



USAID | **WEST BANK/GAZA**
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YEAR 5 ANNUAL PROGRESS REPORT

PALESTINIAN HEALTH SECTOR REFORM AND
DEVELOPMENT PROJECT



October 31, 2013

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



Boys run in a mini-marathon in Wadi Fara'a in the Jenin health directorate. The race was organized to promote healthy living by a community-clinic board, formed through the Project's Champion Community Approach.

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PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT

YEAR 5 (OCTOBER 1, 2012 – SEPTEMBER 30, 2013)

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DISCLAIMER

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ACRONYMS

ACLS	Advanced Cardiovascular Life Support
AVH	Augusta Victoria Hospital
BASR	Bethlehem Arab Society for Rehabilitation
BCC	Behavior Change Communication
BEU	Biomedical Engineering Unit
BLS	Basic Life Support
CBC	Blood Cell Counters
CBO	Community-Based Organizations
CCA	Champion Community Approach
CCSNS	Care for Children with Special Needs Society
CHCE	Continuing Health Care Education
COP	Chief of Party
COR	Contracting Officer's Representative
CPAP	Continuous Positive Airway Pressure
CPR	Cardiopulmonary Resuscitation
CSS	Client Satisfaction Survey
CT	Computerized Tomography
ECG	Electrocardiogram
EPS	Essential Package of Primary Health Care Services
FY	Fiscal Year
HHA	Health and Humanitarian Assistance Office
HHS	Household Survey
HIS	Health Information System
HP	Hewlett-Packard
HR	Human Resources
HRH	Human Resources for Health
ICD10-CM	International Classification of Diseases-Clinically Modified
IPC	Infection Prevention and Control
IT	Information Technology
JCDC	Princess Basma Jerusalem Center for Disabled Children
JRS	Jabalia Rehabilitation Society
M&E	Monitoring and Evaluation
MO21	Mission Order 21
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCD	Non-Communicable Diseases
NCTC	National Calibration and Training Center
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
NWG	Neonatal Working Group
OJC	On-the-Job Coaching
PHC	Primary Health Care
PHIC	Palestinian Health Information Center
PM	Preventive Maintenance
PMC	Palestine Medical Complex
PMP	Performance Monitoring Plan
PM Council	Palestinian Medical Council

PNIPH	Palestine National Institute for Public Health
QOU	Al Quds Open University
RIF	Reduction in Force
SHC	Secondary Health Care
SOC	Standards of Care
STTA	Short-Term Technical Assistance
SWO	Stop Work Order
TOT	Training of Trainers
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
WHO	World Health Organization

SECTION I

YEAR 5 EXECUTIVE SUMMARY

The Palestinian Health Sector Reform and Development Project is a six-year initiative funded by the United States Agency for International Development (USAID) and implemented in collaboration with the Palestinian Ministry of Health (MOH).

The Project's main objective is to support the MOH, select non-governmental organizations (NGOs), and select educational and professional institutions in strengthening their institutional capacity and performance to support a functional Palestinian health sector able to meet priority public health needs.

The Project works to achieve this goal through three objectives: (1) improving governance and management practices in the Palestinian health sector, (2) improving the quality of essential clinical and community-based health services, and (3) increasing the availability of essential commodities to achieve health and humanitarian assistance goals.

Year 5 was a transitional period for the Project, as it ramped down on most technical activities and focused on extending the impact of the MOH's health information system (HIS) at the guidance of USAID.

Palestinian public health services have made great gains as a result of the HIS. Patient care has improved at every level, according to 80% of HIS users surveyed in a recent assessment conducted by the Project. MOH facilities can now better track its patients, staff, and non-medical commodities, analyze trends in this data, and plan accordingly. For the first time, the MOH has real-time, reliable data on distribution and demand for resources at the patient level across connected facilities. Over 82% of users report greater efficiency in the management and delivery of health services.



MOH surgeons can consult the HIS during operations, using USAID-funded trolleys that enable access to the system without compromising sterile conditions.

The sustainability of this impact was strengthened in Year 5, as the HIS began transitioning to MOH-led management. The ministry has greater financial capacity to administer the HIS following the USAID-funded purchase of the HIS's open license for the ministry and the analysis that cost-savings generated by the HIS exceed the system's running costs. The system expanded to include new applications in managing and delivering health services, including facilitating financial transactions and budget analysis, connecting citizens to primary and secondary health care, managing national blood supplies, enabling greater diagnostic capacity, and streamlining personnel management.

Impact on community access to quality health care was deepened in Year 5, as the Project rolled out its community mobilization activities into the final two MOH primary health care (PHC) directorates. Although its PHC interventions were terminated mid-year, communities report feeling more engaged by the MOH and more empowered to communicate directly with them about needs. The MOH is now experienced at partnering with citizens to realize community health priorities while a number of communities continue to independently work to improve access to quality health.

Guidelines to essential PHC services introduced in Year 4 were distributed by the MOH and activated in several health directorates, before the shift in Project scope. The guidelines institutionalize the quality improvement gains achieved through the Project. Over 77% of residents surveyed said their confidence in the MOH was rising. Around 89% of clients said they would return to their PHC clinic for health care – an increase of nearly 61% from before the Project.

In the final year of medical procurement support from the Project, the MOH established the first national medical equipment calibration center, in a culmination of the Project-MOH partnership to create a needs-based, sustainable procurement of medical equipment that is actively and accurately used to diagnose and treat Palestinian citizens. Project procurement also enabled essential clinic tests and treatments, improved breast cancer screening, and introduced or enhanced advanced hospital care.

As the Project completed its \$1.8 million grants program, seven Palestinian NGOs extended screening and treatment services to at-risk children and diabetics or built the professional capacity of health workers. Impact on grant beneficiaries remained high, with over 91% of beneficiaries satisfied with grantee services and nearly 90% feeling more knowledgeable about rehabilitative care.

SECTION II

PROJECT OVERVIEW

This report covers the period from October 1, 2012 through September 30, 2013, or Year Five.

SITUATION ANALYSIS

Building on accomplishments laid in the first four years of implementation, the Project continued to promote and consolidate health sector reform.

Project implementation in Year 5 continued to be impacted by external and unanticipated factors, requiring significant adjustments to implementation strategies throughout the year.

During Year 5, Project activities were spread across five technical focus areas:

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

By mid-year, the Project was directed to carry out a reduction in force (RIF) and suspend almost all technical implementation,¹ except for continued support for the HIS.

A revised Year Five Plan reflecting this change in the Project's scope was submitted to USAID on March 28, 2013.

In Y5Q4, the Project received an additional obligation of \$6 million and one-year extension to the Project's original contract end date of September 25, 2013. The extension will allow for expansion of the HIS to additional health facilities and for supporting the MOH

KEY DATES

Sept 2012	Y5 Work Plan submitted US Congress holds funding
Nov 2012	Champion Community Approach activated in all West Bank health directorates
Dec 2012	Nearly \$1.5m in medical procurement delivered to MOH hospitals and clinics
Dec 2012	USAID directs partial Project suspension and reduction
Jan 2013	Project initiates Reduction In Force (RIF) Project activities suspended or reduced, except HIS support
Jan 2013	MOH opens first National Calibration and Training Center
Feb 2013	Medical regulator launches digital licensing system
Mar 2013	\$1.8m grants portfolio closes
Mar 2013	FY2012 funds released. Project receives \$3.2m
Mar 2013	Revised Y5 Work Plan submitted
May 2013	MOH leadership changed
June 2013	HIS Open License purchased for MOH First online MOH recruitment through HIS
Sept 2013	One-year extension provided

¹ Work under Focus Areas A, C, D and E was either substantially reduced or suspended, as per guidance from USAID received in late December 2012 and in January 2013

in enhancing their usage of HIS data for decision-making.

For the second time in one year, the MOH underwent significant leadership changes in Year 5 when, as part of a larger reshuffling of the Palestinian Authority (PA) executive branch, a new Minister of Health was appointed. The new minister (Dr. Jawad Awad) was appointed mid-year and replaced outgoing minister (Dr. Hani Abdeen), who had been appointed a year previously.

TECHNICAL COLLABORATION

The Project coordinates with donor technical teams to increase the effectiveness of collective technical efforts on the ground, leverage resources, and maximize the sustainability of activities.

The mid-year reduction in funds and technical scope reduced Project's collaboration in other focus areas, although limited coordination occurred in Focus Area A.²

Focus Area B: Health Information System

In Year 5, the Project's technical collaboration focused primarily on the HIS. The continued engagement of donor technical teams in the HIS demonstrated the system's growing relevancy as the standard for health information management. The Project played both a strategic and collaborative role in its meetings with donor technical teams in Year 5.

In November 2012, the Project presented the electronic HR system for the MOH as part of the USAID-funded HIS and demonstrated how it will enable the MOH in informed decision-making on HR at a two-day stakeholder conference on the formation of a Human Resources (HR) Observatory in Health, led by the World Health Organization (WHO). The Project also met with the USAID Palestinian Health Capacity Project to advise on how the new initiative can build on the developments in the MOH's HR systems achieved over the past four years.

Throughout Year 5, the Project worked with the WHO on identifying how the HIS could support the newly established Palestinian Health Information Center (PHIC) in its secondary health care reporting. The Project was able to demonstrate to the WHO how the HIS can generate most of the data covered by PHIC's reporting mandate, including on admissions, beds, hospitalization days, discharges, diagnoses, and other hospital procedures. The Project reviewed the national minimum data set developed by the WHO and agreed to perform data extraction on the dataset and conduct initial analysis as a pilot. WHO is also exploring how to analyze quality of service through the HIS (i.e., by using its capacity to track patient time spent waiting, in outpatient clinics, and during inpatient stays).

The Project also contributed to the revision and prioritizing of the national health information systems work plan in a stakeholders meeting with the Palestinian National Institute for Public Health (PNIPH) and public and private sector representatives.

² The Project met with the Welfare Association to identify further funding opportunities for former Project grant recipients in Gaza.

SECTION III

ACTIVITIES BY FOCUS AREA

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT

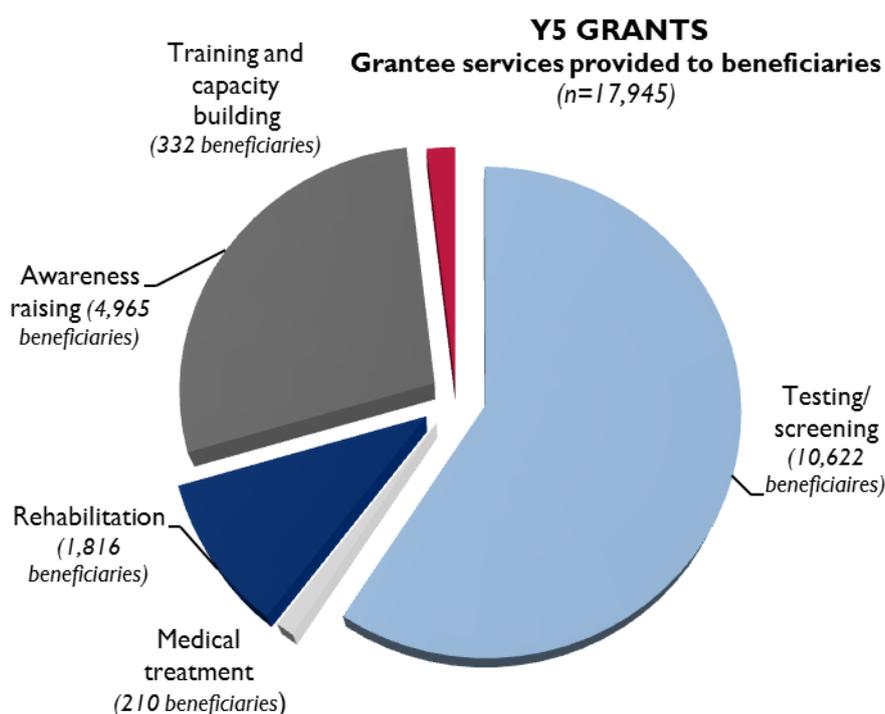
In its first four years, the Project worked with the MOH to enhance its capacity as a service provider and regulator of the health sector by strengthening its institutional capacity, as well as that of partnering NGOs and academic institutions. In addition, the Project assisted NGO health service providers to provide Palestinians with rehabilitative services that are unavailable through the MOH.

IMPACT OF RESTRUCTURING

The grants program was closed in Y5Q2, at the guidance of USAID.

No further grant assistance will be provided by the Project.

In Year 5, the Project focused its grant assistance on extending screening and rehabilitation services to children with special needs in the West Bank and Gaza (Bethlehem Arab Society for Rehabilitation, Jerusalem Princess Basma Center for Disabled Children, and the Jabalia Rehabilitation Society) and diabetic patients in Gaza (St. John's Eye Hospital – Gaza). Through other grants, the Project strengthened Palestinian medical services through creating advanced surgical services (Al Makassed Hospital) and expanding continuing education opportunities for health workers (Al Ahli Hospital and Al Quds Open University).



\$1.8 Million Grants Support for Quality Health Care Ends

[The Project marked the end of its \\$1.8 million grants portfolio in Year 5.](#)³ Twenty-one grants have been provided to 17 NGOs throughout the life of the Project, providing critical support to community based rehabilitative services and capacity building for health care professionals provided by these organizations. New services were introduced, screening for disability or disease was expanded, and rehabilitation and advanced referral services were provided. Impact of the grants program was deepened through complementary procurement⁴ and institutional development assistance.⁵



[VIDEO: USAID expanded rehabilitation and referral services through \\$9 million in grants and procurement support to specialized organizations.](#)

The Project's grant program was described in the USAID mid-term evaluation as "an effective mechanism to reach patients in local communities." Thirteen NGOs used the grants to create or expand outreach programs to screen children and adults, provide rehabilitation services in the community, and refer at-risk patients for advanced treatment. The Project was able to successfully enlarge the outreach potential of the grants program by connecting its Champion Community partners to the grant-supported outreach, such as the mobile clinics run by St. John's Eye Hospital (for visual screening) and the Augusta Victoria Hospital (for breast cancer screening), which continued to visit Project-supported communities even after the grant closed.

The remaining grants to four NGOs enabled Palestinians to access advanced orthopedic treatment through the MOH (at Al Makassed Hospital), supported residents at the first neo-

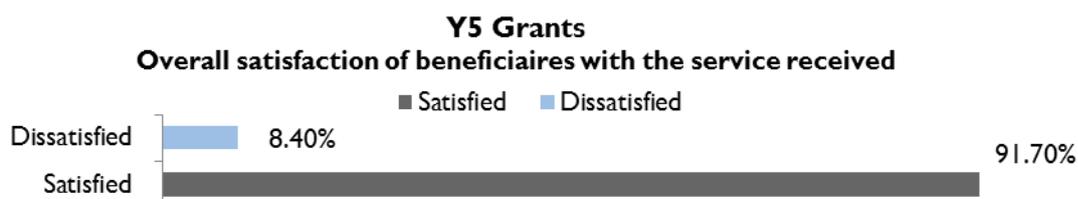
³ Weekly bullet (March 28, 2013): "\$1.8 million in USAID grants changed countless lives by providing access to screening, rehabilitation, advanced treatment, and health education."

⁴ To complement its grants program, the Project improved health services at 15 NGOs by procuring over \$7.2 million in specialized medical equipment and supplies, including a \$4.98 million radiation therapy system to the only cancer treatment center for the Palestinian public health care system.

⁵ The Project assisted eight NGO health service providers in primary, secondary, rehabilitative, and emergency care to move towards financial sustainability by making their service management more efficient.

natal residency program (at Holy Family Hospital), and support continuing medical education (Al Quds Open University and Al Ahli Hospital).

Overall, impact of the USAID grants has been high, particularly on those caring for disabled Palestinians. Overall satisfaction was almost universal: 97.2% of beneficiaries said that they were satisfied with the services they received from the grantees, in a recent survey of grant beneficiaries. Nearly 90% of grantee beneficiaries surveyed said that they had been educated on home-based rehabilitative care, either for themselves or their dependents – with significant impact on their capacity to proactively cope with the challenges they faced.



Most beneficiaries reported have greater awareness of the conditions they or their children faced (77%), being more skilled in home-based care (73.8%), and feeling more able to manage the conditions (62.7%). Beneficiaries are now more empowered: a majority of respondents are more able to protect themselves (58.4%) and their family and have greater confidence and knowledge as a result of their Project-supported experience (59.7%).

Community screening and rehabilitation for Palestinians with special needs strengthened

Children with special needs were a primary focus of the Project’s grant support in Year 5, as four grantees extended their outreach activities to identify and treat emotional, physical, and visual disabilities in the West Bank and Gaza.

Y5: Grants supporting community-based services

Grantee	Status	Focus of Grant
Bethlehem Arab Society For Rehabilitation (<i>Bethlehem</i>)	Completed	Strengthening community-based services for children with disabilities or special needs
Princess Basma Jerusalem Center for Disabled Children (<i>Jerusalem</i>)	Completed	Strengthening community-based rehabilitation and services for children with special needs
Jabalia Rehabilitation Society (<i>Gaza</i>)	Completed	Strengthening community-based care for pre-school children with hearing problems
St. John Eye Hospital Clinic (<i>Gaza</i>)	Completed	Screening and diagnosing eye diseases associated with diabetes

The Bethlehem Arab Society for Rehabilitation (BASR) provided outreach rehabilitation, psychosocial, pedagogical, and recreational services for children with disabilities. BASR strengthened the capacity of grassroots organizations to identify children who needed specialized support and was able to reach over 20,000 young participants through the two grants provided by the Project.



An “animator” observes a child at play in the toy library managed by BASR in Al-Khader, a village in the Bethlehem governorate.

In Year 5, BASR provided 270 children individual counseling sessions and 92 children participated in therapeutic group activities. During free play activities at [BASR's Toy Libraries](#),⁶ children played and interacted with peers in a safe environment, while trained child care professionals supervised and identified children who needed further screening and treatment. Over the life of the grant, thousands of children have participated in Free Play activities at BASR's Toy Libraries.

Disabled children were connected to quality care through outreach and treatment services provided by the Jerusalem Princess Basma Center for Disabled Children (JCDC). Through grant support from the Project, JCDC developed referral/follow up systems that reached disabled Palestinian children, both in their community and at the national level.

Through their outreach program, JCDC built the capacity of community-based clinics and organizations to identify and treat children needing rehabilitation and educate their families on how to care for them. [Cases requiring a specialized response are referred to the Jerusalem facility.](#)⁷

[The outreach program also reduced the financial and logistical burden of rehabilitation on the center and on the families caring for disabled children.](#)⁸ In Year 5, JCDC assessed 288 children at community centers. Of that number, 39 children with special needs were referred back to JCDC for further treatment.

⁶ Facebook Photo Album, October 25, 2012.

⁷ Facebook Photo Album, December 5, 2012.

⁸ Weekly bullet (October 11, 2012): “USAID grant to the Jerusalem Princess Basma Center enables disabled toddler to walk for the first time”

IMPACT

Reaching disabled Palestinian children



USAID helped enhance access to quality rehabilitation for Palestinian children through \$1.2 million in grants and medical procurement.

Result

Disabled children can now find support within their own communities. When surveyed, nearly 90% of those helped through the USAID grants said that they knew more about providing home-based rehabilitative care to their disabled dependents.

Most understood more about the disability (77%), were more skilled at home-based care (73.8%), and could cope better (62.7%).

