



USAID | **WEST BANK/GAZA**
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YEAR 4 QUARTER 4 PROGRESS REPORT

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT

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

Year 4 Quarter 4 (July 1 to September 30, 2012)



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

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DISCLAIMER

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

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Acronyms

AED	Automated External Defibrillator
AVH	Augusta Victoria Hospital
BASR	Bethlehem Arab Society for Rehabilitation
BCC	Behavior Change Communication
BEU	Biomedical Engineering Unit
BLS	Basic Life Support
CBC	Complete Blood Count
CBO	Community Based Organizations
CCA	Champion Community Approach
CCSNS	Care for Children with Special Needs Society
CF	Cystic Fibrosis
CHW	Community Health Worker
COR	Contracting Officer's Representative
CPAP	Continuous Positive Airway Pressure
CPR	Cardiopulmonary Resuscitation
CRS	Catholic Relief Services
CT	Computerized Tomography
ECG	Electrocardiogram
EPS	Essential Package of Primary Health Care Services
ESTRO	European Society for Therapeutic Therapy
FHOM	Four Homes of Mercy
FY	Fiscal Year
GEC	Grant Evaluation Committee
HELP	Health Emergencies Learning Program of Palestine
HEPD	Health Education and Promotion Department
HFA	Health Facility Assessment
HHA	Health and Humanitarian Assistance Office
HIS	Health Information System
HR	Human Resources
ICD	International Coding of Diseases
ICPC	International Classification of Primary Care
IMRT	Intensity Modulated Radiation Therapy
IPC	Infection Prevention and Control
IT	Information Technology
JCDC	Jerusalem Princess Basma Rehabilitation Center for Disabled Children
JRS	Jabalia Rehabilitation Society
M&E	Monitoring and Evaluation
MO2I	Mission Order 2I
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization

NICU	Neonatal Intensive Care Unit
OCT	Optical Coherence Tomography
OJC	On-the-Job Coaching
OT	Occupational Therapy
PA	Palestinian Authority
PACS	Picture Archive Computerized System
PC	Personal Computer
PHC	Primary Health Care
PHCC	Palestinian Happy Child Center
PHIC	Palestinian Health Information Center
PM	Preventive Maintenance
PMC	Palestine Medical Complex
PMP	Performance Monitoring Plan
PM Council	Palestine Medical Council
PNN	Palestine News Network
PSCF	Palestine Save the Children Foundation - Gaza
PT	Physiotherapy
QIP	Quality Improvement Plan
QOU	Al Quds Open University
RFQ	Request for Quotation
RTS	Radiation Therapy System
SHC	Secondary Health Care
SOC	Standards of Care
SOP	Standard Operating Procedure
SOW	Scope of Work
STTA	Short-Term Technical Assistance
TOT	Training of Trainers
TPN	Total Parenteral Nutrition
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UPS	Uninterruptible Power Supply
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
VAT	Value Added Tax
WHO	World Health Organization
Y4Q3	Year 4 Quarter 3
Y4Q4	Year 4 Quarter 4
Y5Q1	Year 5 Quarter 1
Y5Q2	Year 5 Quarter 2

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, 2012 through September 30, 2012, or Year Four Quarter Four (Y4Q4). For the quarter, *Section I* presents a general overview of the Project's status, *Section II* presents progress by Focus Area, *Section III* presents the Project's achievements in Gaza, and *Section IV* presents management, operational, and cross-cutting updates and accomplishments. *Annexes A through H* 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 Four Implementation Plan for the period January 1, 2012 through September 30, 2012, approved by USAID on June 1, 2012. The Year Four Implementation Plan was significantly adjusted due to the Congressional hold on funding to the USAID West Bank and Gaza Mission that began in September 2011. In late December 2011, the Project received partial Fiscal Year (FY) 2011 funding for implementation of selected Year 4 activities. In late April 2012, the remaining funds earmarked for 2011 were released, allowing the Project to resume activities.

As per guidance from USAID, the areas for intervention during the period from January to September of 2012 focused on the provision of grants, the continued rollout of the Champion Community Approach, and clinical quality improvement interventions at primary health care (PHC) centers. The Project will also support the MOH in the establishment of a National Training and Calibration Center and procure equipment for PHC clinics that will allow for the implementation of the Essential Package of Primary Health Care Services.

Section I: Overview

Major Accomplishments

The Project rolled out its integrated approach to quality improvement in PHC to 17 new communities this quarter. Subcontracts worth more than \$370,000 were issued to 17 community based organizations (CBOs) in Hebron, South Hebron, Tulkarem, Jericho, and East Jerusalem to carry out the Champion Community Approach. Concurrently, the Project has begun working with the MOH PHC centers in each of the newly engaged communities to carry out health facility assessments (HFAs), and to launch clinical quality improvement interventions in each clinic. The Project has also begun the procurement and installation of medical equipment for PHC clinics that will enhance the capacity of the MOH to deliver PHC health services in line with the Essential Package of Primary Health Care Services (EPS).

On September 25, 2012, Hableh was announced as the Champion Community in Qalqilya. This is a culmination of a year-long grassroots initiative in five communities in the Qalqilya health directorate. With USAID support, the community was selected by representatives of the MOH and the Project based on standard criteria. As a Champion Community CBO, the Hableh Charitable Society received a \$12,000 follow-on subcontract to enable them to continue their successful activities for an additional seven months.



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A representative of the Hableh Charitable Society reacts to the news that her community had been selected as the Champion Community at an award ceremony held in Qalqilya on September 25, 2012.

The Project began the rollout of the EPS and related Standards of Care (SOC) among PHC directorates this quarter. The SOC were launched at an event held in Ramallah on July 18, 2012. Following the launch, the Project trained PHC district directors and supervisors in Nablus, Hebron, and South Hebron on the use and application of both the EPS and SOC. The supervisors will then begin a series of trainings and on-the-job coaching (OJC) for their staff on the application of the EPS and SOC at the clinic level. Supervisors in the Hebron directorate

have begun this training program this quarter; rollout to additional directorates will continue next quarter.

On September 6, 2012, the Project supported the MOH in holding the first national Primary Health Care Nursing Conference. The conference was attended by over 300 people, including MOH PHC and secondary health care (SHC) nurses, PHC district nursing supervisors, PHC directors, and representatives of NGO health service providers. The opening ceremony included comments from Dr. Hani Abdeen, Minister of Health; Dr. Laila Ghanem, Governor of Ramallah; Suleiman Turkman, head of the nursing union; Ilham Shamasneh, MOH Nursing Director; and representatives of the Project and USAID.



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In his opening remarks at the national Primary Health Care Nursing Conference, Dr. Hani Abdeen, the Minister of Health, highlighted the essential role played by PHC nurses. “Nurses are the primary backbone of the Palestinian health sector,” he observed.

The sessions of the full-day conference focused on skills and leadership in PHC nursing, application of policies, and keeping abreast of international developments. The conference was a timely opportunity for the Ministry to focus on building the capacity of the nurses who will largely be responsible for implementing the EPS and SOC.

By holding the first-ever national conference on PHC nursing, the MOH intended to raise awareness of the key role played by nurses and the need to invest in their capacity.

Also this quarter, the Project awarded a grant worth over \$82,000 to the Jabalia Rehabilitation Society in Gaza. Funding will cover staffing support and the costs of awareness campaign activities. The procurement team will also support this grant through the purchase and delivery of a Tympanometer (a middle ear analyzer) and an Oto-Acoustic Emission Device (for hearing problem screening).

The objective of this grant is to help prevent hearing disabilities in Gaza’s Northern Governorate. Activities aim to strengthen community-based health care for children through the early detection of hearing and middle ear problems among preschool children, as well as health awareness on targeted topics for kindergarten caregivers, parents, and children.



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The new arthroscopy equipment procured this quarter for Al Makassed Hospital provides high quality, accessible treatment for Palestinian orthopedic patients in the public health care system.

Al Makassed Hospital procured an arthroscopy system with Project grant funds this quarter. Valued at \$235,000, the system enables minimally invasive surgery to repair orthopedic trauma. Arthroscopic surgery is an advanced orthopedic treatment that is not available elsewhere in the Palestinian health care system. The grant to purchase the arthroscopy system builds on a previous grant to Al Makassed that funded a fellowship in Germany for a hospital orthopedic surgeon to study arthroscopic surgical techniques. The surgeon is now training the orthopedic surgical team at Al Makassed, including six medical residents, on techniques he learned during the fellowship. Therefore, in addition to creating a new surgical service for Palestinian public health care patients, the grant enables the teaching hospital to expand local medical capacity in specialized orthopedic interventions and treatment.

Palestinian NGOs are an important player in the provision of health services in the Palestinian Territories. Most of these NGOs depend on individual philanthropy and grants from donors for their funding. However, the capacity to develop concise and well-structured applications is limited. These organizations need to obtain awards not only from the Project but from other donor countries and foundations as well in order to survive. During the award process, the Project provides significant input and several drafts are shared between the Project and the NGO. Assistance is usually focused only on their specific application and not necessarily as part of a comprehensive approach to structuring an application.

During Y4Q4, the Project kicked off a planned series of capacity strengthening workshops for current and previous grantees. These training workshops will serve to strengthen each agency's capacity to effectively respond to solicitations and build winning proposals. Representatives from thirteen NGOs from across the West Bank attended the two-day workshop held September 12 and 13, 2012 in Ramallah. Through targeted sessions, the Project is seeking to provide NGOs with the tools needed to secure needed funds from available resources.

Implementation of the Health Information System (HIS) has continued in Hebron, Ramallah, Nablus, and Qalqilya. In coordination with the MOH, the Project has initiated the transition process for the HIS. Ten MOH Information Technology (IT) staff members have been identified and assigned to support the HIS. As implementation and transition continues, more and more administrative privileges will be transitioned over to the MOH.

During this quarter, the human resources (HR) module of the HIS was successfully implemented in MOH facilities. In September, the Project facilitated a workshop on the new HR system that encouraged peer-to-peer teaching and information sharing. The new system streamlines processes and utilizes an online format that makes tracking and capturing data more efficient.

Stakeholder Coordination

The Project continues to value the importance of stakeholder technical activities coordination in increasing the effectiveness of collective technical efforts on the ground, leveraging resources, and maximizing the sustainability of activities. This quarter, the Project participated in the following technical coordination meetings:

Date	Host	Attendees	Highlights
July 26, 2012	World Health Organization (WHO)	Staff from the WHO and Project staff	<p>HIS datasets and reports needed:</p> <ul style="list-style-type: none"> • Need to make some changes on the HIS dataset to meet the needs of MOH Reports (especially Health Information Centers Required Reports). They might need external help and/or support. Yasir Harb was proposed to focus on this issue. • Need to compare the HIS interface for non-communicable disease (NCD) with WHO standards for compatibility. The WHO has already developed a spreadsheet for this data which is not user-friendly. • It has been agreed to look at the WHO-proposed dataset for NCD and the interface being used on the system. • The WHO is going to pilot information for NCD in seven clinics in the Salfit district. <p>Next steps:</p> <ul style="list-style-type: none"> • August 1, 2012 is the next meeting in Jerusalem for East Jerusalem Hospital networking. • Meeting with Project staff and the WHO to discuss the applicability of the data proposed.
August 1, 2012	WHO	Staff from the WHO and Project staff	<ul style="list-style-type: none"> • The discussion focused on HIS datasets implemented so far at the PHC (the NCD dataset in particular and how the dataset is a good reflection of the guidelines for NCDs). • The WHO shared with the Project their intention to conduct pilot work – the purpose of which is to make sure that the information gathered from patients at the PHC-level corresponds with WHO clinical records. • The WHO-proposed clinical record is not yet finalized. It will be shared with the Project as soon as it is finished. • The Project's HIS team and the IT team from the Project's implementing partner agreed to do a review of all the windows that are available at the PHC and to complete necessary changes and

Date	Host	Attendees	Highlights
August 1, 2012	Catholic Relief Services (CRS)	Staff from CRS and Project staff	<p>corrections.</p> <ul style="list-style-type: none"> Follow up on future cooperation to support the capacity of local institutions to conduct promotion and awareness raising activities linked to PHC and the EPS. The Project raised the issue of urgency and the need to have a clear idea of CRS's future planning, to give special grants for this particular issue. CRS explained that they cannot commit financially to support grants because their grants mechanism is only through an open competition between NGOs and they already went through a selection of certain institutions. <p>CRS and the Project agreed on the following:</p> <ul style="list-style-type: none"> The Project will continue to plan to do these activities with the CBOs. CRS will share a scope of work (SOW) with the Project before the next round of applications, so that it corresponds to the needs. <i>Pending USAID Funding:</i> both institutions agreed to do some joint work in the future. <p>Next steps:</p> <p>The new round of applications will be announced in October.</p>
September 16, 2012	Juzoor for Health & Social Development	Staff from Al Quds Open University, Columbia University, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Juzoor, and the Project.	<ul style="list-style-type: none"> <i>The 5th Conference on Nutrition and NCDs: A Palestinian Agenda</i> focused on Nutrition and NCDs and their impact on the Palestinian health sector, which is witnessing a growing burden of NCDs. The conference was an opportunity to exchange experiences by presenting research papers on NCDs and nutrition at the national and international levels. The conference helped to address major health issues related to NCDs and nutrition. The Project participated in the conference as facilitators of one of the sessions. One of the papers presented was based on an assessment the Project did for the Nutrition Department on Palestinian food and dietary guidelines. These guidelines were prepared for use by the MOH to prevent NCDs and were presented to be a national system.
September 17, 2012	WHO	Staff from the Project, Birzeit University, the MOH, United Nations Population Fund (UNFPA), Al Quds Open University, Augusta	<ul style="list-style-type: none"> Participants discussed: (1) the role of the Palestinian National Institute of Public Health in research and what criteria to use for research prioritization and (2) the most important research questions critical to public health policies in the West Bank and Gaza today. Detailed criteria were presented for choosing: burden of disease, costs, preventability or

Date	Host	Attendees	Highlights
		Victoria Hospital (AVH), and Juzoor.	<p>possibility for improvement, media attention, potential escalations, policy relevance, feasibility and affordability, equity, innovation, and capacity building.</p> <ul style="list-style-type: none"> The following research areas were discussed: NCDs, communicable diseases, reproductive health, nutrition and food, environmental health, psychosocial and mental health, health care organization and management, barriers to health, effects of interventions (e.g., health prevention and quality of HIS), registries, and surveillance systems.
September 24, 2012	WHO	Staff from the WHO and Project staff.	<ul style="list-style-type: none"> The WHO is taking a closer looking at the hospital reporting requirements to the Palestinian Health Information Center (PHIC). The WHO will be working on upgrading the reporting tools for all hospitals. The Project informed the WHO of the challenges they will face in the upgrade process. Challenges persist in the health care statistics definitions by the MOH (e.g., Average Length of Stay, Total Patient Days, etc.). The upgrade process should look at these definitions and ensure that they are part of the Ministry's health dataset. All health care personnel should be informed of all updates to the definitions and the way they are measured. Version Two of the International Classification for Primary Care (ICPC) was discussed. Gaza health care clinics are currently using Version Two in their reporting. The WHO does not think the Project should modify the tool, although it creates another set of codes that are totally new to the clinics' environment. The Project discussed with the WHO the challenges doctors will face in reporting to the PHIC using one coding system and then using another coding system, International Coding of Diseases (ICD) 10, for transferring patients to MOH hospitals. The Project suggested using the same tool with some minor modifications, in which the ICD 10 coding system is used instead of the new system. <p>Next steps and needed follow up:</p> <ul style="list-style-type: none"> A meeting will be arranged with PHC Doctor Amara from Nablus to discuss the tool. The meeting with Dr. Amara is tentatively planned for October 1, 2012 at 10:00 am. Agreed to use WHO resources and the Italian Corporation (if needed) to come up with some health statistics definitions.

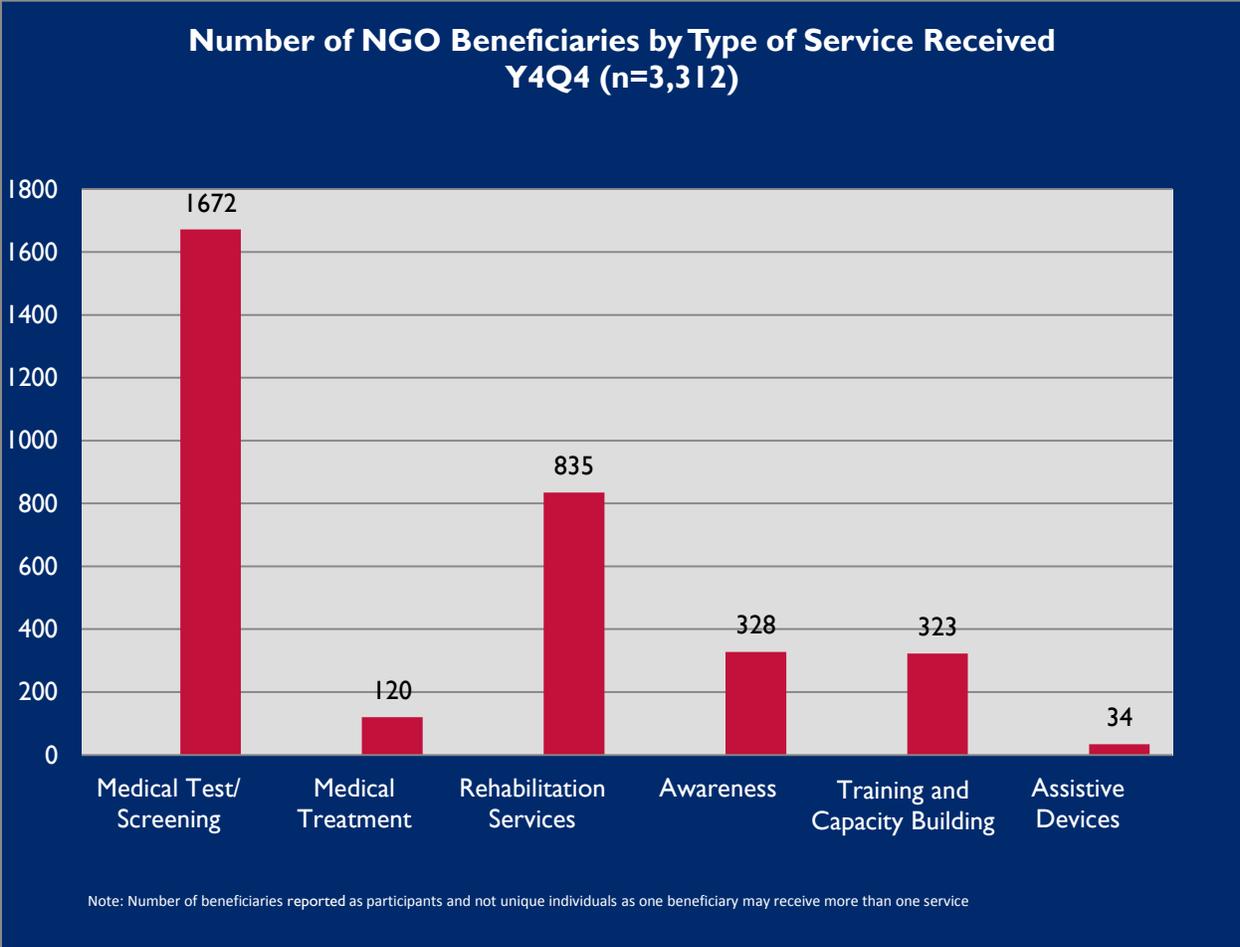
Section II: Progress by Focus Area

The following are progress updates and operational highlights by Focus Area for Y4Q4. Detailed reporting by activity can be found in *Annex A: Progress Against Work Plan* for all Focus Areas.

Focus Area A: Institutional Development

As per the approved Year 4 Implementation Plan, work under this focus area continues to concentrate on the provision of grants and fellowship support.

Sixty-one students are enrolled in the Health Management bachelor’s degree program at Al Quds Open University (QOU) during the spring semester. Forty-eight students were enrolled during the summer semester. The Project received and approved the academic status report for both semesters. During Y4Q4, the Project received vetting approval for 35 additional students; 11 names were received on September 18, 2012 and 24 names were received on September 26, 2012. This brings the total number of fellowship students to 96.



One new grant agreement, “Prevention of Hearing Disability in Gaza Northern Area,” was signed this quarter with Jabalia Rehabilitation Society (JRS). This new grant will reduce hearing and middle ear disabilities in Gaza Northern Area by providing screening for children and conducting health awareness raising activities for kindergarten caregivers, parents, and children.

The grant, worth over \$82,000, strengthens the capacity of JRS to provide rehabilitative services for hearing impaired individuals and supports the sustainability of the audiology clinic. JRS will screen 5,000 children for hearing and middle ear problems over the course of a year and provide treatment for up to 1,500 children who are found to have such problems. Through a series of workshops for parents and Open Days for children, JRS will pass along health and hygiene messages to increase awareness about hearing and middle ear problems and the appropriate methods to address these problems.

The current grant complements procurement previously conducted by the Project. Medical equipment was procured for JRS (i.e., Hearing Aids Analyzer, Oto-Acoustic Emission Device, Auditory Evoked Potential System, Frequency Modulation System, and Clinical Audiometer) and operational and clinical training related to this equipment was provided by the manufacturer and/or supplier. The new grant will benefit from the use of this equipment.



An audiologist demonstrates the use of the Auditory Evoked System at JRS. This system detects and diagnoses hearing problems.

The grant to Care for Children with Special Needs Society (CCSNS) ended September 30, 2012. This grant allowed CCSNS to screen and treat hearing and speech disorders among disadvantaged children in Nablus. The Project will review and approve the final report from CCSNS next quarter.

