is working to enhance MOH capacity to use HIS data for decision-making at all levels of the public health care sector. Project staff carry out coaching and discussions with facility leadership, and have provided more formal training for central level MOH managers on HIS usage and the generation of reports with pertinent and timely information to be used to make strategic decisions in the management of MOH facilities.

The Project also extracted nearly 10,000 patient records from the system this quarter, in order to begin assessing data quality, and has been regularly monitoring system usage and generating reports to conduct periodic assessments on data quality. The Project is currently in the process of recruiting an expert to carry out a review of existing data entry processes across facilities and among MOH clinicians. The consultant will work closely with Project management to assess data quality, identify problem areas creating discrepancies or weaknesses in data quality, and work with the MOH to address these discrepancies.

C. HIS POLICY DEVELOPMENT AND IMPLEMENTATION

Activation of the HIS Supervisory Committee

The Project has worked closely with the MOH to develop terms of reference for the HIS Supervisory Committee. The Project has been advocating and leading the development of this committee, formed at the highest levels of government within the MOH. The committee will encourage coordination and dialogue between various departments, units and levels of service provision and serve as a forum for discussion, consensus and implementation of policies related to HIS implementation.



November 19, 2013 was the first official meeting of the HIS Supervisory Committee. MOH General Directors and managers and Project staff agreed upon the role and responsibilities of the committee and began discussion of key issues on system implementation and expansion. Photo credit: Bassam Al Mohor/Chemonics International

This quarter, the terms of reference for the Supervisory Committee were developed and submitted to the MOH and the committee held its first meeting on November 19, 2013. During the meeting, MOH general directors discussed and agreed upon their role, and discussed key issues, such as budgeting for HIS support and maintenance, backup connectivity and maintenance, and the designation of a committee specialized to oversee the human resources module for the HIS.

Several other outstanding issues for the successful expansion and usage of the system were

also discussed. The Project will continue to facilitate further meetings of the Supervisory Committee and work closely with its members to follow up on pending issues.

e-Health Privacy and Confidentiality

This quarter, the Project continued to provide technical assistance to the MOH to further develop guidelines and procedures on issues related to e-Health and HIS, including but not limited to a *Framework for e-Health Privacy and Confidentiality*. Issues related to user access, use of HIS data, and integration of NGO and private facilities are being discussed by the Project and MOH.

The Project developed the *Framework for e-Health Privacy and Confidentiality* in the summer of 2012, which has several components, including:

- Background and review of e-Health in general.
- Brief summary of legal aspects, including a review of the United States Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.
- Ethical principles and commentary.
- Specific challenges and issues to be addressed in considering aspects of privacy and confidentiality with HIS, including:
 - Defining users of the system.
 - Protecting the information.
 - Uses and disclosures of the information.
 - Administrative and organizational aspects.
 - Enforcement and compliance.

Following a consensus building workshop held in July 2012 with key stakeholders, the Project revised the framework document, which included an HIS user's manual to guide the administrative users on the technical aspects of guarding patient privacy and confidentiality.

The HIS User's guide was distributed this quarter, and the *Framework for e-Health Privacy and Confidentiality* was reviewed, revised and approved by the MOH. The Project is currently working with the legal department of the MOH to roll out the recently revised framework document to all HIS facilities.

Development of a National Minimum Data Set

This quarter, the Project has also worked extensively with staff from the WHO/Palestinian National Institute of Public Health and members of the MOH to develop a proposed, national minimum data set (MDS) for secondary health care (SHC). A task force comprised of Project staff, WHO staff, a representative from the Palestine Health Information Center (PHIC) and the head of the MOH SHC quality department worked this quarter to develop the content of the MDS and to develop a set of indicators for analysis of the patient discharge data extracted from the system. The Project facilitated an extraction of more than 9,000 patient records from the HIS for this analysis, the key purpose of which was to provide the task force, and senior leadership of the MOH, a view of the import and utility of the MDS to be gathered not only from HIS facilities, but all MOH facilities.

CHALLENGES

The Project tackled a number of challenges this quarter that had created some delays in implementation of activities. The biggest, overarching challenge has been in garnering support for HIS usage from central level MOH management and encouraging central level directors and managers to use the reporting features of the system for decision making.