“It’s great USAID has been supporting the field of rehabilitation,” said Mou’taz Alawneh, a grantee physiotherapist “When I see children who previously could not walk being able to walk, I am so pleased that I could cry. The greatest reward is to see these children make progress.”

Challenge

Access to quality care within the community is critical for children with disability or special needs. Yet many Palestinian children are unable to receive treatment or live with undiagnosed conditions, because the public health system does not provide rehabilitation and disability screening.

Initiative

Tens of thousands of Palestinian children receive screening and care through a \$1.2 million investment by USAID in rehabilitation services in the West Bank and Gaza.

USAID helped nine rehabilitation centers to find and treat more children by funding outreach programs and providing medical equipment.

Specialized teams from the nine centers visited schools, kindergartens, refugee camps, and villages to identify vulnerable children. Local organizations and families were taught how to care for the children. Those with severe disabilities received advanced care at the centers.



A JCDC therapist works with a mother of an autistic child to develop a tailored program of home-based therapy.

The Project also supported JCDC in offering a unique approach which involves mothers as partners in their children's rehabilitation process. Through the training, JCDC empowered mothers to advocate for themselves and their children in their community, particularly for treatment, access, and education.

Hearing screening is the most effective way to diagnose hearing and middle ear problems. In Gaza, Jabalia Rehabilitation Society (JRS) used a Project grant⁹ to conduct a campaign to detect and prevent hearing and middle ear disabilities among preschool children by screening these children and providing treatment to those found to have such problems.

In Year 5, 4,200 pre-school children were screened by JRS for the early detection of hearing and middle ear problems. Children at risk received further treatment, with 600 children referred to the JRS audiology clinic and 450 children provided with medical consultations. Community awareness of visual disabilities was also raised: 10 health awareness sessions were held on targeted topics for 860 kindergarten caregivers and parents and five theater performances were held for 1,630 children.

Diabetics in Gaza are at high risk of vision loss, due to poverty and a general lack of awareness. Many cannot afford necessary medication or proper nutrition and are unaware of the risk to their vision. By the time diabetes and retinopathy is detected, vision may have already deteriorated and immediate intervention is required.

⁹ Due to the Congressional hold on USAID funding to the West Bank and Gaza, the grant to Jabalia Rehabilitation Society (JRS) in Gaza was terminated for convenience as of March 31, 2013, three months earlier than the grant completion date. All technical objectives and associated milestones scheduled for implementation prior to March 31 were achieved. Because of the early termination of the grant, JRS was unable to complete milestones 8, 9 and 10 of their grant agreement – significantly curtailing the number of children that were screened and referred to their audiology clinic, and the number of children who were provided rehabilitative care.



Alongside screening sessions for children, Jabalia Rehabilitation Society taught parents and caregivers how to detect and respond to hearing and middle ear problems in children.

The Project provided the St John’s Eye Clinic¹⁰ with a \$90,000 grant to increase screening and treatment for diabetics, which closed in Y5Q1.¹¹ The clinic is a satellite location for St John’s Eye Hospital, which is the major referral center for the MOH for primary, secondary, and tertiary eye care services, and treats around 17,000 patients annually from a catchment area of 1.5 million people. In Year 5, 405 diabetic patients were examined at St. John Eye Hospital in Gaza. Of that number, 83 patients underwent laser sessions and 62 diabetic patients underwent surgeries.

Health professional capacity enhanced

The Project also supported medical NGOs to provide continuing medical training in both life-saving and advanced treatment techniques through three grants and one fellowship program, which finished this year.

Y5: Grants building health care capacity

Grantee	Status	Focus of Grant
Al Makassed Hospital (Jerusalem)	Completed	Providing arthroscopy equipment and training the staff in its use
Al Ahli Hospital (Hebron)	Completed	Providing continuing medical education
Al Quds Open University (Al Bireh)	Completed	Developing curricula for the health management program

¹⁰ The Project also strengthened outreach and treatment services at the clinic through the complementary procurement of \$740,739 in surgical and examination equipment.

¹¹ Weekly bullet (January 3, 2013): “Over 20,000 Palestinian children and diabetics received vision-saving services, through \$930,000 in USAID grants and procurement to St John’s Eye Hospital (SJE).”

Al Makassed Hospital in Jerusalem modernized its arthroscopic surgical services through Project grant assistance, which finished this year. The hospital is now using an arthroscopy unit (valued at nearly \$235,000) procured by the Project in Year 4, which a former Project fellow is using to offer advanced arthroscopic surgery to Palestinians and train fellow medical professionals.



Dr. Seifeddin Abu Rub operates on a patient's knee joint using the Project-procured arthroscopy system, which allows the simultaneous use of multiple surgical tools to repair injuries.

During Year 5, Dr. Abu Rub transferred skills built through a Project-supported orthopedic fellowship in Germany to train the hospital's orthopedic surgical team on using the \$235,000 system. By Y5Q2, when the grant assistance ended, the hospital reported that 74 patients with serious orthopedic injuries had received arthroscopic surgical treatment for the first time through the public health care system. The MOH has already started referring patients who require arthroscopic surgery to the hospital rather than to facilities abroad, which will reduce public health care costs.

The ability of the Palestinian healthcare system to deliver high quality medical care relies on a population of qualified healthcare professionals who are properly trained, well-educated, and continuously up to date in their medical knowledge and expertise. However, there are few continuing health education (CHE) opportunities available to Palestinian health professionals. Through three grants, the Project enabled health care professionals to continue building skills in service delivery and management.

[Over 100 medical professionals, including nurses, technicians, and doctors, received training at Al Ahli Hospital in Year 5, supported by a Project grant¹² that finished in Y5Q2.¹³](#)

Developed to the standards of the American Heart Association, the trainings focused on basic life support (BLS), advanced cardiovascular life support (ACLS), electrocardiogram

¹² Al Ahli Hospital trained nearly 300 nurses and doctors during the one-year grant.

¹³ Weekly bullet (January 10, 2013): "Five hundred Palestinian doctors and nurses learned life-saving skills through USAID's support for medical education at Al Ahli Hospital (West Bank) and Al Azhar University (Gaza)"

(ECG), and pharmacology and were designed to enable the health providers to immediately apply their new knowledge in the care of patients.



A student at Al Ahli Hospital learned pediatric life support skills during training provided through a Project grant.

Curriculum for the Health Management Program was developed by Al Quds Open University (QOU), under a grant that finished in Y5Q2. QOU partially fulfilled the technical objectives of the grant. While QOU successfully completed the main objective of the grant, it was unable to complete the last two milestones prior to the end date of the grant agreement. QOU will design and print the curriculum, without Project support.

Twenty-four MOH managers graduated with a Bachelor of Art degree in Health Management, supported by a Project fellowship program that finished in Y5Q3. By offering this degree, the Project supported a more credible and competent leadership team that will ultimately reflect on the operations of the MOH.

FOCUS AREA B: HEALTH INFORMATION SYSTEM

Health information management is crucial to ensure the sustainable reform of the Palestinian health care system and to support the efforts of the MOH to provide the best possible quality of care for all citizens.

To address this need, the Project has been working closely with the MOH over the last five years to design and implement a nationwide HIS.

The Project was given a one-year, no-cost extension in September 2013 to support the further expansion of the HIS.

The Project has supported the MOH to gradually roll out the HIS to hospitals and clinics since early 2011. The MOH now uses the HIS to manage health care delivery at 13 facilities.

IMPACT OF RESTRUCTURING

In Year 6, the Project will expand the HIS to additional health facilities and will support the MOH in enhancing the use of HIS data for decision-making.

Status of HIS facilities

Facility name	HIS activated	Status
Rafidia Hospital	February 2011	Post-roll out
Nablus PHC Directorate	February 2011	
Darwish Nazzal Hospital	May 2011	
Qalqilya PHC Directorate	June 2011	
Azzoun Clinic	July 2011	
Alia Hospital	March 2012	Under warranty and support
PMC	May 2012	
Hebron PHC Directorate	May 2012	
Karantina Clinic	October 2012	
Ramallah PHC Directorate	November 2012	
Beit Rima Clinic	November 2012	
Tarqomya Clinic	November 2012	
National Blood Bank	June 2013	

HIS coverage expanded

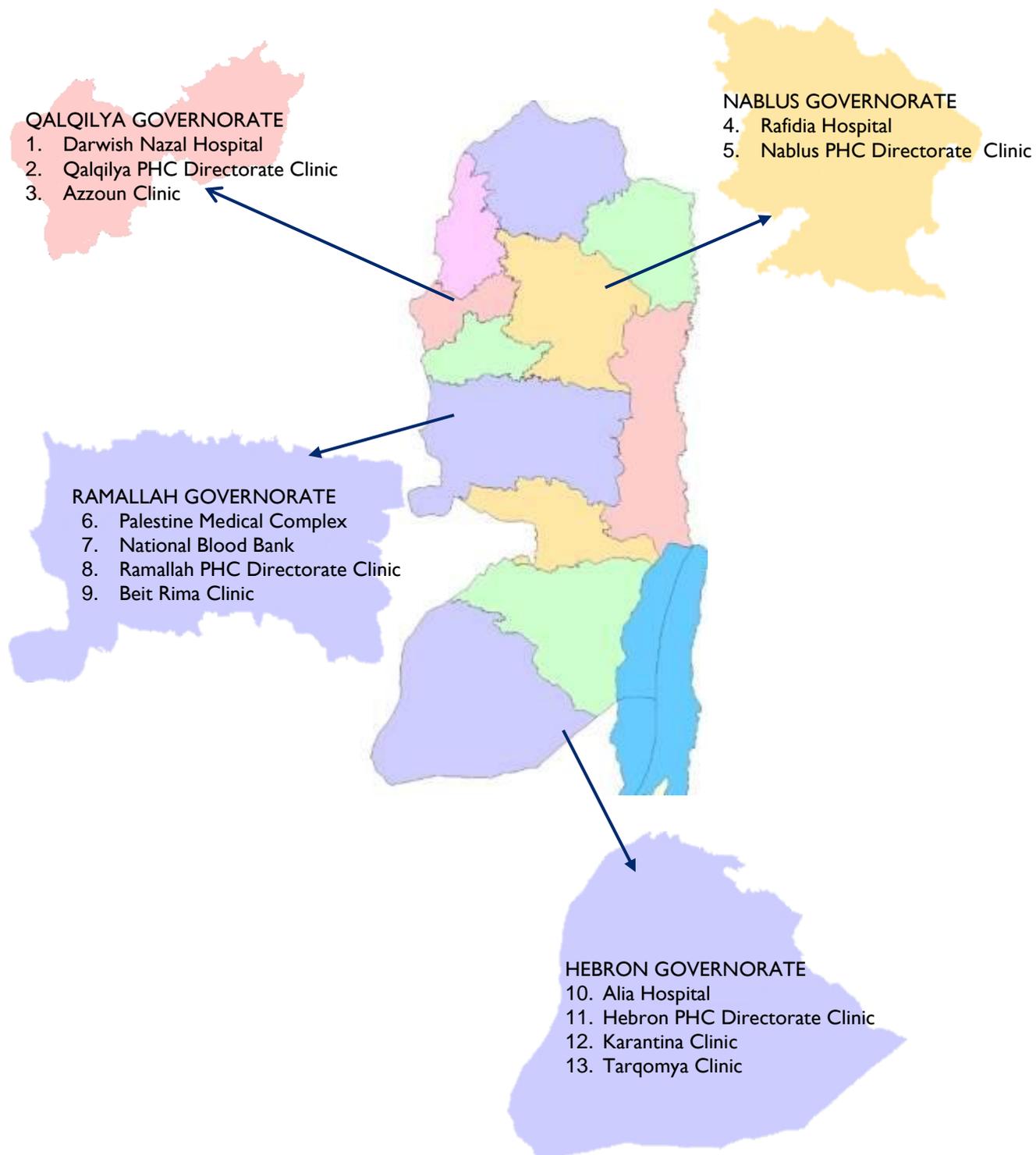
The Project connected five key PHC clinics in four directorates¹⁴ to the HIS hospital in their directorate through the HIS in Year 5. This connection facilitates comprehensive medical records for patients across health facilities and enables better decision-making by health providers on three levels: national, district, and facility.

HIS connectivity also increases citizen access to health care by reducing the time and money spent on accessing secondary health care. Doctors can now make hospital appointments for patients during clinic visits, instead of requiring the patient to make multiple trips to hospital to take an appointment and then receive care.

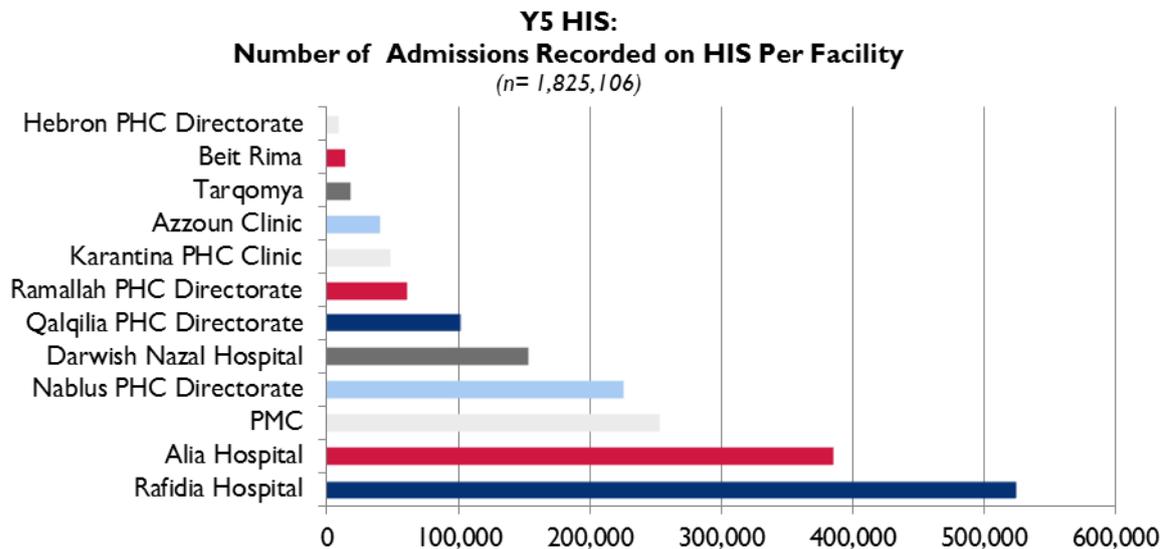
¹⁴ The five clinics are Karantina clinic, Hebron directorate clinic, and Tarqomya clinic in the Hebron PHC directorate and Ramallah PHC directorate clinic and Beit Rima clinic in Ramallah PHC directorate.

Y5 HIS: Overview of MOH Facilities Using HIS

(n= 13 facilities)



Over 1.8 million Palestinian citizens have been registered for MOH health services through the HIS since February 2011.¹⁵



MOH National Blood Bank connected to HIS

[The MOH automated its blood supply management in Year 5 by linking its National Blood Bank to the HIS, with Project support.](#)¹⁶ The National Blood Bank is located near the MOH Palestine Medical Complex (PMC) in Ramallah and is responsible for storing and distributing blood supplies to all MOH hospitals and 17 private hospitals. The bank can use the HIS to provide a quicker response to orders and end its reliance on slower technologies.



Automating blood unit orders has improved the blood bank's response to PMC orders. Doctors report that the blood orders and test results are received more quickly through the HIS.

¹⁵ Patient admissions are recorded at 12 HIS facilities. The thirteenth facility is the National Blood Bank, which does not admit patients.

¹⁶ Weekly update (June 27, 2013): "Palestinian patients to receive quicker, safer blood through USAID-funded Health Information System (HIS)"

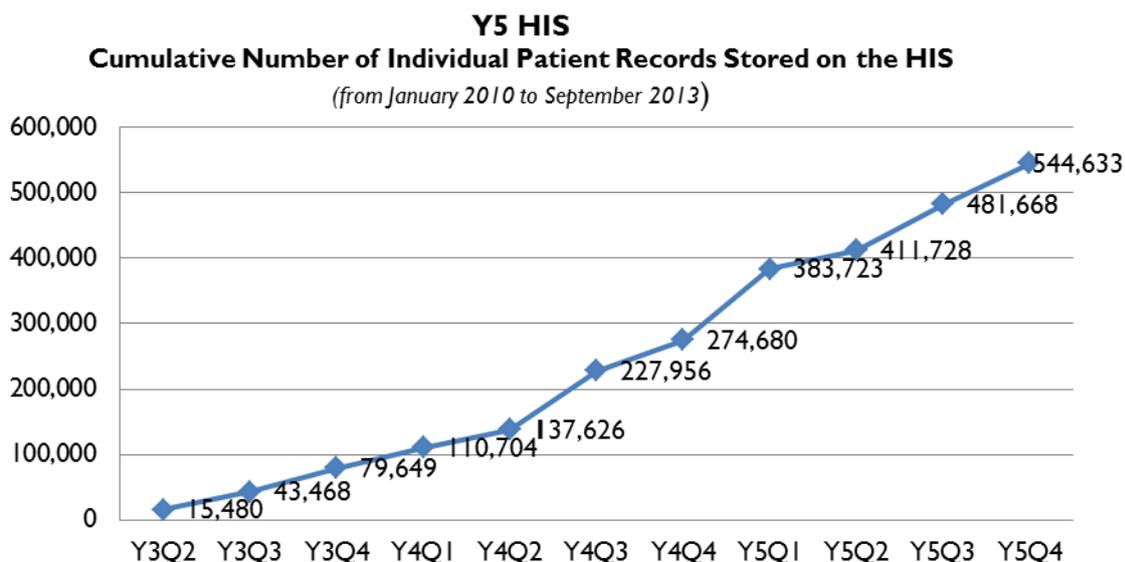
The HIS improves the MOH’s management of blood supplies, while reducing the workload on the blood bank’s limited staff. The MOH can now plan more effectively by using HIS-generated reports for stock analysis and need forecasting. The system also monitors expiration of stocks and send alerts before donated blood spoils.

The blood bank was linked to PMC at the end of Year 5, following the registration of the bank’s blood supply stock in the HIS. [Delivery of blood units to the hospital is quicker and safer through the system, according to PMC doctors and blood bank staff.](#)¹⁷

In Year 6, the MOH will use the HIS to connect the bank to further SHC facilities, including Rafidia, Darwish Nazzal, and Alia hospitals.

Health care services enhanced by HIS

Over half a million citizens have individual patient records stored on the HIS. As a result of the unique patient number created by the HIS, each patient’s full medical history is available at the click of a mouse, eliminating the need for paper records and creating a more efficient means to access vital information.



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

[HIS has improved patient care at every level, according to 80% of HIS users surveyed in a recent assessment conducted by the Project.](#)¹⁸ Conducted in Y5Q1, the multi-part assessment examined the impact of the USAID-funded system on MOH health service delivery by capturing user impressions on the effectiveness of the system, particularly in

¹⁷ Weekly update (October 24, 2013):” The Ministry of Health (MOH) blood bank cuts waste and improves patient safety at the largest governmental hospital, using the USAID-funded Health Information System (HIS)”

¹⁸ Weekly bullet (April 4, 2013): “The USAID-funded Health Information System (HIS) has enhanced health care services, according to Ministry of Health (MOH) staff”

improving the availability of health service information to enhance the quality of patient care and support management decision-making. (For more information about the study, see Section V: Monitoring and Evaluation.)

