



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

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT



October 31, 2012

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Summer campers learn to shop smartly by checking the expiration date on food sold in their neighborhood stores. During the summer camps, summer campers learned skills and habits that help them live healthier lives.

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PROJECT

YEAR 4 (OCTOBER 1, 2011 – SEPTEMBER 30, 2012)

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DISCLAIMER

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



Two elderly women participate in a Health Day, hosted by the Jalameh Women's Center as part of its Champion Community activities in Al-Jalameh, Jenin governorate. These women and other villagers suffering from non-communicable diseases were given medical checks and trained on how to manage their diabetes and hypertension. To model healthy eating habits, the CBO served participants a lunch of lentils, rice, and salad.

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ACRONYMS

ADA	Austrian Development Agency
ADS	Automated Directives System
AVH	Augusta Victoria Hospital
BASR	Bethlehem Arab Society for Rehabilitation
BCC	Behavior Change Communication
BEU	Biomedical Engineering Unit
CBO	Community-Based Organization
CCA	Champion Community Approach
CCB	Community-Clinic Board
CF	Cystic Fibrosis
CO	Contracting Officer
COR	Contract Office's Representative
CPR	Cardiopulmonary Resuscitation
CSS	Client Satisfaction Survey
CT	Computerized Tomography
ECG	Electrocardiography
EPLS	Excluded Parties List System
EPS	Essential Package of Services
FY	Fiscal Year
HEI	Healthy Eating Index
HHA	Health and Humanitarian Assistance
HHS	Household Survey
HIS	Health Information System
HR	Human Resources
IPC	Infection Prevention and Control
IRD	International Relief and Development
JCDC	Princess Basma Jerusalem Center for Disabled Children
JRS	Jabalia Rehabilitation Society
KOICA	Korean International Cooperation Agency
MCH	Maternal Child Health
MDM	Médecins du Monde
MO	Mission Order
MOH	Ministry of Health
M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
OJC	On-the-Job Coaching
PA	Palestinian Authority
PCA	Partner Contracted Audit
PEN	Package of Essential Non-Communicable Diseases Interventions for Primary Health Care
PHC	Primary Health Care
PMC	Palestine Medical Complex

PMP	Performance Monitoring Plan
PSCF	Palestine Save the Children Foundation
QOU	Al Quds Open University
RCR	Regulatory Compliance Review
RIF	Reduction In Force
RIG	Regional Inspector General
RTS	Radiation Therapy System
SAM	Special Awards Management
SDN	Specially Designated Nationals
SHC	Secondary Health Care
SOC	Standards of Care
TOT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
WHO	World Health Organization
YDRC	Youth Development Resource Center

SECTION I

YEAR 4 EXECUTIVE SUMMARY

The Palestinian Health Sector Reform and Development Project is pleased to present its Year 4 Annual Progress Report. Sections II, III, and IV of this report provide a Project overview including situation analysis and narrative description of progress by technical focus area. Section V presents a summary of Year 4 highlights in monitoring and evaluation (M&E) and Section VI details management and operations highlights.

The Project is a five-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.

Four years of implementation came to fruition in this past year, as reform initiatives introduced by the MOH through the Project coalesced into cross-cutting impact on the public health system. Despite limitations imposed by funding restrictions, the Project continued to use technical and procurement support to drive forward changes initiated by the MOH. After a six-month reduction in force and implementation, the Project ramped up quickly following the full release of funds in April 2012, with multiple reform milestones achieved in the final half of the year.

In Year 4, the Project's achievements enabled the MOH to make critical changes to its governance and regulation of services provided to Palestinian citizens. The MOH's reforms of its management and delivery of health care services converged on the national level, as it achieved strategic goals set through the Project three years ago.

The MOH was able to expand its core reforms to a national level, as it finalized the roll-out of an electronic health information system (HIS) to its largest medical hubs and key primary health care (PHC) directorates and widened its quality improvement interventions to 10 of the 12 PHC directorates in the West Bank. The MOH promoted equitable access to quality health care by adopting an integrated package of essential PHC services that will transparently guide the provision and evaluation of health care to Palestinian citizens. The MOH also solidified its capacity to sustainably manage its medical resources by initiating the establishment of a national calibration and training center.

Across all these initiatives, the MOH reaffirmed its commitment to continuing the reform and improvement of its health services by developing – and institutionalizing when possible – standards and protocols governing the provision of primary health care to Palestinian citizens, the diagnosis and treatment of priority health risks, the ethical management of confidential health information through the HIS, and the effective maintenance of its equipment.

The Project continued to increase citizen access to rehabilitative services not available through the MOH through its grants-making program, under which it supported NGOs providing screening, diagnosis, and rehabilitation to Palestinian children and adults struggling with chronic disease or disability. A new surgical service was introduced into the Palestinian health system through a grant to advance orthopedic treatment through the MOH. Project grants also enabled access to continuing medical education for health service providers: one grant reinforced basic life-saving skills for health professionals working throughout the MOH and NGOs while a second grant strengthened the MOH's capacity to utilize data for management, planning, and informed policy formulation



University students volunteered to help improve local health care services through a Project-supported quality improvement intervention. Organized by the Champion Community of Ein Sara, the students participated in environmental health event at Alia Hospital in Hebron, which is one of the largest MOH hospitals and serves a catchment area of 1.2million people.

SECTION II

PROJECT OVERVIEW

SITUATION ANALYSIS

Building on foundations laid in the first three years of implementation, the Project continued to promote and consolidate health sector reform. Project activities are 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

Project implementation in Year 4 was impacted by external and unanticipated factors, requiring significant and repeated adjustments to implementation strategies throughout the year.¹

In October 2011, the Project received notice to substantially reduce the implementation of activities, due to a Congressional hold on all funding to the USAID West Bank/Gaza Mission. In order to stay operational using only available funds, significant reductions in staffing and activities were necessary.