While a major achievement has been seen in the adoption, use, and institutionalization of the HR Module among central level administrative management, the same has yet to be realized among SHC management, finance management, or the Referrals Unit staff. The Project will be advocating and coaching the central level staff of these departments more directly in the coming quarter to enhance the potential for successful adoption of the system.

Some delays in system usage at the central level can be attributed to factors other than resistance to change. For example, the Referrals Unit internet connection is not allowing a VPN connection to the HIS main data center. Until this is resolved, the HIS connection cannot be obtained. The central finance staff at the MOH also cannot fully utilize the system to manage and track facility transactions because the services pricing list at the MOH has not been fully unified. The Project is following up on both of these issues with the MOH.

A severe snow storm, that shut down most parts of the West Bank during the month of December and intermittent MOH strikes also caused some delay in the Project's scheduled activities.

THE COMING QUARTER

The Project anticipates the launch of the HIS training program at Beit Jala Hospital early next quarter. The "go-live" date is scheduled for mid-January, when the admissions and registration modules of the HIS are expected to be operational at the hospital. The outpatient clinics, inpatient and emergency wards, and several other supporting medical and administrative service modules of the system will also be rolled out at the hospital next quarter. It is expected that the system will be completely operational at Beit Jala by late March 2014.

The Project will also begin pre-implementation activities at Jenin Hospital next quarter and finalize decision-making and planning in relation to implementation of the system at Al Makassed Hospital.

The Project will also work extensively on activating the linkage between HIS facilities and the national blood bank so that all connected facilities can begin placing blood orders through the system by next quarter.

Coaching and follow-up with the MOH central departments will continue, to encourage the usage of the reporting features of the system by MOH management. The Project will also

continue to support the operationalization of all subcomponents of the HR module and support the MOH in the data cleaning process.

It is also anticipated that the Project will work closely with the MOH to roll out the e-Health Privacy and Confidentiality Framework and coordinate with HIS facilities to implement usage of the Patient Confidentiality Information Practices Customer and User Non-disclosure forms – both of which are important features of the e-Health Privacy and Confidentiality Framework.

SECTION III: MANAGEMENT, OPERATIONAL, AND CROSS-CUTTING ACCOMPLISHMENTS

The following are management and operational highlights for Y6Q1.

STAFFING AND RECRUITING

At quarter's end, the staffing structure includes 13 long-term Chemonics staff, and four long-term staff hired through Massar Consulting and Technical Services Private, LTD Company (Massar). Staffing levels for the Project remained relatively steady during Y6Q1, with only one Massar staff member, a driver, departing for another opportunity. The Operations staff were finalizing a recruit in December 2013 for a replacement driver: a new driver is expected to join the project in Y6Q2 through a logistics and service subcontract under Massar. As the Project begins demobilizing for closeout over the upcoming quarters, we expect that some staff will begin looking for other opportunities. The Project will manage the departure process to ensure that core staff is retained through the end of the project.

SHORT-TERM CONSULTANCIES

During the last quarter, the Project continued ongoing consultancies but did not engage any new short-term specialists. The Project's HR Consultant continued work to support the MOH in utilizing all components of the HR system. The Media Consultant continued to assist in documenting impact, public outreach, and promotion of Project activities. The Technical Reporting Specialist continued 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) and with the activity manager. The Project also continued to exchange an approval request tracker with the COR on an ad-hoc basis. In addition, the COP continued to provide a weekly report by email to USAID on all major accomplishments, ongoing activities and planned events as well as requests from USAID. The Project also shares technical successes with USAID via the weekly "bullets" sent out by the Knowledge Management team.

FINANCIAL PERFORMANCE

Chemonics' expenditures were \$1,218,516 in October, \$443,658 in November, and \$364,037 in December 2013. The total expenditure for the quarter was \$2,026,211. Y6Q1 financial performance was 10%, or \$225,472 below the projected \$2,251,683.