The study confirmed that the HIS is a major innovation in the MOH's health information management practices. For the first time, the MOH has real-time, reliable data on distribution and demand for resources at the patient level across connected facilities. Over 80% of HIS users report enhanced performance monitoring, with 87% of managers describing the highest impact.

The system has improved the data flow in the MOH. Around 90% of HIS users had better access to information within their facility or department. In addition, 84% believe they are able to report more effectively. (Currently, HIS is operational in four MOH hospitals and eight associated clinics in the Nablus, Qalqilya, Hebron, and Ramallah governorates.)

The system makes health service management more efficient, according to 82% of users. The HIS saves effort (86.1%), saves time (62.2%), and allows for faster retrieval of patient records (86%).



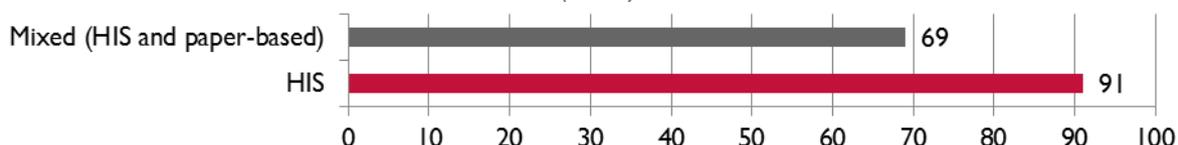
Doctors can now instantly access patient information, instead of searching for files in crowded hospital archives, like the Palestine Medical Complex archive shown in this photo. HIS facilities are closing their archive rooms and shifting archive staff to new tasks.

Management of patient care was also improved, because the HIS provides clear instructions (84.1%) and enables evidence-based decision making (75.7%). Attending medical staff have immediate access to a patient's medical record through the HIS (within privacy parameters developed by the Project), which is especially crucial in emergency situations. Patient information is described as more available and accurate by 85.6% of users, because the system unifies and enhances procedures in recording patient information.

Health professionals describe increased confidence in their capacity to carry out their work (76.5%), improved ability to provide timely care (68.9%), and greater prevention of medical mistakes (68.6%). Managers were the highest to report improved performance and accountability overall, followed by nurses and doctors.

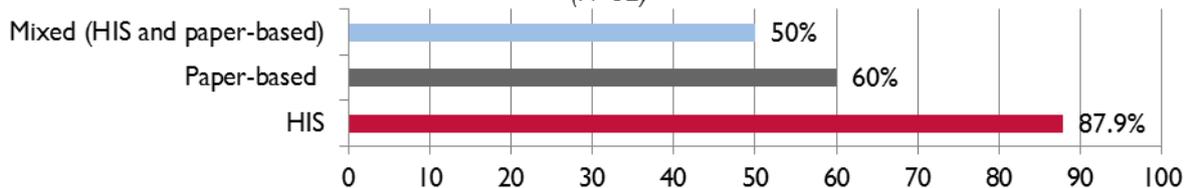
Managers who have to take patient-care related decisions using the HIS are more satisfied (91%) compared to those who are still using both paper and computer (69%) for their decision-making. Users claim increased confidence in their capacity to carry out their work (76.5%), improved ability to provide timely care (68.9%), and greater prevention of medical mistakes (68.6%). Providers believe the HIS improves their management of patient care.

Y5 HIS: Manager Satisfaction with Information Sources for Patient Care
(N=30)



Satisfaction with the computerized system is high amongst facility management. Managers who use computer-based (HIS) information for making decisions about facility operation are more satisfied (87.9%) than those who have to use paper-based information (60%) or mixed computer- and paper-based information (50%) decision-making.

Y5 HIS: Manager Satisfaction with Information Sources for Facility-level Decision-making
(N=32)



PHC directorate staff described the HIS system as a technological break-through that minimizes paperwork and allows for better archiving of patients files. They also noted that the system allows management to better supervise staff and performance. Around 82% of PHC staff surveyed said that HIS helped to organize information relating to the clinic operations, while 74% felt that HIS gave them easier access to this information.

Year 5 HIS: HIS Impact on Availability of PHC Information
HIS impact survey (N=78 at 3 PHC clinics)



MOH facilities can now better track its patients, staff, and non-medical commodities, analyze trends in this data, and plan accordingly. Examples include using the HIS to provide a data-

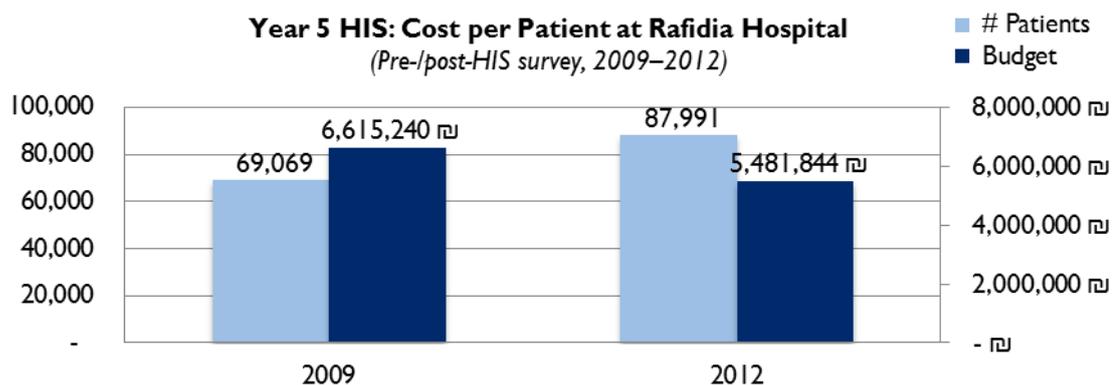
based – rather than estimated – pharmaceutical request during the annual MOH budgeting process (Rafidia Hospital), increase the capacity of an orthopedic clinic that the system showed was overbooked (Rafidia Hospital), and improve monitoring of actual occupancy rate (Darwish Nazzal Hospital).



VIDEO: “By implementing the HIS in the hospital, we aim to remove all paper-based activities so the system is integrated across all hospital functions,” said Samer Awartani, who has used the HIS in his role as Rafidia Hospital Admin and Finance Manager since 2011.

By improving inventory controls and coordination between facilities, the HIS has minimized waste and inefficiencies, particularly in hospitals’ use of consumables (e.g., pharmaceuticals and disposables), which are a third of the MOH’s yearly budget.

Hospital managers at Rafidia and Darwish Nazzal hospitals report the system as giving them greater ability to monitor and control the hospital environment and resulted in significant cost-savings. The HIS is predicted to be cost neutral at facility-level for system consumables (e.g., paper and toner), as a result of its waste reduction and greater efficiency in resource management.



For example, control on the use of pharmaceuticals at both facilities became stricter as a result of HIS. About 58% described reduced expenditures for patient care because unnecessary tests, drugs, or treatment are eliminated. Anecdotal reports suggest that pharmaceutical purchase by Rafidia Hospital decreased by 17% after the installation of HIS, even though patient load increased by 27% in the same period.

Major system upgrade deployed

A major upgrade to the HIS (Avicenna 2.2) was deployed in Y5Q3. The upgrade included substantial changes to the system that have been requested by users for enhanced performance and ease of use, including the addition of a triage and emergency medicine module, a dental module, work lists, and a special nurses' screen. The upgrade also included the finance and accounting modules of the system.

MOH capacity to expand HIS strengthened

HIS Open License purchased

[The MOH acquired the capacity to nationally expand the health information system \(HIS\) to cover all health care providers in Year 5, using the \\$1.76 million open license purchase by the Project.](#)¹⁹ In Year 5, USAID directed the Project to expand the scope of the HIS subcontract to include an open license for the Avicenna Health Information System in place of the originally negotiated per bed licenses.

The Project finalized the purchase of the open license in Y5Q3. In Y5Q4, the Project met with the third party, independent escrow agent, and the HIS software supplier (DataSel) to finalize the source code escrow agreement and hand over the source code for the Avicenna HIS system on behalf of the MOH. Third party controls, an installation guide, user guides and database schema were also handed over to the agent.

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

Community/private sector mobilization for HIS roll out in Qalqilya initiated

With the open license in hand, the MOH now has the ability to roll out the HIS nationally. One impediment to doing so is the limited financial capacity the MOH is currently experiencing for the initial purchasing of hardware and internet connectivity fees required for system implementation at additional facilities. To mitigate this challenge, the Project supported the MOH in a campaign that will enhance community involvement and ownership in the HIS, promote sustainability of the system, and reduce overall costs.

¹⁹ Weekly bullet (June 20,2013): "The Palestinian Ministry of Health (MOH) gains the capacity to create a national health information system (HIS)"

In Y5Q3, the Project launched a pilot community mobilization campaign to garner support from local community councils in the Qalqilya district for the roll out of the HIS in 19 Level II and Level III MOH primary health care clinics in various locations.²⁰

The proposed expansion would make Qalqilya PHC directorate the first directorate to have all health facilities connected to the system. Clinic staff would be able to use the HIS to coordinate health care, share health data, and organize resource allocation with other MOH health and administrative facilities, including the nearby Darwish Nazzal Hospital.



Citizens in Qalqilya could make referral appointments at their local clinic. Easy, low-cost access to health services is particularly important for citizens needing ongoing care, such as patients using this kidney dialysis department at Qalqilya Hospital.

An assessment of the 19 proposed clinics determined that a total of 84 computers would be required to roll out the system in all 19 clinics. The Project has secured commitments from local authorities in the targeted villages for 38 out of the 84 needed computers.

As part of the community engagement campaign, the Project has also begun negotiations with private sector foundations for support in procuring the additional needed hardware, and connectivity costs for the system roll out in Qalqilya. The Project was waiting final responses from its corporate solicitations at the end of Year 5.

Year 6 expansion methodology developed

In Y5Q4, the Project developed a methodology for the selection and prioritization of health facilities targeted for HIS roll out, based on prior experience with HIS implementation. The methodology was developed in anticipation of the one-year, no-cost extension, during which time the Project will expand the HIS to additional health facilities and support the MOH in enhancing their usage of HIS data for decision-making.

The methodology's purpose was to enhance the potential for successful uptake of the system given the human-factor such as effective leadership, appetite for change, and computer literacy, as well as other factors such as implementation cost and timeframe and availability of resources. The Project assessed geographic coverage, the level and type of

²⁰ The HIS is already active in two of the 21 PHC clinics in Qalqilya (the directorate and Azzoun level III clinic).

services provided, the number of beneficiaries served, and the potential for swift installation, uptake, and successful implementation.

The list of recommended hospitals for HIS expansion, based on the resulting scores of this exercise, is:

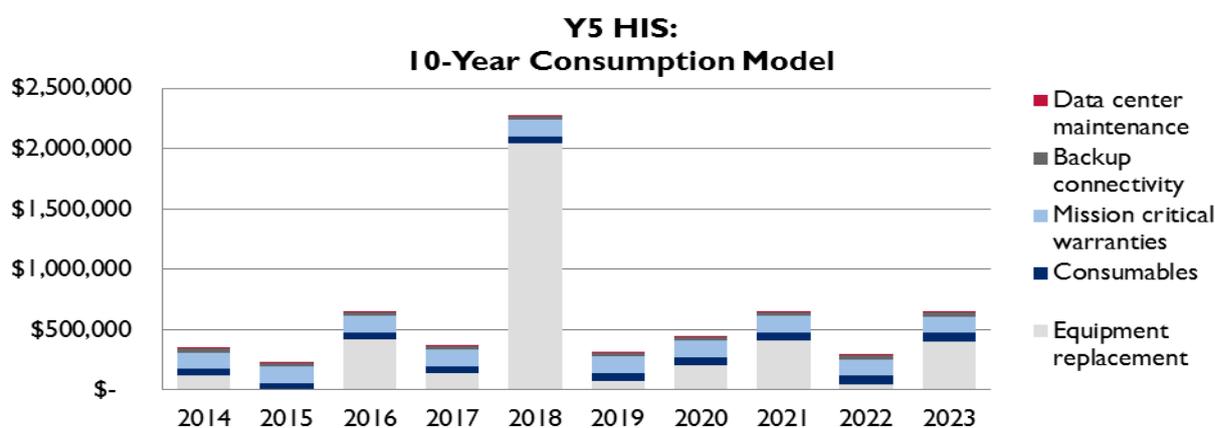
1. Beit Jala Hospital (80.3%)
2. Al Makassed hospital (71.8%)
3. Jenin Hospital (56.6%)
4. Jericho Hospital (50.4%)
5. Tulkarem hospital (45.9%)

Final confirmation of facility selection and order of implementation will be determined in consultation with USAID and detailed in the Year 6 Work Plan.

HIS hand-over to MOH initiated

Ten-year budget estimate for HIS supplies produced

In Year 5, the Project worked closely with the MOH to gather facility-level data to refresh the 2013 HIS budget estimate and construct 10-year budget estimate for managing the HIS. The long-term estimate enables the MOH to incorporate HIS supply costs into its yearly budget requests to the Ministry of Finance, starting in 2014.



The Project used a combination of surveys and interviews at nine of the 12 facilities operating the HIS to capture past and current HIS demand levels. Using this data, the Project then built a consumption model based on (ideal) average per-patient consumption rates of critical supplies at hospitals and clinics. These rates were then benchmarked against existing HIS data on patient load, and patient load growth patterns in order to produce an HIS supplies budget estimate for until 2023.

HIS hardware life cycle monitoring tool developed

The Project worked with the MOH and the HIS subcontractor to produce an inventory of all HIS equipment procured to date, along with life cycle estimates. The MOH will need to replace HIS equipment as their life cycle ends. As shown in the chart above, equipment replacement will be required each year, with highest levels in 2018. With this inventory, the

MOH can understand the exact history of equipment procurement and distribution among facilities and manage the equipment's depreciation, maintenance, and replacement schedule.

MOH funds for HIS supplies allocated

The successful adoption of HIS requires the gradual transfer of financial and administrative responsibility from the Project to the MOH. [In Y5Q3, the MOH assumed financial responsibility for key system costs by initiating procurement of HIS supplies for the 13 HIS facilities against the new HIS-dedicated line in the 2013 budget.](#)²¹ The MOH allocated \$641,532 of its annual budget to the system based on data from the Project. Project analysis indicates that cost savings by the HIS should more than offset the operating costs of the HIS in 2013.

E-health privacy framework finalized

An important component of the HIS is the need to safeguard privacy and confidentiality. The Project provided the MOH with key tools to incorporate these ethical and legal practices into its delivery of health care services, including (1) Framework for e-Health Privacy and Confidentiality; (2) the HIS User Nondisclosure Form; and (3) User Access Manual.

A ministerial change in Y5Q3 delayed the legal recognition of the Framework. In Year 6, the Project will follow up with the MOH legal department, and the new Minister to obtain approval of the document and proceed with roll out of the Framework. The User Access Manual will be delivered to the MOH in October 2013.

MOH IT capacity to manage HIS built

During Year 5, the Project started to transition the HIS to MOH care. Twenty MOH IT staff members have been identified for HIS support thus far. A series of trainings for MOH IT staff was carried out to enhance their capacity to provide system support to HIS facilities, including hands-on infrastructure coaching and training on Hewlett-Packard (HP), Cisco, Oracle, and HIS administration. MOH IT staff members are now playing an intermediary role between end users and the Project's HIS implementation team. More HIS administrator privileges were granted to MOH IT staff to prepare them for this transition. By Y5Q3, MOH became responsible for managing the HIS in Rafidia and Darwish Nazzal hospitals, following the end of the 12-month post-implementation warranty and maintenance period in Y5Q2.

Management of health services improved by HIS

Senior MOH administrators start using the HIS for oversight and planning

Through the Project, the MOH is connecting its senior leadership to the HIS to improve its oversight, management, and planning of health services at the 12 HIS hospital and clinics and prepare for the planned expansion into further facilities.

²¹ Weekly bullet (May 16, 2013): "The Ministry of Health (MOH) assumes financial responsibility for the USAID-funded Health Information System (HIS) supplies"

[In Y5Q2, Rafidia hospital managers currently using the HIS demonstrated the system to MOH administrators in advance of the planned expansion to MOH central facilities at a workshop organized by the Project.](#)²² Attending the workshop were general directors and deputies from the Finance General Directorate, the Planning Department, Secondary Healthcare (SHC) General Directorate, the IT Department, and Central Drug Stores. The workshop participants toured hospital departments to watch the HIS in action and heard Project recommendations on integrating the HIS into the MOH's financial management processes.

[In Y5Q4, nine general directors of the SHC Directorate were oriented on the system.](#)²³ The general directors learned how to generate accurate, timely data for data-driven decision-making. The senior administrators emphasized the importance of rapid, accurate, and structured gathering and analysis of data for their decision-making, management, and tracking of the population's general health.

MOH financial transactions at clinics and hospitals automated by HIS

[The MOH began using the new finance and accounting module after it became available during the system upgrade in Y5Q3.](#)²⁴ Eight MOH hospitals and clinics automated their financial transactions using the new HIS module. The MOH central offices can now also use the HIS to monitor facility finances and collect accurate data for budgeting and forecasting.

The new module clarifies and strengthens the MOH's financial processes. The Project supported the roll-out of this new module with a series of facility-level workshops in September that culminated in a final two-day workshop in Jericho on September 26. At the workshop, the MOH finance staff agreed to shift all cash transactions to the HIS. By removing manual cash transactions at the facility level, the MOH will ensure all financial data is fed directly into the HIS for use in budget analysis and forecasting. It will also standardize the fees charged to citizens for health services provided at different facilities. These important modules will allow facility finance staff to conduct basic accounting and financial analysis via the system, including forecasting annual budgets based on real data.

Automated management of human resources expanded

The MOH continued to expand its usage of the Human Resources (HR) module of the HIS. The ministry automated its management of human resources in 2012, as part of the ongoing roll-out of the HIS into its medical and administrative facilities. The HIS HR module

²² Weekly bullet (March 7, 2013): "Ministry of Health (MOH) managers demonstrate impact of USAID-funded Health Information System (HIS) to senior MOH Administrators"

²³ Weekly bullet (September 12, 2013): "Senior Ministry of Health (MOH) Administrators Start Using the Health Information System (HIS) for Oversight and Planning"

²⁴ Weekly bullet (October 10, 2013): The Ministry of Health (MOH) starts to manage primary health care (PHC) and secondary health care (SHC) finances using USAID-funded Health Information System (HIS)

IMPACT

Managing staff performance with a click of a button

USAID improves medical services by automating human resources at the MOH.



We don't use a paper-based system anymore to manage human resources. This is a huge leap forward.

— Basem Yassin, human resource officer

Organizing the staff at the largest Palestinian public hospital used to be a complex and painful experience for Basem Yassin, a human resource (HR) officer at the Palestinian Ministry of Health. “Our eyes used to burn after reviewing endless attendance sheets,” he said.

Basem’s team struggled to ensure health workers were always available to serve the thousands of patients seen each day at the hospital. “There were only four of us to manage 600 staff,” he explained.

It is now easier to make sure that each hospital shift is fully staffed, after the introduction of a USAID-funded automated management system. Over 6,000 employees working for the Ministry of Health are connected to the online, Arabic-language system that streamlines the management of ministry staff.

“It saved the workload equivalent of two employees,” Basem said. “It used to take us at least 60 working hours to process staff workdays and leaves. Now, it takes us five working hours, at most!”

Action on staff requests is quicker and more accurate, because staff are able to make personnel requests through the system. “We have to track sick leave, child birth leave, death in family leave, leave without pay, annual leave, holidays, and overtime,” Basem explained. “Employees now apply through the system, which automatically alerts their manager.”