In late December 2011, the Project received partial Fiscal Year (FY) 2011 funding for implementation of selected and prioritized Year 4 activities. An implementation plan reflecting the activities to be conducted under this partial funding was approved by USAID on March 14, 2012.

In late April 2012, the remaining funds earmarked for FY2011 were released, and Contract Modification 13 was signed, obligating \$8,590,000 to the Project. On June 1, USAID approved an implementation plan that expanded on the previous plan by detailing the activities to be carried out with the released funding.

KEY DATES

Sept 2011	US Congress holds funding / Project activities suspended
Oct 2011	110K patient records on HIS
Dec 2011	Project funds partially released
Jan 2011	Procurement for Gaza NGOs reaches \$1 million
Feb 2011	Quality Improvement interventions launched in Toubas and Salfit
Mar 2012	\$200K grants awarded to NGOs serving children with special needs
Mar 2012	HIS activated in Alia Hospital (Hebron)
Apr 2012	FY2011 funds released. Project receives \$8.59m.
May 2012	MOH leadership changed
May 2012	HIS activated in Palestine Medical Complex (Ramallah)
May 2012	Essential Package of Services rolled out
June 2012	28 Healthy Lifestyle Summer Camps held
July 2012	Standards of Care rolled out
Aug 2012	HIS HR module activated across MOH facilities
Sept 2012	Quality improvement interventions rolled out to 72 nd community

¹ The Project submitted the first draft of its Year 4 Implementation Plan in October 2011. The plan was revised and submitted three times in response to the funding hold (January 2012) and the partial release of funding (February and March), before being approved in March 2012. Following the release of Fiscal Year (FY) 11 funds, the Project submitted a fourth revision in May, which was approved on June 1, 2012.

As per guidance received by USAID, the areas for intervention during the period January – September 2012 was restricted to the provision of grants, the continued roll out of the Health Information System (HIS), implementation of the Champion Community Approach (CCA) and clinical quality improvement interventions at PHC centers, and support to conclude previously initiated procurement work. The Project also moved forward with targeted procurement support for key MOH reform initiatives, including the establishment of a National Calibration and Training Center and the implementation of the Essential Package of PHC Services.

The MOH underwent significant leadership changes in Year 4 when, as part of a larger reshuffling of the Palestinian Authority (PA) executive branch, a new Minister of Health was appointed. The subsequent restructuring of the senior management by new Minister Dr. Hani Abdeen increased the MOH's overall support for Project-related activities and introduced more effective methods of internal communications.

The Project was able to quickly develop productive working relationships with new senior management, many of whom had already been advocates for the health reform initiatives in their previous positions. Technical implementation was positively impacted, including accelerating the planned expansion of the HR module to national coverage in Quarter 3.

By contrast, the leadership change at the Palestine Medical Complex (PMC) had a dilatory effect on the concurrent HIS roll-out, particularly during the brief absence of senior management, when staff participation in pre-roll-out training decreased. The Project worked closely with the management present at the PMC to encourage participation and conducted immediate on-the-job training for the hospital staff that did not attend the formal training sessions.

While the Project continued to have productive collaboration with donor technical teams interested in its key foci (see below), overall donor coordination by the MOH was minimal during Year 4, particularly under the previous minister. As a result, the MOH was limited in its ability to play a proactive role in strategically planning donor interventions.

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.

In Year 4, the Project met a wide range of donor technical teams and local institutions engaged in complementary activities directly related to its implementation - although this strategic coordination was complicated by the reduction in funds and technical scope.²

Donors were particularly focused on collaborating on the MOH's automation of health information management and definition of PHC services and standards, demonstrating the significance that these Project-supported tools have for regulating and managing the health sector.

² For instance, due to restrictions on its secondary health care focus, the Project was unable to continue its long-established collaboration on emergency services with donor agencies – including the World Health Organization (WHO) and Medical Aid to Palestine (MAP – UK).

Focus Area B: Health Information System

The continued engagement of donor technical teams in the HIS demonstrated the system's growing relevancy as the standard for health information management.

The World Health Organization (WHO) sought more information about the HIS datasets to ensure the resulting information collected could be leveraged by the Institute for Public Health that it funds at the MOH. Similarly, the WHO highlighted the importance of the HIS's role in standardizing non-communicable disease services as a result of integrating the newly launched Standards of Care into the system. Coding on the HIS was also supported by the WHO's confirmation of the international diagnostic codes relevant to the system.

The Project also continued to plan with UNRWA for the integration of its E-Health System with the HIS.



A MOH official reads through the Essential Package of Services (EPS) during the official launch by the MOH in Year 4. Key donors collaborated with the Project and the MOH during the development of the EPS and the Standards of Care (SOC) and are now integrating the new documents into their own initiatives.

Focus Area C: Primary Health Care

In its first three years, the Project engaged technical teams from key donors in the development of national Palestinian strategies for managing health care, including working with the Austrian Development Agency (ADA) on non-communicable diseases (NCD) response and multiple agencies on PHC delivery. These efforts culminated in Year 4 as the MOH finalized its integrated package of essential PHC services and standards of care with Project support. During Year 4, the Project promoted constructive dialogue amongst the international and local health community on the two documents, including WHO, United

Nations Children's Fund (UNICEF), Korea International Cooperation Agency (KOICA), Médecins du Monde (MDM), and International Relief and Development (IRD).

The collaboration ensured the harmonization of health sector standards and reinforced the MOH's position as regulator of the Palestinian health sector. Prior to its launch, the Project facilitated the integration of WHO's Package of Essential Non-Communicable Diseases Interventions for Primary Health Care (PEN) into the Essential Package of Services. Following the MOH's adoption of the Standards of Care, Al Najah University initiated a Training of Trainers on the guide, which was funded by ADA.