Total Obligated to Date	Invoiced to Date	Obligation Remaining	% of Obligated Funds Invoiced
\$ 84,716,896	\$78,402,099	\$6,314,797	92.55%

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 Y6Q1, the Project submitted a total of two vetting requests for two vendors. In addition, Chemonics submitted complete sub-award reports on or before the fifth day of each month, which included 17 transactions. These figures have decreased dramatically due to a reduction in activities resulting from the restructuring of the project. The Compliance Review Report was received on November 20, 2013, which covered sub-award reporting and vetting for the period from April 1, 2012 to August 31, 2013. The report identified no weaknesses, but it did include some observations to improve the internal control system over compliance with MO21.

ANNEX A: PROGRESS AGAINST WORK PLAN

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A. HIS Expansion, Support, and Maintenance								
AI. Roll out HIS to Beit Jala Hospital								
A1a. Conduct pre-implementation activities (install hardware, define users, etc.) for Beit Jala Hospital.	X				Completed. Users are defined. Server room, cabling and networking were completed.	MOH Strikes Inclement weather conditions Political situation in the area.	Start HIS training and implementation.	7
A1b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Beit Jala Hospital.		X						1
A1c. Training and implementation on the in-patient and emergency modules of the HIS for Beit Jala Hospital.		X						1
A1d. Training and implementation on administrative support services modules of the HIS for Beit Jala Hospital.		X						1
A1e. Monitor and evaluate the HIS for Beit Jala Hospital.				X				1,2,3,4,5

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A1f. Facilitate 12-month post-implementation warranty and maintenance for Beit Jala Hospital.				X				
A2. Develop cost-effective model for HIS roll-out (An-Najah or Al-Makassed)								
A2a. Explore direct procurement alternative and assess potential cost sharing scenarios for roll out to An Najah and Al Makassed Hospitals. Produce recommendations for most cost effective/technically feasible roll-out model.	X				Completed. RFQs were sent out and 15 proposals were submitted. Procurement Evaluation Committee conducted assessment and the Project submitted a recommendation to USAID.		The Project found that procurement under subcontract with the HIS vendor is more cost-effective than direct procurement and has made this recommendation to USAID.	
A2b. Expand HIS to An Najah University Hospital Conduct pre-implementation activities (install hardware, define users, etc.).		X						
A2c. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for An Najah hospital.		X						I

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A2d. Training and implementation on the in-patient and emergency modules of the HIS for An Najah hospital.		X						1
A2e. Training and implementation on administrative support services modules of the HIS for An Najah hospital.		X						1
A2f. Conduct pre-implementation activities at Al Makassed Hospital (Coordinate with Dimensions and Al Makassed and consult with USAID to explore alternative funding scenarios and agree upon implementation framework.		X	X					7
A2g. Implement HIS at Al Makassed Hospital according to pre-determined plan based on funding levels.				X				1
A3. Roll-out HIS to Jenin Hospital								
A3a. Conduct pre-implementation activities (install hardware, define users, etc.) for Jenin Hospital.		X						7

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A3b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Jenin Hospital.			X					1
A3c. Training and implementation on the in-patient and emergency modules of the HIS for Jenin Hospital.			X					1
A3d. Training and implementation on administrative support services modules of the HIS for the hospital.			X					1
A3e. Monitor and evaluate the HIS for Jenin Hospital.			X	X				1,2,3,4,5
A3f. Facilitate 12-month post-implementation warranty and maintenance for Jenin Hospital.				X				
A4. Roll-out HIS to Jericho Hospital.								
A4a. Conduct pre-implementation activities (install hardware, define users, etc.) for Jericho Hospital.			X					

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A4b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Jericho Hospital.				X				1
A4c. Training and implementation on the in-patient and emergency modules of the HIS for Jericho Hospital.				X				1
A4d. Training and implementation on administrative support services modules of the HIS for the hospital.				X				1
A4e. Monitor and evaluate the HIS for Jericho Hospital.				X				1,2,3,4,5
A4f. Facilitate 12-month post-implementation warranty and maintenance for Jericho Hospital.				X				
A5. Roll-out HIS to Tulkarem Hospital (should implementation at Al Makassed Hospital not take place).								
A5a. Conduct pre-implementation activities (install hardware, define users, etc.) for Tulkarem Hospital.		X						7