“Scheduling staff is much easier. Once hospital department heads finish their work schedule, they can quickly update their staff by email,” he said.

The Ministry of Health now has stronger management oversight, which it uses to improve staff performance and – significantly – the quality of health services provided.

“This is a huge leap forward” concluded Basem. “The HR system has made our life paradise.”

connects over 6,000 MOH employees to an online, Arabic-language system that streamlines HR processes. It is the only HIS module implemented in all MOH facilities.

In Year 5, the Project expanded the features available through the HR module and helped the MOH shift its processes to HIS, including introducing online recruitment and piloting HIS-based correspondence.

Staff at HIS facilities continued to use the HR module's self-services system for daily transactions. All HR departments in all MOH facilities are using the system and keeping records updated, but the extent of their usage varied depending on internet connectivity and availability of personal computers. To ameliorate this challenge, the Project provided 28 computers to MOH facilities. PCs were installed in HR offices to ensure that the HR staff have the ability to access the system and update information as needed.

The MOH used peer-to-peer teaching and user feedback by its HR staff to support the expansion of the HR module. At the end of Year 5, [the MOH brought together HR management staff through a series of workshops to discuss the system and learn about new module options](#).²⁵ The workshops represented a rare opportunity for nearly 80 ministry staff from 24 hospitals and PHC directorates across the West Bank, as well as the relevant general directorates. The peer-to-peer conversations are part of the MOH's efforts to improve the system through user feedback. During the workshops, staff had the opportunity to discuss the current status of the system and brainstorm next steps. Staff members from different facilities provided tips for optimal utilization of the system. Through a collaborative discussion process, bottlenecks and common problems were addressed and users exchanged feedback on troubleshooting the implementation issues.

The workshops were also designed to prepare staff for the continuing expansion of the HR module. The MOH used the peer-to-peer approach to introduce the new HR Correspondence tool, which is being piloted at Rafidia Hospital and the Nablus PHC Directorate and will be rolled out to all MOH facilities in Year 6. HR staff currently using the tool provided a live demonstration and responded to questions and concerns from their HR peers.

First MOH online recruitment conducted through the HIS

[This year, for the first time, the MOH conducted its annual recruitment through the HR Module](#).²⁶ In June, the ministry posted the 23 vacancy types on its website for two weeks, with a link to the HR module's online portal. Over a two-week period, 4,000 Palestinians registered via the MOH website in order to apply to the listed vacancies.

The online process made recruitment significantly more efficient than previous years. In previous years, applications would be submitted by hand to MOH directorate offices, which

²⁵ Weekly bullet (September 19, 2013): "Palestinian Ministry of Health (MOH) Human Resources (HR) Staff Conduct Second Annual Peer-to-Peer Workshop on USAID-funded Computerized HR System"

²⁶ Weekly bullet (October 3, 2013): "The Ministry of Health (MOH) conducts first ever online recruitment through the USAID-funded Health Information System (HIS)."

often required costly and time-consuming trips by applicants and resulted in overcrowding in the MOH offices.



Before the introduction of the HIS, the MOH HR department would spend at least two months classifying stacks of applications (shown on the left) and preparing lists of candidates. This year's process was – by contrast – paper-free. The digital applications can be sorted electronically, which allows the HR team to quickly identify candidates meeting the job criteria without the need to search through potentially incomplete files of paper applications.

By contrast, applicants this year were able to apply with a click of a button. After being requested to create an account at the MOH recruitment page, applicants were prompted to build their recruitment profile and submit documents required for specific vacancies. Once the profile was complete, the application could be submitted digitally. Applicants now have their CVs in the MOH database, which allows them to quickly re-apply in future recruitment rounds.

Digitizing the annual recruitment process also enabled the MOH to select new employees more efficiently. The digital applications can be sorted electronically, which allows the HR team to quickly identify candidates meeting the job criteria without the need to search through potentially incomplete files of paper applications.

Delivery of health services improved by HIS

Expanded diagnostic tool provided to the MOH

[The Project installed the International Classification of Diseases-Clinically Modified \(ICD-10 CM\) list on the HIS,](#)²⁷ and MOH doctors were trained to use the new list for more specific diagnoses. The Project provided the updated tool in response to clinicians' requests for greater diagnostic detail. Doctors using HIS can now choose from 68,000 disease codes when examining patients, compared to 16,000 options previously, providing better data for evaluating and improving the quality of patient care.

²⁷ Weekly bullet (March 14, 2013: "USAID-funded Health Information System (HIS) provides expanded diagnostic tool to the Ministry of Health (MOH)"

IMPACT

Providing citizen-centered health care

The Palestinian Ministry of Health is using a USAID-funded health information system to provide quicker, personalized health care to its citizens.



HIS has a big impact on our lives.

— Medhat Ishtayeh, diabetic patient

Over the past year, 38-year old Medhat Ishtayeh has seen many big changes at his local government clinic, after it began using a USAID-funded e-health system to manage patient care information.

“The first thing I noticed was that I have my turn reserved and nobody can jump in front of me,” said Medhat Ishtayeh, a Palestinian teacher and diabetic.

Medhat’s local clinic is one of 13 clinics and hospitals in the West Bank linked through the automated system, as part of a national roll-out by the Palestinian Ministry of Health. Over half a million citizens now have individual patient records stored on the new health information system.

Each patient’s full medical history is available at the click of a mouse, eliminating the need for paper records and creating a more efficient means to access vital information. “The system recognizes me with only my ID card number,” said Medhat, “so if I forget my ID, there is no need to go back home.”

Medhat receives care more quickly now that his medical details are accessible through the system. Medical staff can instantly access a patient’s medical history, removing the need to search through often illegible paper files. “The doctor doesn’t need to leaf through my old paper report and waste time asking me about my medical history,” explained Medhat.

Patients requiring additional care can be referred through the system, which transmits the patient’s records, including prescriptions and lab results, directly to the next physician to examine the patient. “I feel that my file goes wherever I go,” said Medhat. “If I need to visit the doctor in another town, I don’t need to carry all the papers from here or explain to the doctor what’s wrong with me.”

Clinic staff describe the automated system as a technological break-through. Medhat agrees, “It is very helpful. The new health information system has a big impact on our lives.”

The upgrade to ICD-10 CM provides the MOH with better data to support efforts to improve performance, improve disease management, create efficiencies, and contain costs. MOH doctors are able to record much more highly detailed diagnosis into the HIS, which provides better data for evaluating and improving the quality of patient care. The finer detail and cleaner logic of the codes provided in ICD-10-CM will also improve research into Palestinian health by providing detailed, accurate data. For instance, by capturing greater detail on how and when injuries occur, the MOH has access to analysis that can feed into more targeted design for health education on injury prevention and control.

Medical service pricing reformed

Prices for services and commodities were unified in a MOH-wide initiative to regulate patient payments through the HIS in Y5Q1, as the MOH prepared for the new finance and accounting module.

Until Year 5, the MOH lacked a cross-facility standard, resulting in some patients paying different prices for similar services. Variations in pricing negatively impacts financial management at the facility level because, without pricing data, facility finance teams must use unverified costs in recording patient payments. It also limited the broader use of the HIS Finance module across facilities because, without a complete and unified list of services, MOH finance staff were unable to enter all payments into the Finance module, resulting in discrepancies between manually recorded and HIS-generated accounting data.

With technical support from the Project, the MOH Finance Department formed a medical services pricing committee at the direction of the Minister of Health in October 2012. [The committee verified the current lists of over 1,800 medical services offered at MOH facilities, as well as expanding the lists to include previously unrecorded services.](#)²⁸ The final, unified list of service names and prices has been approved by the Minister of Health in Year 5 and is now used in HIS by the MOH finance staff in tracking patient payments and MOH revenue. The new finance and accounting module allows for the operationalization of the newly unified pricing list across MOH facilities.

Palestine Medical Council testing application and web portal launched

[In Year 5, an e-learning and testing portal was launched, procured by the Project and housed at the Palestinian Medical \(PM\) Council, which is the Palestinian licensing body for medical specialties.](#)²⁹ By supporting the PM Council, the Project increased national capacity to regulate medical competency and enable doctors to continually improve their professional skills through continuing health care education (CHCE).

²⁸ Weekly bullet (November 21, 2012): "The MOH uses the USAID-funded HIS to Reform the Pricing of Medical Services Available through the Palestinian Public Health System."

²⁹ Weekly bullet (February 28, 2013): "Palestinian doctors take computerized licensing exams through a digital system provided by USAID to improve continuing health care education (CHCE)."



[STORY: As the Palestinian licensing body for medical specialties, the PM Council is responsible for testing graduates to certify them to practice as medical doctors in a variety of specialties.](#)

The Project provided nearly \$200,000 worth of support to the PM Council – including the testing application and the furnishing and installation of hardware at the PM Council’s testing room. In addition to the testing application, the Project re-designed the PM Council’s website and developed an online portal accessible through the website, which contains a resource library for medical professionals.

The PM Council uses the new testing system to provide standardized medical specialization exams for doctors seeking licensing. Since its installation, the PM Council has held 63 exams through the new testing system for 1,381 people.

The online resource center also serves as a practical step towards the application of the concept of re-licensing of medical professionals. The PM Council has used analysis from examination results to design 4,493 new exam questions to respond to demonstrated gaps in knowledge, attitude, skills, and practice among health professionals and care providers. The PM Council used the system to digitize its personnel files of medical specialists practicing in the Palestinian health sector, establish standards and medical criteria for CHCE, and identify the resources and trainings needed by doctors working towards licensure/re-licensure.

FOCUS AREA C: PRIMARY HEALTH CARE

For Palestinian citizens, the local MOH clinic is their primary source of medical care and their main contact with their government's health services. For this reason, the MOH has worked to strengthen the quality, accessibility, and equity of primary health care, in partnership with the communities it serves.

IMPACT OF RESTRUCTURING

No further work is being carried out under Focus Area C, as per USAID guidance.

Since its start, the Project has supported the MOH to achieve these goals with integrated and comprehensive initiatives to strengthen the definition and implementation of quality services.

In Year 5, the Project suspended work under Focus Area C, as per USAID guidance. All subcontracted community based organizations (CBOs) either reached the end of their subcontract agreements or received termination notices from the Project in the first two quarters.

By the end of Quarter 2, all activities were closed, other than the finalization and distribution of several key documents and deliverables.

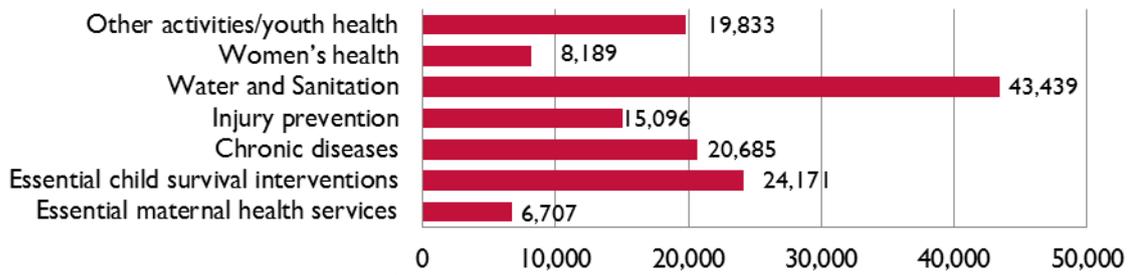
Champion Community Approach expanded to all health directorates

[In Y5Q1, the Project signed subcontracts with 10 CBOs in the Bethlehem and Ramallah districts for quality improvements in PHC.](#)³⁰ These new community partnerships signaled the expansion of the Champion Community Approach (CCA) to all West Bank health directorates. Since the Project began the CCA in Year 2, it has worked in all 12 MOH health directorates through subcontracts to CBOs worth over \$1.8 million, enabling the MOH to ensure that its clinics respond to citizen needs.

In the 10 new communities, the MOH joined with residents to form community-clinic boards to identify and respond to local health priorities. By soliciting and acting upon citizen feedback, the MOH bridged a historical gap between communities and its clinics.

³⁰ Weekly bullet (November 29, 2012): "USAID Health Project Awards \$230,000 in Subcontracts to 10 Community-Based Organizations (CBOs) in Ramallah and Bethlehem for Quality Improvements in Primary Health Care (PHC)"

Y5: Champion Community Approach
Participants in health activities by technical area
(n=138,120)



Note: Number does not reflect unique individuals as different activities may target the same people

This community-centered approach enables district health supervisors, community leaders, citizens, and volunteers to work together to improve the health services in their communities and systematically address public health priorities. The approach has led to increased citizen participation in health planning and created a feedback mechanism on the effectiveness of the health system.



World Diabetes Day (November 14) was marked in Jericho by a special awareness-raising activity, held by Project partner Isra'a Charitable Society and the local MOH clinic.

By the end of January 2013, all working CBOs (including the 10 new organizations in Ramallah and Bethlehem) received Stop Work Orders (SWO) and ceased Project-supported activities.

Citizen confidence in MOH primary health services increased

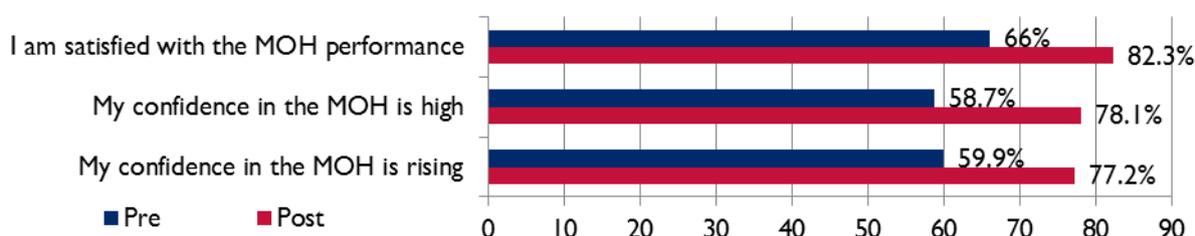
Improving the quality of health services at the primary health care level is fundamental to strengthening the health system as a whole. [The MOH has been able to achieve measurable improvements in quality care in the community, with Project support, as demonstrated by surveys conducted in Year 5.](#)³¹

³¹ Weekly bullet (April 11, 2013): "Palestinian citizens have greater trust in Ministry of Health (MOH) primary health care (PHC) services as a result of USAID health reform"

Project interventions centered on enabling PHC staff to plan for and provide responsive services, equipping clinics with essential medical supplies, strengthening the level of community involvement in clinics, and enhancing coordination between different health service providers. The impact of these interventions in communities supported was evaluated through pre-post surveys, conducted by CBOs working with the Project in 13 communities in Qalqilya, Toubas, and Salfit.³²

Communities reported feeling more engaged by the MOH and more empowered to communicate directly with them about needs. Residents also demonstrated increased knowledge and awareness of MOH services and worked to help the MOH improve community health.

Y5: Citizen Satisfaction with MOH Services
Household survey (Pre N=1,100 and Post N = 1,088)



Community residents have more confidence in the MOH than before (by 33%), according to the surveys. Citizens are also optimistic that they will continue to receive quality care. Over 77% of residents surveyed said their confidence in the MOH was rising. Around 89% of clients said they would return to their PHC clinic for health care – an increase of nearly 61% from before the Project. Over 86% said that they would recommend the clinic to their friends and family, compared to around 54% before.

Through its integrated quality improvement initiative, the Project worked closely with PHC supervisors to provide assistance and support to staff at the clinics that helps them solve problems, improve performance, provide on-the-job training, and most importantly, build a trusting relationship that allows supervisors to conduct these visits to support, coach and be a resource for clinic staff to allow them to reach higher performance standards.

Citizens noticed: 54% more surveyed (84%) felt that their treatment provider was professional, 69% more (92%) felt they had been treated courteously, 60% more (89%) felt they were able to ask questions, and 67% more (90%) felt that their questions had been answered clearly.

Champion Community Approach institutionalized

As a critical step toward the institutionalization of the CCA within the MOH, the Project will provide the ministry with a manual that will be integrated into its orientation and

³² The impact of these interventions in communities supported was evaluated through pre-post surveys, conducted by community-based organizations (CBO) working with the Project. For further detail, see Section V: Monitoring and Evaluation.

IMPACT

Healthy Living Continues After Summer Camps

From healthy eating to proper hand washing, Palestinian students are championing health in an innovative follow-up to USAID-funded summer camps.

The Palestinian Ministry of Health holds Healthy Lifestyle Summer Camps every year, attended by over 1,000 children across the West Bank.

In 2012, with USAID's help, the ministry expanded the impact of the summer fun by encouraging over 1,300 children to pass on to others the health tips they learned at 28 camps.

"One of the main ideas of the summer camps [was] to encourage children to pass messages they learn at the camp to other children, their relatives, and friends," explained Ahlam Harb, a community coordinator working through a USAID health project.

In the northern West Bank village of Eskaka, 30 summer campers decided to devote their school year to helping others live healthier lives.

Under the slogan "Child-to-Child", the children are teaching their friends and classmates about everything from hand-washing, healthy diets, road safety to hygiene.

"We are passing the messages we learned during the summer camp," said 11-year old Islam, one of the Child-to-Child leaders. "I learned a lot during that camp. Most importantly, I quit lots of bad eating habits, such as eating fast food and drinking soda drinks."



VIDEO: Two girls participate in the Healthy Food Bazaar in Eskaka. This event served as the launch for the Child-to-Child Initiative, an innovative approach that seeks to empower children to teach their peers valuable health messages.

implementation schedule. The CCA Guide was reviewed and approved by the MOH and submitted to USAID for approval in Y5Q3.

Communities continued to use the CCA to improve community health throughout Year 5. A group of 12-15 former Project-supported CBOs formalized their collaboration this year by registering as a local NGO, under the name of Nablus Forum. The Forum continued to meet regularly to address community health topics and invited additional Nablus communities to join the Forum. The NGO is the first example of the institutionalization of the CCA in the West Bank, and its members are currently searching for funding sources in order to expand their activities.

In other communities, the MOH and citizens continued to use the CCA methodology of open dialogue to work together, even after Project support ended. In these communities, CBOs worked with the MOH to identify community health priorities and conduct community-wide activities. Both the Salfit and Toubas Community/Clinic Boards agreed to continue CCA activities on a volunteer basis after their CBO subcontracts closed.

In 16 West Bank communities, health tips from the Healthy Lifestyle Summer Camps conducted in Year 4 were still being used to improve citizen health. [In Eskaka, a village in Salfit, 30 former summer campers spent all year teaching healthy habits to their classmates through the Child-to-Child Initiative, an innovative approach that seeks to empower children to teach their peers important health messages.](#)³³

In addition to Eskaka, 15 CBOs working with the Project also decided to hold follow-on activities in the months after the camps ended. As part of their CCA activities, these CBOs held health-themed activities for the children who attended the summer camp, their mothers, and other children. In some communities, summer campers and their mothers used the health messages from the MOH summer camps to change health behaviors at local schools. In Beit Furik, a village in the Nablus district, mothers of summer campers started working in the canteens of three village schools using the recipes provided at the summer camps.

Quality service guidelines for PHC rolled out

The MOH continued to train its PHC staff on the Essential Package of PHC Services (EPS) and five-part Standards of Care (SOC), which were developed by the Project and adopted in Year 4.