In response to USAID's request, the Project expanded its delivery of healthy lifestyle summer camps to include children hosted by another USAID-funded project. Following the 28 camps held with the MOH in June, the Project worked with the USAID Palestinian Youth Empowerment Program (Ruwwad) to hold three summer camps in July at USAID-funded Youth Development Resource Centers (YRDRC) in Nablus, El Bireh, and Hebron. Prior to the camps, the Project trained nearly 30 youth volunteers from the YDRCs to encourage children to adopt healthy living habits through the same fun educational activities held at the MOH summer camps. *(For more information about the 28 MOH summer camps that benefited 1,398 children, see p.26.)*

The Project supported donor collaboration on the role of nutrition in the growth of non-communicable diseases (NCD) in the Palestinian population through its participation in the 5th Conference on Nutrition and NCDs: A Palestinian Agenda. One of the research papers presented was based on an assessment the Project did for the Nutrition Department on Palestinian food and dietary guidelines. These guidelines were prepared for use by the MOH to prevent NCDs and were presented to be a national system.

SECTION III

ACTIVITIES BY FOCUS AREA

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT

In its first three 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.

In Year 4, as part of its revision of technical priorities and in response to USAID guidance, the Project restricted its implementation in Focus Area A to its grants program and the provision of health management fellowships for over 60 MOH staff.

IMPACT OF FUNDING HOLD

During the year, the grants program was initially reduced for lack of funds and then gradually re-expanded in Quarters 2 and 3.

As shown below in the *Overview of Year 4 Grants Portfolio*, the Project strengthened community-based rehabilitative services and built the capacity of health service providers, using sector-specific grants. (See *Annex C* for a list of grantee achievements.)



Three year-old Mohammed learned to walk after being equipped with his first artificial limb at the Princess Basma Jerusalem Center for Disabled Children, where he was referred as a result of Project-supported community outreach. Mohammed had never been provided with assistive devices, despite being born with only one leg, because his divorced mother could not afford to pay the high costs.

OVERVIEW OF YEAR 4 GRANTS PORTFOLIO

Focus	Grantee	Status	Focus of Grant
Strengthening community-based services	Four Homes of Mercy (<i>Jerusalem</i>)	<i>Closed (Y4Q1)</i>	Strengthening community-based rehabilitation
	Nablus Association for Social and Community Development (<i>Nablus</i>)	<i>Terminated (Y4Q1)</i>	Fostering integration of children with special needs
	Palestine Save the Children Foundation (<i>Gaza</i>)	<i>Terminated (Y4Q2)</i>	Assisting physically disabled individuals the middle Gaza Strip
	Caritas Baby Hospital (<i>Bethlehem</i>)	<i>Suspended/reactivated (Y4Q1)</i>	Establishing the only Palestinian cystic fibrosis rehabilitation clinic
	Palestinian Happy Child Center (<i>Jerusalem</i>)	<i>Suspended/reactivated (Y4Q1)</i> <i>Closed (Y4Q2)</i>	Serving children with special needs
	Care for Children with Special Needs Society (<i>Nablus</i>)	<i>Suspended/reactivated (Y4Q1)</i> <i>Closed (Y4Q4)</i>	Launching a campaign for early detection of communicative disorders
	St. John Eye Hospital Clinic (<i>Gaza</i>)	<i>Suspended/reactivated (Y4Q2)</i>	Screening and diagnosing eye diseases associated with diabetes
	Bethlehem Arab Society For Rehabilitation (<i>Bethlehem</i>)	<i>Follow-on grant (Y4Q2)</i>	Strengthening community-based services for children with disabilities or special needs
	Princess Basma Jerusalem Center for Disabled Children (<i>Jerusalem</i>)	<i>Follow-on grant (Y4Q2)</i>	Strengthening community-based rehabilitation and services for children with special needs
	Jabalia Rehabilitation Society (<i>Gaza</i>)	<i>New grant (Y4Q4)</i>	Strengthening community-based care for pre-school children with hearing problems
Building health care service capacity	Holy Family Hospital (<i>Bethlehem</i>)	<i>Closed (Y4Q1)</i>	Implementing first Palestinian neonatal residency program
	Al-Makassed Hospital (<i>Jerusalem</i>)	<i>Terminated (Y4Q1)</i>	Enabling specialized health care
	Al Makassed Charitable Society (<i>Jerusalem</i>)	<i>Terminated (Y4Q1)</i>	Providing orthopedic subspecialty fellowships
	Al Makassed Charitable Society (<i>Jerusalem</i>)	<i>Follow-on grant (Y4Q3)</i>	Providing arthroscopy equipment and training the staff in its use
	Al Quds Open University – QOU (<i>Al Bireh</i>)	<i>New grant (Y4Q2)</i>	Developing curricula for the health management program
	Patient's Friends Society – Al Ahli Hospital (<i>Hebron</i>)	<i>New grant (Y4Q2)</i>	Providing continuing medical education

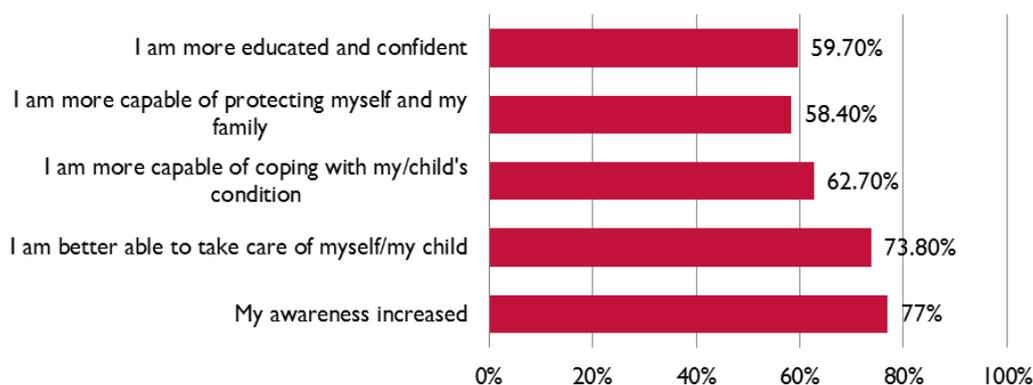
Access to rehabilitative care increased

The Project has successfully increased access to quality rehabilitative care through its grants program, according to a survey of grantee beneficiaries conducted in Year 4. Overall satisfaction was almost universal: 97.2% of beneficiaries said that they were satisfied with the services they received from the grantees.