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A5b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Tulkarem Hospital.		X						1
A5c. Training and implementation on the in-patient and emergency modules of the HIS for Tulkarem Hospital.		X						1
A5d. Training and implementation on administrative support services modules of the HIS for the hospital.		X						1
A5e. Monitor and evaluate the HIS for Tulkarem Hospital.			X					1,2,3,4,5,6
A5f. Facilitate 12-month post-implementation warranty and maintenance for Tulkarem Hospital.			X	X				
A6. Roll-out HIS to Salfit Hospital (should implementation at An Najah University Hospital not take place).								
A6a. Conduct pre-implementation activities (install hardware, define users, etc.) for Salfit Hospital.			X					7

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A6b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Salfit Hospital.			X					1
A6c. Training and implementation on the in-patient and emergency modules of the HIS for Salfit Hospital.				X				1
A6d. Training and implementation on administrative support services modules of the HIS for the hospital.				X				1
A6e. Monitor and evaluate the HIS for Salfit Hospital.				X				1,2,3,4,5
A6f. Facilitate 12-month post-implementation warranty and maintenance for Salfit Hospital.				X				
A7. Roll-out HIS to Central MOH Offices and Central Warehouses								

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A7a. Conduct pre-implementation activities.	X	X	X		In Progress. Initial visits were conducted with all four units/departments. (Central Warehouses, Central Finance Department, Referral Unit, and Secondary Health Care General Directorate). Reports and workflow have been gathered to ensure the system will fit the needs for these units/departments.	Warehouses customizations has been delayed by the vendor, the implementation is planned to be on June 2014.		7
A7b. Training and implementation on relevant modules.	X	X	X		In Progress. Training was conducted by the subcontractor on the Financial and Secondary Health Care modules and reports. An over view training was conducted for the Referrals unit IT manager who will serve as the focal point with the medical committees.	The internet connection from the referrals unit is not allowing a VPN connection to the main Data Center to allow access to the implementation.	Follow up with the MOH IT unit to fix the network issue in the referral department.	1
A7c. Monitor and evaluate the HIS at the Central Offices and Warehouses.	X	X	X		In Progress. Follow up visits were conducted to follow up on the system use.	Staff not using the system efficiently. MOH staff are not fully motivated to use and system and	Conduct more follow up visits. Work with the General Directors	

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
						generate the needed reports.	on ways to enforce the use of the system by staff in the departments.	
A8. Continue to work with the MOH on HIS support and maintenance in all facilities and implemented districts.								
A8a. Monitor and evaluate the HIS.	X	X	X	X	<p>Ongoing.</p> <p>Frequent meetings were held at different HIS facilities to ensure effective usage of HIS.</p> <p>Project staff conducted various visits for all HIS facilities to follow up on pending issues.</p> <p>Project staff monitored system performance and generated reports to evaluate HIS usage, system performance and network usage.</p> <p>Three patches of HIS (Avicenna) software were deployed based on users' feedback and monitoring of the system.</p> <p>Four patches of the Human Resources System (MENAITECH) were deployed based</p>		<p>Continue to conduct feedback sessions in all facilities with HIS.</p> <p>Follow-up on system usage in all facilities.</p> <p>Continue to support the operationalization of all HIS modules.</p> <p>Connect the rest of HIS hospitals to put blood bank orders through the system.</p>	1,2,3,4,5,6

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>on users' feedback and monitoring of the system.</p> <p>Worked with the National Blood Bank to activate orders from HIS facilities; PMC is currently putting blood bank orders through HIS.</p> <p>Project staff continued to support the operationalization of HIS modules including Transportation, Mental Health and</p> <p>Maintenance in all HIS facilities.</p>			
A8b. Hand-over of HIS administrative privileges to MOH IT staff through technical documentation and training and establish help desks.	X	X	X	X	<p>Ongoing.</p> <p>Current MOH IT staff are providing the needed HIS support for the users.</p>	Delays in hiring new IT staff.	Continue the hand-over of HIS administration to the new IT staff.	
A8c. Facilitate 12-month post-implementation warranty and maintenance.	X	X	X	X	<p>In progress.</p> <p>The 12-month post-implementation warranty and maintenance period for Nablus and Qalqilya districts is complete.</p>		Continue facilitating the 12-month post-implementation warranty and maintenance.	