Six other Project grantees continued to carry out activities and interventions among their beneficiaries this quarter: St. John’s Eye Hospital – Gaza; Al Makassed Hospital; Al Ahli Hospital – Patient Friend’s Society; Bethlehem Arab Society for Rehabilitation (BASR); Jerusalem Princess Basma Center for Disabled Children (JCDC); and QOU (see *Annex B: Table of Grantee Achievements* for more information).

Quarter highlights from the Project’s grantees include the procurement of arthroscopy equipment for Al Makassed Hospital in July. Located in Jerusalem, Al Makassed Hospital is a tertiary care and teaching hospital used by Palestinian patients from the West Bank, Gaza, and east Jerusalem. As a specialized referral hospital, Al Makassed receives complex cases from all Palestinian areas, including complicated orthopedic cases. Between 65 and 70 percent of Al Makassed patients are referred by the MOH. Referring patients who require arthroscopic surgery to Al Makassed rather than to facilities abroad enhances local capacity and reduces public health care costs.



Former USAID-supported orthopedic fellow Dr. Seifeddin Abu Rub is training the orthopedic surgical team at Al Makassed Hospital on using the newly procured arthroscopy equipment. The arthroscope allows the hospital to provide new surgeries that drastically reduce patient recuperation time.

Arthroscopic surgery is an advanced, minimally invasive orthopedic treatment that is not available anywhere else within the Palestinian health care system. The current grant builds on a previous Project grant that funded a fellowship in Germany for Dr. Saifeddin Abu Rub to study arthroscopic surgical techniques. Through the follow-on grant, Dr. Abu Rub is now training and providing OJC to the orthopedic surgical team at Al Makassed, including six medical residents, on techniques he learned during the fellowship. A total of 30 patients received surgeries using the new equipment this quarter.

The table below provides a summary of the status of all grants as of the close of the quarter.

Name of Organization	Grant Title	Grant Purpose	Completion Date	Status of Grant Agreement
Active Grants				
I.) CCSNS Nablus	Campaign for Early Detection of Communicative Disorders	Screening and treatment of hearing and speech disorders among disadvantaged children. The project aims to alleviate the hardship of children with hearing and speech problems so that a proper education can be secured for those children and competition on equal terms can be granted.	September 30, 2012	Grant closed out in September 30, 2012.

Name of Organization	Grant Title	Grant Purpose	Completion Date	Status of Grant Agreement
2.) St. John's Eye Hospital – Gaza Clinic <i>Gaza</i>	Improving Diabetic-Related Eye Disease Screening, Treatment, and Health Worker Capacity in the Gaza Strip	Saving and improving the “gift of sight” of 2,500 underprivileged adults suffering from diabetic retinopathy in Gaza by conducting an intensive screening project that ensures early detection of vision impairments related to diabetes.	December 31, 2012*	Ongoing.
3.) Al Makassed Hospital <i>Jerusalem</i>	Follow-on Activity to the Orthopedic Subspecialty Fellowship Program	To build the hospital's capacity and improve its performance related to orthopedic services and treatment by providing arthroscopy equipment and training to Orthopedic staff.	December 31, 2012	Ongoing.
4.) Al Ahli Hospital – Patient Friend's Society <i>Hebron</i>	Advanced and Basic Certification and Training of Health Care providers in the West Bank	Health teams will receive electrocardiogram (ECG) training and training in cardiac life support (including basic life support, pediatric advanced life support, and advanced cardiac life support). Al Ahli Hospital will be following the Standards of the American Heart Association and utilize their manuals to enhance and improve the quality of care delivered to patients all over the West Bank as part of this grant.	January 31, 2013	Ongoing.
5.) BASR <i>Bethlehem</i>	Promotion and Protection of the Rights of Children with Disability	To promote the well-being and resilience of the child population of the Bethlehem district, including those with disability, through the promotion and protection of child rights and strengthening local abilities to cope with a complex and difficult environment.	February 28, 2013	Ongoing.
6.) JCDC <i>Jerusalem</i>	Enhancing the Rehabilitation and/or Integration of Children with Special Needs	To enhance the provision of high quality rehabilitation services to children with special needs and their families at all levels of the rehabilitation structure in Palestine (the national level,	February 28, 2013	Ongoing.

Name of Organization	Grant Title	Grant Purpose	Completion Date	Status of Grant Agreement
		intermediate level, and the community based rehabilitation level). Thus developing an effective and efficient referral and follow up system between the levels and empowering families and/or communities and facilitating the inclusion of those children and their families within their environments.		
7.) QOU <i>Ramallah</i>	Curricula Development for the Health Management program at QOU (Bachelor's Degree courses in Health Management)	To develop curricula for the health management program that is consistent with distance learning philosophies.	March 31, 2013	Ongoing.
8.) JRS <i>Gaza</i>	Prevention of Hearing Disability in Gaza Northern Area	To prevent hearing and middle ear disabilities in Gaza Northern Area. Activities aim to strengthen community based health care for children through the early detection of hearing and middle ear problems among pre-school children in the Northern governorate, as well as health awareness on targeted topics for kindergarten caregivers, parents, and children.	June 30, 2013	Ongoing.
Grant Applications Under Review				
9.) Four Homes of Mercy (FHOM) <i>Jerusalem</i>	Establishing Out-Patient Clinics for Rehabilitation Services in the Areas of Bethany, Abu Dees, and the Surrounding Villages	To provide comprehensive physiotherapy (PT) and occupational services to people with special needs and to establish out-patient clinics to provide these services.	TBD	The grant was reviewed and approved by the Project. At this time, USAID and the Project jointly decided not to issue additional follow-on grants due to the uncertainty of FY2012 funding.
10.) Caritas Baby Hospital <i>Bethlehem</i>	Cystic Fibrosis (CF) Rehabilitation Program	To build on and develop the initial endeavor (a grant to provide care for CF patients) into a rehabilitation program	TBD	The grant was reviewed and approved by the Project. At this

Name of Organization	Grant Title	Grant Purpose	Completion Date	Status of Grant Agreement
		that diagnoses CF patients, provides comprehensive multi-disciplinary care, and educates patients and their families about the disease. This follow-on grant is Caritas Baby Hospital's next step toward becoming the leading CF treatment facility in the West Bank and eventually Gaza.		time, USAID and the Project jointly decided not to issue additional follow-on grants due to the uncertainty of FY2012 funding.

**In the Year 4 Quarter 3 (Y4Q3) Progress Report, the Project reported a completion date of August 31, 2012. However, in Y4Q4, the Project issued a no-cost time extension to St. John's Eye Hospital through December 31, 2012 to complete activities which were suspended due to the stop work order from October 2011 to January 2012.*

In September, the Project facilitated a two-day training workshop for current and previous grantees. The purpose of this training was to strengthen grantees' capacity to apply for and receive funding through the preparation of winning proposals. Through presentations and group activities, attendees received valuable information and take-home materials that will be immediately applicable to their proposal development processes. Representatives from thirteen NGOs attended the workshop and discussed the following topics:

- Where is the New Business?
- Market Research and Being Prepared/Informed
- Apply or Not to Apply
- Project Framework and Design
- Sustainability and Innovation in Program Design
- Reading and Understanding the Solicitation
- Organizing Your Resources
- Proposal/Application Sections
- The Frankenstein – Packaging your Proposal for Success
- Cost and Budget

Workshop participants were challenged with a variety of real-life activities that involved a sample solicitation. The activities forced the participants to work together as a team, solve problems, work through questions that arise during the proposal process, and come up with creative strategies to apply to future proposal submissions.

The workshop covered a wealth of information in only two days. The Project provided participants with take-home materials that will give attendees an easy reference tool that will also facilitate knowledge sharing between participants and their colleagues.

Challenges

While Project grantees are achieving expected results in the implementation of their activities, there are challenges in relation to the capacity of local NGOs to develop strong grant applications and in their administrative and/or financial capacities. The Project is concerned that grantees will not have the capacity to sustain activities at their current level after the Project period ends. In order to maintain current activity levels, grantees will need to secure additional funding from available resources. Thus, the Project will work with these organizations to ensure that grantees maximize their resources and use this increased capacity to fundraise.

The Coming Quarter

The grant to CCSNS, “Campaign for Early Detection of Communicative Disorders,” closed this quarter. A final report is expected from CCSNS in October 2012, which the grants team will review and approve upon receipt. Once the final report has been approved, the Project will share a certificate of completion with CCSNS and close out this grant.

The grants team will continue to provide oversight on the seven ongoing grant agreements. This includes conducting monthly visits to grantees and reviewing grantees’ monthly reports for approval and payment.

The Project will continue to work with the MOH to monitor the fellows enrolled in the Health Management program at QOU.

In collaboration with the monitoring and evaluation (M&E) team, the grants team will follow up on with Al Makassed about the current grant. The Project will monitor monthly utilization of the arthroscopy equipment and the joint team will conduct monthly site visits. The technical team and the M&E team will also visit JRS next quarter to develop an M&E plan and monitor grant implementation.

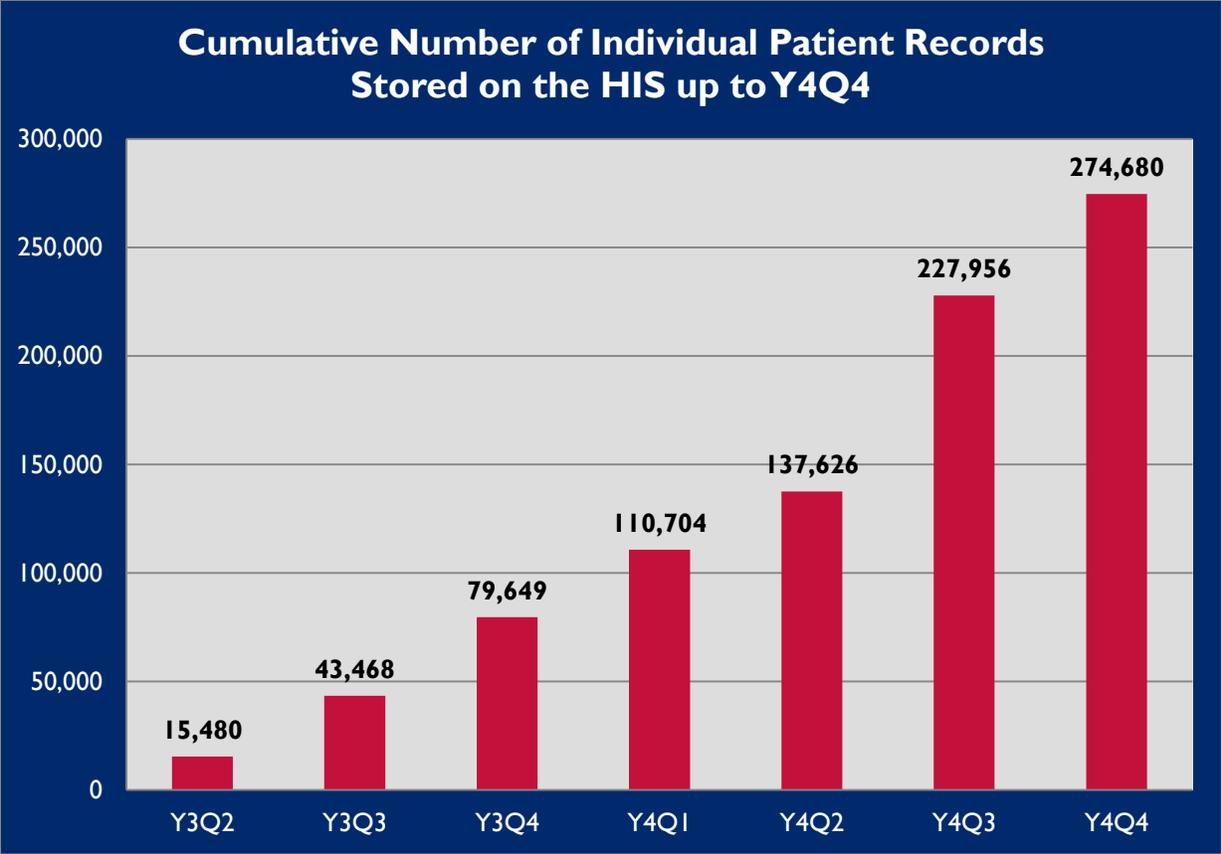
Focus Area B: HIS

HIS implementation continued this quarter. Training for relevant hospital staff took place on each module prior to implementation. The status of implementation is provided below.

- **Hebron:** The HIS is implemented and fully functional in all departments of Alia Hospital, and MOH IT staff participated in implementation activities. Implementation has begun in the PHC directorate clinic and Karantina Clinic. Networking and cabling is ready at the Tarqumia Clinic. HIS implementation will complete next quarter. MOH IT staff members are taking the lead in supporting the HIS in Hebron and are reporting issues as appropriate. System administration privileges are gradually being transitioned over to the MOH so that they can eventually support the system independently.
- **Ramallah:** At the Palestine Medical Complex (PMC), the HIS is implemented and operational and MOH IT staff participated in implementation activities. Pre-implementation activities have been completed in the PHC directorate clinic and the Beit Reema Clinic and Blood Bank. HIS implementation will complete next quarter.
- **Nablus and Qalqilya:** The HIS is fully operational and the warranty and maintenance period began January 15, 2012 in these districts. This period will end in Year 5 Quarter 2 (Y5Q2), at which point the MOH will be responsible for maintenance and system management.
- **All Implemented Districts:** As in previous quarters, the Project conducted regular site visits in cooperation with hospital and clinic staff and provided continuous support. Antibacterial trolleys were provided to Rafidia, Alia, and Darwish Nazzal Hospitals.

The transition process for the HIS has begun. Two MOH IT staff members have been assigned to support functions related to HR in all facilities, and eight MOH IT staff members have been assigned to support HIS-related functions (three at Rafidia Hospital, three for the Hebron district, and two for Ramallah district). MOH IT staff members are currently playing an intermediary role between end users and the implementation team. More HIS administrator privileges have gradually been granted to MOH IT staff to prepare them for the eventual transition of the HIS to MOH management and administration.

The Project developed and completed the eHealth Privacy and Confidentiality framework this quarter. The framework was submitted to USAID for review and approval under the technical request STTA056: Patient Privacy in the HIS on August 14, 2012. The framework was shared with key stakeholders in the health sector during a workshop conducted in July. This framework was also consulted during the development of the User Access Manual, a draft of which was completed this quarter. Privacy and confidentiality concerns will be addressed during the training on the User Access Manual, planned for Year 5.



Note: The Health and Humanitarian Assistance Office (HHA) set a target of 150,000 patient records for Year 4. However this target was exceeded due to the concurrent rollout of the HIS in Hebron and Ramallah.

During Y4Q4, the HR module was successfully implemented in MOH facilities. The Ministry has officially adopted this HR system in the West Bank. The HR module centralizes all HR information for the MOH, connects over 6,000 employees, and provides HR services for MOH employees at the click of a button (e.g., time off requests). Information in the HR module is clearly organized and allows for easy access to data, statistics, reports, and more. Now that all employee information is logged in one database, key decision makers can access complete, accurate, and up-to-date information about the coverage and distribution of various employees working in all MOH facilities.

To encourage full adoption of the HR module, the Project facilitated a workshop on the new HR system in September. This workshop emphasized the importance of peer-to-peer teaching and information-sharing to ensure the success and sustainability of the new HR management system. Staff members from different facilities were able to share success stories, the ways the new system has affected workflow, and best practices. Users provided tips for optimal utilization of the system that could be tried out in other facilities. Through this collaborative discussion process, bottlenecks and common problems were addressed, and users from facilities where the system is not yet fully operational could get feedback and help troubleshooting the issues facing their implementation.



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The HR module workshop featured a live demonstration of the HR module and provided ample time for discussion and Questions & Answers.

Challenges

As previously reported, the funding suspension, subsequent Stop Work Order, and delay in signing a memorandum of understanding (MOU) between the MOH and USAID has caused the implementation periods for all HIS sites (and follow-on warranty and maintenance periods) to be revised.

HIS implementation in Hebron and Ramallah has faced a number of challenges. In Hebron, these challenges included: (1) delays due to uncertainty experienced in previous quarters regarding the physical location of Hebron PHC clinics; (2) changes within the administration of the hospital and clinics; and (3) internet connectivity lacking or unavailable in some facilities. In Ramallah, management changes at the PMC caused a lack of authority and subsequent decrease in staff commitment to HIS training. Challenges facing both districts include limited computer and English language skills among staff, user resistance to change, and a lack of both the supplies needed from the MOH to ensure continuous use of the HIS and a stable source of electricity in some facilities.

An important component of Year 5 HIS activities is the transition of the HIS to the MOH. However, more MOH IT staff members are needed who are fully dedicated to the HIS. In particular, at least one MOH IT staff member is needed at Qalqilya Hospital; the PHC directorate clinics in Hebron, Ramallah, Qalqilya, and Nablus; and the PMC.

The Coming Quarter

The Project will complete HIS training and implementation in Hebron and Ramallah. The warranty and maintenance period for these districts will begin once the implementation period has been completed. HIS expansion is planned for up to five additional hospitals and up to ten PHC clinics in Jericho, Jenin, Bethlehem, and East Jerusalem. However, future expansion will depend on FY2012 funding being released and having the time needed to expand implementation and provide the proper handover of facilities.

The Project will focus on institutionalization and sustainability while working with the MOH during the coming year. The Project will work with the MOH to assign more HIS staff. A core group of these staff members will be identified and receive higher-level IT training. The Project will facilitate a knowledge transfer from the contractor to the MOH – especially IT knowledge, such as Oracle, HP, and Cisco training.

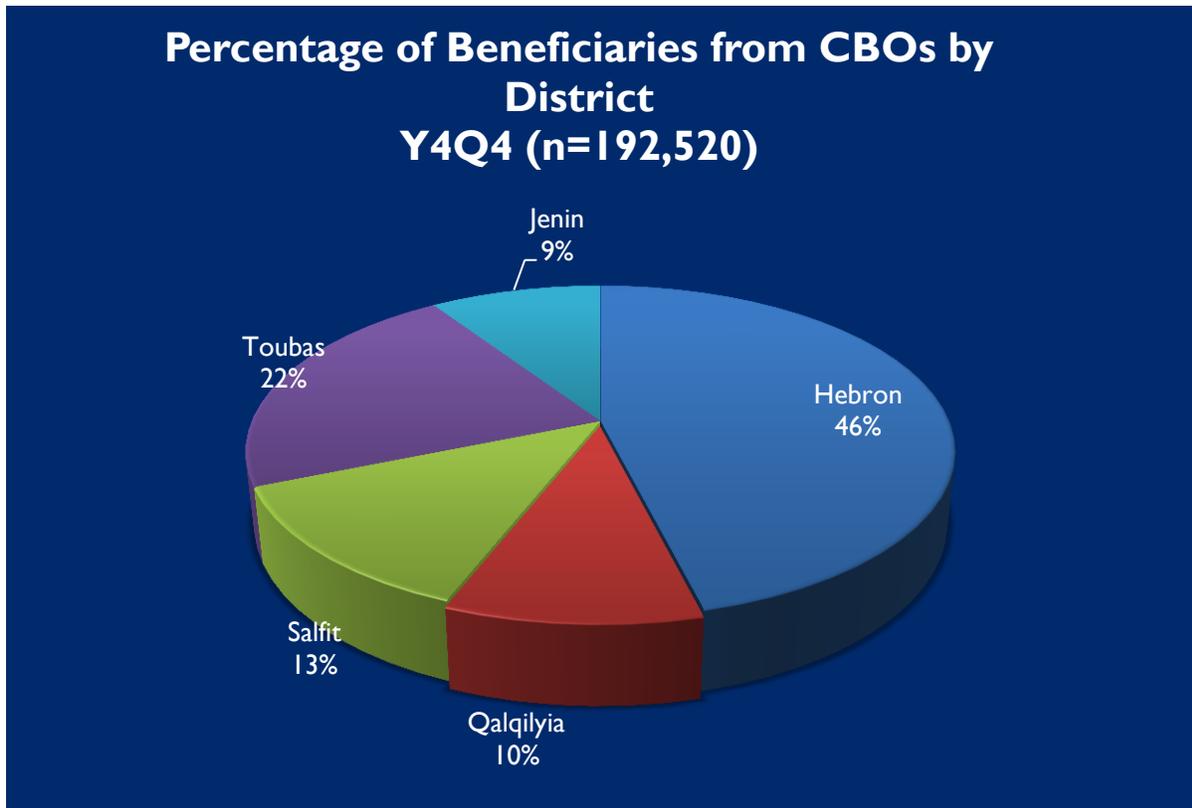
On a practical level, the Project will provide training and OJC as needed to support the administration of the HIS Help Desk. The transfer of administrative rights from the contractor to MOH staff will continue, including granting MOH staff full rights to add and delete users on the system, giving privileges to users, and printing forms. The Project will also finalize the HIS User Access Manual and train MOH staff on the use of the manual; this training will serve to institutionalize the privacy and confidentiality framework developed during Y4Q4.

Other activities planned for Year 5 Quarter I (Y5Q1) include contracting a supplier for the online testing system at the Palestine Medical Council (PM Council). Implementation and testing of this system will take place, followed by the provision of training for PM Council staff. An in-depth cost assessment for a Picture Archive Computerized System (PACS) will take place during Y5Q1.

Focus Area C: PHC Support

Champion Community Approach (CCA)

In September 2012, the Project rolled out the CCA to an additional seventeen communities within the directorates of Hebron, South Hebron, Jericho, Jerusalem, and Tulkarem. A total of \$381,000 was awarded to CBOs via subcontract to implement the CCA in these areas. In all seventeen new communities, the formation of Community Clinic Boards, compilation of Community Profiles, and development Community Health Assessments and Action Plans are in progress. Public health awareness and promotional activities are in progress.