Significant impact was also achieved on the care provided to Palestinians needing rehabilitative care. Through grants, the Project has enabled families and professionals to learn how to provide treatment in the community. Nearly 90% of grantee beneficiaries surveyed said that they had been educated on home-based rehabilitative care, either for themselves or their dependents. Significant impact on their capacity to proactively cope with the challenges they faced was reported.

Most beneficiaries reported to 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 and their family (58.4%) and have greater confidence and knowledge as a result of their Project-supported experience (59.7%).

IMPACT ON CAPACITY FOR HOME-BASED CARE Percentage of respondents reporting specific impact



(For more information about the survey, see Section V: Monitoring and Evaluation.)

Community rehabilitation for Palestinians with special needs strengthened

Access to quality rehabilitative care within the community is critical for children and adults with disabilities or special needs. Yet without government rehabilitation services, many are unable to receive the necessary treatment, while others live with undiagnosed conditions.

Through Project grants, the Bethlehem Arab Society for Rehabilitation and the Princess Basma Jerusalem Center for Disabled Children expanded the impact of their specialized rehabilitation services by strengthening grassroots networks that identify vulnerable children and adults and provide access to services, particularly within their community. Families and professionals were taught how to identify possible vulnerabilities and received follow-up services through both local providers and the grantee's national centers. As children and adults received rehabilitative care, families were given psychological and behavioral counseling to ensure they were able to help patients continue their rehabilitation at home.

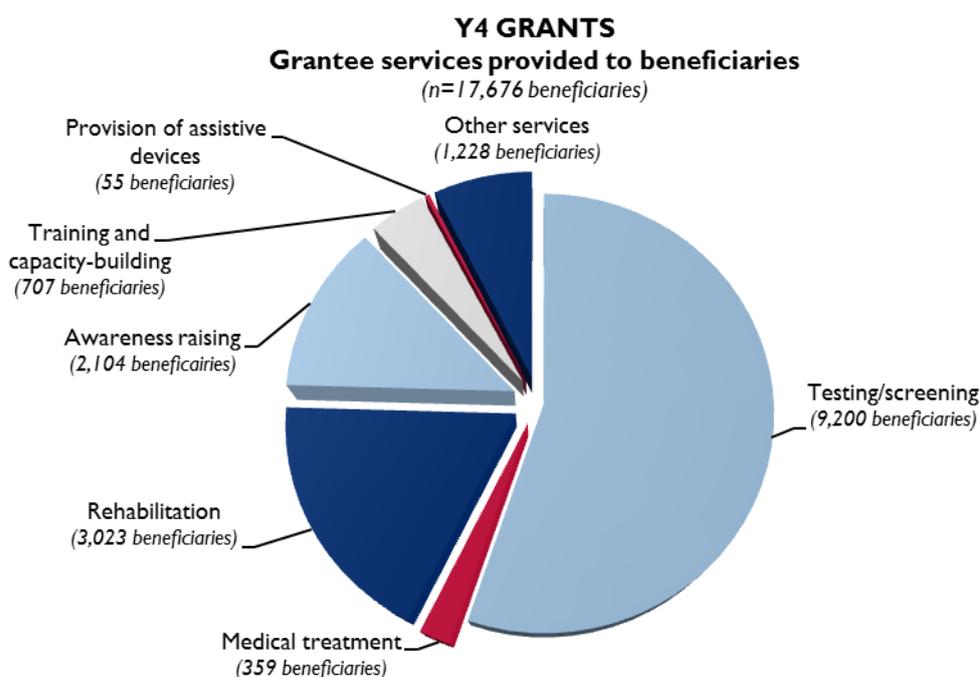
The Project also enhanced the quality of life for children struggling with special needs through grants to the Palestinian Happy Child Center, Care for Children with Special Needs Society, and the Jabalia Rehabilitation Society (JRS). By conducting community-based screenings in the central and northern West Bank and Gaza, the three grantees were able to identify and treat physical, hearing/speech, behavioral, and emotional problems that were negatively impacting children’s lives.

Chronic and unstable conditions - such as diabetes and cystic fibrosis – can be fatal, if not diagnosed and monitored. Through Project grants, St. John’s Eye Hospital and Caritas Baby Hospital expanded their community outreach through Project grants to identify new cases of Palestinians suffering from either diabetic-related eye problems or cystic fibrosis. When new cases were diagnosed, the two grantees ensured the patients received rehabilitation either within their community or – in critical cases - at the grantees’ specialized treatment centers.

During Year 4, 349 residents in Gaza were identified by St. John’s Eye Hospital and treated for eye diseases caused by their diabetes. Eight Palestinians were diagnosed by Caritas Baby Hospital with cystic fibrosis using Project-supported screening equipment. The new patients received comprehensive genetic, dietary, and social counseling and were started on the necessary medications.

Examples of positive interventions abound: children benefited from hearing and speech therapy, diabetics were provided with eye-saving surgery, epileptic children received electroencephalographic therapy, cystic fibrotic patients underwent physical therapy, abused children received counseling, and families and community-based professionals were coached on how to care for Palestinians with special needs.

(For more information about how Project procurement enhanced treatment services at St. John’s Eye Hospital, see Section IV: Gaza Activities.)



Note: Number of beneficiaries are reported as participants and not unique individuals as one beneficiary may receive more than one service.

Surgical orthopedic care for Palestinian patients advanced

Patients with serious orthopedic injuries can access advanced arthroscopic surgical treatment in a Palestinian facility for the first time through the public health care system. Al Makassed Hospital in Jerusalem modernized its arthroscopic surgical services through two subsequent Project grants. In Year 4, the hospital was able to start using a Project-procured arthroscopy unit (valued at nearly \$235,000), which a former Project fellow is using to offer advanced arthroscopic surgery to Palestinians and train fellow medical professionals. Al Makassed Hospital reports that 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.