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					The 12-month post-implementation warranty and maintenance period for Ramallah and Hebron districts began in the beginning of Y5Q4 after a delay to ensure finalization of HIS implementation.			
A9. Continue implementation of HR module of the HIS in MOH facilities.								
A9a. Support adoption and maintenance of the HR module of the HIS in all facilities.	X	X	X		<p>Ongoing.</p> <p>Project staff supported the creation of an HR steering committee and members met to discuss HR usage and pending issues.</p> <p>The MOH has formed a technical committee that is conducting site visits to assess HR usage and needs in non-HIS facilities to activate the employee self-services portal (MENAME).</p> <p>Project staff continued to support the operationalization of HR sub modules including the staff scheduling roster.</p>	<p>Delays from subcontractor to make changes to the correspondence and letters module.</p> <p>Lack of commitment by MOH management.</p>	<p>Continue to support the operationalization of HR including the appraisal module.</p> <p>Support MOH in the data cleaning process.</p> <p>Work with subcontractor and MOH in providing a statistical reporting system for the HRMS.</p>	

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					Project staff supported MOH in creating a finalized list for the unified job titles which was uploaded to the system.			
B. Enhance MOH capacity to analyze and make use of overall data from the HIS								
BI. Enhance the capacity of the MOH in the use of HIS data for decision making.								
BIa. Support the MOH in using HIS data for decision making.	X	X	X		Ongoing. Trained managers and directors in the Secondary Healthcare Central unit on using HIS and generating reports.	MOH's management has weak commitment in using HIS as part of their daily routine.	Continue working with MOH management in using HIS in their decision-making processes.	
BIb. Extract data, assess data quality, and work with the MOH to develop a system for routine data cleansing.	X				In progress. Project staff monitored system usage and generated reports to		Continue working with MOH management in preparing them to	

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					evaluate HIS data.		<p>monitor the system themselves and monitor data quality and evaluate the performance.</p> <p>Work with a specialist consultant who will be dedicated to follow up on this task.</p>	
BIc. Review existing data entry processes across facilities and among various users (Physicians, Pharmacists, and Registration/Cashiers), identify problem areas creating discrepancies or weaknesses in data quality and work with the MOH to address these discrepancies.	X	X			Ongoing. Project staff monitor the data entry process and discuss new entry scenarios with the MOH and Dimensions. (e.g. birth and death certification and forms entry).			
BI d. Coordinate with the USAID Palestinian Health Capacity Project (IntraHealth) to build MOH capacity to optimize HR processes using data from HR module of the HIS.		X	X					
C. HIS Policy Development and Implementation								
CI. Support the MOH in the formation of an HIS Supervisory Committee.								

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C1a. Develop and obtain MOH approval on the Terms of Reference for the HIS Supervisory Committee.	X				In progress. The Project has developed and shared the Terms of Reference (TOR) for the Supervisory committee with the MOH and awaits approval on this TOR from the Minister. Supervisory committee had its first meeting.	Dedication of MOH higher management to the Supervisory Committee.	Obtain approval of TOR by MOH.	
C1b. Work with the MOH to activate the HIS supervisory committee and enable their role in national HIS oversight.		X	X		In Progress. The Project has facilitated the first meeting of the Supervisory Committee.		Facilitate the next meeting of the Supervisory Committee.	
C2. Roll-out privacy, confidentiality, and user access rules and protocols for HIS.								
C2a. Distribute User Access Manual to MOH.	X				Completed.			
C2b. Obtain Ministry approval on the Framework for eHealth Privacy and Confidentiality.	X				Completed.			