Along with the Project's other PHC interventions, these PHC service guides have enhanced accountability of the MOH to meet fundamental standards and measurably improved the quality of care provided by MOH clinics. Quality of PHC services improved by as much as

³³ Weekly bullet (December 20, 2013): "Palestinian children pass on health messages from USAID-supported Healthy Lifestyle Summer Camps well into the winter!"

52% on average, as a result of a new culture of quality improvement adopted in PHC directorates.³⁴

[In Year 5, the MOH continued to roll the service guides out to its PHC districts.](#)³⁵ The documents were introduced to all PHC supervisors in all health directorates, and the SOC^s were distributed to all directorates and clinics.

Prior to the suspension of work in Y5Q2, the MOH was able to orient and train its PHC staff in eight directorates.³⁶ Doctors, nurses, and laboratory technicians who work in the eight PHC centers attended the workshops.

At each workshop, facilitators presented the EPS and the SOC, which includes standardized policies and protocols for Reproductive Health, NCDs, Nursing Care, Integrated Management of Childhood Health, and Health Center Management. At the conclusion of each day of the training, the MOH recorded the participants' suggestions and recommendations for actions and next steps. One hundred-seventy follow-on sessions of on the job coaching (OJC) were provided to nurses and doctors working in Hebron, South Hebron, Tulkarem, Jenin, Toubas, Salfit, and Qalqilya.

What are the EPS and SOC^s?

The EPS clarifies the responsibilities and needs of each clinic: medical staff will be aware of – and accountable for – the services required for their clinic, and the MOH will be able to strategically plan its allocation of resources and better facilitate donor coordination. The package can be used in each clinic as a user-friendly job aid, a monitoring checklist for supervisors, a tool for evaluation of medical records, a tool for donor coordination, and a mechanism to raise citizen awareness of the essential services to which they are entitled.

The SOC^s, a unified package of clinical guidelines, were launched during Y4Q4. The SOC^s are now available in MOH clinics in a user-friendly packet of five essential PHC tasks: the treatment of non-communicable diseases (NCD), nursing services, integrated child health management, reproductive health, and health center management. The Project produced the unified SOC^s in response to MOH request.



STORY: "There was an urgent need for new standards of care in the PHC management. These will provide a holistic approach to the delivery of health care, as well as being a reference for all administrative and supervisory activities..." said Khaled Rabe', PHC director, Hebron directorate.

³⁴ This improvement in service quality was identified through a quality assessment conducted by the Project in Year 5. For further information, see Section V: Monitoring and Evaluation.

³⁵ Weekly bullet (October 4, 2012): "USAID and the Palestinian Ministry of Health (MOH) Begin National Rollout of Clinical Quality Improvement Tools, the Essential Package of Primary Health Care Services (EPS) and Standards of Care (SOC), in Hebron"

³⁶ Jenin, Nablus, Hebron, South Hebron, Tulkarem, Toubas, Salfit, and Qalqilya.

Health education capacity built

In Y5Q1, the Project convened the remaining training of trainers (TOT) training sessions for the First Aid Training Program for 25 MOH health educators from the northern health directorates. The Project also continued to support the MOH in their cancer prevention activities, with a focus on breast cancer prevention. Formal training in mammography was provided to nine nurses and X-ray technicians from Toubas, Hebron, Ramallah, Bethlehem, and Jericho.

While no additional formal training took place under this focus area after Y5Q2, the Project did conduct visits to Toubas, Salfit, Hebron, South Hebron and Qalqilya Districts to follow up on the Infection Prevention and Control (IPC) training previously received by MOH staff from those districts. In addition, following the provision of training on mammography for mammography technicians and nurses from the Salfit, Jerusalem, Hebron, Nablus, and Tulkarem PHC directorates, the Project provided five OJC sessions for these technicians and nurses.

Behavior Change Communication guidelines prepared for hand-over

The Project strengthened the MOH's capacity for wide-reaching, evidence-based health education by developing a Behavior Change Communication (BCC) manual to train health educators, community health workers, and other health professionals on administering behavior change messages and materials and developing strategic campaigns to institutionalize BCC.

Due to funding limitations, the Project was also unable to carry out the planned TOT for MOH health educators, using the BCC Training Manual. In addition, the Project will hand over the BCC Training Manual as "print-ready" to the MOH for its use and distribution, rather than printing it.

IMPACT

Weighing in for healthy living



By championing health care, USAID is encouraging Palestinians to live healthier lives.

Across the West Bank, USAID community-based partners like the Jalameh Women's Center are using the Champion Community Approach to respond to the increasing rates of chronic diseases, such as diabetes and hypertension.

At the community health day, the doctors and nurses from the Jalameh clinic checked each waiting villager making sure they knew how to monitor their conditions and when to seek clinical care. As the event finished, the villagers received a final lesson in healthy living, as they tucked into plates heaped with salad and lentils.

On a warm autumn day, Palestinian women and men in the northern West Bank village of Jalameh lined up to check their weight and insulin levels at a USAID-sponsored health day.

The Jalameh health day is one of many outreach activities resulting from USAID's use of the Champion Community Approach to improve community health.

Communities are mobilizing to improve their primary health care services under the leadership of newly formed community-clinic boards. Residents dedicate time and money to improving the clinic, while clinic staff focuses on raising awareness of common health risks and train citizens about healthy lifestyle habits.

USAID brings Palestinian citizens and their government clinics together to improve local health care through this innovative technique for grassroots mobilization.

Government clinics are now seen as an important source of health care in communities participating in the approach. Citizens are more likely to be aware of the health services available and take advantage of public health care.

FOCUS AREA D: HOSPITAL MANAGEMENT SUPPORT

The Project worked closely with the MOH to improve secondary health care (SHC) services at selected MOH hospitals, with a focus on enhancing emergency medicine and pediatric services and empowering nurses in Palestinian hospitals to serve as leaders and managers of health sector reform.

In Year 4, as part of its revision of technical priorities and in response to USAID guidance, the Project restricted its support of SHC services to neo-natal intensive care units (NICU).

The Project continued this limited technical focus in Year 5, before closing out all secondary health care interventions at the end of Y5Q1.



The Project supported NICUs through the provision of OJC for NICU staff, including doctors and nurses, on such topics as the use of continuous positive airway pressure (CPAP) and other respiratory devices and oxygen therapy and its side effects.

The Project also assisted in producing the NICU Procedural Manual, which contains updated and unified policies and procedures on the intensive care of neo-nates. During the drafting process, the manual was reviewed by the physicians' Neonatal Working Group (NWG). Their comments have been incorporated into a new draft of the manual. The manual was printed and shared with NICU doctors and nurses through the NWG in Y5Q2.

Following the establishment of the physicians' NWG in September 2012, the Project convened the first meeting of the nurses' NWG in Y5Q1. In December, 20 nurses attended a workshop addressing NICU nursing and standards of care (SOC). As with the physicians' NWG, the nurses' NWG was formed to support NICU caregivers and augment the quality of care in each facility. However, further planned support to both NWGs was curtailed by the restructuring of the Project.

In Y5Q3, the Project met with the MOH Director General of Hospitals to handover all Project documents and tools relating to SHC.

IMPACT OF RESTRUCTURING

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

FOCUS AREA E: PROCUREMENT

Procurement is a significant component of the Project's activities. Through this focus area, the Project responds to the MOH's assessment of its need to adopt a more strategic approach to the procurement of equipment and supplies as a key part of health reform.

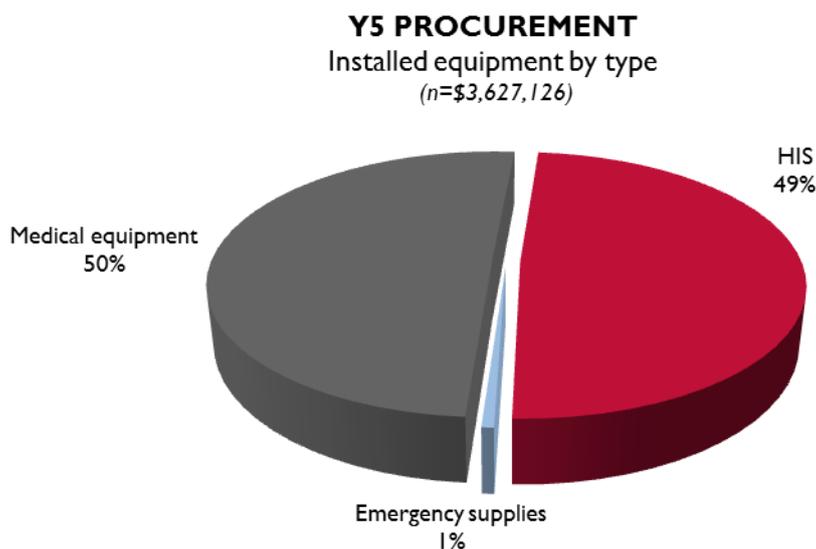
IMPACT OF WORK SUSPENSION

Activity under Focus Area E shifted focus as of Y5Q2 to support the HIS, as per USAID guidance

Over the past four years, the Project's procurement team has been working on parallel tracks to meet the MOH's strategic needs and to institutionalize an integrated equipment management system based on preventive maintenance (PM).

In the final year of medical procurement support from the Project, the MOH established the first national medical equipment calibration center, in a culmination of the Project-MOH partnership to create a needs-based, sustainable procurement of medical equipment that is actively and accurately used to diagnose and treat Palestinian citizens. Over \$1.8 million in essential medical equipment was also installed in MOH facilities to support the ministry's efforts to improve quality of PHC and SHC services.³⁷

The Project also facilitated the delivery of emergency medical supplies procured by the US government to Gaza.



In Y5Q2, the Project shifted the focus of procurement activities to the establishment of an electronic inventory of medical equipment at MOH facilities linked to the HIS, in line with the Project's technical shift.

³⁷ \$40,000 worth of supplies and spare parts were also delivered to the MOH Central Storehouse for distribution to PHC and SHC sites as needed.

National Calibration and Training Center opened

[In Year 5, MOH opened the first National Calibration and Training Center \(NCTC\) with over \\$600,000 in Project procurement and technical assistance.](#)³⁸ The center is at the heart of a new PM system being introduced by the MOH that ensures the sustainability of medical devices. By establishing this center, the ministry is adopting a comprehensive system for the management and calibration of medical equipment, and advancing its capacity to properly maintain its equipment.



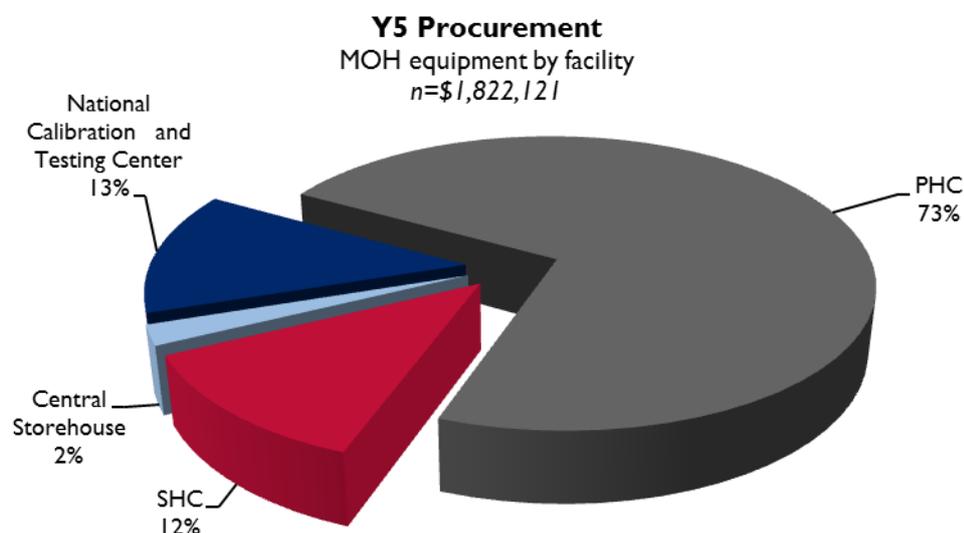
VIDEO: A new medical equipment maintenance system introduced by USAID is improving health care provided by the MOH. At the heart of this system is the first national calibration and training center, built with USAID's support, says center director Ibrahim Allayan.

To support institutionalization, the Project facilitated a five-day training for MOH engineers on the use and operation of the newly procured medical equipment calibrators and simulators installed at the NCTC. The Project also developed a Medical Equipment and Procedures document to support the MOH in the management of the NCTC according to international standards. The document will be implemented by the MOH once reviewed and approved by USAID.

The NCTC was also integrated into the HIS in Year 5. The MOH will use the center to calibrate and maintain medical equipment, enforce preventive maintenance, and upgrade the technical skills of its biomedical engineers used within the ministry. Through the HIS, the MOH can manage and maintain its medical equipment in all HIS facilities through the system, which will feed procurement budgeting with real-time data. For the first time, all equipment and medical supplies will be inventoried and tracked through the computerized HIS being developed through the Project, allowing decision-makers to quickly determine gaps and identify the need for new equipment and services. The center will reduce annual expenditures for equipment service through reduced equipment failures and the elimination and/or reduction of shipping equipment outside of the country for repair.

³⁸ Weekly bullet (January 31, 2013): "The Palestinian Ministry of Health (MOH) improves safety, reliability, and sustainability of its medical equipment by opening the first national calibration center."

The MOH will also be able to use the NCTC to strengthen its regulation of the national health sector. As its regulatory capacity grows, the MOH will be able to use the center for the potential certification of NGO and private sector facility equipment.



Clinical equipment delivered to support essential services

[The Project has supported the integration of the EPS and SOC at the community level by procuring nearly \\$1.1 million in essential medical procurement for 115 PHC clinics, with clinical and operational training provided to ensure effective utilization.](#)³⁹ In Year 5, the Project finalized its delivery and installation of PHC equipment and supplies, with over \$424,724 worth of equipment provided in Y5Q1.

As a result, the MOH was able to upgrade PHC services, implement the newly adopted EPS and SOC, and respond to community requests for new services. Clinics are now able to offer services that correspond to their designated level. For example, the MOH clinic in Sabastya now offers testing services in accordance with its Level 2 classification, with newly installed lab equipment. The delivery of equipment required for services outlined in the EPS and SOCs – such as chemistry analyzers and non-communicable diseases (NCD) blood tests – enables clinic staff to comply with the new publicly available guidelines and standards.

Impact has been significant in remote rural areas, where citizens have limited access to medical services. Clinic staff use the equipment to streamline medical checks on waiting patients. As a result, higher numbers of patients are returning to follow through on health checks and treatment because they can receive more services more quickly and accurately in their own community.

MOH capacity for early detection and treatment for breast cancer increased

³⁹ Weekly bullet (January 24, 2023): \$1.1 million of USAID-procured clinical equipment enables 115 Ministry of Health (MOH) primary health care (PHC) facilities to meet reform standards for essential services

[The MOH's capacity to provide early detection and treatment services for women with breast cancer was further augmented,⁴⁰ with the installation of mammography equipment in four West Bank health directorates.⁴¹](#) The MOH has identified breast cancer screening and prevention as a major public health need. Although breast cancer is the leading cause of cancer-related death in among Palestinian women, the detection of breast cancer in the West Bank and Gaza lags far behind international standards. In response, the Project has worked with the MOH to strengthen and prioritize the delivery of breast cancer-related services.



A woman receives a mammography exam at the PHC directorate clinic in Qalqilya. Mammography equipment, donated by USAID, has helped the Palestinian Ministry of Health provide life-saving early detection services across the West Bank.

Follow-on training and OJC was provided for mammography technicians and nurses on the effective use of this equipment, followed by OJC for trained mammography technicians and nurses.

The results of these efforts are already being seen. Thousands of women have visited their PHC directorate clinics and received mammography exams and/or information about how to detect and treat breast cancer. More than 30,000 exams were conducted this year alone, a marked increase from five years ago when this number did not exceed 1,000 tests nationwide.

Advanced services strengthened in Jenin and Jericho

Advanced diagnostic and treatment services were improved at the Jenin and Jericho hospitals, following the installation of over \$220,000 of medical equipment in Year 5. [The Project finalized the installation of medical equipment at Jericho Hospital to support diagnostic, surgical, and physiotherapy services for more than 60,000 residents of Jericho and the Jordan Valley](#), in complement to USAID's rehabilitation of the hospital's facilities and

⁴⁰ Weekly bullet (December 27, 2012): "USAID Supports the Palestinian Ministry of Health (MOH) in Increasing Early Detection of Breast Cancer among Palestinian Women"

⁴¹ The Project installed mammography machines in two other health directorates in Year 4.

infrastructure through its Emergency Water and Sanitation Project.⁴² The Project also delivered ECG and fetal heart monitors for Jenin Hospital.

HIS management of medical equipment established

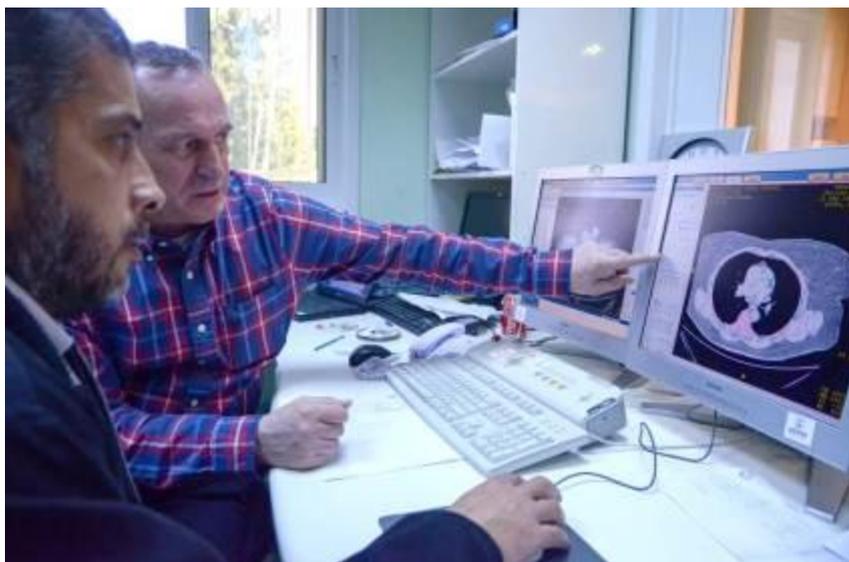
The MOH Biomedical Engineering Unit (BEU) began using the HIS to conduct medical maintenance management and manage all facility level technical operations, after being granted access rights to the system.

Throughout Year 5, the Project worked with the MOH to review, update, and unify medical equipment files in preparation for the development of an electronic inventory of medical equipment for upload to the HIS. The BEU agreed to use the Emergency Care Research Institute's (ECRI) nomenclature for medical devices; an important step towards standardizing the naming conventions for all MOH medical inventory.

The MOH began uploading facility equipment inventory lists to the HIS, starting with the PMC surgical inventory. The Project worked extensively with Rafidia Hospital to establish a detailed inventory of all the surgical sets currently in use at the hospital, in preparation for uploading in Year 6. The BEU is now taking the lead in updating each hospital's inventory using the adopted nomenclature.

Operational and clinical capacity built

The Project ensured that all procured equipment was utilized both immediately and fully to support quality health services by using sequential trainings as a key activating component of its procurement approach. In Year 5, the Project continued to oversee the delivery of on-site clinical and operational trainings, as well as trainings abroad organized by Project suppliers.



Three CT technicians and radiologists were trained at the Ramallah Hospital on advanced services available through the 64-slice CT scanner, provided by the Project.