After one year of implementation in Qalqilya, the Project awarded one CBO a subcontract to continue implementation of the CCA. The Champion Community of Hableh showed exemplary commitment in coordinating and cooperating with the MOH and were successful in mobilizing the community to enhance health services and promote health awareness.

Using predetermined criteria, the Project and the MOH awarded the Hableh Charitable Society a seven-month subcontract valued at \$12,000 to carry out environmental health, road safety, home safety, and other health campaigns. At the award ceremony, CBO Coordinators shared the highlights and major achievements from each community over the last year. In Hableh, for example, the PHC clinic is now seen as an important source of health care. "This year, we followed a new method as a service provider, which changed the way the community looks at us," said Dalal Abu Sneneh, clinic nurse. "As a result, the concept of health has changed for Hableh." Citizens are more likely to be aware and take advantage of public health care. "People

come and visit us in a regular basis with prior knowledge of the services we are capable to provide,” said Abu Sneneh. “Now, [people] visit the clinic all the time, not only for treatment but also to learn about health issues. Before, patients would send their relatives to bring them the medicine, but now they come themselves.”

The following table lists the status of all CBO subcontracts as of September 30, 2012:

Community		CBO	CBO Subcontract Status as of September 30, 2012
Hebron			
1	Ein Sarah (Champion Community)	Hebron Women’s Charitable Society	Ongoing until April 1, 2013
2	Wadi Al Reem	Bani Neim Charitable Society	Ongoing until May 25, 2013
South Hebron			
3	Dura (Champion Community)	Rural Development Women’s Society	Ongoing until April 1, 2013
4	Hamida Al Najadi	Yatta Charitable Society	Ongoing until May 25, 2013
5	Biet Awa	Sakka Women’s Charitable Forum	Ongoing until August 25, 2013
6	Al Ghawita	Yatta Women’s Charitable Society	Ongoing until August 25, 2013
Qalqilya			
7	Hableh (Champion Community)	Hableh Charitable Society	Ongoing until April 25, 2012
Toubas			
8	Taysir	Taysir Women’s Club	Ongoing until January 25, 2013
9	Aqabba	Aqqaba Charitable Society	Ongoing until July 20, 2013
10	Bardala, Kardala, Ein Al Beida	Northern Jordan Valley Women’s Center	Ongoing until July 20, 2013
11	Al Fara’h	Wadi Al Fara’h Charitable Women’s Center	Ongoing until July 20, 2013
Salfit			
12	Haris	Haris Charitable Women’s Society for Social Work	Ongoing until January 25, 2013
13	Iskaka	Iskaka Women’s Society	Ongoing until January 25, 2013
14	Deir Istia	Deir Istia Women’s Charitable Society	Ongoing until July 20, 2013
15	Deir Balout	Deir Balout Youth Club	Ongoing until July 20, 2013
16	Masha	Masha Sport Club	Ongoing until July 20, 2013
Jenin			
17	Al Rameh	Jenin Charitable Women’s Society/Al Rameh	Ongoing until July 20, 2013
18	Deir Abu De’if	Deir Abu De’if Charitable Society	Ongoing until July 20, 2013
19	Faqua’a	Faqua’a Women’s Center	Ongoing until July 20, 2013
20	Anza	Anza Sport Club	Ongoing until July 20, 2013

Community		CBO	CBO Subcontract Status as of September 30, 2012
21	Al Yamoun	Al Yamoun Charitable Society	Ongoing until July 20, 2013
22	Sanour	Sanour Charitable Women's Society	Ongoing until July 20, 2013
23	Al Zababdeh	Al Zababdeh Charitable Society	Ongoing until July 20, 2013
24	Al Jalameh	Al Jalameh Women's Center	Ongoing until July 20, 2013
Jericho			
25	Al Nwaemeh	Al Nwaemeh Sports Club	Ongoing until August 25, 2013
26	Al Israa	Al Israa Charitable Society	Ongoing until August 25, 2013
27	Al Zbeidat	Al Zbeidat Charitable Society	Ongoing until August 25, 2013
28	Ein Al Diouk	Ein Al Diouk Youth Sports Club	Ongoing until August 25, 2013
Jerusalem			
29	Hizma	Youth Muslim Society Hizma	Ongoing until August 25, 2013
30	Al Jeeb	Al Jeeb Youth Club	Ongoing until August 25, 2013
31	Al Ram	Sunflower Association for Human and Environmental Protection	Ongoing until August 25, 2013
32	Anata	Sabaya Anata Center	Ongoing until August 25, 2013
Tulkarem			
33	Thanaba	Palestinian Family Planning and Protection Association	Ongoing until August 25, 2013
34	Tulkarem	Medical Scientific Forum Society	Ongoing until August 25, 2013
35	Kufur Jammal	Solidarity and Cooperation Charitable Society	Ongoing until August 25, 2013
36	Anabta	Anabta Women's Charitable Society	Ongoing until August 25, 2013
37	Attil	Attil Charitable Society	Ongoing until August 25, 2013

Clinical Quality Improvement

The Standards of Care (SOC), a unified package of clinical guidelines, were launched this quarter. These guidelines are intended to improve the quality of health care services in the West Bank by providing unified clinical standards in five areas: non-communicable diseases (NCDs), integrated management of childhood health, reproductive health, nursing care, and health center management.

The SOC will be introduced into over 460 clinics and NGOs across the West Bank. Through formal training sessions – to be held for nurses, doctors, pharmacists, and laboratory technicians – the SOC will be introduced and implemented in each health directorate. The first of these workshops was held in Hebron September 24 to 27, 2012. OJC will be provided to nurses and doctors working in the 50 clinics where the Project currently operates (over the next year, this number will increase to 80). Project staff and consultants will also conduct follow up visits to monitor the implementation of the SOC.



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The Standards of Care (SOC) are to become a national standard for health care. They help to emphasize “equity in the community, in that there is no difference between rich and poor, rural and non-rural, Bedouin and non-Bedouin – there should be no difference in the quality of care given to anyone,” said Dr. Assad Ramlawi, the PHC Director General at the MOH.

In cooperation with the MOH, the National First Aid Training Program was launched in July using a standardized and unified curricula and methodology. The Project produced a First Aid Trainers’ Guide, which was printed and shared with trainees. This training program utilizes the training of trainers (TOT) approach and provides medical information that is up-to-date according to international standards. Training was provided to health care professionals from across the south and middle West Bank. Training will continue in Year 5. The objective of this training program is to raise the skills and knowledge base of both Palestinian health care professionals and the general population.



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Participants received hands-on instruction and practiced the life-saving skills covered in the National First Aid Training Program, launched this quarter. Attendees included first time learners and more experienced nurses and health educators. “This is the best training I’ve been to – there have been more demonstrations, and the information presented is more accurate, detailed, and comprehensive,” said Ilham, a nurse and nutritionist from South Hebron.

The first-ever national Primary Health Care Nursing Conference was held this quarter on September 6, 2012. Nurses make up two-thirds of the MOH’s PHC staff and are often the only

consistent MOH representative in a given community, since doctors tend to be responsible for a number of clinics. PHC nurses are thus the first point-of-contact that Palestinians have with public health services. Therefore, these nurses are the MOH's main tool for infection and disease prevention, management, and control. The conference raised awareness about the key role nurses play and the need to invest in their capacity. To try to broaden the reach of the conference, the Project conducted a live stream on its social media (see *Annex G: Summary of Media Coverage and Communications Products* for more information).

The conference is highly relevant to the ongoing effort to reform and develop the Palestinian health sector. The EPS (launched during Year 4 Quarter 3) and SOC (launched this quarter) clearly define the distribution, role, and function of the various levels of PHC centers and provide clinical guidelines for the delivery of health care. Training and OJC is planned to support the ongoing rollout of the EPS and SOC. The nursing conference was a timely opportunity to focus on strengthening the capacity of the nurses who will largely be responsible for implementing these new guidelines.

Challenges

Activities this quarter faced a number of challenges. Across the board, the month of Ramadan, Eid Al Fitr holiday, and strike dates caused delays for some Focus Area C activities. In Salfit, Toubas, and South Hebron, workloads at the directorate and clinical level were greater than anticipated. Other donors' training schedules tightened the PHC directorate supervisors' schedules. In Jenin and Tulkarem, expansion was delayed due to a delay in receiving the priority clinics from the MOH. In Nablus, the MOH and the community of Talfit could not find an appropriate date to open the Talfit Laboratory.

Gaps in the MOH system, especially in the area of NCD care, make the overall process of reform and development lengthy and complex. The internal communication process at the MOH can also be challenging to implementation.

The Coming Quarter

The Project will convene the remaining TOT training sessions for the First Aid Training Program for health care professionals from the north West Bank. Other trainings planned for Y5Q1 include infection prevention and control (IPC) trainings in Hebron, South Hebron, and Jenin, and ECG training in Toubas. The Project will continue to support the MOH in their cancer prevention activities, with a focus on breast cancer prevention. The Project will continue to provide OJC on mammography in Jericho and Bethlehem. Pending USAID approval, the BCC (Behavior Change Communication) Training Guide and Nurses Orientation Package will be finalized and printed next quarter. The BCC Training Guide will be shared with the Health Education and Promotion Department (HEPD) of the MOH, and the Nurses Training Guide will be launched and targeted trainings will be delivered on this topic.

The planned rollout of the EPS and SOC workshops will continue for the remaining health directorates. The next workshop will be held in South Hebron in early Y5Q1.

Next quarter, the Project will roll out clinical quality improvements and the CCA in Bethlehem and Ramallah.

The Project will complete activities in Jenin, Tulkarem, Jericho, and Jerusalem. Each directorate is at a different stage of the rollout, as of the end of Y4Q4. Next quarter, the Project will conduct needed activities, including developing quality improvement plans (QIPs) in coordination with the MOH and providing Supportive Supervision and OJC for supervisors in these directorates, creating Community Profiles, developing Action Plans, and completing HFAs.

In Y5Q1, the Talfit Laboratory will open in Nablus. Additional technical assistance and support will be provided to previously implemented communities, as needed, to address gaps.

Focus Area D: Hospital Support

Due to the funding suspension and Stop Work Order, activities under Focus Area D were completely suspended as of October 2011. Last quarter the Project received USAID approval on the Year 4 Implementation Plan which included select Hospital Support interventions. This quarter, the Project continued to capitalize on its interventions in Neonatal Intensive Care Units (NICUs) in MOH hospitals.

The Project supports NICUs through the provision of OJC and the drafting of NICU Guidelines. OJC includes IPC procedures, umbilical line care and fixation, intravenous line insertions, O₂ therapy, and the importance of maintaining proper documentation using the HIS. Eight policies have been drafted and/or updated by the Project related to NICU operations; the Project also provides technical assistance on the implementation of these policies. These policies will be included in the NICU Reference Manual that will be reviewed and updated next quarter.

On September 27, 2012, the Project convened the first meeting of the Neonatal Working Group. The Project facilitated the formation of this working group to support NICU caregivers and augment the quality of care in each facility. This purpose of this group is to conduct NICU team-building and consensus-building activities through organized seminars and workshops that address standards of care, policies, and protocols.

Challenges

The lack of unified policies for NICUs in MOH hospitals posed challenges. NICU capacity is limited due to lack of trained neonatal doctors and nurses, and existing staff members are overloaded with patients.

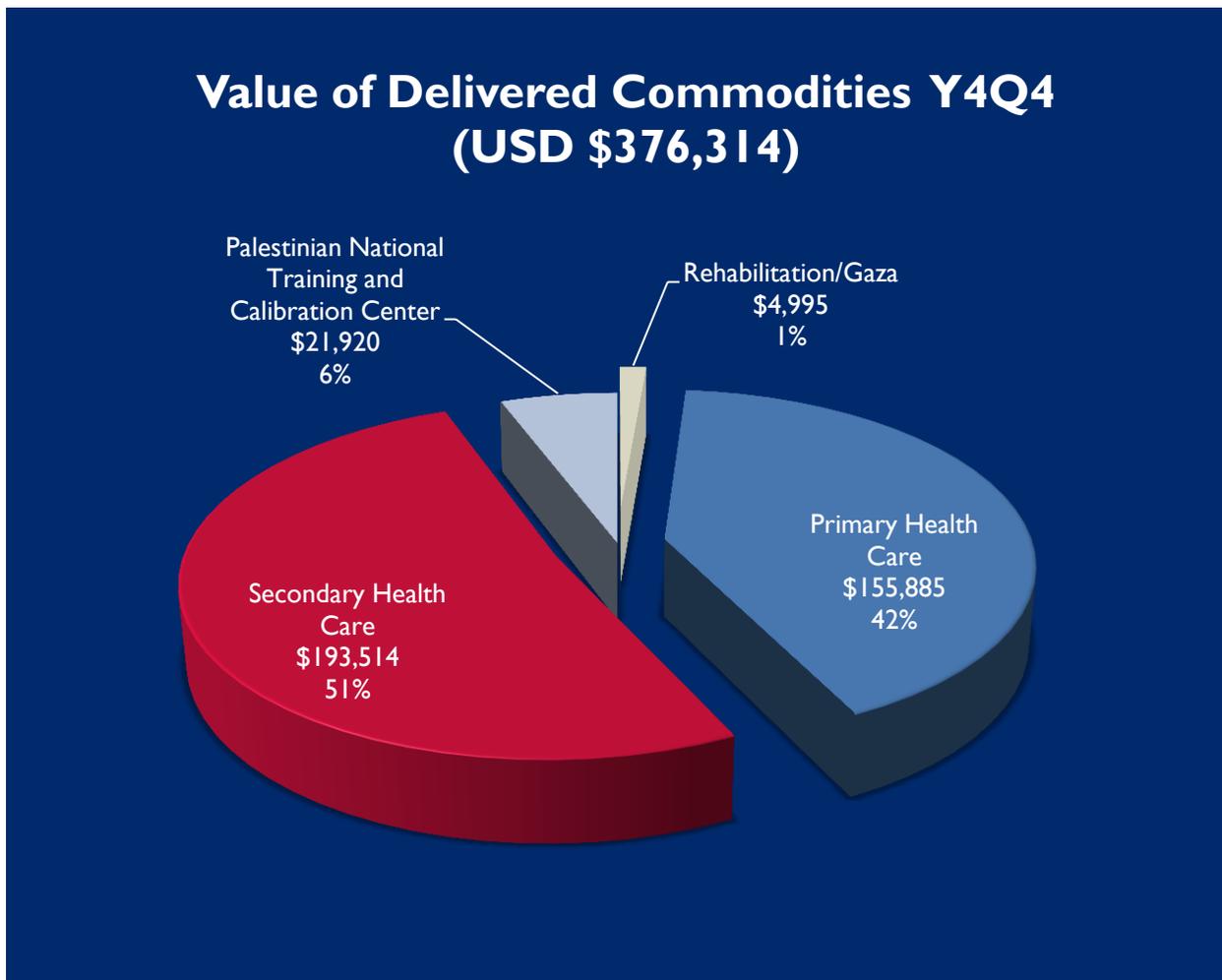
The Coming Quarter

Next quarter, the Project will continue the provision of OJC to physicians and nurses. The NICU Reference Manual, containing updated and unified policies and procedures (including the eight policies drafted and updated this quarter), will be finalized and shared with NICU doctors and nurses. This manual will be in a user-friendly format.

The Project will continue to work with the Neonatal Working Group through Y5Q1. The working group will review and validate the NICU Reference Manual next quarter. It is anticipated that these activities will be completed by the end of December 2012.

Focus Area E: Procurement Support

This quarter, \$376,314 worth of medical equipment and supplies were delivered to MOH PHC and SHC facilities and to JRS in Gaza. This amount also includes IT equipment for the National Training and Calibration Center that was delivered and installed this quarter, as the Project continues to prepare the site for operation. The National Training and Calibration Center is now equipped with telephone, electricity, and internet, and work benches have been installed. Laptops, personal computers (PCs), server, and printers were also delivered. The MOH Biomedical Engineering Unit (BEU) is now operating from the National Training and Calibration Center.



Medical equipment and supplies valued at \$155,885 were delivered to MOH PHC sites this quarter. This includes the installation of four cold rooms at the Jenin, Jericho, Hebron, and South Hebron PHC clinics, as well as air conditioners and uninterruptible power supplies (UPS's). These items will help maintain an efficient vaccination schedule and safe storage of sensitive drugs and vaccines. More than \$1,000,000 worth of medical equipment for PHC clinics was procured this quarter, for delivery next quarter. These items will allow the PHC clinics to provide services in line with the EPS.

An Oto-Acoustic Emission Device was procured and delivered to JRS in Gaza this quarter. The device will allow JRS to expand its reach and screen a larger number of individuals for hearing and middle ear problems.

Medical equipment valued at \$193,514 was delivered to MOH hospitals this quarter. This includes the delivery and installation of infusion pumps for Jericho and Jenin Hospitals, as well as hemodialysis machines, ECG machines, and a Laparoscopy workstation for Jericho Hospital. Operational training was carried out for hospital staff on all equipment delivered and installed.

A Policies and Procedures Manual for Computerized Tomography (CT) Departments was produced for the MOH this quarter. The Project has procured four CT scanners for the MOH. After carrying out an evaluation of the level of CT department management at the MOH hospitals where these four scanners are located, management solutions were introduced, including CT protocols and administrative practices to ensure the proper, safe, and efficient use of the scanners. The manual details best practices in CT department policies and procedures, clinical workflow procedures, and scanner workflow procedures.

This quarter, the Project's procurement and M&E staff teamed up and carried out site visits to MOH facilities to follow up on the utilization of equipment procured by the Project. Eighteen clinics and two hospitals were visited this quarter. Issues with equipment utilization are either solved immediately, or shared with the Project's PHC team who follow up with the MOH so that needed actions are taken to ensure optimal usage of donated equipment.

Challenges

There is a high turnover of medical staff among MOH clinics. During the Project's equipment utilization site visits, it was found that in some cases, the staff members who were trained on equipment usage are assigned to a different location and leave for their new assignments without transferring knowledge to the remaining staff at the clinic.

The lack of resources at the MOH has caused a shortage in needed lab supplies, including reagents needed for equipment operation, such as Complete Blood Counts (CBCs).

The Project has experienced difficulty in identifying a qualified candidate to carry out the planned ultrasound training.

The Coming Quarter

Next quarter, the Project plans to complete the delivery and installation of the remaining equipment for the National Training and Calibration Center. Training for MOH engineers will begin next quarter.

Over \$1,000,000 in medical equipment will be delivered to MOH PHC clinics, allowing them to deliver services in line with the EPS. This includes four mammography machines for the Hebron, Bethlehem, Toubas, and Jerusalem PHC directorate clinics that are scheduled for delivery and installation next quarter. The Project will procure and install 20 electronic sign-in devices next quarter as well (16 for PHC clinics, 3 for the PMC, and 1 for Ibin Sina College). Operational training on all delivered equipment will begin after delivery and installation.

The Project will be procuring equipment for the Neonate Departments at the Jenin and Rafidia Hospitals. A request for quotation (RFQ) was issued this quarter and the purchase orders will be issued during Y5Q1.

Section III: Gaza Activities

The Project's activities in Gaza provide support to eligible NGOs by providing health and humanitarian assistance. These activities fall under the grants portion of Focus Area A: Institutional Development and Focus Area E: Procurement Support.

Gaza Visits

The Project made two visits to Gaza this quarter: the first visit was for three days, from July 3 to 5, and the second visit was for two days, July 11 and 12.

While in Gaza, Project staff conducted site visits to Caritas Clinic, Al Ahli Hospital, St. John's Eye Hospital, Palestine Save the Children Foundation (PSCF), and JRS, and also met with suppliers. The purpose of these visits was to follow up on the utilization of donated equipment, finalize the new grant agreement with JRS, and follow up on the upcoming procurement for PSCF.

Procurement

At Caritas Clinic, the Project followed up on a report about poor quality of ultrasound images. The problem was reported to the supplier and the equipment was assessed for problems. The Project and the supplier will re-visit Caritas Clinic to ensure this issue is resolved next quarter.

The Project took a tour of Al Ahli Hospital that included the laboratory and X-Ray and neonatal departments. The laboratory incubator and mobile X-Ray are both functioning, with no problems reported; however preventive maintenance (PM) was not conducted as scheduled by the suppliers. The Project will follow up with the suppliers to ensure that PM will be performed as scheduled in the future.

St. John's Eye Hospital has recruited an additional ophthalmologist; the number of diabetic patients seeking care from the hospital is therefore expected to rise. The connectivity between the Anterior Segment Tomography (Visanti) and the Corneal Topography system (Atlas) is not yet activated; several attempts have been made without resolving this issue. The equipment is functional, but connectivity between the systems would greatly enhance service provision. The Project is carrying out discussions with St. John's Eye Hospital and the supplier to resolve this issue. The supplier will provide the Project with a detailed report on this problem and suggestions to solve this issue.

At PSCF, the Project followed up on complaints about continuous interruptions to the electrical output of the generator. No problems were observed during the site visit. However, the supplier still changed the oil and diesel filters and adjusted the output. The Project also discussed the distribution plan with PSCF; a final distribution plan and list of beneficiaries will be provided to the Project next quarter.

No equipment issues were observed or reported at JRS. The Project also met with JRS to discuss the new grant agreement. Grant-funded activities, indicators, and budget specifications

were reviewed, discussed, fine-tuned, and finalized. The final draft was approved and signed by the grantee.

The Coming Quarter

The Project's procurement team will be working with the PSCF to improve the living conditions of children with physical disabilities in Gaza. Pending vetting approval for PSCF, the Project will procure and deliver \$20,000 worth of assistive devices (including wheelchairs, walkers, air bed mattresses, and diapers) for beneficiaries with disabilities living in four areas of Gaza: Bureij Camp, Magahzi Camp, Deir el Balah and Nussirat Camp. Contracts are currently pending vetting approval.