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C2c. Work with the MOH Legal Department to roll out the Framework for eHealth Privacy and Confidentiality.	X	X			In progress. MOH requested changes on the printed manuals (with approval from the minister); the new version is currently being printed.	eHealth Privacy and Confidentiality concept does not exist in MOH culture.	Roll out the Framework for eHealth Privacy and Confidentiality.	
C2d. Coordinate with HIS facilities to implement usage of the Patient Confidentiality Information Practices Customer Form and User Nondisclosure Form.		X						
C3. Coordinate with the WHO/Palestinian Public Health Institute on HIS related activities.								
C3a. Work with the WHO on the development of a national minimum data set (MDS) for SHC.	X	X			In progress. The Project has worked closely with the WHO/Palestinian Institute for Public Health on the analysis of a data extraction using patient discharge data from the HIS. The analysis was shared with the MDS task force, including representatives from PHIC and the SHC Quality Department.		Meet with the SHC General Director and the Director of PHIC to obtain their approval on the content of the MDS.	

Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C3b. Work with the WHO to utilize the minimum data set for developing key performance indicators, create dashboards, and monitor health care quality at the national level.		X	X					
C4. Develop a national HIS data exchange methodology (This activity is pending discussion with, and guidance from USAID)								
C4a. Define the scope of data exchange and develop communication protocol between different HIS systems.		X						
C4b. Establish a central body tasked with developing national data exchange policies.		X						
C4c. Work with the central body to develop and enforce national data exchange policies.			X					

ANNEX B: SUMMARY TABLE OF INDICATORS

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line AtY5	Y6 Target	Y6Q1	Y6Q2	Y6Q3	Y6Q4
1	3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	Quarterly	Cumulative	Project records	Output	1,779	2500	1,779			
2	3.1.5 OPHT	Number of individual patient records stored in the USG-supported Health Information System.	Quarterly	Cumulative	HIS	Output	544,633	750,000	598,122			
3		Percentage of Palestinian population with an electronic health record in the HIS system	Quarterly	Cumulative	Project records	Output	20%	27.5%	22%			
4		Number of patient visits recorded in the system	Annual	Cumulative	HIS	Output	1,825,106	2,825,106	2,172,658			
5		Number of facilities implementing HIS	Quarterly	Cumulative	Project records	Output	13	17	14			
6		Percentage (%) Effectiveness of HIS at the facilities that have used the USG-supported Health Information System defined as follows:	Annual	Discrete	Special Study	Outcome						
6.1		User satisfaction with system operation	Annual	Discrete			68%	80%	To be reported in Y6 annual report			
6.2		User perception of improved administrative and management practices as a result of HIS	Annual	Discrete			80%	80%	To be reported in Y6 annual report			
6.3		User perception of improved quality of patient care	Annual	Discrete			80%	80%	To be reported in Y6 annual report			
6.4		Managers satisfaction with availability of information for clinical (patient care) decision making	Annual	Discrete			80%	80%	To be reported in Y6 annual report			
6.5		Managers satisfaction with the availability of information for administrative decision making	Annual	Discrete			62%	70%	To be reported in Y6 annual report			

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line AtY5	Y6 Target	Y6Q1	Y6Q2	Y6Q3	Y6Q4
6.6		Estimated cost savings to facilities using HIS partially attributable to HIS	Annual	Discrete					Pending the availability of data sources			
7		USD Amount paid towards HIS	Quarterly	Cumulative	Project records	Input	9,055,004	12,755,004	10,221,651			

ANNEX C: OPERATIONAL INDICATORS

USAID OP Indicator	Indicator	HHA 2014(FY14)Target	FY09	FY14Q1	FY14Q2	FY14Q3	FY14Q4	FY14 Value	LOP Value to date	Comments
3.1.5- C02 OPHT	Number of health facilities implementing HIS	17(Cumulative)	13	14					14	Blood Bank counted as a separate facility.
3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	700 (Discrete for FY14) 250 (cumulative for the project)	222 191 806 449 111	0					1,779	Note that this indicator includes individuals trained on the HIS.
3.1.5 OPHT	Number of individual patient records stored in the USG-supported Health Information System.	750,000 (cumulative)	0 0 79,649 274,680 544,633	598,122					598,122	System generated number

ANNEX D: SUMMARY TABLE OF TRAININGS

Training Title	Start Date	End Date	Number of Participants		Objective
			Male	Female	
OBI & MLC Technical Maintenance Nov 13 - USA	11/2/2013	12/17/2013	1		To provide Augusta Victoria Hospital Biomedical Engineer the service training needed in order for him to be able to technically support the system in terms of preventive and corrective maintenance once the warranty period granted on the system (three years from successful installation) is over.