⁴² Weekly bullet (November 13, 2012): "USAID Health Project Procures nearly \$500,000 worth of Medical Equipment for Jericho Hospital Updating, Expanding Services Offered."

[On-site coaching was provided by vendor Philips for MOH computerized tomography \(CT\) technologists from the PMC, and from Rafidia, Alia and Beit Jala Hospitals.](#)⁴³

The company from which the Project procured the medical equipment calibrators and simulators for the NCTC provided a five-day theoretical and practical training on the use of the machines. Sixteen biomedical engineers attended this training, which was held at the NCTC in Huwwara.

Follow-on training and on-the-job coaching (OJC) on the effective use of the mammography machines was provided for 22 mammography technicians and nurses from Nablus, Salfit, Qalqilya, Jenin, Jerusalem, Bethlehem, Tulkarem, Jericho, Tubas, Hebron, and Ramallah districts.

Cancer radiation therapy provided by former grantee Augusta Victoria Hospital (AVH) continued to be enhanced by operational and clinical trainings by the supplier of the radiation therapy system (RTS) provided through the Project. The trainings were part of an overall training package included in the original purchase order of the RTS. Similarly, The supplier of the hemodialysis machine procured for Jericho Hospital provided a ten-day training on conducting PM and repairs in Germany for the hospital's biomedical engineer. Lab technicians and biomedical engineers received training on the use and repair of complete blood count (CBC) machines donated by the Project.

⁴³ Weekly bullet (March 21, 2013): "Advanced training improves Ministry of Health (MOH) utilization of USAID-funded \$3.4 million computerized tomography (CT) scanners."

SECTION IV

GAZA ACTIVITIES

Health care providers in Gaza struggle with deteriorating equipment, insufficient stocks, and financial strain, negatively impacting the quality of care available to residents. As a result, affordable access to medical and rehabilitative services is inadequate.

IMPACT OF WORK SUSPENSION

From Y5Q3 onwards, no further support was provided to Gaza beneficiaries, as per USAID guidance.

Over the past five years, the Project has responded to this critical need through grants and medical procurement for select NGO health providers in Gaza, under USAID's guidance, significantly upgrading the quality of health services available to the population of over 1.6 million. Targeted support was provided for health and humanitarian services to marginalized beneficiaries in the Gaza through grants (Focus Area A) and procurement (Focus Area E).

The Project's interventions were concluded in Y5Q2, with the closing of the final grant and the transfer of remaining title documents to local NGO health providers. From Y5Q3 onwards, no further support was provided to Gaza beneficiaries, due to the shift in the Project's scope to exclusively carry out HIS-related activities, as per USAID guidance.

During the first two quarters, the Project staff made five scheduled visits to Gaza to monitor grant and procurement activities and one unscheduled visit at the request of USAID.

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT

Community-based rehabilitation services strengthened through grant

The Project strengthened grassroots services to detect, diagnose, and treat visual disabilities through grants to JRS and St. John's Eye Clinic.⁴⁴ (See Section III and Annex C for details).



Young girls receive hearing screening tests in their Gaza kindergartens. The screening program, funded by USAID, seeks to reduce the incidence of hearing and middle ear problems among children.

⁴⁴ As reported under Focus Area A, the grant to JRS in Gaza was terminated for convenience as of March 31, 2013, three months earlier than the grant completion date.

Under the grant to JRS, children with disabilities and their families in Gaza had increased access to specialized health care services

Through the grant, St. John's Eye Clinic conducted an intensive screening initiative that ensures early detection of vision impairments related to diabetes, as well as providing specialized treatment that is unavailable from other Gaza-based medical facilities.

FOCUS AREA E: PROCUREMENT AND HUMANITARIAN ASSISTANCE

Medical services and education in Gaza through equipment installation strengthened

During the scheduled trips to Gaza, Project staff conducted site visits to seven NGO parents to supervise the delivery of new equipment, follow up on the utilization of donated equipment and on the distribution of medical kits, to supervise scheduled preventative maintenance on donated equipment, and to monitor grantee progress and activities.

Procured equipment was also delivered to strengthen services for disabled Gazans. Over \$6,000 worth of assistive devices (including wheelchairs and walking aids) were provided to Palestine Save the Children Foundation and two tympanometers were delivered to JRS and Al Amal Rehabilitation Society in Rafah.

In Y5Q1, Project staff conducted an unscheduled, emergency trip to Gaza at the request of USAID to monitor the distribution of medical relief supplies. Three medical kits were delivered to Al Amal Hospital in Khan Younis, Al Ahli Hospital, and JRS. Each kit can benefit up to 10,000 persons and included equipment, drugs, and consumable supplies.

SECTION V

MONITORING AND EVALUATION

The Project's M&E team functions as a component of the Knowledge Management Unit, which was established in Year 3. The team assumed a critical role by providing data and analysis reflecting progress of the Project towards the achievement of intended results and outcomes.

As described below, the M&E team performs several key functions to support the implementation of Project activities by developing and implementing survey tools and assessments and conducting special studies referenced in this report.

SPECIAL STUDIES

The early termination of non-HIS activities abbreviated the proposed timeframe for the impact and outcome data collection, outlined in the Project's Performance Monitoring Plan (PMP). In Y5Q2, the Project received guidance from USAID to conduct as much of the planned data collection as possible. As a result, the M&E team implemented the following special studies between January and April 2013:

- Effectiveness Assessment of the HIS
- NGO beneficiary satisfaction survey
- Training follow-up survey
- Project impact assessment

Beneficiary Satisfaction Assessment (Focus Area A)

In Year 5, the M&E team evaluated the impact of the Project's grants program on rehabilitative services available to the Palestinian people by conducting a second round of grantee beneficiary satisfaction assessments.⁴⁵ In coordination with Alpha International, the Project surveyed 84 beneficiaries of the following two grantees:

- Bethlehem Arab Society (BASR)
- Jerusalem Princess Basma Center for Disabled Children (JCDC)

The purpose of the study was to assess overall beneficiary satisfaction as a deliverable for the PMP⁴⁶ and acquire more details about the quality of service received and the extent to which it met the beneficiary needs.

The study found that beneficiary satisfaction is high (91.7%) with rehabilitation and health treatment the respondents received from centers they visited.

⁴⁵ The first grantee beneficiary satisfaction assessment was conducted in Year 4. At that time, the Project surveyed 217 beneficiaries of five grantees (Care of Children with Special Needs, Caritas Baby Hospital, Palestinian Happy Child Center, Shepherd's Field Hospital, and St John's Eye Hospital).

⁴⁶ Intermediate Result A4: Percentage (%) satisfaction of beneficiaries from services provided by NGOs receiving grants.

Effectiveness Assessment of the Health Information System (Focus Area B)

The Project evaluated the impact of the HIS on health service management and delivery in Year 5. The assessment included an HIS user survey, group in-depth interviews with facility managers about their experience with HIS during the past year, and a management survey to assess satisfaction with the overall availability of information for reporting and decision making purposes. The assessment was conducted over a period of three weeks in January and February 2013 in the five MOH facilities in Nablus and Qalqilya districts that have been using the system for more than one year.

The results of the user survey reflected that 80% of users believe that using the HIS contributes to improved administrative and managerial practices and improved patient care. About (85%) of users believe that HIS improves the availability and accuracy of patient information and the sharing of information within and amongst facilities using the system. About (84%) of users also claim that HIS facilitates the generation of periodic and statistical reports in addition to patient care reports. About (80%) of users also believe that HIS improves user performance and accountability.

The user survey reflected challenges in connectivity which were further explored during in-depth interviews and found to be linked to the quality of internet services available through Paltel, the local telecommunication company.

The survey also reflected the need for greater technical support for the system from the MOH where only (47%) of users claimed that technical difficulties are dealt with on time. This was further investigated to show that PHC facilities were less satisfied with the technical support available compared to SHC facilities. In depth interviews also revealed the need for greater technical support.

Client Satisfaction Survey and Household Survey (Focus Area C)

The Project evaluated the implementation of its integrated PHC interventions through two pre-post surveys, as part of its internal (non-PMP) M&E process. The Client Satisfaction Survey (CSS) and Household Survey (HHS) are conducted by the CBO partner in the first month and last month of its CCA contract to measure changes in patient perceptions of MOH services received as a result of Project interventions in clinical quality improvement and community mobilization.

In Year 5, these surveys were conducted by CBOs in 13 communities in Qalqilya, Toubas, and Salfit.

Final impact assessment

The Project completed its impact assessment in Y5Q2, with the collection of end-line data in March 2013. In line with its design as a repeated cross-sectional assessment, the Project compared the end-line data with the baseline⁴⁷ data to the impact of Project interventions.

⁴⁷ Baseline data was originally collected between in July and September 2010.

The Project did not collect end-line data for two impact indicators (access and sustainability), as activities related to these indicators were terminated before the impact assessment.

The following table lists the impact indicators⁴⁸ and their sample sizes:

Dimension of Impact	Indicator	Assessment 2010	Assessment 2013
Equity	% of fully functional health care services related to listed project provided medical equipment	106 Facility Surveys: <ul style="list-style-type: none"> • 91 MOH • 15 NGO 	125 Facility Surveys: <ul style="list-style-type: none"> • 100 MOH • 6 NGO
Efficiency	% improvement in efficiency in management and delivery of MOH healthcare services at facilities equipped with the project-provided Health Information System	128 health facility personnel at 12 MOH facilities	32 health facility personnel at 5 MOH facilities that have used HIS for more than one year.
Quality (Clients)	% of client satisfaction with quality of services provided at health facilities that receive assistance from the Project	3,477 clients at 106 facilities	1,195 clients at project-assisted sites
Quality (Providers)	% of provider satisfaction with the quality of services provided at their health facility that are receiving assistance from the Project	417 providers at 106 facilities	455 providers at project-assisted sites

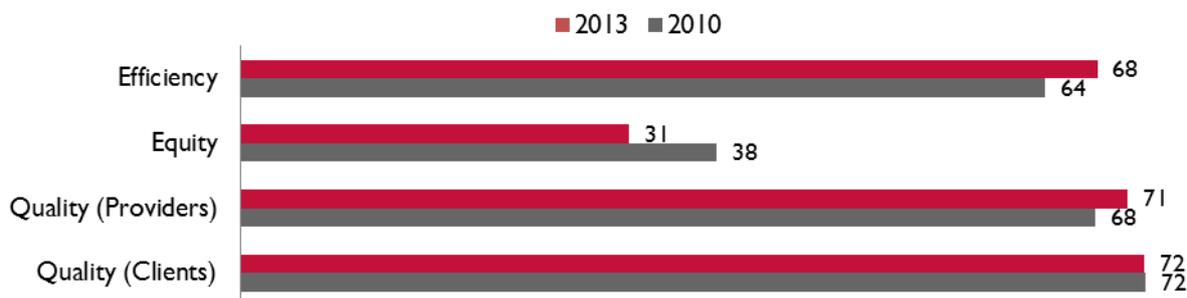
The results of the survey were predictable. When the PMP was revised in FY12, the targets for 2013 assessment were set to maintain or slightly increase values achieved in the 2010 assessment.

The Project expected no significant changes would be observed due to the following reasons:

- *Delay in baseline data collection:* The 2010 assessment did not represent a real baseline for the Project, since technical activities had begun two years prior. Therefore, the 2010 assessment can be seen more as a mid-term data collection, because the data collected was already impacted by significant input from the Project, especially with regards to procurement (with more than \$10,157,171 of medical equipment was delivered to beneficiaries in that year).
- *Shift in technical scope:* The Project underwent significant changes in scope throughout FY11, 12, and 13, when Congressional funding delays resulted in the termination of some project interventions and intermittent and non-continuous input in other project interventions.

⁴⁸ The two indicators excluded from the 2013 data collection are not listed.

Y5: IMPACT INDICATOR RESULTS



FIELD MONITORING

The Procurement Manager made one field visit to Gaza on behalf of the M&E team⁴⁹ to conduct the final grant evaluation for St John's Eye Hospital and JRS.

PROJECT GENDER ANALYSIS

In accordance with its gender strategy documented in Year 3, the Project monitors the gender distribution amongst beneficiaries and participants. As highlighted below, women constitute the majority in almost all major Project activities.

Y5 GENDER DISTRIBUTION



⁴⁹ The M&E Officer did not receive permission to enter Gaza in time to conduct the final evaluations.

SECTION VI

PROJECT MANAGEMENT AND OPERATIONS

MISSION ORDER 21 AND COMPLIANCE

Chemonics continued to ensure full compliance with USAID rules and regulations and maintains proper systems, especially in relation to Mission Order 21 (MO21). In Y5, the Project submitted a total of 86 vetting requests: 14 NGOs, 12 vendors, and 60 trainees.

In addition, Chemonics submitted complete sub-award reports on or before the fifth day of each month which included 283 transactions. Over the year, the number of transactions decreased dramatically as project activities were reduced by the restructuring of the project.

Two compliance review actions occurred in Year 5. On December 12, 2012, the Project received the USAID Compliance Review Report for the period July 1, 2011 through March 31, 2012; no weaknesses were identified in any of the areas of the Compliance Review. On September 11, 2013, an MO21 compliance review was conducted under the new protocols as specified in the mission notice 2013-WBG-02. The audit covered the period from April 1, 2012 to August 31, 2013.

COORDINATION WITH USAID

Given the funding delays, the Project and USAID kept very close coordination in the decision-making process throughout the year. This included constant verbal and written exchange of information on contractual, operational, and technical issues. The Chief of Party (COP) and Contracting Officer's Representative (COR) kept close coordination on areas of intervention and USAID funding priorities.

In Y5Q2, the Project increased coordination further to ensure timely decision making and responsiveness to USAID and congressional needs, within a context of changing funding scenarios and USAID implementation priorities. Multiple implementation and funding scenarios were discussed between the COP and COR. Follow up includes weekly meetings with the COP, Deputy Chiefs of Party (DCOPs), and/or Project staff, and almost daily phone calls and email. The Project continued to exchange an approval request tracker with the COR and hold weekly phone calls and meetings.

In Y5Q4, the new COP started providing a weekly report by email to USAID on all major accomplishments, ongoing activities, and planned events as well as requests from USAID. At the end of the quarter, the Project returned to sharing technical successes with USAID via the weekly "bullets." The COP also met regularly with the activity manager and/or the

program director of USAID to summarize progress and to further address technical and operational issues.

STAFFING AND RECRUITING

Staffing and recruiting initially rose in Year 5, as the Project expanded its Champion Community Approach coverage. In Y5Q1, the project recruited four long-term staff to support technical and operations activities.

At the end of Y5Q2, the Project initiated a Reduction in Force (RIF) process by issuing a total of 33 termination notices between December 2012 and September 2013.⁵⁰ These terminations included staff from the technical and operations teams hired through Chemonics International and Massar Consulting and Technical Services Company.

Several senior Project management shifts also occurred in Year 5, including the departure of the DCOP for Operations in Y5Q3, and the COP in Y5Q4. A new COP and a new Director of Compliance and Administration joined the project in Y5Q4.

At the end of Year 5, the staffing structure included 13 long-term Chemonics staff and five long-term staff hired through Massar. The staff is organized into a technical unit focused on HIS, a knowledge management unit overseeing technical reporting, communications, and monitoring and evaluation, and a compliance and administration unit responsible for finance, human resources, operations, and compliance.

Short-term consultancies were also affected by the funding hold. Although two short-term consultants were hired to support the procurement team in Y5Q1, the Project terminated 13 short-term consultant contracts in Y5Q2. Three other consultants concluded their assignments by the end of Y5Q2.

Following the mid-year shift in technical focus, the Project hired three short-term consultants to support the continued implementation of HIS activities, including:

- An HR Consultant for the Health Information System (HIS) in May 2013 to support the MOH in utilizing all components of the HR system, including the MOH management in generating reports from the system in decision-making
- A HIS Data Integration Consultant to provide technical assistance to the MOH in financial forecasting and analysis to ensure accurate budgeting for the HIS
- A Community and Corporate Social Responsibility (CRS) Mobilizer to pilot a Community/CRS campaign in order to mobilize resources for HIS in the Qalqilya district clinics.

The Media Consultant and Technical Reporting Specialist remain engaged by the Project.

⁵⁰ The Project issued 17 notices in December, seven notices in February, six notices in March, one notice in May, and two notices in June.

ANNEX A: SUMMARY TABLE OF INDICATORS

No.	Op. S. /M ⁵¹	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013		
Cross Cutting Indicators														
I	M	Total number of individuals trained through the Project	Quarterly	Discrete	Project records	Output	0	-	-		1485	455	4703	5,197
								322	729	1713	1308	1125		
I.1	3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	Quarterly	Discrete	Project records	Output	0			600	425	150		1,779
								222	191	806	449	111		
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		1,504
								112	478	117	352	445		
I.3	M	Number of individuals trained in other topics	Quarterly	Discrete	Project records	Output	0				460	155		2,183
										1073	541	569		
		<i>Procurement related trainings</i>	Quarterly	Discrete	Project records	Output	0				10	5		186
								-	-	172	2	12		
		<i>Community members trained</i>	Quarterly	Discrete	Project records	Output	0				450	150		1,975
								-	-	901	517	557		
		<i>Others – technical trainings</i>	Quarterly	Discrete	Project records	Output	0				No target set			22

⁵¹ Op.S: Operational Standard Indicator / M: Management Indicator

No.	Op. S. /M ⁵¹	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013		
		<i>through grants</i>												
1.4	M	% of trained individuals applying skills/knowledge acquired from USG-funded training provided under the Project.	Annual starting Y3	Discrete	Special Study	Outcome	0	0%	40%	55%	65%	75%		85%
								-	-	88%	85%	83%		
2	M	Number of individuals who received direct on-the-job technical assistance through the Project	Annual	Cumulative	Project records	Output	0	-	-	-	550	550	550	686
										431	683	686		
3	M	Number of technical documents (laws, policies, regulations, guidelines...etc) produced with USG-support through the Project and submitted to the MOH	Annual	Cumulative	Project records	Output	0	-	-	-	52	52	52	56
										48	48	56		
4	M	Number of reform processes and products institutionalized at the MOH	EOP	Discrete	Project records	Outcome	0	-	-	-	-	25	25	
											-	to be reported in Y5 annual report		
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	107
									39	20	38	10		
5.1	M	NGOs					0		18	3	2	0		23
5.2	M	CBOs					0		21	17	35	10		83
6	M	Number of MOH facilities assisted to provide quality	Annual	Cumulative	Project records	Output	0	-	-	-	170	170	170	169

No.	Op. S. /M ⁵¹	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013		
		health care services								136	162	169		
6.1	M	SHC					0			12	13	13		13
6.2	M	PHC					0			124	149	156		156
Focus Area A														
Intermediate Result A.1: Strengthened capacity of MOH staff and systems in the provision of quality, sustainable and equitable healthcare services														
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
										22	Target reached in Y3	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	96
										81	96	96		
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	35,340
											17,395	17,945		
A4	M	Percentage (%) Satisfaction of beneficiaries from services provided by NGOs receiving grants	Y4	Cumulative	Special Study	Outcome	0	-	-	-	90%	90%	90%	95%
											98%	91.7%		
A5	M	Number of grants awarded to selected NGOs	Annual	Cumulative	Project records	Output	0		10	20	25	30	30	21
									10	15	21	0		