The Project expects to procure and deliver two tympanometers next quarter. The devices will be provided to JRS and Al Amal Hospital in Gaza. The Project will also procure and deliver an Oto-Acoustic Emission Device for JRS.

The procurement and grants teams will continue to follow up on equipment utilization and grantee progress in Gaza. The Project will conduct site visits in Gaza as security allows.

Section IV: Management, Operational, and Cross-Cutting Accomplishments

The following are management and operational highlights for Y4Q4.

Staffing and Recruiting

The Project continued to ramp up activities throughout Y4Q4, with increased emphasis on Focus Areas B and C. Additional support was required in these areas; three long-term staff members were hired to address technical needs. To assist in the implementation of the HIS, two Coordinators, Riham Zalloum and Majd Mazara joined the Project team in August 2012. Similarly, Fatema Al Bozoor was hired as a Clinical Field Coordinator for PHC efforts in July 2012.

Short-Term Consultancies

This quarter, five short-term technical assistance (STTA) consultants were recruited to support the Project in its efforts to develop and improve the Palestinian health sector. In July, Iyad Ahmad was hired as the Neonatal Nurse Consultant and Dr. Myrte Damming as the Clinical Standards Consultant. In August, Nicholas Skibiak was hired as the HIS Budget and Financial Consultant and Jamal Sayess as a Budgeting Specialist. In September, Olivia Ungerer supported the Project as a Grantee Capacity Strengthening Specialist.

Additionally, a number of consultancies from Quarter 3 continued into Quarter 4. Refer to *Annex H: Summary of Short-Term Technical Assistance (STTA)* for more information regarding ongoing consultancies.

Coordination with USAID

The Project continued to have close collaboration with the HHA and Office of Contract Management. The Project communicates frequently with Contracting Officer's Representative (COR) Larisa Mori and with Feletcia Saleh, Aid Project Management Specialist. Follow up includes weekly meetings with the COP, DCOPs, or Project staff, almost daily phone calls and email. The Project continues to exchange an approval request tracker with the COR and hold weekly phone calls and meetings.

Financial Performance

In July, Chemonics' actual expenditures were \$1,030,718.01; however, the amount invoiced was \$1,022,574.57 due to an \$8,143.44 value added tax (VAT) credit. A total of \$1,482,690.88 was invoiced in August and \$1,217,379 for September 2012. The total invoiced for the quarter is \$3,730,788.

Y4Q4 financial performance was only 2 percent or \$80,293 below the projected \$3,811,081 for the quarter. The Project had projected to have full implementation of the online testing system

in August and start-up of implementation in Al Makassed Hospital in September. In addition to a modification to the HIS contract adding connectivity fees and hardware. Unfortunately, these activities have been delayed to the next quarter as contractual approvals are still pending.

Total Obligated to Date	Invoiced to Date	Obligation Remaining	% of Obligated Funds Invoiced
\$75,516,896	\$66,337,180.12	\$9,179,715.88	12.16%

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 Y4Q4, the Project submitted a total of thirty two vetting requests; nine NGOs and twenty vendors. Fifty one trainees were submitted for vetting this quarter. 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 146 transactions. These figures revealed an increase in number due to the release of funding.

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
AI. Continue oversight on the five ongoing grant agreements.								
AIa. Project technical and finance teams to conduct periodic site visits among partner NGOs to follow up on implementation.	X	X	X	X	Ongoing. Project staff conducted field visits to CCSNS, BASR, JCDC, Al Ahli Hospital, QOU, JRS, and St. John's Eye Hospital in Gaza this quarter.		Continue to carry out monthly visits to grantees.	A3, A4, A5
AIb. Review grantees' monthly financial and technical reports and process approved payments.	X	X	X	X	Ongoing. A total of twenty technical and financial reports were submitted this quarter from CCSNS, BASR, JCDC, Al Ahli Hospital, QOU, JRS, and St. John's Eye Hospital. Project staff reviewed and cleared technical reports for payment.		Continue to review grantees' monthly reports for approval and payment.	A3, A4, A5
AIc. Review grantees' final reports.		X	X	X	In progress. Caritas Baby Hospital's final report was submitted in July 2012. The report was reviewed and approved by Project staff. The Project expects to receive a final report from CCSNS next quarter.		Review final report from CCSNS.	A3, A4, A5
AI d. Share Deed of Donation letters with grantees that have received equipment.		X	X	X	In progress. A transfer of property form was shared with Caritas Baby Hospital in July 2012 for the spirometer, sweat chloride machine, and the filter tips.		A transfer of property form will be shared with CCSNS in October 2012 for the desktop computer, laptops, photocopier, and the rehabilitation devices.	A3, A4, A5

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
							Obtain signature from CCSNS on transfer of property form.	
A1e. Close out grant agreements.			X	X	In progress. Certificate of completion letter was shared with Caritas Baby Hospital in September 2012. The completion date of the CCSNS grant agreement was September 30, 2012.		A certificate of completion letter will be shared with CCSNS in October 2012.	A3, A4, A5
A2. Enhance the health management skills and education of MOH staff through supporting 64 MOH staff to receive their B.A. in Health Management at QOU.								
A2a. Assess and evaluate pass/fail hours for graduation.	X	X	X	X	In progress. Sixty-one students (three were deemed ineligible during Y4Q3) are enrolled in the Health Management program this semester with support from the Project.		The 61 MOH students will begin the sixth semester of the B.A. program. The assessment and the evaluation of their pass/fail hours for graduation will take place in coordination with the MOH.	A2
A2b. Share results of assessment with the MOH every semester, and jointly determine status of scholarships for following semester.				X	In progress. Awaiting academic status report for the close of the semester from QOU. The Project received vetting approval for 35 additional students; 11 names were received on September 18, 2012 and 23 names were received on September 26, 2012. This brings the total number of fellowship students to 95 (the		Review the academic status report for the close of the semester and decide who will continue and who will be dismissed in coordination with the MOH as per predetermined guidelines. The MOH will provide the Project with the number of class hours taken by the 24 new students, prior to their	A2

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					previous 61 plus the 34 new students). As of September 30, 2012 one additional name is pending vetting approval.		<p>receipt of vetting. The Project will not paying for the costs of those class hours.</p> <p>The MOH will send a letter to each student to notify them that they were chosen to be a part of the fellowship program.</p>	
A3. Award follow-on grants (as approved) to complement MOH service provision in the areas of rehabilitation, community health education, and capacity enhancement for health professionals.								
A3a. Conduct GEC meeting to review follow-on applications.	X	X	X		<p>In progress.</p> <p>The Project received a total of four modified applications for follow-on grants this quarter from FHOM, Caritas Baby Hospital, Shepherd's Field Hospital, and Palestine Happy Child Center (PHCC).</p> <p>The GEC met and reviewed all applications received. The GEC approved applications received from FHOM and Caritas Baby Hospital; the GEC requested revisions on applications received from PHCC and Shepherd's Field Hospital.</p> <p>The grant to FHOM is for establishing an out-patient clinic for rehabilitation services that would serve chronic and acute problems in the areas of Al-Azaryeh and the surrounding villages. It will provide comprehensive PT and occupational</p>		At this time, USAID and the Project jointly decided not to issue additional follow-on grants due to the uncertainty of FY2012 funding.	A3, A4, A5

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>therapy (OT) services to people with special needs in the surrounding areas, as well as providing rehabilitation services to in-patients.</p> <p>The grant for Caritas Baby Hospital is for a Cystic Fibrosis Rehabilitation Program. It will continue building on the initial endeavor of caring for CF patients. The new program will diagnose CF patients, provide comprehensive multidisciplinary care, and educate patients and their families about the disease. This follow-on grant represents Caritas Baby Hospital's second step toward becoming the leading facility serving all CF patients in the West Bank, and eventually Gaza.</p>			
A3b. Conduct pre-award responsibility determination, share request for approval with USAID, and conduct compliance review.		X	X	X	<p>In progress.</p> <p>A request for grant approval for PSCF was shared with USAID on July 11, 2012. On July 12, 2012 USAID approved the PSCF grant.</p> <p>The Project's grants and finance teams conducted the pre-award responsibility determination, financial assessment, reference check, and terrorist and other denied parties' list check for Caritas Baby Hospital and FHOM.</p> <p>Two requests for approval for the follow-on grants for Caritas Baby Hospital and FHOM were submitted</p>		See A3a above.	A3, A4, A5

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					to USAID. The requests were then withdrawn by the Project as the grants ceiling had been exceeded.			
A3c. Prepare grant agreements and sign.		X	X	X	In progress. The grant for PSCF was awarded and signed on July 31, 2012 to procure rehabilitation assistive devices. The grant was modified on September 26, 2012 in order to move PSCF from the grants fund to direct procurement.			A3, A4, A5, 5
A3d. Conduct orientation workshop for signed grant agreements and meet with partner NGOs individually to develop their M&E plans.		X	X	X	In progress. The Project's M&E team met with Al Makassed Hospital in order to agree on the monthly M&E report to cover the utilization of the arthroscopy system.		The M&E team will collaborate with the grants team to follow up with Al Makassed Hospital on the monthly utilization of the arthroscopy system.	A3, A4, A5
A3e. Project technical and finance teams to conduct periodic site visits among partner NGOs to follow up on implementation.			X	X	In progress. Four site visits to Al Makassed were conducted by the Project's grants, M&E, and procurement teams to follow up on implementation of the grant.		The grants and M&E teams will continue to carry out periodic site visits to Al Makassed to follow up on the implementation of the grant.	A3, A4, A5
A3f. Review grantees' monthly financial and technical reports and process approved payments.			X	X	Ongoing. Three technical and two financial reports were submitted this quarter from Al Makassed Hospital. Project staff reviewed and cleared		Continue to review grantees' monthly reports for approval and payment.	A3, A4, A5

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					technical reports for payment.			
A4. Award new grants (as approved) to NGOs to complement MOH service provision in the areas of community based health services, patient safety, and capacity building for health care providers.								
A4a. Conduct GEC meeting to review submitted applications.	X		X	X	Completed. The GEC met on July 18, 2012 and reviewed the follow-on application from the Episcopal Diocese of Jerusalem and the Middle East - St. Luke's. The application was not approved by the GEC.			A3, A4, A5
A4b. Conduct pre-award responsibility determination, share with USAID for final approval, and conduct compliance review.		X	X	X	Completed.			A3, A4, A5
A4c. Prepare grant and sign grant agreements.		X	X	X	Completed. The grant for JRS was awarded and signed on July 9, 2012.			A3, A4, A5, 5
A4d. Conduct orientation workshop for signed grant agreements and meet with partner NGOs individually to develop their M&E plans.		X	X	X	In progress. Project staff met with JRS in Gaza on July 5, 6, and 7, 2012 to conduct orientation sessions on several reporting and technical topics related to the grant.		The Project's technical and M&E teams will visit JRS next quarter to develop an M&E plan.	A3, A4, A5

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
A4e. Project technical team to conduct periodic site visits among partner NGOs to follow up on implementation.		X	X	X	Ongoing. The Project conducted one site visit to JRS to sign the grant agreement and conduct orientation sessions for the new grant.		Continue to carry out monthly visits to grantees.	A3, A4, A5
A4f. Review grantees' monthly financial and technical reports and process approved payments.		X	X	X	Ongoing. Two technical and financial reports were submitted this month by JRS. The technical team reviewed and cleared the technical reports for payment.		Continue to review grantees' monthly reports for approval and payment.	A3, A4, A5

Focus Area B: HIS Gantt Chart

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
BI. Continue implementation of HIS in Hebron and Ramallah districts.								
BIa. Train and implement HIS in Hebron district.	X	X	X	X	<p>In progress.</p> <p>HIS implemented and functional in all departments of Alia Hospital.</p> <p>Began HIS implementation in Hebron PHC directorate clinic and Karantina Clinic.</p> <p>Networking and cabling ready in Tarqumia Clinic and is ready for HIS implementation.</p>	<p>This activity is still in progress due to uncertainty experienced in previous quarters regarding the physical location of Hebron PHC clinics. The focus was shifted to the PMC in Ramallah until decisions were made regarding locations of clinics. Implementation began in Hebron PHC clinics this quarter and will conclude in Y5Q1.</p> <p>Changes within the administration of hospital and clinics at targeted sites in Hebron.</p> <p>Limited computer and English language skills among staff.</p> <p>User resistance to change.</p> <p>Lack of: (1) supplies needed from the MOH to ensure continuous use of the HIS (e.g., toner, paper); and (2)</p>	Complete HIS training in Hebron PHC clinics next quarter.	I.I, BI

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
						<p>stable electricity in MOH facilities.</p> <p>Challenges within MOH to provide needed connectivity for facilities.</p>		
BIb. Train and implement HIS in Ramallah district.		X	X	X	<p>In progress.</p> <p>HIS implemented and functional in all departments of the PMC.</p> <p>Pre-implementation activities conducted in Ramallah PHC directorate clinic and the Beit Reema Clinic and Blood Bank, including networking and defining users.</p>	<p>Management changes at the PMC are causing a lack of authority which decreases staff commitment to attend HIS training sessions.</p> <p>Limited computer and English language skills among staff.</p> <p>User resistance to change (specifically among doctors).</p> <p>Lack of: (1) supplies needed from MOH to ensure continuous use of the HIS (e.g., toner, paper); and (2) stable electricity in MOH facilities.</p>	<p>Finalize HIS training and implementation in the PMC and complete HIS training in relevant PHC clinics. The system is expected to be operational at the Ramallah PHC sites next quarter.</p>	I.I, BI
BIc. Continue support of HIS in implemented districts.	X	X	X	X	<p>In progress.</p> <p>As in Y4Q3, Project staff and the implementation team provided continuous support in cooperation with hospital and clinic staff.</p> <p>The Project provided antibacterial trolleys for laptops, toner, and ribbon,</p>		<p>Continue supporting HIS in connected facilities.</p> <p>Continue working with MOH decision-makers to enforce unified processes among the facilities and unified pricing of procedures within the MOH.</p>	BI

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>as needed, to HIS facilities.</p> <p>Regular visits carried out to HIS facilities.</p> <p>Constant communication maintained between MOH-assigned staff, Project staff, and HIS subcontractor to resolve HIS issues in a timely manner.</p>			
B1d. Establish help desk.	X	X	X	X	<p>In progress.</p> <p>MOH IT staff participated in the HIS implementation at Alia Hospital and the PMC.</p> <p>MOH IT staff members in Hebron are taking the lead in supporting the HIS and reporting issues as appropriate. System administration privileges are gradually transitioned over to the MOH so that they can fully support the system independently.</p> <p>MOH IT staff members are learning the HIS and will soon be responsible for running the help desk.</p>		Support MOH staff to administer the Help Desk through the provision of OJC and/or training, as needed (see B4a below).	
B2. Conduct cost analysis for implementation of HIS in up to five additional MOH/NGO hospitals and in up to 10 MOH PHC clinics in Jericho, Jenin, Bethlehem, and East Jerusalem.								
B2a. Conduct cost analysis for implementation of HIS at Jericho, Jenin, Beit Jala, Al Makassed, and An Najah Hospitals and at Level IV (directorate) clinics and select Level			X		Completed.			

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
III clinics per district.								
B2b. Present costs to USAID and MOH with recommendations on next hospitals and/or clinics for implementation.			X		Completed.			
B2c. Continue coordination with stakeholders and donors to identify possible cost-share and other resources available for HIS.			X	X	Completed.			
B2d. Sign contract modification to the HIS subcontract to include the new expansion, as approved by USAID.			X		Delayed. Awaiting approvals from USAID.		Sign contract modification on new expansion upon receipt of approvals from USAID.	
B2e. Initiate training and implementation of HIS in approved hospitals and/or clinics (to be completed in Year 5).				X	Delayed. Awaiting approvals from USAID.		Initiate training and implementation of the HIS in approved hospitals and/or clinics upon receipt of approval from USAID.	
B3. Expand implementation of HIS in Champion Community PHC clinics.								
B3a. Assess the need for the HIS in Champion Community clinics including cost				X	Completed.			

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
assessment and in kind community contributions (to be implemented in Year 5 if activity is approved).								
B4. Support and maintain HIS in all facilities.								
B4a. Prepare MOH IT staff for transition of HIS.	X	X	X	X	<p>In progress.</p> <p>Two MOH IT staff members have been assigned to support HR-related functions in all MOH facilities.</p> <p>Eight MOH IT staff members have been assigned to support HIS-related functions: three are located at Rafidia Hospital, three are assigned to support the Hebron district, and two are assigned to Ramallah.</p> <p>MOH IT staff members are playing an intermediary role between end users and the implementation team. More HIS administrator privileges were granted to MOH IT staff to prepare them for this transition.</p>	<p>As in Y4Q3, an insufficient number of MOH staff is dedicated to the HIS. At least one MOH IT staff member is needed in Qalqilya Hospital and in each PHC directorate clinic in Hebron, Ramallah, Qalqilya, and Nablus. More IT staff members, fully dedicated to the HIS, are needed in the PMC.</p> <p>Obtaining engagement and support from all MOH IT staff is a challenge.</p>	<p>Work with the MOH to assign more HIS staff.</p> <p>Identify IT staff members who will be the core team for HIS and receive higher-level IT training.</p> <p>Knowledge transfer from the contractor to MOH staff, including IT training (Oracle, HP, and Cisco training courses).</p> <p>Continue transfer of administrative rights from contractor to MOH staff (e.g., granting MOH staff full rights to add and delete users on the system, give privileges to users, print forms, etc.).</p>	
B4b. Follow up on 12-month post-implementation warranty and maintenance where applicable.		X	X	X	<p>In progress.</p> <p>Warranty and maintenance period began for Nablus and Qalqilya districts.</p>	<p>The funding suspension, subsequent Stop Work Order and delay in signing MOUs has caused the implementation periods for all sites (and follow-</p>	<p>Begin warranty and maintenance period for Hebron and Ramallah districts once implementation period is complete.</p>	

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
						on warranty and maintenance periods) to be revised (see Year 4 Quarter 2 Gantt Chart).		
B4c. Monitor and evaluate the HIS.	X	X	X	X	<p>In progress.</p> <p>Meetings held with HIS users to monitor and evaluate the HIS. The Project is following up on pending issues.</p> <p>Three major new releases of HIS (Avicenna) software were developed based on user comments and requirements, and fixed bugs in the system. In addition, regular small patches were developed (almost on a biweekly basis) to resolve issues or provide enhancements targeted to specific modules.</p> <p>Project staff periodically generated reports to monitor system usage and quality of data in different departments.</p>		<p>Conduct feedback sessions in other facilities as HIS is implemented.</p> <p>Monitor and evaluate the HIS as implementation begins at each new facility.</p> <p>Identify management reports supporting decision-makers in the MOH and train MOH staff on how to generate the reports.</p>	B2
B5. Procure an online testing system for the PM Council.								
B5a. Draft and release RFP.	X				Completed.			
B5b. Receive proposals.		X			Completed.			
B5c. Evaluation of proposals and contracting of selected			X		<p>Delayed.</p> <p>The evaluation process was completed by Project staff last</p>	Awaiting USAID response on the ADS 548. The selected	Contract selected supplier.	

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
supplier.					quarter, and a supplier was selected. USAID had further questions about the documents submitted, which the Project responded to. Further action is pending USAID response.	company has expressed concern about the delays in starting implementation. Key staff are needed on other projects and the delay may lead to their not being available.		
B5d. Implement and test system.			X	X	Delayed. Awaiting USAID approval.		Implement and test system.	
B5e. Training of PM Council staff on the use of the system.				X	Delayed. Awaiting USAID approval.		Conduct training for Palestinian Medical Council staff.	
B6. Evaluate need for a PACS for X-Ray images in Ramallah, Alia, and Rafidia Hospitals and carry out cost assessment.								
B6a. Evaluate need for PACS among the three hospitals.			X		Completed.			
B6b. Carry out cost assessment and share results with USAID (equipment to be purchased in Year 5).			X		Delayed. As described in the Y4Q3 Progress Report – further action is pending the results of the more in-depth cost assessment carried out by a specialized consultant.		Carry out in-depth cost assessment. This assessment will take place in Y5Q1.	
B7. Prepare patient privacy protocols related to HIS.								
B7a. Prepare white paper on ethical and legal aspects of patient privacy in health care.				X	Completed. Developed privacy and confidentiality framework, <i>eHealth: A Framework Policy For Patient Privacy</i> . This document was shared with stakeholders in the health sector in a			

FOCUS AREA B: HIS								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					workshop conducted on July 16, 2012.			
B7b. Prepare Ethical/Legal Framework for HIS (E-Health).				X	Completed. Based on the workshop conducted, the <i>eHealth: A Framework Policy For Patient Privacy</i> document was finalized.			
B7c. Prepare Users Access Manual.				X	In progress. A draft manual covering the privacy policy for the HIS was prepared.		Finalize manual and train MOH staff on the use of the manual.	
B7d. Train MOH staff on the use of the access manual (to be completed in Year 5).				X	Delayed. Pending B7c.		Conduct training. Training will be completed during Y5Q1.	1.1

Focus Area C: PHC Support Gantt Chart

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
CI. Scale up the integrated multi-sectoral approach to engage communities and clinics in three health directorates – Salfit, Toubas, and South Hebron.								
CI a. Scale up in Salfit, Toubas, and South Hebron according to MOH priorities; conduct meetings with directors and supervisors.			X		Completed.			6
CI b. Select an additional nine communities from within the three directorates based on priorities as identified by MOH PHC directors/management team.			X		Completed.			5
CI c. Obtain necessary approvals for nine selected communities.			X		Completed. Twelve communities were selected: five communities in Toubas; three communities in Salfit; and four communities in Hebron.			
CI d. Conduct meetings with district health offices, community representatives, and clinical staff.			X		Completed.			