Dr. Seifeddin Abu Rub uses the arthroscopy system procured by the Project to repair a patient's knee joint. The new arthroscopy system allows Al Makassed surgeons to use multiple surgical tools at the same time to repair injuries. Dr. Abu Rub is transferring skills built through a Project-supported orthopedic fellowship in Germany to train the orthopedic surgical team at Al Makassed Hospital on using the \$235,000 system.

Health professional capacity enhanced

Within the reduced focus of Year 4, the Project was able to continue to support professional development for MOH professionals in critical medical skills and the management of health services.

Access to continuing medical education was promoted through a grant to Al Ahli Hospital in Hebron, which launched a training and certification program in Year 4. With use of the American Heart Association manuals and materials, 400 health providers will receive hands-on practical training in basic life support, advanced cardiac life support and on the use of electrocardiograms. Such specialized training and certification in cardiac life support is not routinely available in the West Bank. PHC medical professionals from all governmental and NGO health care institutions will receive training to enable them to provide their

community with better quality of care. In addition, these courses will enhance the capacity of PHC teams, therefore improving the linkages and ensuring continuity of quality health care services. The first two training courses were held in May, and the program will continue until January 2013.

Building health management skills is the focus of the Project's grant to Al Quds Open University, which is developing curriculum for an online Health Management Program. Al Quds is the only Palestinian educational institution that offers a bachelor's degree in health management. Under this grant, the existing curriculum (adopted from regional universities) is being revised for the Palestinian context and for distance learning. Ten core texts are being developed under this grant, including activities, case studies, exercises, and self-evaluation methods.

At the same time, the Project facilitated the continued participation of MOH managers in the Health Management Program. Through Project-supported fellowships, 61 qualified MOH mid-level managers were able to continue in the undergraduate program.

IMPACT

Mothers Advocate for their Disabled Children



Photo: Jerusalem Princess Basma Center for Disabled Children

Palestinian mothers are learning to care for their disabled children and help them integrate into their communities, with USAID's support.

Caring for children with disabilities in isolation from their family and their community limits sustainable impact and does not address the marginalization of the children and their families.

Mothers are admitted alongside their children through the Mothers' Empowerment Program, a USAID-supported program at the Princess Basma Jerusalem Center for Disabled Children.

By empowering mothers, USAID improves the lives of disabled Palestinian children and their families.

While the child is receiving treatment, the mother learns what causes the disability, how to cope physically and mentally with her child's condition, and how to provide physical therapy.

The women trained by the program no longer feel like passive victims of fate. By the time they leave, mothers are empowered to advocate for themselves and their children in their community, particularly for treatment, access, and education.

The children are more likely to continue to improve, even after leaving the center, because their mothers can continue with a tailored rehabilitation therapy program.

After returning home, mothers have come together to create support networks. This has extended the center's reach to the community by creating active partners in changing social attitudes towards disability, raising awareness about treatment opportunities, and integrating disabled children back into their communities.

FOCUS AREA B: HEALTH INFORMATION SYSTEM

Health information management is crucial to ensure sustainable reform of the Palestinian health sector and support the MOH in its efforts to provide more efficient, effective, and quality health services for all Palestinians.

To address this need, the Project has been working closely with the MOH to develop and implement a national electronic health information system (HIS) to selected facilities in the West Bank. The HIS is a core element of the Project. Its cross-cutting impact serves to support the success of Project interventions under all focus areas and facilitate health sector reform at all levels of the MOH.

IMPACT OF FUNDING HOLD

The roll-out of the HIS was delayed to both the Hebron governorate (originally scheduled for Quarter 1) and the Ramallah governorate (originally scheduled for Quarter 2).

Following the partial release of funding, the Project was able to roll out the HIS in Hebron in Quarter 2 and Ramallah in Quarter 3. By the end of the year, the HIS was operational in four MOH hospitals³ and four clinics⁴ in Nablus, Qalqilya, and Hebron governorates.



During a surgical operation in Rafidia Hospital, a health professional updates a patient file on the HIS, using one of 11 anti-bacterial trolleys specially designed for use in operating rooms and other sterile environments, which were delivered in Year 4. Because the trolleys meet hospital protocols for infection prevention control, medical staff can use them to connect to the HIS, even during operations, ensuring to review and update patients' files. The trolleys are in use in three of the hospitals connected to the HIS (Rafidia, Alia, and Qalqilia hospitals); further trolleys will be distributed in Year 5 at the Palestine Medical Complex in Ramallah.

³ The HIS is now operational at Rafidia Hospital (Nablus), Darwish Nazzal Hospital (Qalqilia), Alia Hospital (Hebron), and the Palestine Medical Complex (Ramallah).

⁴ The four clinics are the Nablus PHC Directorate clinic, Hebron PHC Directorate clinic, Qalqilya PHC Directorate clinic, and Azzoun clinic (Qalqilya).

HIS has improved patient care at every level — from patient registration to treatment to hospital administration. It is universally well received by hospital staff. Over a quarter million individual patient records are now stored on the MOH HIS, significantly exceeding the Year 4 target of 150,000 records set by USAID.

For the first time, the MOH has real-time, reliable data on distribution and demand for resources at the patient level across facilities. 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.

In Year 5, the Project will hand over the HIS to the MOH. In Year 4, the MOH committed more resources to the IT department responsible for managing the system and inserted the running costs for HIS into its 2013 annual budget, using costing analysis provided by the Project.