No.	Op. S. /M ⁵¹	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013		
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 healthcare														
B1	3.1.5 OPHT	Number of individual patient records stored in the USG-supported Health Information System.	Quarterly	Cumulative	System generated	Output	0			60,000	150,000	250,000	250,000	544,633
										79,649	274,680	544,633		
B2	M	Percentage (%) effectiveness of HIS at the facilities that have used the USG-supported Health Information System	Y5 only	Cumulative	Special Study	Outcome	0							80%
											-	80% (special study report)		
Focus Area C														
Intermediate Result C.1: Strengthened capacity of health institutions to deliver quality clinical services														
C1	M	Average score (%) on PHC Quality Assessment Tool	Baseline Y4 and Endline	Discrete	Special PHC quality assessment tool	Outcome	0	-	-	-	-	45%	45%	66%
											25%	66%		
Intermediate Result C.2: Community mobilization to strengthen clinic-community linkages to provide effective community based services														
C2	M	Number of participants in community based social mobilization activities	Annually	Discrete	Project records	Output	0		100,000	500,000	300,000	100,000	1M	1,352,327
								0	163,148	683,957	367,102	138,120		
C3	M	Number of volunteers at communities supporting the implementation of health activities and local health clinic renovation as part of the Champion Community Approach	Annually starting Y4	Cumulative	Partner reports	Outcome	0	-	-	-	450	600	600	1,138
										396	925	1,138		

No.	Op. S. /M ⁵¹	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013		
C4	M	USD amount leveraged through community members in support of health activities and local clinic renovations	Annually starting Y4	Discrete	Partner reports	Outcome	0	-	-	-	60,000	20,000	80,000	110,684
										263,069	51,017	59,667		
Intermediate Result C.3: Strengthened capacity of health institutions to effectively use behavior change communication strategies														
C5	M	Percentage of individuals trained on BCC methodologies who report applying skills/knowledge acquired through this training	Y4 only	Discrete	Special Study	Outcome	0	-	-	-	60%	-	60%	-
											Training moved to Y5	Training not conducted		
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	184
								1	100	117	159	184		
E2	M	Value (in USD) of procured commodities delivered – disaggregated as followed:	Quarterly	Discrete	Project records	Output	0	0.5M	17M	3M	4M	2M	26.5M	27,020,074
								172,900	15,625,628	4,411,444	3,182,976	3,627,126		
E2.1		Total amount USD of medical disposables/ supplies provided.					0	0	0	13,113	0			
E2.2		Total amount USD of pharmaceuticals provided.					0	1,249,399		0	0			
E2.3		Total amount USD of medical equipment delivered.					0	172,900	10,157,171	2,009,546	910,434	1,822,122		

No.	Op. S. /M ⁵¹	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1 2009	FY2 2010	FY3 2011	FY4 2012	FY5 2013		
E2.4		Total amount of USD of HIS provided.					0		4,219,053	1,674,272	1,377,967	1,783,704		
E2.5		Total amount of USD of humanitarian assistance/ emergency supplies provided					0			727,626	881,461	21,300		

ANNEX B: YEAR 5 TRAINING EVENTS TABLE

Quarter I

(Total: 53 training events)

Y5QI Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
HIS – Transportation Services Management System	B	October 11, 2012	0	1	One (1) staff member from Qalqilya Hospital attended Transportation Services Management System training, which is one of the HIS modules. The aim of the training was to manage transport services information. The system is ready to receive nursing orders to transport patients. The hospital is able to record the needed trip data. The system is providing various activity reports.
HIS – Blood Bank Information System	B	October 11, 2012	0	2	Two (2) staff members from the Ramallah directorate attended Blood Bank Information System training, which is one of the HIS modules. The aim of the training was to track inventory and donor data meeting the hospital's requirements.
HIS – Radiology Information System	B	October 11, 2012	5	2	Seven (7) staff members from the Ramallah directorate attended Radiology Information System training, which is one of the HIS modules. The aim of the training was to ensure the fulfillment of radiological requests related to polyclinic patients, inpatients, and other patients who have directly applied for that purpose and ensures that necessary records are kept.
HIS – Blood Bank Information System	B	October 14, 2012	1	4	Five (5) staff members from Hebron Hospital attended Blood Bank Information System training, which is one of the HIS modules. The aim of the training was to track inventory and donor data meeting the hospital's requirements.
HIS – Transportation Services Management System	B	October 14, 2012	0	4	Four (4) staff members from Hebron Hospital attended Transportation Services Management System training, which is one of the HIS modules. The aim of the training was to manage transport services information. The system is ready to receive nursing orders to transport patients. The hospital is able to record the needed trip data. The system is providing various activity reports.
ECG and Pharmacology	E	October 16, 2012	9	18	Twenty-seven (27) participants from different areas attended ECG and Pharmacology training, which provides basic knowledge and analytical skills to identify and manage basic and fatal ECG rhythms (e.g., Ventricular Tachycardia and Fibrillation). It also provides insight about anatomy and physiology for the cardiac system, conduction system, and cardio mechanics. Detailed basics about ECG electrodes and vectors were also included.
Clinical Training on ECG	E	October 17, 2012	5	15	Twenty (20) doctors from the Toubas directorate attended Clinical Training on ECG. The aim of the training was to enable the doctors to diagnose any abnormalities in heart functions

Y5QI Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					through correct ECG interpretation.
Mammography Training	E	November 4, 2012	2	0	Two (2) MOH staff from the Jericho directorate attended Mammography Training in Beit Jala Hospital. The aim of the training was as follows: <ol style="list-style-type: none"> 1. Identification of normal breast anatomy. 2. Preparing patients for mammography. 3. Filing and record keeping. 4. Using mammography films, cassettes, markers, and compression. 5. Identification of benign and malignant cases. 6. Identifying mistakes that could occur while developing films, artifacts. Using the mammography machine and its parts and maintaining infection control procedures.
First Aid Training	C	November 5, 2012	6	3	Nine (9) community members from Qalqilya attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	November 5, 2012	20	0	Twenty (20) community members from the Hizma community in Jerusalem attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	November 11, 2012	11	6	Seventeen (17) community members from the Beit 'Awwa community in Hebron attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	November 12, 2012	5	10	Fifteen (15) community members from the Al Jib community in Jerusalem attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	November 12, 2012	12	0	Twelve (12) community members from the Hableh community in Qalqilya attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS – General Ledger System for Accountants	B	November 12, 2012	1	4	Five (5) accountants from the Ramallah directorate attended General Ledger System for Accountants training, which is one of the HIS modules. The aim of the training was to control hospital income and expenditures, to determine the hospital's budget, and to classify and assure optimum use of the hospital's financial resources. Parameters needed to allow hospital staff to benefit from the profits made by the revolving fund and to include such amounts in their

Y5QI Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					payrolls can be entered at level or functionality levels.
First Aid Training	C	November 13, 2012	29	0	Twenty-nine (29) community members from Jericho attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS – Laboratory Information System	B	November 13, 2012	7	3	Ten (10) lab technicians from the Ramallah directorate attended Laboratory Information System Training, which is one of the HIS modules. The aim of the training was to ensure that all laboratory requests related to polyclinic, clinic, and emergency room patients are fulfilled and necessary records are kept.
Infection Prevention and Control Training	C	November 13, 2012	17	7	Twenty-four (24) MOH staff from the South Hebron directorate attended IPC Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills, and attitudes in IPC.
Comprehensive Quality Management in Radiotherapy	E	November 15, 2012	1	0	One (1) physicist from Augusta Victoria Hospital (AVH) in Jerusalem attended Comprehensive Quality Management in Radiotherapy training in Belgium. The aim of the training was to train the participant how to analyze, report, and deal with an accident in a Radiotherapy environment.
HIS – Outpatient (Polyclinic) Information System for Doctors	B	November 18, 2012	4	8	Twelve (12) doctors from the Ramallah directorate attended Outpatient (Polyclinic) Information System Training, which is one of the HIS modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers, and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services.
First Aid Training	C	November 18, 2012	14	0	Fourteen (14) community members from the Hableh community in Qalqilya attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Mammography Training	E	November 18, 2012	1	0	One (1) MOH staff from the Bethlehem directorate attended Mammography Training in Beit Jala Hospital. The aim of the training was as follows: <ol style="list-style-type: none"> 1. Identification of normal breast anatomy. 2. Preparing patients for mammography. 3. Filing and record keeping. 4. Using mammography films, cassettes, markers, and compression. 5. Identification of benign and malignant cases. 6. Identifying mistakes that could occur while developing films, artifacts. Using the mammography machine and its parts and maintaining infection control procedures.

Y5QI Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
HIS – Outpatient (Polyclinic) Information System for Doctors	B	November 18, 2012	2	9	Eleven (11) doctors from the Ramallah directorate attended Outpatient (Polyclinic) Information System Training, which is one of the HIS modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers, and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services.
First Aid Training	C	November 19, 2012	12	5	Seventeen (17) community members from Al Ghwattah community in Hebron attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Infection Prevention and Control Training	C	November 19, 2012	17	5	Twenty-two (22) MOH staff from the Hebron directorate attended IPC Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills, and attitudes in IPC.
First Aid Training	C	November 19, 2012	17	12	Twenty-nine (29) community members from the Az Zubeidat community in Jericho attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
ECG and Pharmacology	E	November 20, 2012	24	38	Sixty-two (62) participants from different areas attended ECG and Pharmacology training, which provides basic knowledge and analytical skills to identify and manage basic and fatal ECG rhythms (e.g., Ventricular Tachycardia and Fibrillation). It also provides insight about anatomy and physiology for the cardiac system, conduction system, and cardio mechanics. Detailed basics about ECG electrodes and vectors were also included.
First Aid Training	C	November 25, 2012	14	11	Twenty-five (25) community members from the 'Anabta community in Tulkarem attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS – HR Management System	B	November 25, 2012	1	1	Two (2) staff members from the MOH attended HR Management System Training, which is one of the HIS modules. The aim of the training was to manage HR activities.
First Aid Training	C	November 25, 2012	13	8	Twenty-one (21) community members from the Dhinnaba community in Tulkarem attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	November 25, 2012	15	8	Twenty-three (23) community members from Tulkarem attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the

Y5QI Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					community.
First Aid Training	C	November 25, 2012	18	0	Eighteen (18) community members from the 'Attil community in Tulkarem attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	November 25, 2012	22	1	1. Fifteen (15) community members from the 'Anata community in Jerusalem attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Mammography Training	E	November 25, 2012	2	0	Two (2) MOH staff from the Toubas directorate attended Mammography Training in Beit Jala Hospital. The aim of the training was as follows: <ol style="list-style-type: none"> 2. Identification of normal breast anatomy. 3. Preparing patients for mammography. 4. Filing and record keeping. 5. Using mammography films, cassettes, markers, and compression. 6. Identification of benign and malignant cases. 7. Identifying mistakes that could occur while developing films, artifacts. Using the mammography machine and its parts and maintaining infection control procedures.
First Aid Training	C	November 26, 2012	14	1	Fifteen (15) community members from the Hableh community in Qalqilya attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
HIS – Outpatient Information System for Nurse	B	November 26, 2012	0	3	Three (3) nurses from the Ramallah directorate attended Outpatient (Polyclinic) Information System Training which is one of the HIS modules. The aim of the training was to ensure efficient operation of the polyclinic system by structuring the physicians' work schedules with the help of computers, and meeting requirements of polyclinic patients, who account for a major part of demand for hospital services.
First Aid Training TOT	C	December 2, 2012	20	4	Twenty-four (24) MOH participants from different facilities attended First Aid TOT training. The aim of the training was to understand the following: first aid basics and principles, first aid kit, vital signs assessment, unconscious unresponsive patients and Cardiopulmonary Resuscitation (CPR), recovery position, choking, bee and scorpion sting, heart, stroke, bone fracture, spine injury, head injury, human bite, and animal bite.
First Aid Training	C	December 6, 2012	15	8	Twenty-three (23) community members from the Ar Ram community in Jerusalem attended First Aid training. The aim of the training was to provide the participants with basic skills in first

Y5QI Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Standards of Care	C	December 9, 2012	43	1	Forty-four (44) MOH staff from the Jenin district attended SOC training. The aim of the training was to introduce the SOC and EPS, ensure that these two tools will become a reference for training, and train supervisors how to use and benefit from these tools.
Mammography Training	C	December 9, 2012	2	0	Two (2) MOH staff from the Hebron directorate attended Mammography Training in Beit Jala Hospital. The aim of the training was as follows: <ol style="list-style-type: none"> 1. Identification of normal breast anatomy. 2. Preparing patients for mammography. 3. Filing and record keeping. 4. Using mammography films, cassettes, markers, and compression. 5. Identification of benign and malignant cases. 6. Identifying mistakes that could occur while developing films, artifacts. Using the mammography machine and its parts and maintaining infection control procedures.
HIS – Patient Registration and Master Index System	B	December 12, 2012	6	5	Eleven (11) staff members from the Ramallah directorate attended Patient Registration and Master Index System Training, which is one of the HIS modules. The aim of the training was to show how the patient data entered in the system is used in all of the other modules making up the system.
Standards of Care	C	December 12, 2012	42	6	Forty-eight (48) MOH staff from the Jenin district attended SOC training. The aim of the training was to introduce the SOC and EPS, ensure that these two tools will become a reference for training, and train supervisors how to use and benefit from these tools.
Standards of Care	C	December 12, 2012	11	22	Thirty-three (33) MOH staff from the Jenin district attended SOC training. The aim of the training was to introduce the SOC and EPS, ensure that these two tools will become a reference for training, and train supervisors how to use and benefit from these tools.
Standards of Care	C	December 13, 2012	69	14	Eighty-three (83) MOH staff from the Nablus district attended SOC training. The aim of the training was to introduce the SOC and EPS, ensure that these two tools will become a reference for training, and train supervisors how to use and benefit from these tools.
Standards of Care	C	December 13, 2012	22	10	Thirty-two (32) MOH staff from the northern districts attended SOC training. The aim of the training was to introduce the SOC and EPS, ensure that these two tools will become a reference for training, and train supervisors how to use and benefit from these tools.
First Aid Training	C	December 16, 2012	7	8	Fifteen (15) community members from the Hamida Najadi community in Hebron attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.

Y5QI Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
First Aid Training	C	December 17, 2012	18	0	Eighteen (18) community members from the Bir Zeit community in Ramallah attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Infection Prevention & Control Training	C	December 17, 2012	24	0	Twenty-four (24) MOH staff from the Jenin directorate attended IPC Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills, and attitudes in IPC.
Advanced Cardiovascular Life Support	A	December 18, 2012	2	13	Fifteen (15) participants from the southern districts attended Advanced Cardiovascular Life Support (ACLS) training at Al Ahli Hospital in Hebron. The aim of the training was to increase the capacity of PHC doctors and nurses to deal with emergency cases, basic life support (BLS), and ACLS at the emergency ward and in the intensive care unit.
First Aid Training	C	December 19, 2012	14	9	Twenty-three (23) community members from the 'Ein ad Duyuk al Fauqa community in Jericho attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
Advanced Cardiovascular Life Support	A	December 20, 2012	1	10	Eleven (11) participants from the Hebron district attended ACLS training at Al Ahli Hospital in Hebron. The aim of the training was to increase the capacity of PHC doctors and nurses to deal with emergency cases, BLS, and ACLS at the emergency ward and in the intensive care unit.
First Aid Training	C	December 24, 2012	9	12	Twenty-one (21) community members from the Beit Rima community in Ramallah attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	December 27, 2012	7	26	Thirty-three (33) community members from the Ni'lin community in Ramallah attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.
First Aid Training	C	December 30, 2012	24	0	Twenty-four (24) community members from the Shuqba community in Ramallah attended First Aid training. The aim of the training was to provide the participants with basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders in the community.

Quarter 2

(Total: 15 training events)

Y5Q2 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
Medical equipment calibrators and simulators	E	January 20, 2013	1	15	Sixteen biomedical engineers attended a training provided by Fluke that was held at the NCTC in Huwwara. The aim of the training was to provide theoretical and practical knowledge for the use of the medical equipment calibrators and simulators provided by the Project.
IT Administration	B	January 22, 2013	1	3	Four MOH IT staff were trained on HIS administration and support.
IT Infrastructure	B	January 28, 2013	3	7	Ten MOH IT staff were trained on HIS administration and support.
Hemodialysis Machine Service Training	E	February 4, 2013		1	One participant from Jericho Hospital attended a technical training course on the hemodialysis machine in Germany.
ICD10-CM	B	February 6, 2013	8	27	Thirty five medical staff from Nablus and Qalqilya were trained on using the ICD10-CM list for diagnosis, which has been uploaded to the HIS.
ICD10-CM	B	February 7, 2013	4	29	Thirty three doctors from the Hebron Government Hospital were trained on using the ICD10-CM list for diagnosis, which has been uploaded to the HIS.
Website Training	E	February 11, 2013	3		Three staff members from the Palestine Medical Council were trained on handling and administrating the new online testing system.
Testing Application	E	February 13, 2013	1	1	Two staff members from the Palestine Medical Council were trained on handling and administrating the new online testing system.
Continuing Medical Education	E	February 14, 2013	3	1	Four staff members from the Palestine Medical Council were trained on handling and administrating the new online testing system.
ICD10-CM	B	February 14, 2013		40	Forty doctors from Ramallah Government Hospital were trained on using the ICD10-CM list for diagnosis, which has been uploaded to the HIS.
ICD10-CM	B	February 15, 2013		24	Twenty four doctors from the Hebron Directorate were trained on using the ICD10-CM list for diagnosis, which has been uploaded to the HIS.
Clinical Training, Radiation Therapy	E	February 18, 2013		4	Four staff members from AVH were provided with an overview of the clinical workflow and practical considerations in starting and implementation advanced treatment techniques using Varian's Radiation Therapy System.
HP Training	E	March 6, 2013		5	Five MOH staff attended a training on HP Solution devices, allowing them to operate and maintain the devices in support of HIS implementation.
HP Training	E	March 13, 2013		5	Five MOH staff attended a training on HP Solution devices, allowing them to operate and maintain the devices in support of HIS implementation.

Y5Q2 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
CBC Training	E	March 18, 2013	17	7	Twenty four lab technicians were trained on all Blood Cell Counters (CBC) machine user functions and on quality assurance.

Quarter 3

(Total: 4 training events)

Y5Q2 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
IT Training Administration	B	April 29, 2013	1	3	Four MOH administrative staff attended training on administering and supporting the HIS system independently.
ESTRO Forum	E	April 19, 2013	0	1	One doctor attended the European Society for Radiotherapy and Oncology (ESTRO) second Forum in Geneva Switzerland. The forum offers an important opportunity for all health professionals specialized in the field of Oncology and Radiation therapy to update their knowledge and receive the latest technologies in the field.
ABX CBC Factory Service Training	E	May 13, 2013	0	2	Two engineers attended a training to raise the technical capacity of the MOH Biomedical Engineering Unit in repairing and maintaining CBC units procured by the project after the warranty period ends.
Image Guided Radiation Therapy	E	May 22, 2013	2	1	Three clinicians were trained on image guided radiation therapy. This training is part of an overall training package which was included in the original purchase order of the Radiation Therapy System donated by USAID to Augusta Victoria Hospital.