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
CIe. Assist the MOH in conducting health facility assessments in nine communities to identify gaps to be addressed for implementation of the EPS.			X		Completed.			6
CI f. Conduct clinical and managerial coaching, including Supportive Supervision, for directorate and field staff.			X	X	In progress. Completed in Hebron and South Hebron.	Ramadan, the Eid al Fitr holiday, and strike dates delayed some PHC activities. The workload at the directorate and clinical level was greater than anticipated. Training schedules from other donors tightened the PHC directorate supervisors' schedules.	Conduct clinical and managerial training in Toubas and Salfit (to be completed in Y5Q1).	2
CI g. Identify a total of nine new CBOs in selected communities and issue sub-contracts.			X		Completed. Ten CBOs were selected and contracted to implement the CCA in eleven communities.			5.2
CI h. Implement CCA in selected communities.			X	X	Ongoing. Health promotional activities are ongoing in the Salfit and Toubas communities.		Finalize recruitment of two coordinators in each new community in South Hebron. Support and orient new coordinators in South Hebron to follow up and report on community	5.2, C2, C3, C4

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
							contract deliverables.	
C2. Expand the integrated multi-sectoral approach to engage communities and clinics in two health directorates – Jenin and Tulkarem.								
C2a. Scale up in two PHC directorates according to MOH priorities; conduct meetings with directors and supervisors in selected directorates.			X		Completed.			6
C2b. Select 13 communities from within the two directorates based on priorities as identified by MOH PHC directors/management team.			X		Completed. Eight communities in Jenin and five communities in Tulkarem were selected.			5
C2c. Obtain necessary approvals for 13 selected communities.			X		Completed.			
C2d. Conduct meetings with district health offices, community representatives, and clinical staff.			X		Completed.			
C2e. Assist the MOH in conducting HFAs in 13 communities to identify gaps to be addressed for implementation of the			X		Delayed. HFAs completed in Jenin and are in progress in Tulkarem.	Expansion in Tulkarem has been delayed due to a delay in receiving the priority clinics from the MOH.	Orient directorate supervisors on the importance of the HFA. Conduct joint visits with directorate supervisors to	6

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
EPS.						This activity was also delayed due to the expanded implementation of the summer camps in Y4Q3.	complete the HFA in the selected clinics.	
C2f. Conduct clinical and managerial coaching, including Supportive Supervision, for directorate and field staff.			X	X	In progress. Three clinical and managerial coaching sessions were conducted in Tulkarem. Twenty-four visits were conducted in Jenin to provide coaching in planning for field supervisory visits, Supportive Supervision, in-clinic registration processes, organizing patient workflow, working with patient records, and OJC on IPC and NCDs. During these sessions, supervisors and field staff were present. The Project also continued the process of OJC with field staff on a regular basis.	Gaps in the MOH system, especially in the area of NCD care, make the process of reform lengthy and complex. The MOH internal communication process can be challenging in the implementation of new approaches.	Share HFA findings with the directorate. Develop QIPs with the MOH. Conduct Supportive Supervision for directorate supervisors in Jenin and Tulkarem. Continue OJC targeting managerial and clinical staff in MOH/PHC facilities.	2
C2g. Identify a total of 13 new CBOs and issue subcontracts.			X		Completed. Thirteen CBOs were selected and contracted to implement the CCA in Jenin and Tulkarem.			5.2
C2h. Implement CCA in selected communities.			X	X	In progress. Orientation workshops took place in Tulkarem and Jenin. Health promotional activities are ongoing in		Create community profile. Identify health problems. Develop action plans.	5.2, C2, C3, C4

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					both Jenin and Tulkarem.			
C3. Scale up the integrated multi-sectoral approach to engage communities and clinics in two health directorates – Jerusalem and Jericho.								
C3a. Scale up in two PHC directorates according to MOH priorities; conduct meetings with directors and supervisors in selected directorates.				X	Completed.			6
C3b. Select 10 communities from within the two directorates based on priorities as identified by MOH PHC directors/management team.				X	Completed. Eight contracts were signed in both Jerusalem and Jericho, serving nine communities.			5
C3c. Obtain necessary approvals for 10 selected communities.				X	Completed. USAID approval was obtained for nine of the ten communities.			
C3d. Conduct meetings with district health offices, community representatives, and clinical staff.				X	Completed.			
C3e. Assist the MOH in conducting health facility assessments in 10				X	In progress. The team started the HFA in both		Orient directorate supervisors on the	6

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
communities to identify gaps to be addressed for implementation of the EPS.					directorates. Three HFAs were completed by the end of Y4Q4.		importance of the HFA. Conduct joint visits with supervisors to complete the HFA in the selected clinics. The team expects to complete all HFAs by the start of Y5Q1.	
C3f. Conduct clinical and managerial coaching, including Supportive Supervision, for directorate and field staff.				X	In progress. The Project conducted four clinical and managerial coaching sessions, two in Jerusalem and two in Jericho.		Share HFA findings with the directorate. Develop QIPs with the MOH. Conduct Supportive Supervision training for directorate supervisors in Jericho and Jerusalem. OJC sessions will continue during Year 5.	2
C3g. Identify a total of 10 new CBOs and issue sub-contracts.				X	Completed. For nine CBOs (see C3c above).			5
C3h. Implement CCA in selected communities.				X	In progress. The Project met with CBOs, the Health Directors of Jerusalem and Jericho directorates, and the village councils. The Project prepared for the signing, and started the recruitment process for the CBO Coordinators. Preparatory meetings were held with the CBOs.		Create community profile. Identify health problems. Develop action plans. CBOs will begin health promotional activities. Hire CBO Coordinators.	5.2, C2, C3, C4

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C4. Continue to support implementation of the integrated multi-sectoral approach at communities and clinics in currently and previously engaged districts.								
C4a. Support the MOH in monitoring the implementation of the CCA in the current and previously contracted CBOs.	X	X	X	X	In progress. MOH staff is monitoring the Nablus Forum meetings and plans. The supervisors continue visiting the communities to ensure proper involvement in the services improvement process. For example, MOH supervisors and the community clinic board in Talfit provided the clinic with laboratory equipment. In Biet Furik, the MOH and the community clinic board moved the clinic to a new, more suitable location.	The MOH and the community of Talfit had difficulty finding an appropriate date to open the Talfit Laboratory.	Provide technical assistance to the Nablus Forum and assist the forum with conducting planning sessions on governorate health needs. Encourage and support other districts in creating their own forums. Open the Talfit Laboratory in Y5Q1.	
C4b. Facilitate open dialogues between various health care professionals and communities.	X	X	X	X	Completed. The MOH has taken the lead in facilitating open dialogues in Nablus.			
C4c. Continue assessing needs and providing technical assistance in the selected clinics and communities (will continue in Year 5).	X	X	X	X	In progress. The Project is implementing QIPs in targeted clinics. The Project regularly identifies and addresses gaps at the clinic level in coordination with the supervisors at each directorate. Technical assistance this quarter included:		Continue to implement QIPs in targeted clinics. Continue to find and address gaps in health service delivery.	

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<ul style="list-style-type: none"> Working towards institutionalizing the nurses' use of NCD charts. Working with clinic staff on the use of Diabetes Type I charts for Diabetes Type II patients. In some clinics there are no charts for Diabetes Type II patients. Nurses will begin to use Diabetes Type I chart for these patients. Working with some clinics to change doctors' schedules in order to better meet patient needs. Working with clinics to use and display health education materials properly. Working with clinics to maintain cleanliness. Addressing IPC during training and Supportive Supervision visits. The Project identified a dentist practicing without gloves. After coaching and follow up, the dentist began wearing gloves regularly. 			
C4d. Select champions (CBOs and clinics) from the various districts currently engaged in the approach and host awarding ceremonies.			X		<p>Completed.</p> <p>The champion community was selected for the Qalqilya directorate. The Habla CBO was awarded and the subcontract was signed.</p>			

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C5. Institutionalize the EPS in all PHC health directorates.								
C5a. Print EPS in both Arabic and English.			X		Completed.			3
C5b. Introduce the EPS at the district level by conducting meetings with PHC directorates (will continue in Year 5).		X	X	X	In progress. The EPS has been introduced at the district level in Nablus, Hebron, and South Hebron.		Introduce EPS at the district level in the rest of the directorates. This activity will be completed in Y5Q1.	4
C5c. Assist the district supervisors and other stakeholders in introducing and implementing the EPS at facilities and community levels in the selected communities (will continue in Year 5).			X	X	In progress. The rollout of the EPS has begun. The EPS has been introduced and implemented at facilities and at the community level in Hebron. The directorate supervisors in Hebron will work with clinics individually.		Introduce and implement the EPS in South Hebron, Qalqilya, Jenin, Toubas, and Salfit during Y5Q1. Introduce and implement the EPS in the remaining directorates during Y5Q2.	4
C6. Support the MOH/HEPD in selected BCC activities under the MOH BCC strategy.								
C6a. Produce final version of the First Aid Trainers' Guide; print and disseminate.			X	X	Completed.			3
C6b. Provide training and TOT to MOH/HEPD staff and other health professionals.				X	In progress. TOT provided to first group of MOH/HEPD staff from the south and the middle of the West Bank.		Provide TOT to the second group of MOH/HEPD staff during Y5Q1.	1.2

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C6c. Conduct workshop with health professionals to obtain feedback on draft BCC Training Guide and pilot (pre-test).				X	Completed.			3
C6d. Finalize and produce BCC Training Guide (after obtaining necessary approvals).				X	In progress. Comments on the draft Guide were received by USAID. The Project team is revising the document for resubmission and approval.		Revise and re-submit BCC Training Guide (this activity will be completed during Y5Q1).	1
C6e. Finalize and produce BCC Training Guide.				X	Delayed. Awaiting re-submission.		<i>Pending USAID approval of the revised BCC Training Guide: print BCC Training Guide.</i>	
C6f. Disseminate BCC Training Curriculum to MOH/HEPD.				X	Delayed. Awaiting re-submission, USAID approval, finalization, and printing.		<i>Pending USAID approval of the revised BCC Training Guide: disseminate BCC Training Guide to MOH/HEPD.</i>	
C6g. Reprint BCC materials for OJC on NCDs, nutrition, etc., in support of PHC activities.				X	Completed. The Project reprinted the Diabetic booklet, five Job Aids in Nutrition and Diabetic foot, and two Job Aids in Asthma and Hypertension.			
C6h. Conduct Healthy Lifestyle Summer Camps				X	Completed. The Project conducted 28 summer camps with CBOs and three summer camps with Ruwwad.			C2, C3

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C7. Update standards, clinical guidelines, protocols, and operational policies related to the EPS.								
C7a. Obtain MOH approval on the updated standards (hypertension, diabetes mellitus, bronchial asthma, child health, infection control, and management of primary health-care centers).		X			Completed.			
C7b. Print IPC Protocol and SOC in English and Arabic.				X	Completed.			
C7c. Distribute SOC and the IPC Protocol to all MOH clinics.				X	Completed.			
C7d. Conduct formal training on SOC, IPC, and Pre-Hospital Emergency Protocols.				X	In progress. Two courses in IPC took place this quarter, one in Toubas and one in Qalqilya. A total of 44 doctors, nurses, and lab technicians attended the training sessions.		Continue the formal training on IPC and ECG: <ul style="list-style-type: none"> IPC trainings are scheduled in Hebron, South Hebron, and Jenin in Y5Q1. ECG training is scheduled in Toubas in Y5Q1. 	1.2

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C7e. Complement the formal training with follow up visits on the implementation of the same topics.				X	In progress. The Project completed 129 follow up visits in Qalqilya, Toubas, Salfit, Jenin, Hebron, and South Hebron related to NCDs, IPC, and ECG.		Continue to provide follow up visits in Qalqilya, Toubas, Salfit, Jenin, Hebron, and South Hebron, as well as Jericho and Jerusalem.	2
C7f. Assist the MOH in developing and adopting standard operating procedures (SOPs) for clinical laboratory services and in updating policies and procedures related to those areas.			X	X	Delayed.	The STTA was originally recruited in September 2011; however, this assignment was suspended due to the stop work order. There has been a delay in re-recruiting this STTA due to scheduling conflicts.	Finalize re-recruitment of STTA. The consultant is scheduled to start in November 2012.	3
C7g. Print the updated policies and procedures.		X	X		Delayed.	See C7f above.	<i>Pending completion and finalization of SOPs: print and distribute updated materials.</i>	
C7h. Conduct follow up visits on the implementation of the various topics (will continue in Year 5).			X	X	Ongoing. The Project carried out regular field visits to follow up on SOC and IPC.		Continue and intensify follow up visits to targeted locations in order to ensure institutionalization of policies, guidelines, protocols, processes, and procedures developed and implemented during Years 1 through 4 of the Project.	2
C7i. Support MOH in developing orientation package for nurses in PHC based on EPS.		X			Completed.			3

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C7j. Obtain MOH approval to print and disseminate nurses' orientation package.			X		In progress. Final version of the training guide has been completed.		Obtain USAID and MOH approval to print and distribute the guide. <i>Pending USAID and MOH approval: print and disseminate the guide during Y5Q1.</i>	
C7k. Conduct formal training on nurses' orientation package.				X	Delayed. The training guide has not yet been approved, printed, or disseminated.		Once printed, launch training guide and conduct formal trainings for nurses on the guide.	1.2
C7l. Initiate review and unification of PHC supervisory checklists (to be completed in Year 5).				X	In progress. The Project is in the process of working with the MOH on a draft of the PHC supervisory checklists to ensure compatibility with the SOC.		Complete draft of the PHC supervisory checklist and submit to USAID and the MOH for approval. Once approved, print and distribute the checklists. Facilitate training on checklist usages that will be conducted by the MOH.	
C7m. Conduct PHC Nursing Conference.				X	Completed. Over 300 people attended the PHC Nursing Conference. Recommendations were sent to the Minister of Health.			
C7n. Develop CCA Manual.	X	X			In progress. The first draft of the manual has been completed.	This activity has been delayed due to limited staff resources at the time of initial proposed development period.	Finalize and print the manual during Y5Q1.	3

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
C7o. Obtain MOH approval and print CCA Manual.	X	X			In progress. The first draft of the manual has been completed.	See C7n above.	Obtain MOH and USAID approval and then finalize, print, and disseminate the CCA Manual.	
C7p. Train PHC managers on CCA manual.				X	Delayed.	See C7n above.	Once approved and printed, train PHC managers on the CCA Manual. This activity is expected to take place during Y5Q2.	1.1
C8. Support the MOH strategy on the prevention of breast cancer.								
C8a. Provide OJC for mammography technicians.				X	In progress. Five training days occurred during July 2012.	Provision of OJC did not take place during August and September 2012 because the STTA consultant required medical leave for an operation.	OJC will continue in Y5Q1. Continue follow up visits to different locations. Continue with an additional five days of training for nurses, once vetting clearance is received. Provide training for nurses and X-Ray technicians in Bethlehem.	2
C9. Provide capacity building support to MOH Community Health Workers (CHWs).								
C9a. Conduct needs assessment workshops (3) among CHWs to identify training needs.				X	Completed.			
C9b. Review and update CHW training curriculum, based on				X	Suspended.	The Project suspended activities with CHW, as per guidance from	The MOH is taking the lead in implementing the necessary training for CHWs.	

FOCUS AREA C: PHC SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
needs assessment.						USAID.		
C9c. Carry out managerial and clinical training among CHWs (3 training sessions).				X	Suspended.	See C9b above.		1.1, 1.2
C9d. Support MOH effort to certify CHWs within the MOH system.				X	Suspended.	See C9b above.		

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
D1. Provide training for Radiologists at primary and secondary MOH facilities.								
D1a. Develop training program and identify trainers (training will be conducted in Year 5).				X	Delayed.	The Project identified a STTA consultant; however, there were delays in the recruitment process. This STTA would have developed the training program.	Develop training program and identify trainers. This activity is pending a successful outcome to the salary renegotiation in progress.	
D2. Provide technical assistance to ED and NICU health providers in Rafidia, Alia, and Ramallah Hospitals (facility level).								
D2a. Provide technical assistance in updating existing/drafting new policies and guidelines as needed; provide technical assistance in implementing these policies and guidelines as needed (focus on ED, NICU, and Critical Respiratory Care).			X	X	In progress. Eight policies have been drafted and/or updated by Dr. Harry Gunkel and Dr. Hatem Khammash. Currently, the NICU Nurse STTA and Neonatologist STTA are providing technical assistance in implementation of policies.		Incorporate these policies into the editing and updating of the USAID-approved Egyptian manual "Neonatal Care: Protocol for Hospital Physicians."	
D2b. Provide OJC to emergency and triage health providers in Rafidia, Alia, and Ramallah Hospitals.				X	Suspended.	Due to USAID guidance, the Project was instructed to halt all interventions in the ED.	The Project does not have any plans for emergency and triage technical assistance activities for Year 5.	

FOCUS AREA D: HOSPITAL SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
D2c. Provide OJC in clinical care to NICU health providers in Rafidia, Alia, and Ramallah Hospitals.			X	X	In progress. OJC has been provided in the areas of IPC procedures, umbilical line care and fixation, IV line insertions, O ₂ therapy, and the importance of proper documentation using the HIS.	STTAs discovered that there is a lack of breastfeeding support and that Total Parenteral Nutrition (TPN) protocols are nonexistent.	Continue provision of OJC to physicians and nurses at Rafidia Hospital. This will continue into Y5Q1.	
D2d. Support OJC in sustained optimal use of equipment in related intervention.			X	X	In progress. OJC is being provided to nurses and doctors on the application procedure and the modes of the CPAP (Continuous Positive Airway Pressure), and its importance in respiratory support.		Continue provision of OJC to physicians and nurses.	
D2e. Initiate preparations for delivery of technical assistance to NICU staff in risk communication (to be conducted in Year 5); “Developing Relationships & Effective Communication with Families.”				X	In progress. STTA Nurse has initiated discussions with NICU staff by conducting a session on patient’s family stress and anxiety.		Continue technical assistance and deliver messages in the form of workshops.	
D2f. Begin drafting a reference manual in neonatal care for doctors and nurses working in MOH NICUs.				X	In progress. Risk communication messages and NICU policies and procedures will be unified in the Neonatal Care Reference and Procedural Manual.		Finalize draft of reference manual and share with NICU physicians and nurses during Y5Q1.	

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
EI. Complete relevant training for Radiation Therapy System (RTS) at AVH.								
EIa. Oversee on-site and off-site training for relevant technical staff at AVH.	X	X	X	X	Ongoing. Two doctors were scheduled to attend an off-site training in Russia in July 2012 arranged by The European Society for Therapeutic Therapy (ESTRO). Doctors were unable to attend due to workload and the training was cancelled.		Oversee training. The following training courses are scheduled for Year 5: <ul style="list-style-type: none"> • “Comprehensive Quality Management in Radiotherapy and Patient Risk Management” in Belgium, for one technologist. • “Varian Advanced Techniques Intensity Modulated Radiation Therapy (IMRT) Physics” in Europe, for one physicist. • “Portal Dosimetry” onsite training for all relevant hospital staff. • Service training at Varian, for the biomedical engineer. 	1.3
EIb. Follow up on equipment utilization.	X	X	X	X	Ongoing. At the beginning of the quarter the old system was down for about two weeks. The new treatment system handled most of the patient load (about 65 treatment sessions per day). The hospital has fixed the old		Continue site visits to AVH to follow up on equipment utilization and patient treatment on the RTS.	EI

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					system and the work has been redistributed among both systems. The new system is currently handling 53 treatment sessions per day and the old system is handling about 15 treatment sessions per day.			
E1c. Follow up with the manufacturer, the local supplier, and the beneficiary on the pre-schedule PM on the system.		X	X	X	<p>Ongoing.</p> <p>The central UPS of the system went faulty. The supplier is handling its repair (as it is under warranty) with no effect on the operation of the RTS.</p> <p>There were a few short interruptions of operation of the system this quarter due to some minor faults that the supplier's in-house engineer managed to handle and fix.</p> <p>The supplier's in-house biomedical engineer performed PM on the system this quarter with the participation of AVH's biomedical engineer.</p>		<p>Support the next round of PM, scheduled for Y5Q1.</p> <p>Monitor system performance.</p>	
E2. Complete relevant training for the CT scanners procured for four MOH hospitals (PMC, Rafidia, Beit Jala, and Alia).								
E2a. Establish a technical committee for imaging-related professions to review current utilization versus technical	X	X			Completed.			

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
capabilities.								
E2b. Provide off-site training for users of the CT scanners in all four hospitals in addition to providing other identified training needs.	X	X	X	X	Delayed. The supplier is investigating training options. The two CT Technicians from the PMC may be sent to Lebanon for the 64 slice CT training.	The supplier did not provide clearance for the CT specialist to travel to the West Bank to conduct the training due to the political situation.	Obtain a proposed training date from the supplier. Seek an intervention from the MOH to secure the needed visas for two CT Technicians from the PMC to travel to Lebanon.	1.3
E2c. Facilitate the adoption of best practices and protocols for CT application and dosage control with support of STTA.		X	X	X	Completed. The Project's STTA consultant completed all tasks in the SOW. The final STTA report has been received. The final draft of the CT Department Policies and Work Instructions was completed.		Follow up on the recommendations of the Project's CT STTA, as per the final report. Obtain approval on the new SOW for a CT STTA consultant.	
E2d. Management of PM implementation for the CT on monthly basis.		X	X	X	Ongoing. PM schedules were prepared by the supplier to be implemented in July, August, and September and communicated by the Project's procurement team to the MOH BEU and other relevant staff.	Beit Jala Hospital CT: <ul style="list-style-type: none"> A problem was identified in the table's movement and was fixed during one of the visits. A problem was reported in the 	Continue to support the MOH in follow up of PM scheduling and implementation. Monitor the performance of the CT units.	