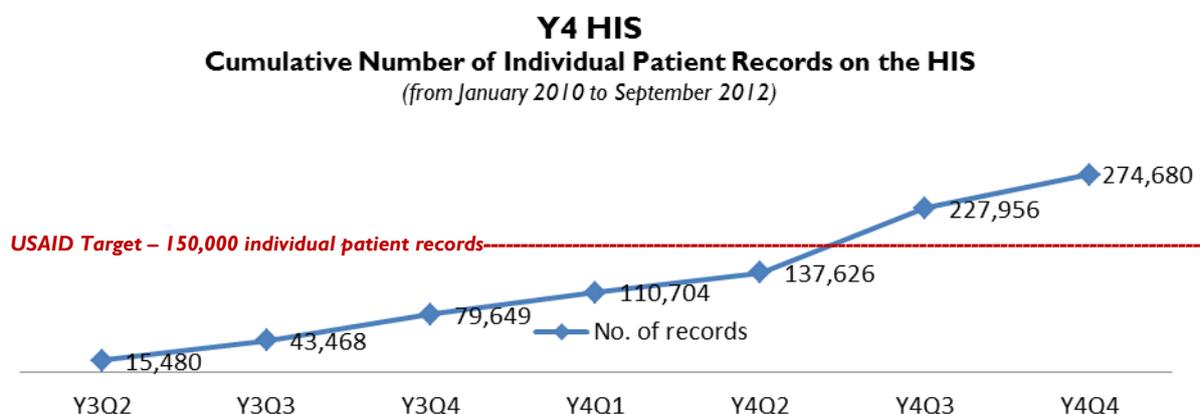
The budgeting process indicates that the HIS should already be cost neutral when it comes to the consumables (paper, toner, etc.), as a result of its waste reduction and greater efficiency in resource management.

HIS rolled out in Hebron and Ramallah directorates

The automated system rolled out to the two largest West Bank hospitals in Year 4. Prior to going live at both hospitals, the HIS team oriented key hospital and administration staff on the purpose and management of the system.

The HIS was rolled out to Alia Hospital in March 2012. Uptake of the system was successful and swift: on the first day, staff at the largest MOH hospital used the system to make 1,317 patient appointments. At the end of Year 4, the HIS was expanded into the Hebron PHC Directorate.

At the Palestine Medical Complex (PMC), the HIS rolled out in May 2012, supervised by two MOH IT staff. The relatively advanced computer and English language skills of the MOH staff at the PMC facilitated the roll-out.



The role of HIS in managing health care was expanded in Quarter 4 when the Project initiated the connection between the hospitals and key PHC clinics. Through this unprecedented on-line linkage, the HIS will facilitate comprehensive medical records for

patients across health facilities and enable better decision-making by health providers on three levels: national, district, and facility.

By quarter's end, the PHC directorate and another clinic in both the Ramallah and Hebron directorates were ready for HIS implementation, scheduled for the first quarter of Year 5.

Costing analysis conducted

A costing analysis conducted in Year 4 provided MOH decision-makers with a comprehensive understanding of both the immediate costs and long-term savings of the HIS. The costing analysis was conducted to assess the potential for bringing more facilities on the HIS and assist in the budgeting and planning for future implementation of HIS at additional facilities.

The data provided in the costing analysis has enabled the MOH to strategize effective ways to carry the HIS forward at the conclusion of the Project. Using a budget forecast produced by the Project, the MOH has included a HIS line item (\$607,000) for its 2013 annual budget.

Although many demand and performance variables remain unknown or are likely to change, it appears that HIS should at the very least already be *cost neutral*⁵ when it comes to the consumables (paper, toner, etc.) portion.

EVALUATING THE FINANCIAL IMPACT OF HIS

The HIS is enabling the MOH to better manage its limited resources. The HIS significantly reduces waste and inefficiencies at the MOH by improving inventory controls and coordination between facilities.

Major cost savings are most likely in consumables, which are on average 23% of the annual MOH budget and include pharmaceuticals, medical disposables, and other procured supplies. Pharmaceuticals are approximately 80% of MOH consumables.

Demand for these consumables has dropped in HIS facilities as the system increases the MOH's capacity to monitor distribution and use. For instance, pharmaceutical demand has dropped by 30-40% in Alia and Darwish Nazzal Hospitals, according to anecdotal reports by hospital pharmacists, and demand for medical disposables is reportedly down by 50% in the Darwish Nazzal Hospital. In addition, doctors and pharmacists can now use inventory data to favor generics and better avoid expiration of drug supplies.

The HIS is also creating cost savings by creating a paperless health management process. For instance, Rafidia Hospital has confirmed that HIS implementation is already saving the hospital 25% per year in consumables, such as stationary and pre-printed forms.

The costing analysis for HIS implementation at Jericho, Jenin, Beit Jala, and Al Makassed Hospitals and satellite PHC Directorate Clinics was presented to USAID.

⁵ With running costs for 2013 of \$607,000, the HIS would need to achieve savings in consumables of 0.89% (of 2012 budget) in order to achieve *cost neutrality*.

Human Resources centralized and automated

The MOH automated its management of human resources (HR) when the HR Module went live across the ministry in Quarter 3. The HR module connects over 6,000 MOH employees to an online, Arabic-language system that streamlines the HR processes.

The HR module is the only HIS module implemented in all MOH facilities. Work on implementation began two years ago when the HR module was installed in five hospitals and nine clinics. Due to the positive benefits of the system, implementation expanded in Year 4 to include all MOH hospitals and clinics.

“The [HR] module enabled us to organize data. It has made it much easier for us... to deliver accurate reports in record time.”

Hanan Qassas
Human Resource Director,
Rafidia Hospital

As the MOH prepared to activate the HR module across its facilities, the Project facilitated the unification of all MOH staff job titles and distributed scanners to all major MOH facilities⁶ to upload supporting documents into employee files on the system.

Information in the HR module is clearly organized and allows for easy access to data, statistics, reports, and more. Now that all employee information is logged in one database, policymakers can access complete, accurate, and up-to-date information about the coverage and distribution of various employees working in all MOH facilities and ensure an efficient and responsive training program.

The Project hosted a collaborative workshop in Quarter 4 in which MOH HR staff exchanged tips and success stories, helped troubleshoot implementation challenges, and formulated an action plan to support the ongoing adoption of the new system.