ANNEX C: GRANTEE ACHIEVEMENTS

Grantee	Purpose of Grant	Y5 Activities
1.) St. John 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"> • 405 diabetic patients were examined at St. John Eye Hospital. • 83 patients underwent laser sessions. • 62 diabetic patients underwent surgeries.
2.) 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"> • 74 patients received surgeries using the new arthroscopic equipment
3.) Al Ahli Hospital – Patient's Friends Society <i>Hebron</i>	To create a culture of continuing 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.	<ul style="list-style-type: none"> • Three ECG and Pharmacology training was held; 92 professionals were trained. • 2 ACLS trainings were held in December for Specialty Emergency Ward and Intensive Care Unit doctors at all facilities; 29 professionals were trained.
4.) 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"> • 270 children received individual counseling sessions. • 92 children participated in therapeutic group activities. • 43 children with disabilities were evaluated by physiotherapy and occupational therapy. • 1,314 children participated in integrated internal and external pedagogical activities in different neighborhoods of El Khaer, Nahalin, Obeidieh, and Dheisheh. • 23 case discussions were conducted for 4 animators of the toy libraries in El Khader, Nahalin, and Deheisheh. • 10 group supervisions session were conducted for therapists from the BASR pediatric rehabilitation team. • 11 group supervision sessions were conducted for child care professionals in El Khader, Obiedieh and Dheisheh. • 9 individual supervision sessions were conducted for child care professionals. • 32 awareness sessions on child rights and child protection were organized for

Grantee	Purpose of Grant	Y5 Activities
		<p>560 children in the Latin school.</p> <ul style="list-style-type: none"> • 36 awareness activities on child rights organized for children at El Khader, Nahalin, Obiedieh, and Deheisheh. • 17 awareness sessions were organized for 283 teachers and parents.
<p>5.) JCDC Jerusalem</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"> • 10 community centers were reached by JCDC. • 288 children with special needs were assessed at the community centers by the JCDC team. • 52 staff members from community centers were coached by the JCDC professionals to allow the provision of quality services to 261 children at the community centers in October. • 39 children with special needs were referred to JCDC. • 16 professionals, 48 parents and therapists/community workers from Ramallah, Nablus, and Hebron participated in awareness raising sessions in October. • 5 professionals, 15 parents and therapists/community workers from Nablus participated in awareness raising sessions in November. • 8 professionals, 9 parents and therapists/community workers from Jericho participated in awareness raising sessions in December.
<p>6.) QOU Jerusalem</p>	<p>To develop curricula for the health management program that is consistent with distance learning philosophies.</p>	<p><i>QOU partially fulfilled the technical objectives of the grant. While QOU successfully completed the main objective of the grant, it was unable to complete the last two milestones prior to the end date of the grant agreement. QOU will continue with its design and print, without Project support.</i></p>
<p>7.) JRS Gaza</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"> • 4,200 children were screened. • 860 kindergarten caregivers and parents benefited from 10 health awareness raising sessions. • 1,630 children benefited from 5 theater performances. • 600 at-risk children were referred to the Audiology Clinic. • 450 children received medical consultations. • 800 families got letters explaining the importance and results of hearing screening.

ANNEX D: USAID OPERATIONAL INDICATORS

USAID OP Indicator	Indicator	HHA 2013(FY13)Target	FY09	FY10	FY11	FY12	FY13 Value	LOP Value to date	Comments
3.1.6 MCH	Number of local organizations provided with technical assistance for health-related institutional capacity-building	10	0	39	20	38	10	107	Starting FY12Q3 note that indicator values were adjusted retroactively to include both CBOs and NGOs as per the revised PMP approved June 5, 2012
3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	150	222	191	806	449	111	1,779	Note that this indicator includes individuals trained on the HIS.
3.1.6 (19) MCH	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines (individuals)	150	112	478	117	352	445	1,504	
3.1.5 OPHT	Number of individual patient records stored in the USG-supported Health Information System. (cumulative)	300,000	0	0	79,649	274,680	544,633	544,633	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: GEO-MIS MATRIX (ATTACHED)

ANNEX F: ANNUAL SUMMARY OF COMMUNICATION PRODUCTS AND MEDIA COVERAGE

This annex provides an overview of contractual deliverables and Project-related communication initiatives. These initiatives are designed to support the Project's technical goals, particularly in building public confidence in the public health service and fostering healthy living habits through behavior change communication:

- Communication Products
- Media Coverage
- Weekly Updates to USAID
- Social Media

COMMUNICATION PRODUCTS

Title	Format	Q	Language	Focus Area
Telling Our Story				
Connecting Disabled Children to Quality Care	Photo & Caption	Y5Q1	English	A
Weighing in for Healthy Living	Photo & Caption	Y5Q1	English	C
Standards of Care Improvement in the Quality of PHC services	Success Story	Y5Q1	Arabic	C
Better Health at the Click of a Mouse	Case Study	Y5Q3	English	B
Digitizing Licensing Exams for Palestinian Doctors	Photo & Caption	Y5Q3	English	B
Managing Staff Performance With A Click Of A Button	First Person	Y5Q4	English	B
Providing Citizen-Centered Health Care	First Person	Y5Q4	English	B
Video				
Engineering Health	Video	Y5Q1	English/Arabic	E
Healthy Summer Camp Activities	Video	Y5Q1	English/Arabic	C
Voices of Impact: Supervising Quality Care	Video	Y5Q2	English/Arabic	C
Voices of Impact: Engineering Health	Video	Y5Q2	English/Arabic	E
Voices of Impact: Delivering Quality Care	Video	Y5Q2	English/Arabic	C
Voices of Impact: Championing Community Health	Video	Y5Q2	English/Arabic	C
Voices of Impact: Modernizing Health Care	Video	Y5Q2	English/Arabic	B
Voices of Impact: Reaching the Disabled	Video	Y5Q2	English/Arabic	A
Palestinian Voices on Health - Combating Breast Cancer	Video	Y5Q2	English/Arabic	C/E
Palestinian Voices on Health - Young Champions of Health	Video	Y5Q2	English/Arabic	C
Press Release				
USAID Sign Subcontracts for Champion Community in Bethlehem and Ramallah	Press release	Y5Q1	Arabic	C

MEDIA COVERAGE INDEX

Event	Date	Media Coverage Agency / Website	Links on Event (if available)
USAID Signs 10 Agreements with Local Health Organizations <ul style="list-style-type: none"> ✓ Print coverage ✓ Online news coverage 	November 27, 2012	El Sabah website PNN MAAN Wafa Ash-Shrooq Akhbarak Egypt News Masress Palestine Home Palestine Forums Al Hayat Al Jadida Al Quds	WEB El Sabah: http://www.elsaba7.com/NewsDtl.aspx?ID=47447 PNN: http://www.pnn.ps/index.php/local/34997-مع-اتفاقيات-توقع-الدولية-للتنمية-الأمر-يكية-الوكالة-الصحية-الخدمات-لتطوير-مجتمعية-مؤسسات Maan: http://maannews.net/arb/ViewDetails.aspx?ID=542315 Wafa: http://www.wafa.ps/arabic/index.php?action=detail&id=143350 Ash-Shrooq (Egypt): http://www.shorouknews.com/news/view.aspx?cdate=27112012&id=ecfb33b7-a12b-4a99-ab74-ec57205f454d Akhbarak (Egypt): http://www.akhbarak.net/news/2012/11/27/1647658/articles/10295884/توقع-الأمر-يكية-للتنمية-مؤسسات-مع-اتفاقيات-10 Egypt News (Egypt): http://news.egypt.com/arabic/permalink/2885698.html Masress: http://www.masress.com/elsaba7/47447 Palestine Home: http://www.pal-home.net/ar/categories/74076.html Palestine Forums: http://www.ps-0.com/vb/showthread.php?p=86734 PRINT Al Hayat Al Jadida: http://alhayat-j.com/pdf/2012/11/27/page10.pdf Al Quds: http://www.alquds.com/pdfs/pdf-docs/2012/11/27/page25.pdf
Feature Story on HR using Online Module <ul style="list-style-type: none"> ✓ Print coverage ✓ Online news coverage 	December 3, 2012	Maan PNN Al Quds Al Ayyam	WEB MAAN: http://maannews.net/arb/ViewDetails.aspx?ID=544418 Maan: http://maannews.net/arb/ViewDetails.aspx?ID=544418&MARK=الصحي20%النظام PNN: http://arabic.pnn.ps/index.php/local/35940-الصحة-وزار-ة-في-المحوسب-البشرية-المواز-د-نظام-متكامل-صحي-نظام-بناء-في-يساهم PRINT Al Quds: http://www.alquds.com/pdfs/pdf-docs/2012/12/6/page13.pdf Al Ayyam: http://www.al-ayyam.com/pdfs/4-12-2012/p16.pdf

Feature Story on Nursing ✓ Print coverage ✓ Online news coverage	December 8, 2012	Maan Al Quds	WEB Maan: http://maannews.net/arb/ViewDetails.aspx?ID=546128 PRINT Al Quds: http://www.alquds.com/pdfs/pdf-docs/2012/12/7/page7.pdf
USAID opens the Calibration Center in Huwwara ✓ Print coverage ✓ Online news coverage	January 24 2013	AlQuds Al-Ayyam Alhayat Maan Dunia Alwatan Radio Bethlehem Qalqilya Youth Forum Wafa PNN NablusTV Shasha Ministry of Health	PRINT AlQuds http://www.alquds.com/pdfs/pdf-docs/2013/1/24/page13.pdf Al-Ayyam http://www.al-ayyam.ps/pdfs/24-1-2013/p12.pdf Al-Hayat Al-Jadidah http://alhayat-j.com/pdf/2013/1/24/page8.pdf WEB MAAN http://maannews.net/arb/ViewDetails.aspx?ID=558879 Dunia Al Watan http://www.alwatanvoice.com/arabic/news/2013/01/23/353698.html Radio Bethlehem http://www.rb2000.ps/arb/?p=59863 Qalqilya Youth Forum http://www.shbabq.com/moltqa/showthread.php?t=78191&page=2 Wafa http://www.wafa.ps/arabic/index.php?action=detail&id=146970 Ekhbariyat http://www.ekhbariyat.net/internal.asp?page=articles&articles=details&newsID=42768&cat=23 PNN http://arabic.pnn.ps/index.php/local/41658-معايير-التدريب-الفلستيني-المركز-تفتتح-الصحة-وزارة-41658 الطبية-الاجهزة Nablus TV http://www.nablustv.net/internal.asp?page=details&newsID=89392&cat=13 Shasha http://www.shasha.ps/more.php?id=52001#.UQARJKVCXus Ministry of Health http://www.moh.ps/?lang=0&page=3&id=1637

			<p>WEB MAAN http://maannews.net/arb/ViewDetails.aspx?ID=574470 PNN http://www.pnn.ps/index.php/local/47370-العربية-للتأهيل-ع-تطلق-مشروع-أفهمحقى-أن-حقى-من-مشروع-ع-تطلق-للتأهيل-العربية PANET http://www.panet.co.il/online/articles/110/111/S-656349,110,111.html</p>
<p>Feature Story on Autism – Princess Basma in Jerusalem</p> <p>✓ Print coverage ✓ Online news coverage</p>	<p>March 19, 2013</p>	<p>MAAN Asdaa Press PNN Panet Al-Hayat Al-Jdida Al-Quds Al Ayyam</p>	<p>PRINT Al-Hayat Al-Jadida http://www.alhayat-j.com/pdf/2013/3/20/page9.pdf Al-Ayyam: http://www.al-ayyam.ps/pdfs/20-3-2013/p10.pdf Al-Quds – page 2 http://dl.alquds.com:8080/pdf/7e2f13e8155d01b35be724e8a4dbc52e/514eb318/pdf-docs/2013/3/22/page2.pdf</p> <p>WEB MAAN http://maannews.net/arb/ViewDetails.aspx?ID=576486 Asdaa Press http://www.asdaapress.com/ar/index.php/component/k2/item/2083-.html PNN http://pnn.ps/index.php/local/47985-%D9%85%D8%A4%D8%B3%D8%B3%D8%A9-%D8%A7%D9%84%D8%A3%D9%85%D9%8A%D8%B1%D8%A9-%D8%A8%D8%B3%D9%85%D8%A9-%D8%AA%D9%81%D8%AA%D8%AD-%D9%82%D8%B3%D9%85%D8%A7%D9%8B-%D8%AC%D8%AF%D9%8A%D8%AF%D8%A7%D9%8B-%D9%84%D9%85%D8%B1%D8%B6%D9%89-%D8%A7%D9%84%D8%AA%D9%88%D8%AD%D8%AF PANET http://www.panet.co.il/online/articles/110/111/S-658725,110,111.html</p>

Y5 WEEKLY UPDATES TO USAID

Q	Date	Title	Focus Area	Talking bullet
Y5Q1	4-Oct	USAID and the Palestinian Ministry of Health (MOH) Begin National Rollout of Clinical Quality Improvement Tools, the Essential Package of Primary Health Care Services (EPS) and Standards of Care (SOC), in Hebron	C/QI	
	11-Oct	USAID grant to the Jerusalem Princess Basma Center enables disabled toddler to walk for the first time	A	
	18-Oct	Palestinian Ministry of Health (MOH) Reinforces Infection Prevention and Control (IPC) Protocols in Three Hospitals through the Use of USAID-donated Antibacterial Health Information System (HIS) Trolleys	B	
	1-Nov	USAID Community Partners Use Social Media to Mobilize Palestinians to Improve Community Health	C/CCA	
	8-Nov	Universal Children's Day is November 20th... USAID support to the health sector has made a positive impact on the lives of Palestinian children.	Overall	
	15-Nov	USAID Health Project Procures over \$500,000 worth of Medical Equipment for Jericho Hospital Updating, Expanding Services Offered	C/QI	
	21-Nov	The Ministry of Health (MOH) uses the US-funded Health Information System (HIS) to reform the pricing of medical services available through the Palestinian public health system.	B	
	29-Nov	USAID Health Project Awards \$230,000 in Subcontracts to 10 Community-Based Organizations (CBOs) in Ramallah and Bethlehem for Quality Improvements in Primary Health Care (PHC).	C/CCA	√
	6-Dec	The USAID Health Project has provided over \$1.3 Million in Grants and Medical Equipment to Organizations Serving Persons with Disabilities	A_E	√
	13-Dec	The USAID Health Project Mobilizes Hundreds of Community Volunteers across the West Bank through its Champion Community Approach	C/CCA	
	20-Dec	Palestinian children pass on health messages from USAID supported Healthy Lifestyle Summer Camps well into the winter!	C/CCA	√
27-Dec	USAID Supports the Palestinian Ministry of Health (MOH) in Increasing Early Detection of Breast Cancer among Palestinian Women	Overall	√	
Y5Q2	3-Jan	Over 20,000 Palestinian children and diabetics received vision-saving services, through \$930,000 in USAID grants and procurement to St John's Eye Hospital (SJE).	A_E	
	10-Jan	Five hundred Palestinian doctors and nurses learned life-saving skills through USAID's support for medical education at Al Ahli Hospital (West Bank) and Al Azhar University (Gaza)	A_E	√
	24-Jan	\$1.1 million of USAID-procured clinical equipment enables 115 Ministry of Health (MOH) primary health care (PHC) facilities to meet reform standards for essential services	C_E	
	31-Jan	The Palestinian Ministry of Health (MOH) improves safety, reliability, and sustainability of its medical equipment by opening the first national calibration center.	E	√
	7-Feb	USAID strengthens national cancer screening and treatment	Overall	

	14-Feb	Thousands of children have gained access to rehabilitation services through USAID support to the Jerusalem Center for Disabled Children (JCDC) and the Bethlehem Arab Society for Rehabilitation (BASR)	A	
	21-Feb	International Women's Day is March 8... Palestinian women champion change in health services through the USAID Health Project	Overall	
	28-Feb	Palestinian doctors take computerized licensing exams through a digital system provided by USAID to improve continuing health care education (CHCE).	B	
	7-Mar	Ministry of Health (MOH) managers demonstrate impact of USAID-funded Health Information System (HIS) to senior MOH administrators	B	
	14-Mar	USAID-funded Health Information System (HIS) provides expanded diagnostic tool to the Ministry of Health (MOH)	B	
	21-Mar	Advanced training improves Ministry of Health (MOH) utilization of USAID-funded \$3.4 million computerized tomography (CT) scanners	E	
	28-Mar	\$1.8 million in USAID grants changed countless lives by providing access to screening, rehabilitation, advanced treatment, and health education.	A	
Y5Q3	4-Apr	The USAID-funded Health Information System (HIS) has enhanced health care services, according to Ministry of Health (MOH) staff	B	√
	11-Apr	Palestinian citizens have greater trust in Ministry of Health (MOH) primary health care (PHC) services as a result of USAID health reform	C	
	16-May	MOH assumes financial responsibility for HIS supplies	B	
	20-Jun	MOH gains the capacity to create a national HIS	B	
	27-Jun	HIS goes live in MOH Blood Bank	B	
Y5Q4	12-Sep	Senior MOH Administrators Start Using HIS	B	
	19-Sep	MOH HR Staff Conduct 2nd Annual Peer-to-Peer Workshop on HR System	B	
	26-Sep	Health services improved by USAID-funded human resource (HR) system, says Ministry of Health (MOH) doctor at the largest government hospital		

SOCIAL MEDIA SUMMARY

SUMMARY

The Project officially launched its Facebook page on May 24, 2012. Since that time, the Project’s online presence has grown steadily. The purpose of utilizing social media is to build an online community of individuals who are interested in health in the West Bank and Gaza.

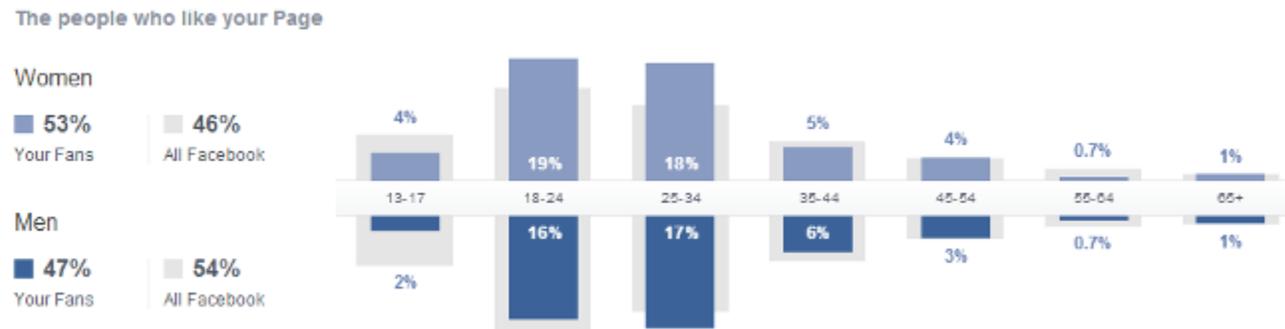
The Project uses Facebook to disseminate BCC health messages, publicize Project-related events, forge connections with local community-based organizations and clinics, and promote the health-related work of the MOH and USAID in the region.

The Project’s Page can be found at www.facebook.com/flagshipproject.

LIKES

The Project’s Page ended the year with 419 Facebook “likes” – an annual increase of 82.9%.

The majority of “likes” for the Project’s page comes from women (53%). Of that group, the largest cohort is women aged 18 to 24 (19%), followed by women aged 25 to 34 (18%). Among men, the Project is most popular with men aged 25 to 34 (17%). Nearly 70% of people who like the Project’s Page list their country as “Palestine,” with the greatest number of Palestinian fans coming from Ramallah.



COVER PHOTO: An MOH nurse and doctor consult the HIS in the Emergency Room of Qalqilya Hospital.

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

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