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					A total of 12 PM visits were performed (three per hospital).	<p>Gantry that hindered CT operation. The supplier fixed the problem by resetting system software.</p> <p>Hebron Hospital CT:</p> <ul style="list-style-type: none"> A problem was reported in the CT Gantry. The supplier discovered that the problem was caused by a loose connection in one of the boards. 		
E3. Complete the delivery, installation, and training on medical equipment for Gaza and the West Bank.								
E3a. Follow up on pending deliveries, installation, and clinical training in Gaza.	X	X			Completed.			E1, E2
E3b. Follow up on equipment utilization in Gaza.	X	X	X	X	<p>Ongoing.</p> <p>A representative from the Project's procurement team went to Gaza once this quarter. Five Project beneficiaries were visited to follow up on equipment utilization and equipment performance.</p> <p>The Project visited two suppliers to discuss technical issues raised by the beneficiaries such as the issue</p>		Coordinate travel for Project staff to enter Gaza and follow up on equipment utilization next quarter.	E1

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>of image resolution of the ultrasound unit donated to Caritas Clinic.</p> <p>The gastro scope for Al Ahli Arab Hospital has been repaired by the supplier and the hospital is coordinating its entry into Gaza.</p> <p>Followed up on the PM for equipment donated to St. John's Eye Hospital, Al Azhar University, Caritas Clinic, and Al Ahli Arab Hospital.</p>			
E3c. Follow up on pending deliveries, installation, and operational training in the West Bank.	X	X			Completed.			E1 E2
E3d. Follow up on equipment utilization in the West Bank.	X	X	X	X	<p>Ongoing.</p> <p>A representative from the Project' procurement team and a representative from the Project's M&E team visited 18 clinics and two hospitals. Some problems were identified during the visits that the team assisted the MOH in addressing, including:</p> <ul style="list-style-type: none"> Some equipment was not being used; the Project recommended that MOH re-allocate the equipment 	<p>There is high turnover of medical staff among clinics. In some cases, when staff members are trained on new equipment, they get re-allocated without transferring the knowledge to the new staff.</p> <p>Lack of adequate lab supplies at MOH due to the financial crisis.</p>	<p>Conduct joint visits with the Project's M&E team to follow up on equipment utilization.</p> <p>Continue to update internal equipment utilization tracker with issues and follow up actions.</p>	E1

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>(for example, the ultrasound unit at a clinic in South Hebron).</p> <ul style="list-style-type: none"> • A few clinics with Project-procured lab incubators complained that the media dries and affects the tests. The supplier was contacted to train the users on the appropriate way to handle the incubators to obtain optimal results. • Some doctors requested additional advanced operational training on the portable ultrasound units donated by the Project. • Four nurses from four clinics raised the need for further OJC on proper cleaning procedures for the autoclaves. • Some complaints were received about the frequent breakdown of some of the donated Drew CBCs. 			
E4. Provide technical assistance to beneficiary MOH hospitals and clinics to ensure effective use and maintenance of all procured equipment.								
E4a. Revisit all beneficiary hospitals and clinics to identify	X	X	X	X	Ongoing. The Project visited several	MOH is sometimes unable to provide supplies and reagents needed for	Work with the Project's PHC team to re-allocate the	EI

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
problems regarding use and/or maintenance of equipment.					<p>health facilities that received equipment and discovered the following:</p> <ul style="list-style-type: none"> • Toubas directorate clinic reported poor performance of one of the laboratory refrigerators donated. • Jericho Hospital reported that the chemistry analyzer was not working properly during one of the visits. • One portable ultrasound at the Nablus directorate was found not to be working properly due to a partially damaged probe. • Three CBCs were found not to be working properly due to a common fault related to a specific filter. • A problem was reported on three incubators at Rafidia Hospital due to faulty fan motors. • A problem was found in the anesthesia unit at BASR. • The CT injector at Jenin Hospital was not used for six months after the supplies (which were 	equipment operation (such as the CBCs) due to the financial hardship facing the Palestinian Authority (PA).	ultrasounds for better utilization. Continue visiting and assisting in addressing new or pending issues with the suppliers and the MOH.	

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					included at the time of purchase by the Project) had been used.			
E4b. Address problems by providing on-site coaching or technical assistance.	X	X	X	X	<p>Following the findings reported in E4a, the team provided the following support:</p> <ul style="list-style-type: none"> • <i>Toubas directorate clinic laboratory refrigerator</i>: the supplier was contacted several times and the unit is being monitored. • <i>Jericho Hospital chemistry analyzer</i>: the supplier inspected the unit and found that the fault was due to a loose belt. Further operational training was provided. • <i>Nablus directorate clinic portable ultrasound</i>: the supplier was requested to inspect the ultrasound and reported that the problem was due to a partially damaged probe that needs to be replaced. • <i>Three faulty CBCs</i>: the supplier confirmed that a number of the needed filters were ordered but were held up in Israeli customs, causing a delay in repairing the units. The parts were recently 	<p>Lack of coordination between the MOH and suppliers.</p> <p>Lack of communication between different units within MOH facilities.</p> <p>Resistance to change among health facility employees in adopting new operating behaviors and techniques.</p>	Continue the provision of OJC as needed and identified during site visits.	2

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					<p>released and the company is repairing the faulty units.</p> <ul style="list-style-type: none"> <i>BASR anesthesia unit:</i> the supplier inspected the unit and concluded that the fault was due to the excessive use of the water trap. The supplier provided further training on the proper handling of the gas module. <i>Jenin Hospital CT Injector:</i> the hospital did not communicate to the MOH central stores the part number of the needed syringes and a different type was received. The Project facilitated communication between the hospital and central stores to address this issue. 			
E4c. Supervise the implementation of PM plans for procured equipment.	X	X	X	X	<p>Ongoing.</p> <p>A total of 20 PM visits were performed by different suppliers this quarter. Equipment that underwent PM this quarter includes chemistry analyzers, incubators, and anesthesia machines.</p>	<p>The users do not utilize the PM visits to discuss problems with the suppliers or request additional training.</p> <p>Lack of coordination between and follow up with the suppliers and MOH Engineers.</p> <p>The HIS is not yet</p>	Continue to support the MOH in the management of PM.	

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
						operational for the management of PM scheduling.		
E4d. Systemize the PM approach within the MOH in coordination with suppliers/private sector.	X	X	X	X	Ongoing. The PM requirement has been adopted by the MOH as a standard requirement in maintaining medical equipment.		Facilitate the connection between the National Training and Calibration Center and the HIS.	
E5. Establish an electronic inventory of medical equipment at MOH facilities linked to the HIS.								
E5a. Review, update, and unify medical equipment files for the hospitals and clinics already connected to HIS System namely Rafidia and Qalqilya hospitals with the relevant clinics.		X	X	X	Ongoing. Work with the Rafidia Hospital sterilization department continued this quarter. A total of 53 surgical sets were reviewed and their contents were named according to international scientific generic names. For the upcoming sessions, two nurses from the PMC were contacted to join the team at Rafidia Hospital to follow the same example for the surgical sets used at the PMC. Alia Hospital was contacted and prompted about the need to inventory the hospital's surgical sets. This inventory will be used as a preparatory step before naming them and eventually uploading this information to	It has been difficult to meet with the medical staff at Rafidia Hospital due to their high workloads and busy schedules.	Continue the process of reviewing and unifying the equipment and instruments at other health facilities.	

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					the HIS.			
E5b. Connect the BEU to have access to the HIS's Medical Equipment Management Module.			X	X	Delayed.	The delay is due to the tight HIS implementation schedule at the PMC and Alia Hospital. Priority has been given to HIS modules related to medical services at such facilities.	The HIS contractor will provide the needed access licenses and training early next quarter once the National Training and Calibration Center is activated.	
E5c. Assist MOH to upload equipment inventory to the HIS for PMC, Alia Hospital, and the relevant PHC clinics.			X	X	In progress. The implementation of the HIS at Alia Hospital and the PMC is underway.		Continue to support the MOH in uploading equipment inventory.	
E5d. Connect the Biomedical Engineering departments of the remaining MOH hospitals that are not part of the HIS to the system.				X	Delayed.	See E5b above.		
E5e. Use the medical equipment management module of the HIS to schedule and manage PM tasks and duties in each hospital.			X	X	Delayed.	See E5b above.	Work with the HIS team to activate the medical equipment management module in one hospital, and then assist the MOH to roll it out to other hospitals that are using the HIS.	

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
E5f. Support HIS team in connecting some of the lab equipment at the new hospitals to the HIS system through communicating with the relevant suppliers/manufacturers.		X	X	X	<p>Ongoing.</p> <p>The procurement team continued the support needed to interface some laboratory equipment with the HIS at the PMC and Alia Hospital.</p> <p>Supported the HIS team in procuring 50 antibacterial trolleys that will be used in hospitals where the HIS is operational.</p> <p>Supported the HIS team in procuring three-month supplies of barcode labels, ribbons, and toners for MOH health facilities that currently use the HIS.</p>		Continue to support the HIS team.	
E6. Monitor MOH progress regarding space for the new National Training and Calibration Center.								
E6a. Verify that Ibn Sina site is adequately prepared for hosting the calibration center. Inform USAID to discuss next steps.	X	X	X	X	<p>Completed.</p> <p>The MOH BEU has moved to the new location. Phone lines, electricity, and internet connection are all functional.</p> <p>The MOH prepared and installed the work benches.</p>			
E6b. Equip the calibration center and train staff on equipment use.				X	<p>Ongoing.</p> <p>All IT equipment (including laptops and PCs) has been delivered and installed.</p> <p>The UPS for the server has</p>		<p>Deliver and install testing equipment.</p> <p>Conduct training program for biomedical engineers.</p>	

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					been delivered and installed.			
E7. Provide additional support in clinical training areas related to equipment previously procured, further capitalizing on interventions already conducted (mammography, ultrasound, CT, and other equipment).								
E7a. Assess the need for continued clinical training on previously procured equipment.	X	X			Completed.			1.2 1.3
E7b. Identify priority areas for new training and/or follow up on previous training (such as for ultrasounds and ECGs).	X	X			Completed.			1.2 1.3
E7c. Obtain necessary approvals.	X	X			Delayed.	It has been a challenge to identify an appropriate ultrasound trainer as two trainers identified refused the daily rate offered by the Project.	Contract trainer and implement ultrasound training.	1.2 1.3
E7d. Implement training.		X	X	X	Ongoing. No ECG training was conducted this quarter due to STTA consultant travel and the Ramadan holiday.		Continue provision of ECG training. Pending USAID approval, start ultrasound training.	1.2 1.3
E8. Procure equipment for PHC clinics that will allow implementation of the EPS.								
E8a. Review existing equipment assessments for PHC clinics.			X		Completed.			

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
E8b. Conduct equipment assessments in cooperation with the technical team for those PHC clinics that are proposed for expansion into the integrated multi-sectoral approach.			X		Completed.			
E8c. Procure needed equipment to implement the EPS in PHC clinics.			X	X	Completed. The Project signed contracts to support the EPS in PHC clinics in the amount of \$1,065,062.78. The Project delivered and installed equipment totaling \$155,885 this quarter.		Deliver and install equipment to targeted PHC clinics based on the outcome of the health facility assessments.	
E8d. Train PHC clinic staff on the appropriate use and maintenance of procured equipment.			X	X	Ongoing. UPS's and air conditioners were installed and operationalized in selected clinics. Orientation was provided to users.		Follow up on operational training for the delivered equipment. Implement clinical workshops for some of the procured equipment (e.g., CBCs and ultrasounds). Arrange for some service trainings at the manufacturer for select MOH Engineers.	
E9. Provide MOH PHC clinics with electronic sign-in devices.								
E9a. Assess the costs associated with procuring and installing devices at all PHC clinics receiving support from the Project.			X		Completed. An estimate was solicited from different potential suppliers.			

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
E9b. Assess the costs associated with procuring and installing devices at all MOH PHC clinics in the West Bank.			X		Completed.			
E9c. If funding is available, procure and install the devices in 10 locations to determine effectiveness.				X	In Progress. Contract was signed this quarter.		Install the devices in the selected locations.	
E9d. Expand the system to all clinics if proven effective, and if funding is available in Year 5.				X	Ongoing.		Roll out the electronic sign-in devices in Year 5 to select PHC directorates and clinics, if proven effective.	
E10. Procure and install pharmaceutical cold rooms in Hebron, South Hebron, Jenin, and Jericho PHC Directorate clinics.								
E10a. Review needs assessments and confirm PHC clinic sites.			X		Completed.			
E10b. Release RFQ and select supplier.			X		Completed.			
E10c. Procure and install cold rooms.				X	Completed.			
E11. Assess needs and procure medical equipment for Jericho Hospital.								
E11a. Review the list of equipment needs provided by Jericho Hospital.			X		Completed. An assessment has been conducted for the equipment requested by the technical			

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
					team.			
E11b. Procure equipment that is needed by the hospital, based on the assessment.			X	X	Completed. A total of thirteen purchase orders have been issued for the equipment allocated for Jericho Hospital. A request was received from the Minister of Health to procure equipment for the Neonates Departments at Jenin Hospital and Rafidia Hospital. A RFQ for such equipment was released and the analysis process has started.		Issue purchase orders for equipment for Rafidia and Jenin Hospitals.	
E11c. Install the equipment and train on proper use and maintenance.				X	Ongoing. The following equipment has been delivered and installed, and operational training has been conducted on: <ul style="list-style-type: none"> • Three hemodialysis machines • Three ECGs • Laparoscopy station • Six infusion pumps 		Deliver, install, and facilitate training for the remaining Jericho Hospital equipment. Provide further operational training for Jericho Hospital. Deliver, install, and provide operational training for Rafidia and Jenin Hospitals.	
E12. Procure up to four mammography machines for Hebron, Bethlehem, Toubas, and Jerusalem PHC Directorate clinics.								
E12a. Review assessment for mammography capabilities at selected			X		Completed.		Install the mammography machines Y5Q1. Provide more training to nurses on proper use, pending on	

FOCUS AREA E: PROCUREMENT SUPPORT								
Sub-Activities	Q1	Q2	Q3	Q4	Status of Activity	Challenges	Next Steps	Indicator
sites.							vetting approval.	
E12b. Procure and install mammography machines.				X	Delayed. Contract was signed.	The evaluation and approval process took longer than anticipated.	Deliver and install in Y5Q1.	
E12c. Train PHC clinic staff on appropriate use and maintenance of mammography machines.				X	Delayed.	See <i>E12b</i> above.	Supervise operational trainings. Arrange for clinical training.	

Annex B: Table of Grantee Achievements

Grantee	Purpose of Grant	Y4Q4 Activities
1.) CCSNS <i>Nablus</i>	To conduct a campaign for the early detection of communicative disorders (i.e., speech, language, fluency, hearing, and/or voice) for government and UNRWA school students in the areas of Nablus and Tulkarem. In addition, CCNSS will provide follow-up treatment for children with hearing and speech problems and refer them to specialized centers, if needed.	<ul style="list-style-type: none"> • 180 children examined for specified hearing assessment. • 19 children (cochlear implantation children) received follow up by the audiology department. • 64 children benefited from special education classes and psychological services. • 7 children received OT rehabilitation services. • 20 children benefited from speech therapy and auditory sessions. • In July and September, CCSNS conducted an Open Day for the children. • In July, CCSNS received and distributed physical and occupational devices. • In August, CCSNS received rehabilitation tools that will be used during PT and OT for children with disabilities, and the database program for records management.
2.) St. John's Eye Hospital – Gaza Clinic <i>Gaza</i>	To provide diabetic patients with screening and diagnostic services for eye diseases associated with diabetes.	<ul style="list-style-type: none"> • 442 diabetic patients were examined at St. John's Eye Hospital. • 35 patients underwent laser sessions. • 85 diabetic patients underwent surgeries. • 15 diabetic patients were referred to the main hospital in Jerusalem where they underwent complex surgeries.
3.) Al Makassed Hospital <i>Jerusalem</i>	To build the hospital's capacity and improve its performance in the provision of specialized orthopedic interventions and treatment by providing arthroscopy equipment and training the orthopedic department staff.	<ul style="list-style-type: none"> • The arthroscopy equipment was installed at Al Makassed Hospital on July 10, 2012. • 30 patients underwent surgeries using the new arthroscopy equipment.
4.) Al Ahli Hospital – Patient's Friends Society <i>Hebron</i>	To create a culture of continuous education and disseminate knowledge in health institutions that allows medical practitioners to adopt new skills and guidelines through training that follows the standards of the American Heart Association. This educational program is a joint venture by the Health Emergencies Learning Program of Palestine (HELP) and the	<ul style="list-style-type: none"> • 6 Basic Life Support (BLS) courses for PHC providers from across the West Bank were successfully completed: 4 in July and 2 in September. • In August, an internal evaluation was conducted of the BLS courses that were held during May, June, July, and August.

Grantee	Purpose of Grant	Y4Q4 Activities
	education center of Al Ahli Hospital.	
5.) BASR <i>Bethlehem</i>	To promote and protect the rights of children with disabilities; to empower children with special needs in their communities and increase the capacity of professionals who provide services to them.	<ul style="list-style-type: none"> • 135 children received individual counseling sessions from the psychiatrist and social workers. • 50 children with disabilities were evaluated by the community physiotherapist and occupational therapist to identify those in need of technical devices. • 8 wheelchairs were delivered to 8 children with disabilities. 10 rollators (rolling walkers) and 20 commode chairs were delivered to 30 children with disabilities. • 11 therapeutic group activities for 20 children with and without disability were organized during September. • 1,400 children with and without disability participated in Free Play activities at the four toy libraries during July and September (in August there was no access to the toy libraries due to summer vacation and Ramadan). • 16 integrated internal and external pedagogical / recreational activities for children with and without disability were organized by the education officer and the animators of the toy libraries. • 2 case discussions were conducted for the animators of the toy libraries in Obeidieh and Deheisheh in July and 4 case discussions were conducted in Nahalin and Al Khader for capacity building in September. • 1 individual supervision session was conducted for the animator of Al Khader toy library and 1 individual supervision session was conducted for Al Khader teachers in July. • 7 group supervision sessions were conducted for the BASR pediatric rehabilitation team. • 4 individual supervision sessions were conducted for external child care professionals during July and September. • 8 awareness raising activities were organized on child rights and child protection issues for 60 children in Obeidieh, El-Khader, Nahalin, Dheisheh. • 2 training days were conducted for 15 teachers of Dheisheh Center each day on physiological

Grantee	Purpose of Grant	Y4Q4 Activities
		<p>development of children and main physiological disorders in July.</p> <ul style="list-style-type: none"> 7 child care professionals from community centers received guidance and support. 2 group supervision sessions were conducted in September for child care professionals at Dheisheh Center. 1 awareness raising session was organized in September for parents. 1 national conference was organized for 80 to 100 relevant child care professionals and legal authorities in September.
<p>6.) JCDC <i>Jerusalem</i></p>	<p>To improve the treatment of JCDC clients, increase the effectiveness of the referral system, increase the efficiency of the follow-up system, empower families and/or communities of children with special needs, and support the inclusion of children with special needs and their families into all aspects of society.</p>	<ul style="list-style-type: none"> 4 community centers were reached by JCDC. 1,629 children with special needs were assessed at the community centers by the JCDC team. 59 professional staff members for the community received on OJC by JCDC team. 210 children with special needs referred to JCDC for treatment and rehabilitation. 1,433 children with special needs received treatment and rehabilitation at community centers supervised by JCDC team. 33 staff from community centers received OJC by experts from JCDC. 10 professionals, 3 mothers, and 3 community workers from Jericho participated in awareness raising sessions in August and 17 professionals, 11 mothers, and 7 community workers from Jericho and Ramallah participated in awareness raising sessions in September.
<p>7.) QOU <i>Jerusalem</i></p>	<p>To develop curricula for the health management program that is consistent with distance learning philosophies.</p>	<ul style="list-style-type: none"> 60% of each book completed and submitted to the grants and technical teams for review and approval during this quarter.
<p>8.) JRS <i>Gaza</i></p>	<p>To prevent hearing disabilities in Gaza Northern area and strengthen community-based health care for children through the early detection of hearing and middle ear problems. This grant will also conduct health awareness activities on targeted topics for kindergarten caregivers, parents, and children.</p>	<ul style="list-style-type: none"> 1,461 children were screened for hearing and middle ear problems. 294 kindergarten caregivers and parents benefited from 10 health awareness raising sessions. 625 children benefited from 5 health awareness raising theater performances.