ANNEX E: GEO-MIS QUARTERLY UPDATE REPORT

Geo-MIS Partner's Quarterly Update Report

Chemonics / Palestinian Health Sector Reform and Development

FY 2014

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 20/10/2013 -15/1/2014**

Activity Status				
Activity Type	Closed	Completed	On Going	Total
A064 - Training of health care providers	0	1	0	1
H064 - Provision of medical supplies, pharmaceuticals and equipment to the PA	0	2	0	2
H067 - Technical Capacity Building and training	0	1	0	1
H070 - Behavioral Change, Info. dissemination and Communication	0	16	0	16
H071 - Strengthening the capacity of the Palestinian Health System (CB/TA)	0	28	1	29
H072 - Provision of training to Palestinian MOH/NGO staff	1	53	0	54
Total:	1	101	1	103

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 FY14 Results	2 indicators updated	Jan 8, 2014	

3) PMP Indicators

- i. Attach Current Geo-MIS PMP Matrix report.
Attached [GeoMIS PMP matrix .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

Y6Q1 COMMUNICATION PRODUCTS

TELLING OUR STORY

Title	Language	Focus Area
HIS saves lives (Photo and Caption)	English	B
Paper-less technology puts the patient first (First Person)	English	B

WEEKLY UPDATES TO USAID

Date	Title	Focus Area
3-Oct	The Ministry of Health (MOH) conducts first ever online recruitment through the USAID-funded Health Information System (HIS).	B
10-Oct	MOH starts using HIS to manage facility finances	B
17-Oct	NO BULLET	-
24-Oct	MOH cuts waste and improves patient safety by automating hospital orders	B
31-Oct	Life-saving Health Information System (HIS) Activated in the Fifth Ministry of Health (MOH) Hospital	B
7-Nov	Palestinian Authority (PA) takes over financial responsibility for the connectivity of the USAID-funded Health Information System (HIS)	B
14-Nov	Dramatic impact predicted by Ministry of Health (MOH) managers for USAID-funded health information system (HIS)	B
21-Nov	Palestinian Ministry of Health (MOH) pharmacists claim the USAID funded Health Information System (HIS) saves time and money, and reduces medical error.	B
28-Nov	NO BULLET	-
5-Dec	Beit Jala Hospital Directors Share Their Vision for the USAID-funded health information system (HIS).	B
12-Dec	NO BULLET	
19-Dec	Government health care costs cut by USAID-funded health information system (HIS)	C
26-Dec	HIS prevents lab errors	B

WEEKLY FACEBOOK POSTS FOR USAID

Date	Title	Posted by USAID
7-Nov	FB photo and caption Flagship MOH radiologist	
14-Nov	FB photo and caption Flagship MOH blood bank (13Nov13)	
21-Nov	FB photo and caption Flagship MOH pharmacists (21Nov13)	√
28-Nov	FB photo and caption Flagship Open License (27Nov13)	√
5-Dec	FB photo and caption Flagship Beit Jala (5Dec13) with Arabic	
12-Dec	FB photo and caption Flagship MOH cold rooms (10Dec13) Arabic	
19-Dec	FB photo and caption Flagship emergency drill (19Dec13)	
26-Dec	FB photo and caption USAID reduces Palestinian infant mortality	