HIS confidentiality guidelines drafted

The Project worked with the MOH in Year 4 to define guidelines and protocols on HIS user access and patient privacy. Prior to expansion, it is imperative to develop and implement privacy, confidentiality, and user access rules and protocols for the HIS – a step that is crucial to the overall success of the HIS.

The Project developed a Framework for eHealth Privacy and Confidentiality after conducting an assessment of the current environment. The draft Framework was shared with key MOH, NGO, and University stakeholders to seek consensus and discuss the steps required to move towards implementation of the protocols for the protection of patient-identified data on the HIS.

Sustainability of HIS supported

The HIS team worked with the MOH to build the capacity of its information technology (IT) staff to support the HIS to ensure the long-term sustainability of the HIS and institutionalize the reforms made possible through HIS implementation.

During Year 4, the Project worked closely with the eight IT staff assigned to exclusively support HIS functions at Rafidia and Alia Hospitals and the PMC⁷ to build their capacity to

⁶ These facilities included 10 MOH hospitals, 12 PHC directorate clinics, and other major MOH sites (e.g., the Emergency and Safe Delivery Center, MOH Central Warehouses, and Ibn Sina Nursing College)

independently trouble shoot and maintain the system's operations. These staff operate the system's "help desk", independently conduct most troubleshooting, and worked closely with the Project contracted company to log tickets with requests for modifications to system modules which arise from users. The MOH IT staff members are now playing an intermediary role between end users and the implementation team and – by the end of Year 4 – the Project granted more HIS administrator privileges to MOH IT staff to prepare them for the system hand-over in Year 5.

Procurement of online testing system initiated

The Project's HIS team worked closely with the Palestine Medical Council to develop and implement an online testing system. Initially, the Council will utilize this system to test medical post-graduates in their area of specialty. The system will provide a databank of questions that will standardize the testing process. The system will also generate summary data that will provide the Council with new insight into the current medical education system and help guide curricula. For example, a significant number of physicians doing poorly in the same specialty area would indicate to educators a need for review of that particular area. The system would be set up to allow it to eventually be used for continuing medical education and testing, an important aspect of the MOH's healthcare reform agenda.

The evaluation process was completed by Project staff and a supplier was selected, although contracting is pending USAID approval.

⁷ Three are located at Rafidia Hospital, three are assigned to support the Hebron district, and two are assigned to the PMC.

IMPACT

Modernizing Palestinian Health Care

USAID supports the Ministry of Health to reform health care by automating the management of health information.



BEFORE Palestinians seeking health care at the Ministry of Health’s Alia Hospital had to wait for their medical file to be retrieved from the overloaded archives before seeing a doctor. If a file was mislabeled or misplaced, patient care would be even further delayed.

Health information management is crucial to ensure sustainable reform of the Palestinian health system. USAID has provided a dynamic and comprehensive health information system to support the Ministry of Health to provide the best possible quality of healthcare to Palestinian citizens.



AFTER Alia Hospital now uses an electronic health information system, donated through a USAID health project, to manage patient care information. Doctors now have immediate access to a patient’s records. Rolled out at the four largest Palestinian public hospitals, the health information system will handle the records of a catchment area of 1.2 million people, thereby impacting 53% of the Palestinian population in the West Bank.

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.

Over the past four years, with the Project's support, the MOH has carried out a national-level reform of PHC services while also working to engage its citizens to actively advocate for services that respond to their specific needs. These parallel national and local initiatives coincided this year, when the MOH achieved a major milestone in its reform of primary health care while scaling up its grassroots collaboration for health care improvement.

IMPACT OF FUNDING HOLD

The funding hold delayed the scale up of its quality improvement interventions to national coverage. Spending on ongoing Champion Community activities was also significantly and rapidly reduced.

Essential PHC guidelines and standards rolled out

To build a functioning health care system that provides regular and reliable health services to its citizens, the MOH must harmonize health practices and regulations. In Year 4, the MOH adopted the Essential Package of Services (EPS) and Standards of Care (SOC), developed with Project support. The two documents lie at the heart of the MOH's reform efforts because they clearly define the comprehensive services that should be available to citizens through their PHC facilities and how clinic staff can ensure quality delivery of these services.

By unifying and publishing these guidelines and protocols, the MOH has demonstrated its commitment to providing its citizens with the best health care possible. With the greater transparency provided by the detailed listing of facility services, both citizens and MOH staff are able to see the quality of PHC services that should be delivered at the community level. The documents also improve equity of primary health care by providing clear guidelines for developing and implementing the MOH's PHC services through appropriate and efficient allocation of resources, as well as appropriate training and transparent evaluation of PHC staff.

Following the official launch of the EPS and the SOC in the second and third quarters, the MOH designed a phased roll-out to all directorates in the West Bank in the fourth quarter to ensure implementation of the new guidelines at all facilities. With Project support, the 12 health directorates will train all medical and support staff on the new guidelines and standards and then provide follow-up on-the-job coaching (OJC) in each clinic. The first trainings were held in Quarter 4 by the Hebron PHC Directorate, which held a series of trainings for its 168 medical and support staff.

The Project is also supporting the integration of the EPS and SOC at the community level by procuring \$1.06 million of key equipment and supplies needed to provide the mandated services. The Project began installing this equipment in Quarter 4 in 90 clinics and will continue to deliver equipment to 56 facilities in the first and second quarters of Year 5.



A MOH health professional attends a training on the SOC by the MOH at the Hebron PHC directorate. The detailed job descriptions and clinical guidelines of the SOC and EPS both empowers PHC staff by clarifying their responsibilities and holds them accountable by establishing a universal framework for evaluation.

Integrated community-based interventions expanded

Alongside its regulatory reforms, the MOH strengthens the quality of care available at its PHC facilities while working with citizens to build healthier communities and lives. The Project supports the MOH in this effort through its integrated implementation of clinical quality improvement and community mobilization interventions.