Annex C: Summary Table of Indicators

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base -line	Target							Target LOP	Actual LOP
								Actual								
								Y1	Y2	Y3	Y4			Y5		
Cross-Cutting Indicators																
I	M	Total number of individuals trained through the Project	Quarterly	Discrete	Project records	Output	0	-	-		1485				455	4703
										2763	2	105	523	712		
I.1	3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	Quarterly	Discrete	Project records	Output	0			600	425				200	
								222	191	806	0	19	307	123		
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	2	0	194	156		
I.3	M	Number of individuals trained in other topics	Quarterly	Discrete	Project records	Output	0				460				155	
											-	86	0	433		
		Procurement related trainings	Quarterly	Discrete	Project records	Output	0				10				5	
								-	-	172	-	2	0	0		
		Community members trained	Quarterly	Discrete	Project records	Output	0				450				150	
								-	-	901	-	84	0	433		
		Others – technical trainings through grants	Quarterly	Discrete	Project records	Output	0				No target set					
											-	-	22	0		

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base -line	Target					Target LOP	Actual LOP
								Actual						
								Y1	Y2	Y3	Y4	Y5		
1.4	M	% of trained individuals applying skills/knowledge acquired from United States Government- (USG) funded training provided under the Project	Annual starting Y3	Discrete	Special Study	Outcome	0	0%	40%	55%	65%	75%		
								-	78%		Data undergoing analysis. To be reported in Year 4 annual report.			
2	M	Number of individuals who receive direct on-the-job technical assistance through the Project	Annual	Cumulative	Project records	Output	0	-	-	-	550	550	550	
										431	683			
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			
4	M	Number of reform processes and products institutionalized at the MOH	EOP	Discrete	Project records	Outcome	0	-	-	-	-	25	25	
											-			

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base -line	Target					Target LOP	Actual LOP				
								Actual										
								Y1	Y2	Y3	Y4				Y5			
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	0	6	14			17		
								5.1	M	NGOs	18	3	0			2	0	0
								5.2	M	CBOs	21	17	0			4	14	17
6	M	Number of MOH facilities assisted to provide quality health care services	Annual	Cumulative	Project records	Output	0	-	-	-	170		170	170				
										136	162							
								6.1	M	SHC			12			13		
								6.2	M	PHC			124			149		
Focus Area A																		
<i>Intermediate Result A.1: Strengthened capacity of MOH staff and systems in the provision of quality, sustainable and equitable healthcare services</i>																		
A1	M	Number of MOH departments receiving capacity building support with USG support through the Project	Annually	Cumulative	Project records	Output	0	-	-	22	22		22	22				
										22	Target reached in Y3							
A2	M	Number of individuals receiving fellowships with USG support through the Project	Annually	Cumulative	Project records	Output	0	-	-	-	64		64	64				
										81	99							

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base -line	Target							Target LOP	Actual LOP
								Actual								
								Y1	Y2	Y3	Y4			Y5		
Intermediate Result A.2: Enhanced capacity of NGOs to provide quality complementary healthcare services																
A3	M	Number of beneficiaries from NGOs	Quarterly	Discrete	Grantees reports	Output	0	-	-	-	25,000			15,000	40,000	
											-	7,343	6,021	3,312		
A4	M	Percentage (%) Satisfaction of beneficiaries from services provided by NGOs receiving grants	Year 4	Cumulative	Special Study	Outcome	0	-	-	-	90%			90%	90%	
											98%					
A5	M	Number of grants awarded to selected NGOs	Annual	Cumulative	Project records	Output	0		10	20	25			30	30	
									10	15	15	19	20	21		
Focus Area 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 health care																
B1	3.1.5 OPHT	Number of individual patient records stored in the USG-supported HIS	Quarterly	Cumulative	System generated	Output	0			60,000	150,000			250,000	250,000	
										79,649	110,704	137,626	227,956	274,680		
B2	M	Percentage (%) effectiveness of HIS at the facilities that have used the USG-supported HIS	Year 5 only	Cumulative	Special Study	Outcome	0							TBD	TBD	
											To be reported in Year 5					

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base -line	Target					Target LOP	Actual LOP
								Actual						
								Y1	Y2	Y3	Y4	Y5		
Focus Area C														
<i>Intermediate Result C.1: Strengthened capacity of health institutions to deliver quality clinical services</i>														
C1	M	Average score (%) on PHC Quality Assessment Tool	Baseline Year 4 and End line	Discrete	Special PHC quality assessment tool	Outcome	0	-	-	-	-	45%	45%	
											25%			
<i>Intermediate Result C.2: Community mobilization to strengthen clinic-community linkages to provide effective community based services</i>														
C2	M	Number of participants in community based social mobilization activities	Annually	Discrete	Project records	Output	0		100,000	500,000	300,000	100,000	IM	
								0	163,148	683,957	367,102			
C3	M	Number of volunteers at communities supporting the implementation of health activities and local health clinic renovation as part of the CCA	Annually starting Year 4	Cumulative	Partner reports	Outcome	0	-	-	-	450	600	600	
										396	925			
C4	M	United States Dollar (USD) amount leveraged through community members in support of health activities and local clinic renovations	Annually starting Year 4	Discrete	Partner reports	Outcome	0	-	-	-	60,000	20,000	80,000	
											51,017			

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base -line	Target					Target LOP	Actual LOP						
								Actual												
								Y1	Y2	Y3	Y4	Y5								
Intermediate Result C.3: Strengthened capacity of health institutions to effectively use BCC strategies																				
C5	M	Percentage of individuals trained on BCC methodologies who report applying skills/knowledge acquired through this training	Year 4 only	Discrete	Special Study	Outcome	0	-	-	-	60%	-	60%							
								Training moved to Year 5												
Focus Area E																				
Intermediate Result E.1: Quality commodities delivered to support all other Project activities																				
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									
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	1,007,117	850,984		680,493	643,449					
E2.1	Total amount USD of medical disposables/ supplies provided.															0	0	0	0	0

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base -line	Target							Target LOP	Actual LOP
								Actual								
								Y1	Y2	Y3	Y4		Y5			
E2.2		Total amount USD of pharmaceuticals provided.							1,249,399		0	0	0	0		
E2.3		Total amount USD of medical equipment delivered.						172,900	10,157,171	2,009,546	316,116	222,066	0	371,319		
E2.4		Total amount of USD of HIS provided.							4,219,053	1,674,272	186,803	256,649	680,493	254,022		
E2.5		Total amount of USD of humanitarian assistance/ emergency supplies provided								727,626	504,197	372,269	0	4,995		

Annex D: Operational Indicators

USAID OP Indicator	Indicator	HHA 2011 (FY12) Target	FY09 FY10 FY11	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4	FY12 Value	LOP Value to date	Comments
3.1.6 MCH	Number of local organizations provided with technical assistance for health-related institutional capacity-building	25	0 39 20	0	6	14	17	37	96	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)	425	222 191 806	0	19	307	123	449	1,668	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)	600	112 478 117	2	0	194	156	352	1,059	
3.1.5 OPHT	Number of individual patient records stored in the USG-supported HIS. (cumulative)	150,000	0 0 79,649	110,704	137,626	227,956	274,680	274,680	274,680	System generated number

Note: A small margin of error may occur in the number of trained individuals because our database does not have a unique identifier other than the name; therefore, occasionally the same individual is entered twice. A database cleanup is scheduled annually prior to annual reporting to minimize this error therefore figures in the annual report will be the most accurate.

Annex E: Summary Table of Trainings

Training Title	Date	Number of Participants		Purpose
		Female	Male	
Mammography Training <i>Beit Jala Hospital – Bethlehem</i>	July 1, 2012	2	0	Two (2) participants from Tulkarem directorate attended Mammography Training at Beit Jala Hospital in Bethlehem. The objectives of the training were: <ul style="list-style-type: none"> • To be able to efficiently use the mammography machine and the processor. • To have general overview of X-Ray and the dark room, and learn about the hazards of and how to protect oneself from radiation. • To learn about the significance of the forms and the questions to ask to better understand the background and medical history of the patient. • To be able to perform the self-examination test on patients and mark any abnormalities on the form. • To ensure hygienic maintenance of the equipment and inform patients that the equipment used is clean.
Basic Life Support <i>Al Ahli Hospital – Hebron</i>	July 2, 2012	1	8	Nine (9) participants attended BLS Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of health care professionals with the ability to recognize several life-threatening emergencies, provide cardiopulmonary resuscitation (CPR), use an automated external defibrillator (AED), and relieve choking in a safe, timely, and effective manner.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	July 5, 2012	8	8	Sixteen (16) doctors from the PMC attended the HIS – In-Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.
Basic Life Support <i>Al Ahli Hospital – Hebron</i>	July 7, 2012	3	12	Fifteen (15) participants attended BLS Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of health care professionals with the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve

				choking in a safe, timely, and effective manner.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	July 8, 2012	0	7	Seven (7) doctors from the PMC attended the HIS – In-Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.
First Aid TOT Training <i>Multiple facilities</i>	July 8, 2012	10	2	Twelve (12) MOH participants from different facilities attended First Aid TOT training. The aim of the training was to help trainees understand how to react in emergency situations. The training covered: first aid basics and principles, stocking a first aid kit, assessing vital signs, unconscious and/or unresponsive patients, CPR, recovery position, choking, bee and scorpion stings, heat stroke, bone fractures, injuries to the head and spine, and human and animal bites.
Basic Life Support <i>Al Ahli Hospital – Hebron</i>	July 9, 2012	3	15	Eighteen (18) participants attended BLS Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of health care professionals with the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner.
IPC Training <i>Salfit</i>	July 9, 2012	14	6	Twenty (20) MOH staff from the Salfit directorate attended the IPC Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills, and attitudes related to IPC.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	July 11, 2012	0	8	Eight (8) doctors from the PMC attended the HIS – In-Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.
First Aid Training <i>Hebron</i>	July 11, 2012	5	11	Sixteen (16) community members from Hebron attended the First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.

Basic Life Support <i>Al Ahli Hospital – Hebron</i>	July 12, 2012	6	15	Twenty-one (21) participants attended BLS Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of health care professionals with the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner.
First Aid Training <i>Hebron</i>	July 15, 2012	0	15	Fifteen (15) community members from Hebron attended the First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Hebron</i>	July 15, 2012	15	0	Fifteen (15) community members from Hebron attended the First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
HIS Out-Patient Information System for Doctors <i>PMC – Ramallah</i>	July 16, 2012	0	8	Eight (8) doctors from the PMC attended the HIS – Out-Patient Information System module training. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules and meeting requirements with the help of computers, as polyclinic patients account for a major part of demand for hospital services.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	July 16, 2012	0	8	Eight (8) doctors from the PMC attended the HIS – In Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.
First Aid Training <i>Dura – Hebron</i>	July 17, 2012	15	0	Fifteen (15) community members from the Dura community in Hebron attended this First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.

First Aid Training <i>Hebron</i>	July 18, 2012	15	0	Fifteen (15) community members from Hebron attended this First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
HIS Emergency Room for Nurses <i>PMC - Ramallah</i>	July 22, 2012	3	6	Nine (9) Nurses from Ramallah Hospital attended HIS – Emergency Room for Nurses module training. The aim of the training was to keep records related to patients admitted to emergency units, and the related supporting medical services (such as laboratory or radiology) provided to these patients, in addition to all other related actions (e.g., preparation for crisis, reports about incidents involving the police, or patient observation form).
First Aid Training <i>Dura – Hebron</i>	July 23, 2012	26	3	Twenty-nine (29) community members from the Dura community in Hebron attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
HIS Emergency Room for Doctors <i>PMC – Ramallah</i>	July 23, 2012	0	6	Six (6) doctors from the PMC attended the HIS – Emergency Room for Doctors module training. The aim of the training was to keep records related to patients admitted to emergency units, and the related supporting medical services (such as laboratory or radiology) provided to these patients, in addition to all other related actions (e.g., preparation for crisis, reports about incidents involving the police, or patient observation form).
HIS Emergency Room for Nurses <i>PMC – Ramallah</i>	July 23, 2012	3	2	Five (5) nurses from the PMC attended the HIS – Emergency Room for Doctors module training. The aim of the training was to keep records related to patients admitted to emergency units, and the related supporting medical services (such as laboratory or radiology) provided to these patients, in addition to all other related actions (e.g., preparation for crisis, reports about incidents involving the police, or patient

				observation form).
HIS Emergency Room for Doctors <i>PMC – Ramallah</i>	July 23, 2012	0	7	Seven (7) doctors from the PMC attended the HIS – Emergency Room for Doctors module training. The aim of the training was to keep records related to patients admitted to emergency units, and the related supporting medical services (such as laboratory or radiology) provided to these patients, in addition to all other related actions (e.g., preparation for crisis, reports about incidents involving the police, or patient observation form).
First Aid Training <i>Dura – Hebron</i>	July 26, 2012	0	15	Fifteen (15) community members from the Dura community in Hebron attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	August 8, 2012	4	14	Eighteen (18) doctors from the PMC attended the HIS – In-Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	August 9, 2012	1	4	Five (5) doctors from the PMC attended the HIS – In-Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	August 9, 2012	5	8	Thirteen (13) doctors from the PMC attended the HIS – In-Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS In-Patient (Clinic) Information System for Doctors <i>PMC – Ramallah</i>	September 3, 2012	0	11	Eleven (11) doctors from the PMC attended the HIS – In-Patient (Clinic) Information System module training. The aim of the training was to ensure that users are making optimum use of hospital beds and to control and monitor patient admission procedures.

First Aid Training <i>Taysir - Toubas</i>	September 9, 2012	14	2	Sixteen (16) community members from the Taysir community in Toubas attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Aqqaba – Jenin</i>	September 10, 2012	12	6	Sixteen (16) community members from the Aqqaba community in Jenin attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Toubas</i>	September 10, 2012	17	8	Twenty-five (25) community members from Toubas attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Toubas</i>	September 10, 2012	23	4	Twenty-seven (27) community members from Toubas attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
Proposal Development for NGOs <i>Multiple organizations</i>	September 12, 2012	14	8	Twenty-two (22) NGO representatives attended Proposal Development training. The aim of the training was to work with current and previous grantees to strengthen their capacity and institutionalize crucial skills to promote the overall sustainability of grantee NGOs.
First Aid Training <i>Mas-ha – Salfit</i>	September 15, 2012	14	5	Nineteen (19) community members from the Mas-ha community in Salfit attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.

First Aid Training <i>Yasuf - Salfit</i>	September 17, 2012	24	0	Twenty-four (24) community members from the Yasuf community in Salfit attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
IPC Training <i>Toubas</i>	September 17, 2012	8	14	Twenty-two (22) MOH staff from the Toubas directorate attended IPC Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills, and attitudes related to IPC.
First Aid Training <i>Al Jalameh – Jenin</i>	September 17, 2012	22	0	Twenty-two (22) community members from the Al Jalameh community in Jenin attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
Basic Life Support <i>Al Ahli Hospital – Hebron</i>	September 17, 2012	17	8	Twenty-five (25) participants attended BLS Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of health care professionals with the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner.
First Aid Training <i>Faqqu'a – Jenin</i>	September 18, 2012	22	0	Twenty-two (22) community members from the Faqqu'a community in Jenin attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Deir Ballut – Salfit</i>	September 18, 2012	11	8	Nineteen (19) community members from the Deir Ballut community in Salfit attended First Aid training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training	September 19, 2012	8	11	Nineteen (19) community members from the Deir Istiya

<i>Deir Istiya – Salfit</i>				community in Salfit attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
HIS Patient Registration and Master Index System <i>Hebron</i>	September 20, 2012	0	1	One (1) employee from the Hebron directorate attended the HIS – Patient Registration and Master Index System module training. The aim of the training was to demonstrate how to properly enter patient data into the system. This system is used in all other modules on the system.
First Aid Training <i>Az Zababida – Jenin</i>	September 21, 2012	16	0	Sixteen (16) community members from the Az Zababida community in Jenin attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Ar Rama – Jenin</i>	September 22, 2012	10	6	Sixteen (16) community members from the Ar Rama community in Jenin attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
HIS Billing and Accounts Receivable System <i>Hebron</i>	Sep 23, 2012	1	1	Two (2) employees from the Hebron Directorate attended the HIS Billing and Accounts Receivable System module training. The aim of the training was to teach participants how to generate invoices, including information about amounts owed by patients in return for the services provided by the hospital. This module is designed to ensure that package agreements between the hospital and establishments are processed within the system and to track agreements concluded with the employers of the patients receiving treatment in the hospital as well as the prices they contain.
First Aid Training <i>Sanur – Jenin</i>	September 24, 2012	1	15	Sixteen (16) community members from Sanur community in Jenin attended First Aid training. The aim of the training was to provide the participants with basic

				first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Anza – Jenin</i>	September 25, 2012	12	8	Twenty (20) community members from the Anza community in Jenin attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
First Aid Training <i>Deir Abu Da'if – Jenin</i>	September 25, 2012	15	1	Sixteen (16) community members from the Deir Abu Da'if community in Jenin attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
IPC Training <i>Qalqilya</i>	September 27, 2012	16	8	Twenty-four (24) MOH staff from Qalqilia Directorate attended IPC Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills, and attitudes related to IPC.
First Aid Training <i>Bardala – Jericho</i>	September 27, 2012	18	1	Nineteen (19) community members from Bardala community in Jericho attended First Aid Training. The aim of the training was to provide the participants with basic first aid skills, to identify risks and solutions through behavior change, and to have a group of trained first responders within the community.
HIS Out-Patient Information System for Doctors <i>Hebron</i>	September 30, 2012	0	8	Eight (8) doctors from the Hebron directorate attended the HIS – Out-Patient Information System module training. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules and meeting requirements with the help of computers, as polyclinic patients account for a major part of demand for hospital services.
HIS Laboratory Information System	September 30, 2012	5	5	Ten (10) staff from the Hebron directorate attended the HIS – Laboratory Information System module training. The aim of the training was to ensure that all

<i>Hebron</i>				laboratory requests related to polyclinic, clinic, and emergency room patients are fulfilled and that necessary records are maintained.
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Annex F: GEO-MIS Quarterly Update Report

Geo-MIS Partner's Quarterly Update Report
Chemonics / Palestinian Health Sector Reform And Development
FY 2012

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 July 18, 2012 to October 14, 2012):**

Activity Type Code and Title	Design	Ongoing	On Hold or Delayed	Closed	Completed	Total
A065 - Provision of ambulances and mobile health units, Vehicles	0	1	0	0	0	1
H063 - Provision of medical supplies, vaccines and equipments to NGOs	0	0	0	0	11	11
H064 - Provision of medical supplies, pharmaceuticals and equipments to the PA	0	0	0	0	107	107
H065 - Grants to NGOs working in emergency care and rehabilitation services	0	6	0	0	1	7
H070 - Behavioral Change, Info. dissemination and Communication	0	35	0	7	20	62
H071 - Strengthening the capacity of the Palestinian Health System (CB/TA)	0	1	0	3	0	4
H072 - Provision of training to Palestinian MOH/NGO staff	0	0	0	5	0	5
Total # of added/updated activities	0	43	0	15	139	197
Total # of activities in Geo-MIS for the whole program						682

The Project will conduct an overall Geo-MIS system review of activities based on Year 4 guidance from USAID to determine which activities will be closed and others that are going to be ongoing.

2) Program Updates this reporting period:

Category	Added/Updated this reporting period	Date of last update	Comments
Overall Goals	No	October 16, 2011	Updated, Only once
Overall Achievements	No	October 16, 2011	
FY12 Goals	Yes	July 1, 2012	
FY12 Achievements			Will be updated by end of October 2012
Planned Events	0 added		
Success Stories	6 added	September 4, 2012	
Pictures	0 added	May 27, 2010	
Documents	0 added		
Sub Partners	0 added	Sep 6, 2011	
PMP Indicators FY12 Results	42 indicators updated 46 total number of indicators	October 14, 2012	

3) PMP Indicators

- a. Attach Current Geo-MIS PMP Matrix report.
 - i. Attached [GeoMIS PMP matirx .pdf](#)
- b. List of proposed PMP indicators to be added or dropped (if any).

A complete Geo-MIS PMP matrix update is necessary to accommodate the revised project PMP approved June 5, 2012.