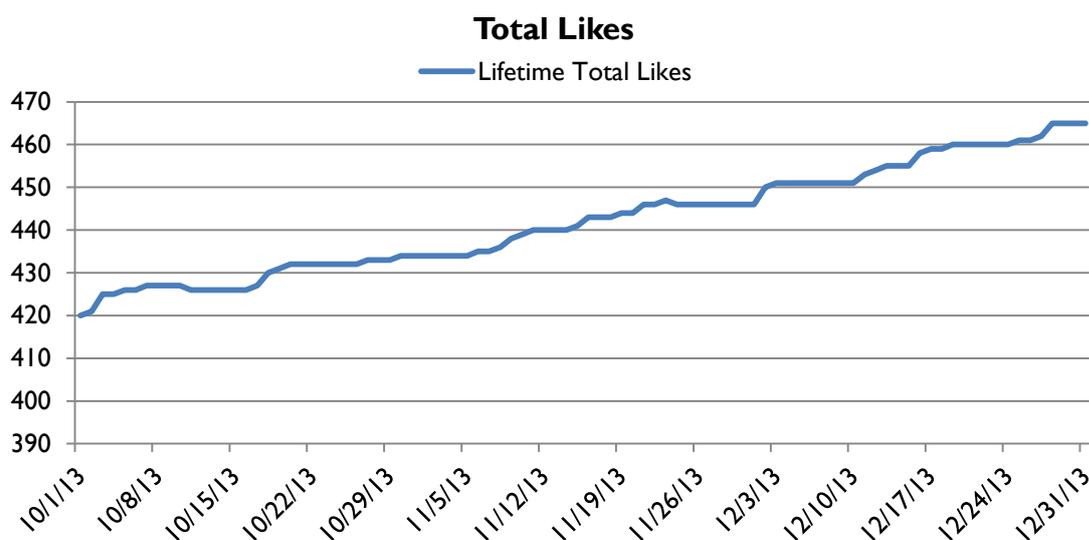
SOCIAL MEDIA SUMMARY

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.

Likes

During Y6Q1, Page likes steadily increased by 10 percent:

- October 1: 420 likes
- December 31: 465 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?

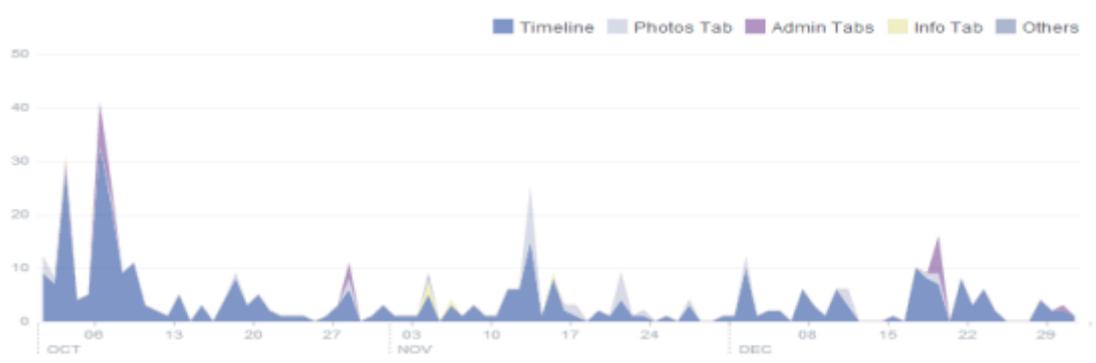
During Y6Q1, the Project posted to Facebook a total of 33 times:

- 39 Photos
- 4 Links
- 3 Videos

On average, there were 334 engaged users for each post. Each post received an average of 81 clicks. "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?).

Interest spiked in early October when the Project held a two-week outreach initiative to coincide with a national initiative to promote early detection of breast cancer. Since breast cancer detection is a MOH priority actively supported by USAID, the Project was able to post behavior change communication material and videos, produced both by the Project and other organizations.

Number of times each of your Page tabs was viewed



USAID Social media support

The Project submitted weekly Facebook posts to USAID, starting in early November. These posts were draft material for USAID to utilize for its Mission Facebook page, as requested by the USAID/WBG Public Relations Office.

During this quarter, the Mission shared two of the posts prepared by USAID. The most popular post (gaining 347 likes) was of two doctors in Beit Jala Hospital, which will be connected to the HIS in Y6Q2.

USAID and the Palestinian government are putting their heads together to figure out how to deliver the best quality care to Palestinians. Over 1.5 million patients have access to quicker, safer, and more cost-effective health services at 12 government hospitals and clinics, thanks to a modern health information system funded by USAID.



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

Y6QI 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

FRONT COVER: BEIT JALA HOSPITAL; THE NEWEST MOH FACILITY TO BE CONNECTED TO THE NATIONAL, HEALTH INFORMATION SYSTEM

PHOTO CREDIT: BASSAM ALMOHOR // CHEMONICS INTERNATIONAL

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