Annex G: Summary of Media Coverage and Communications Products

Media Summary

Event	Date	Media Coverage <i>Agency / Website</i>	Links on Event (if available)
Closing of Summer Camps ✓ Print coverage ✓ Online news coverage	July 26, 2012	Al Hayat Al Jadida newspaper Al Ayyam newspaper Al Quds newspaper Maan News Network Pal Media Agency Wafa News Agency	Al Hayat Al Jadida: http://alhayat-j.com/pdf/2012/7/26/page10.pdf Al Ayyam: http://www.al-ayyam.ps/pdfs/26-7-2012/p12.pdf Al Quds: http://www.alquds.com/news/article/view/id/373557 Maan: http://www.maannews.net/arb/ViewDetails.aspx?ID=507536 Wafa: http://www.wafa.ps/arabic/index.php?action=detail&id=135867 Pal Media Agency: http://www.palone.net/pnm/news.php?action=view&id=12107
Feature Story on Caritas Baby Hospital – Cystic Fybrosis Case ✓ Print coverage ✓ Online news coverage	August 24, 2012	Palestine News Network (PNN) Maan News Network Al Hayat Al Jadida newspaper Al Quds newspaper	PNN: http://www.pnn.ps/index.php/local/24000-%D8%A8%D8%A7%D9%84%D8%B5%D9%88%D8%B1-%D8%A7%D9%84%D8%B7%D9%81%D9%84-%D9%85%D8%AD%D9%85%D8%AF-%D8%AD%D9%84%D8%A7%D9%8A%D9%82%D8%A9-%D9%88%D8%A7%D9%84%D8%AA%D9%84%D9%8A%D9%81-%D8%A7%D9%84%D9%83%D9%8A%D8%B3%D9%8A Maan: http://www.maannews.net/arb/ViewDetails.aspx?ID=513932 Al Quds: http://www.alquds.com/pdfs/pdf-docs/2012/8/24/page8.pdf Al Hayat: http://alhayat-j.com/pdf/2012/8/24/page5.pdf
First National Nurses Conference ✓ Live stream ✓ National TV coverage ✓ Print coverage ✓ Online news coverage	September 6, 2012	YouTube Maan News Agency Al Quds newspaper Al Hayat Al Jadida newspaper MOH website PalNurse website Wattan TV	Live Stream on YouTube: http://youtu.be/svIWVlgeNVZI http://youtu.be/lwlrwi-TThg YouTube: http://www.youtube.com/watch?v=Higp_CYTzO4 Maan: http://www.maannews.net/arb/ViewDetails.aspx?ID=517847 Al Quds: http://www.alquds.com/news/article/view/id/382832

			<p>Al Hayat Al Jadida: http://www.alhayat-j.com/newsite/details.php?opt=3&id=183333&cid=2702</p> <p>PalNurse: http://www.palnurse.com/vb/showthread.php?t=75882</p> <p>MOH: http://www.moh.ps/?lang=0&page=3&id=1358</p> <p>Wattan TV: http://www.wattan.tv/video/video_details.cfm?id=a2217158a8296898</p>
<p>Interview with Ilham Shamasneh, Nursing Director on Nurses Conference ✓ National TV coverage</p>	<p>September 6, 2012</p>	<p>Palestine TV</p>	<p>Palestine TV: http://www.dailymotion.com/embed/video/xte1o2</p>
<p>Launch of CCA in Tulkarem ✓ National TV coverage ✓ Print coverage ✓ Online news coverage</p>	<p>September, 12, 2012</p>	<p>Wafa News Agency Maan News Agency PNN Al Aahd website Safa/Palestine Press Agency Al Quds newspaper Al Ayyam newspaper Al Hayat Al Jadida newspaper As-Salam TV Tulkarem Al Fajr TV</p>	<p>Al Quds: http://www.alquds.com/news/article/view/id/384272</p> <p>Al Ayyam: http://www.al-ayyam.ps/article.aspx?did=199427&date=</p> <p>Al Hayat Al Jadida: http://alhayat-j.com/newsite/details.php?opt=3&id=183905&cid=2708</p> <p>As-Salam TV: http://salam-tv.ps/news.php?action=view&id=19700 (with photos) http://salam-tv.ps/news.php?action=view&id=19707</p> <p>Safa: http://safa.ps/details/news/87033/إطلاق-لتطوير-مشروع-إطلاق-بطلوكرم-الصحي-القطاع-لتطوير-مشروع-إطلاق.htm</p> <p>Al Fajr TV: http://www.alfajertv.com/news/45985.html</p> <p>Al Aahd: http://www.alaahd.com/arabic/?action=detail&id=111125</p> <p>Wafa: http://www.wafa.ps/arabic/index.php?action=detail&id=138409</p> <p>Maan: http://maannews.net/arb/ViewDetails.aspx?ID=519442</p> <p>PNN: http://pnn.ps/index.php/local/26426-%E2%80%AB%D8%AA%D9%88%D9%82%D9%8A%D8%B9-%D8%AE%D9%85%D8%B3-%D8%A7%D8%AA%D9%81%D8%A7%D9%82%D9%8A%D8%A7%D8%AA-%D9%85%D8%B9-%D9%85%D8%A4%D8%B3%D8%B3%D8%A7%D8%AA-%D9%85%D8%AC%D8%AA%D9%85%D8%B9%D9%8A%D8%A9-</p>

			<p>%D9%84%D9%84%D9%85%D8%B3%D8%A7%D9%87%D9%85%D8%A9-%D8%A8%D8%AA%D8%B7%D9%88%D9%8A%D8%B1-%D8%A7%D9%84%D8%AE%D8%AF%D9%85%D8%A7%D8%AA-%D8%A7%D9%84%D8%B5%D8%AD%D9%8A%D8%A9-%D8%A8%D8%B7%D9%88%D9%84%D9%83%D8%B1%D9%85%E2%80%AC</p> <p>Recycling the press release: http://www.jadeednews.com/2012/09/usa-id-توقع-اتفاقيات-مع-مجتمعية-مؤسسات-توقع</p>
Jalameh Medical Day ✓ Online news coverage	September 19, 2012	PANET news agency	<p>PANET: http://www.panet.co.il/online/articles/110/111/S-593781,110,111.html</p>
Launch of CCA in Jericho ✓ Print coverage ✓ Online news coverage	September 19, 2012	<p>Maan News Agency Wafa News Agency Al Zaitona website Al Hayat Al Jadida newspaper Al Ayyam newspaper Al Quds newspaper PANET News Agency PNN Palestine Press News Agency Shabab Qalqilia website Shfanews website</p>	<p>Maan: http://www.maannews.net/arb/ViewDetails.aspx?ID=521594 http://www.maannews.net/arb/ViewDetails.aspx?ID=521664</p> <p>Wafa: http://www.wafa.ps/arabic/index.php?action=detail&id=138861</p> <p>PNN: http://pnn.ps/index.php/home/pnn/services/website/2012-01-11-16-33-28/27399-والقدس-والخليل-ارياحي-اتفاقية-2-توقع-للتنمية-الامر-يكية-الوكالة</p> <p>Al Zaitonia: http://alzaitona.net/default/?p=43498</p> <p>Al Hayat: http://alhayat-j.com/pdf/2012/9/20/page14.pdf</p> <p>Al Ayyam: http://www.al-ayyam.ps/pdfs/20-9-2012/p08.pdf</p> <p>Al Quds: http://www.alquds.com/pdfs/pdf-docs/2012/9/20/page7.pdf</p> <p>PANET: http://www.panet.co.il/online/articles/110/111/S-594409,110,111.html</p> <p>Palestine Press News Agency: http://www.palpress.co.uk/arabic/?Action=Details&ID=60717#.UFR6x0JWrVs</p> <p>Shabab Qalqilia: http://www.shbabq.com/moltqa/showthread.php?t=70719&page=2 (see #12)</p> <p>Shfanews: http://www.shfanews.net/index.php/component/content/article/70-2012-02-13-10-28-52/10774-USAID-توقع-اتفاقية-2-توقع-مجتمعية-مؤسسات-مع-اتفاقية-2-توقع-10774-USAID</p>

<p>Award of Qalqilya Champion Community</p> <ul style="list-style-type: none"> ✓ Print coverage ✓ Online news coverage 	<p>September 25, 2012</p>	<p>Wafa News Agency Maan News Agency PNN PANET News Agency Al Ayyam newspaper Al Quds newspaper Shabab Qalqilia website</p>	<p>Wafa: http://www.wafa.ps/arabic/index.php?action=detail&id=13919</p> <p>Maan: http://maannews.net/arb/ViewDetails.aspx?ID=523410</p> <p>PNN: http://arabic.pnn.ps/index.php/local/28092-الصحي-القطاع-تطوير-مشروع-اختتام-ققليلية-البطل-المجتمع-واعلان http://arabic.pnn.ps/index.php/home/pnn/services/website/2012-01-11-16-33-28/28106-ققليلية-محافظة-في-البطل-المجتمع-جائز-ة-تمنح-الدولية-للتتمية-الأمريكية-الوكالة-28/28106</p> <p>PANET: http://www.panet.co.il/online/articles/110/111/S-596895,110,111.html</p> <p>Shabab Qalqilya: http://www.shbabq.com/moltqa/showthread.php?p=766092</p> <p>Al Ayyam: http://www.al-ayyam.com/pdfs/26-9-2012/p09.pdf</p> <p>Al Quds: http://www.alquds.com/pdfs/pdf-docs/2012/9/26/page8.pdf</p>
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Communications Products Summary

Title	Type	Language	Link
Children Learn to Protect Their Health	Photo & Caption	English	http://flagshipproject.org/images/stories/Files/Children_Learn_to_Protect_their_Health_17JUL2012.pdf
Youth Volunteer for Healthier Children	Snapshot	English	http://flagshipproject.org/images/stories/Files/Youth_Volunteer_for_Healthier_Children.pdf
Engaging Partners in Health Reform	Snapshot	English	http://flagshipproject.org/images/stories/Files/Engaging_Communities_in_Health_Reform_17JUL2012.pdf
Despite Hearing Difficulties, Talent Grows	Snapshot	Arabic	http://flagshipproject.org/images/stories/Files/Y4Q4_CCSNS_PhotoCaption_Despite_Hearing_Difficulties_Talent_Grows_14AUG2012.pdf
International Youth Day: Youth Share in Building a Better World	Snapshot	Arabic	http://flagshipproject.org/images/stories/Files/Y4Q4_Success_Story_IYD_Arabic_language_14AUG2012.pdf
Healthy Lifestyles Summer Camp 2012	Video	English & Arabic	http://www.youtube.com/watch?v=RK2Oaa_Hk34
MOH Concludes its Healthy Lifestyle Summer Camps	Press Release	Arabic	N/A
MOH Awards Champion Community in Qalqilya	Press Release	Arabic	N/A
USAID Signs Subcontracts for Champion Community in Tulkarem	Press Release	Arabic	N/A
Palestinian Ministry of Health Launches National First Aid Training Program for Health Care Professionals in the West Bank with USAID Support	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=217:palestinian-ministry-of-health-moh-launches-national-first-aid-training-program-for-health-care-professionals-in-the-west-bank-with-usaid-support&catid=12:weekly&Itemid=95
Through USAID Support, the Palestinian Ministry of Health Launches the Standards of Care, a Unified Package of Clinical Guidelines to Improve the Quality of Health Care Services in the West Bank	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=221:through-usaid-support-the-palestinian-ministry-of-health-moh-launches-the-standards-of-care-soc-a-unified-package-of-clinical-guidelines-to-improve-the-quality-of-health-care-services-in-the-west-bank&catid=12:weekly&Itemid=95
USAID Health Project Awards Grant worth over \$94,000 to Jabalia Rehabilitation Society for the Early Detection of Hearing and Middle Ear Problems among	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=222:success-story-usaid-health-project-awards-grant-worth-over-94000-to-jabalia-rehabilitation-

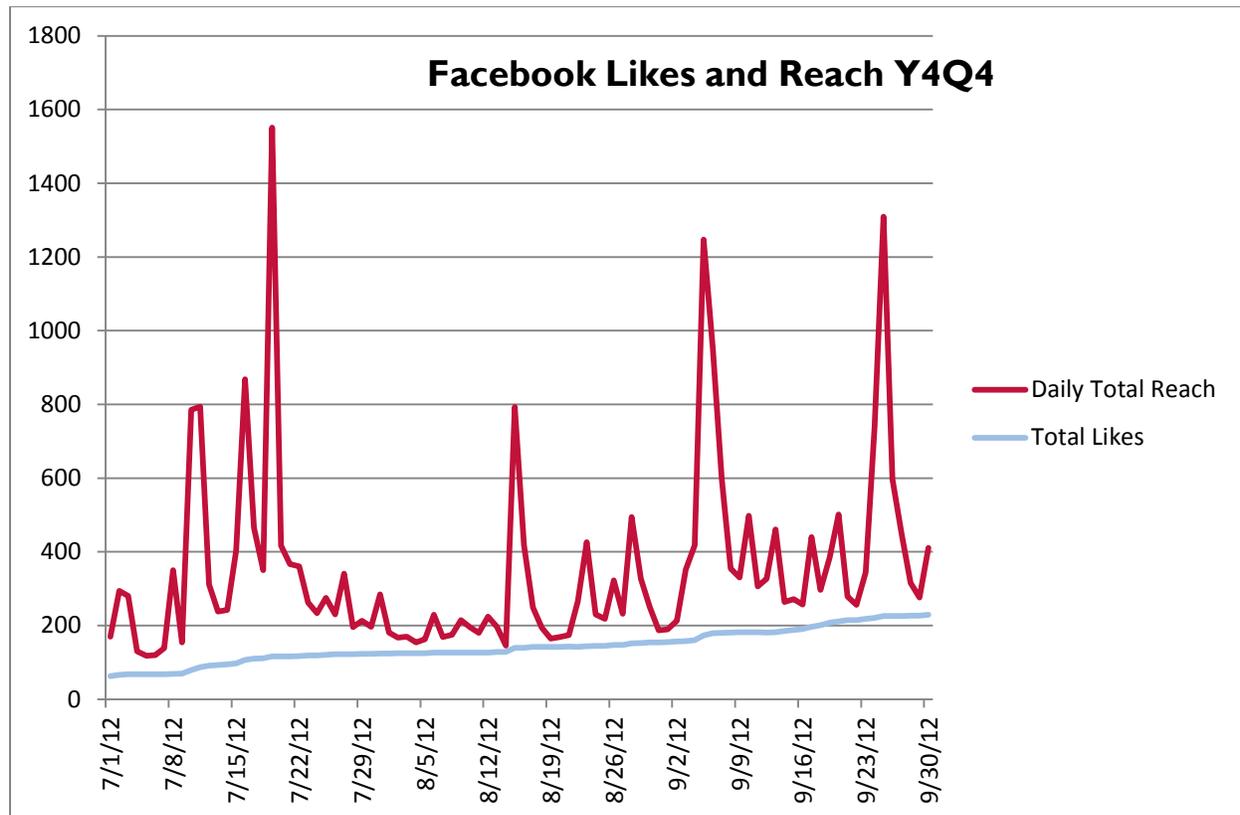
Palestinian Children in Gaza			society-jrs-for-the-early-detection-of-hearing-and-middle-ear-problems-among-palestinian-children-in-gaza&catid=12:weekly&Itemid=95
With USAID Support, the Ministry of Health Implements Human Resources Module of the Health Information System in all MOH Facilities, Centralizing Information and Connecting 6,000 Employees	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=223:success-story-with-usaid-support-the-ministry-of-health-moh-implements-human-resources-hr-module-of-the-health-information-system-his-in-all-moh-facilities-centralizing-information-and-connecting-6000-employees&catid=12:weekly&Itemid=95
USAID Health Project Partners with Palestine Save the Children Foundation to Provide Assistance to Physically Disabled Children in Gaza	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=224:usaid-health-project-partners-with-palestine-save-the-children-foundation-pscf-to-provide-assistance-to-physically-disabled-children-in-gaza-&catid=12:weekly&Itemid=95
On International Youth Day, Youth Call for More Opportunities to Work and Make a Difference	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=225:on-international-youth-day-youth-call-for-more-opportunities-to-work-and-make-a-difference&catid=12:weekly&Itemid=95
USAID-donated Arthroscope makes Advanced Orthopedic Surgery Available to Palestinians at Al Makassed Hospital in East Jerusalem	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=245:usaid-donated-arthroscope-makes-advanced-orthopedic-surgery-available-to-palestinians-at-al-makassed-hospital-in-east-jerusalem&catid=12:weekly&Itemid=95
The Ministry of Health Holds the First Primary Health Care Nursing Conference to Highlight and Strengthen the Role of Nurses in the Delivery of Primary Health Care	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=258:the-ministry-of-health-moh-holds-the-first-primary-health-care-nursing-conference-to-highlight-and-strengthen-the-role-of-nurses-in-the-delivery-of-primary-health-care-&catid=12:weekly&Itemid=95
USAID Health Project Awards \$115,000 in Subcontracts to Community Based Organizations in Tulkarem District to Implement the Champion Community Approach for Quality Improvements in Primary Health Care	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=256:usaid-health-project-awards-115000-in-subcontracts-to-community-based-organizations-cbos-in-tulkarem-district-to-implement-the-champion-community-approach-for-quality-improvements-in-primary-health-care-phc&catid=12:weekly&Itemid=95
Palestinian Ministry of Health Human Resources Staff Conduct Peer-to-Peer Workshop on USAID-funded	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=257:palestinian-ministry-of-health-moh-

Computerized HR System			human-resources-hr-staff-conduct-peer-to-peer-workshop-on-usaid-funded-computerized-hr-system&catid=12:weekly&Itemid=95
USAID Health Project awards \$288,000 in Subcontracts to 13 Community-Based Organizations in Qalqilya, Jericho, Hebron, South Hebron, and Jerusalem for Quality Improvements in Primary Health Care	Weekly Bullet	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=266:usaidthealthprojectawards288000incontracts13communitybasedorganizationsqalqilyajerichosouthhebronjerusalemforqualityimprovementsprimaryhealthcarephc&catid=12:weekly&Itemid=95
USAID Strengthens Local Non-Governmental Organizations' Capacity to Respond to Solicitations and Build Winning Proposals for Future Funding through 2-day Capacity Strengthening Workshop in the West Bank	Supplemental Update	English	http://www.flagshipproject.org/index.php?option=com_content&view=article&id=265:usaidthestrengthenslocalnongovernmentalorganizationsngoscapacitytorespondtosolicitationsandbuildwinningproposalsforfuturefundingthrough2daycapacitystrengtheningworkshopinthewestbank&catid=12:weekly&Itemid=95

Social Media Summary

The Project officially launched its Facebook Page during Y4Q3. Facebook and YouTube (the Project also maintains a YouTube channel for Project-related videos) are important social media tools that are used to disseminate health messages and build an engaged health community. The Project will report Page-level statistics each quarter.

As of September 30, 2012 the Project's Page had 229 "likes" representing an overall increase of 263 percent during Y4Q4! A Page's "reach" is defined as the number of people who saw any content associated with our page each day. During Y4Q4 an average of 210 people saw the Project's Facebook content each day. A visual breakdown of this information is included in the graph below.



Over the course of the quarter, the Project's Page saw several spikes in user activity.

- **July:** The most-viewed, most-clicked post was a photo album about the work of CCSNS, one of the Project's grantees. CCSNS works with children with hearing and speaking disabilities.
 - The Project also submitted a Success Story about CCSNS: [Despite Hearing Difficulties Talent Grows \(Arabic Language\)](#), approved August 30.
- **August:** The most-viewed, most-clicked post was the International Youth Day photo album that featured the three sets of youth volunteers being interviewed about their contributions as youth volunteers during the summer camps.

- The Project also submitted two Success Stories about these interviews: (1) [Youth Volunteer for Healthier Children](#), approved August 16; and (2) [On the Occasion of International Youth Day, Partnership with Youth in Building a Better World \(Arabic Language\)](#), approved August 30.
- **September:** The most-viewed, most-clicked post was a photo album for the HR Module Training held for MOH HR personnel. The HR module is currently the only module of the HIS to be implemented in all MOH facilities. The training was held to optimize usage of the module across all facilities by facilitating information sharing and training.
 - The Project also submitted a [weekly bullet on September 20, 2012](#) about this event.

The Project also conducted its first live stream during the month of September using the Facebook application [UStream Live!](#) On September 6, 2012 the Project live streamed the opening session of the first-ever Primary Health Care Nursing Conference. Over the course of the session, the live stream had 50 total views with an average of 12 – 15 views at a given time. The security team at the venue even used the Project’s live stream to monitor the events in the room.



Using a Facebook application, the Project live streamed the opening session of the Primary Health Care Nursing Conference on September 6, 2012.

Due to the success of the live stream of the opening session, the Project continued with the live stream of the conference throughout the day. (Unfortunately statistics were not captured for the day-long total views of the live stream.)

Annex H: Summary of Short-Term Technical Assistance (STTA)

Name	Title	Organization	Purpose of Assignment	STTA Duration	
				Start	End
Nalin Johri	M&E Advisor	Chemonics	Draft proposal for Final Evaluation while updating instruments, preparing plan analysis and outline, and developing a protocol. Incorporate revised PMP and revised program implementation plan.	April 1, 2011	September 25, 2013
Lamia Araj	Mammography Technician	Chemonics	Ensuring proper training of staff (radiologists and technologists) on newly installed mammography equipment.	August 15, 2011	September 25, 2013
Zimam Romman	CT Consultant	Chemonics	Introduce efficient management solutions for the CT departments and assure proper utilization of the CT equipment procured by the Project.	January 23, 2012	August 1, 2012
Harry Gunkel	Privacy Rights and NICU Advisor	Chemonics	Assess the HIS current role in management and decision making, and create an ehealth policy framework and user manual for how to address patient and employee privacy rights and confidentiality. Provide assistance to the MOH hospitals in creating guidelines and editing the Reference Manual on Neonatal Care.	May 25, 2012	December 31, 2012
Ashraf Al Saleh	HIS/HR Module Consultant	Chemonics	Provide support to the HIS team in the implementation of the HIS in different districts, in order to ensure the HR module is fully operational and utilized by the MOH for all HR transactions.	June 7, 2012	October 30, 2012
Mazen Abu Gharbieh	ECG Trainer and First Aid Trainer	Chemonics	Enhance the capacity of health professionals at PHC directorate level by improving their ability to interpret ECG results. Link ECG utilization with the relevant parts of the SOC. Support delivery of a quality package of community-based health promotion and disease/injury prevention services.	June 16, 2012	September 2013

Hatem Khammash	Neonatologist	Chemonics	Introduce systems in the form of guidelines, protocols, and policies to govern these and other aspects of NICU care and conduct OJC.	June 20, 2012	December 2012
Myrte Damming	Clinical Standards Consultant	Chemonics	Support the Project's PHC team in preparing for and conducting formal training on the implementation of the SOC on NCDs for MOH PHC clinical staff. Prepare and provide OJC in selected clinics and directorates.	July 1, 2012	August 31, 2012
Iyad Ahmad	Neonatal Nurse Consultant	Chemonics	Provide Supportive supervision and OJC to improve MOH NICU nursing services at the SHC level.	July 9, 2012	December 31, 2012
Nicholas Skibiak	MOH Financial Analyst	Chemonics	Provide technical assistance to the MOH with a budget and financial analysis for the HIS to ensure sustainability of the system.	August 1, 2012	December 31, 2012
Jamall Sayess	Budgeting Specialist	Chemonics	Lead the budgeting effort during the work planning process. Given the size of the Project, synchronizing the budget with the work plan will be a complex undertaking. Given the uncertainties in funding for FY2012, several budget scenarios will need to be in place to ensure the Project maximizes results while staying in budget.	August 1, 2012	August 17, 2012
Olivia Ungerer	Grantee Capacity Strengthening Specialist	Chemonics	Increase the capacity of NGOs to develop "winning proposals" and to strengthen their capacity to apply for and receive funding in the future.	September 3, 2012	September 22, 2012

FRONT COVER: LAUNCH OF STANDARDS OF CARE EVENT

CHEMONICS INTERNATIONAL // BASSAM ALMOHOR

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