In its first three years, the Project worked with the MOH to introduce and pilot these collaborative and cross-cutting interventions at the PHC level. Each year, the Project gradually rolled out its clinical quality improvement and community mobilization activities into new health directorates, while supporting the MOH to institutionalize the innovative approach. In Year 4, despite a six-month delay due to the funding hold,⁸ the Project scaled up the integrated interventions to almost national coverage and the MOH expanded the community mobilization activities to new communities independent of the Project.

Following the release of funds in Quarter 3, the Project expanded its work in 12 communities in Salfit, Toubas, Hebron, and the South Hebron directorates and expanded into an additional 23 communities in four new health directorates (Jenin, Tulkarem, Jerusalem, and Jericho). By September 2012, 35 subcontracts (with a total value of \$860,000) were ongoing.

⁸ Prior to the funding hold, the Project had planned to scale up its quality improvement interventions to national coverage by rolling out into eight new PHC directorates. Under partial funding, the interventions were rolled out to only two new health directorates (Salfit and Toubas) and were limited to two communities in each directorate. In addition, the Project was not able to provide the clinics in these two directorates with medical equipment to support the EPS. CCA activities were also suspended temporarily or terminated.

Clinical Quality Improvement

In the eight directorates, the Project worked with the MOH to assess facility needs and strengthen quality of services provided at its PHC facilities, with a focus on promoting healthy living and addressing prevalent non-communicable diseases such as hypertension, diabetes, and heart disease, as well as education on injury prevention, nutrition, and the health effects of smoking.

After receiving managerial coaching from the Project, the Project coached supervisors in evaluating and training PHC clinic staff in key health care protocols.

Accessible and user-friendly training materials and job aids are essential for quality improvement efforts. In their supportive supervision visits, MOH supervisors referred to training materials and job aids previously produced by the Project, as well as the newly adopted SOC.

In Year 4, the Project also provided the MOH with additional copies of PHC material that strengthen facility management and health education delivery, including the Infection Prevention Control (IPC) protocol and Healthy Eating Index (HEI) for diabetic patients. New training aids were also printed, including the Behavior Change Communication (BCC) and the First Aid Training curricula. The MOH BCC Training Guide and Nurses' Orientation Package were drafted for printing in Year 5.

Champion Community

As it worked with the MOH directorates to improve each facility, the Project rolled out its CCA in the same communities. The CCA gives the opportunity for 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 leads to increased citizen participation in and advocacy for health, and created a feedback mechanism on the effectiveness of the health system.

INTEGRATED PHC APPROACH: Champion Community Steps

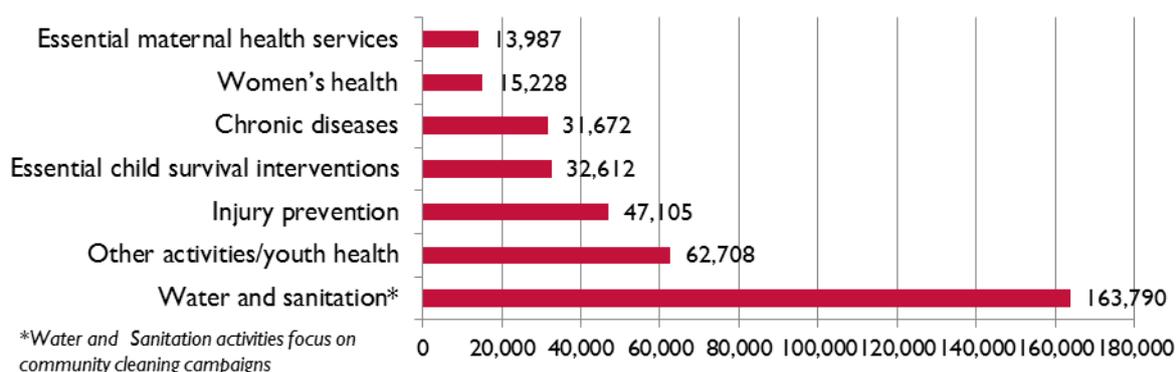
1. MOH and Project select communities
2. MOH and Project conduct Health Facility Assessment
3. MOH health directorate and Project plan Clinical Quality Improvement interventions
4. Project trains MOH supervisors on community approach
5. Project contracts CBO partner
6. CBO develops community profile and selects BCC goals through focus groups
7. CBO forms community-clinic board (CCB)
8. CCB identifies health priorities and develop community action plan
9. CCB forms volunteer network
10. CCB conducts health activities
11. CCB disseminates health messages to community
12. CBO evaluates impact
13. MOH selects Champion Community based on impact

In Year 4, the Project tasked 35 community-based organizations (CBO) with leading the community mobilization activities in their communities through one-year subcontracts (with a total value of \$772,000).

Once subcontracted, the CBOs mobilized their communities to enhance the quality of PHC services. In all 35 new communities, residents and clinic staff formed joint CCBs to address the communities' health needs. Addressing the needs created an accessible forum for collaborative dialogue on community health priorities and fostering good governance, accountability, and transparency in the PHC response to those priorities.

The CCBs then compiled community profiles, conducted community health assessments, and developed action plans, with support from the Project and the CBOs. In partnership with their local MOH clinics, a variety of health education, health screening, and environmental awareness campaigns were carried out as part of the community health action plans.

Y4 CHAMPION COMMUNITY
Participants in health activities by Project technical area
(n=367,102)
(Number does not reflect unique individuals as different activities may target the same people)



As the 21 communities in the Qalqilya, South Hebron, and Hebron directorates completed their one-year participation, the MOH selected three communities⁹ as Champion Communities in recognition of their achievements in mobilizing local residents to enhance health services, health awareness, and health promotion in their communities.

In each Champion Community, the CBOs were awarded a second year-long subcontract to carry out Healthy Lifestyle Summer Camps for children and environmental health, road safety, home safety, and other health campaigns in their communities.

⁹ Ein Sara(Hebron), Dura (South Hebron), and Hableh (Qalqilia)

Citizen satisfaction with MOH PHC services increased

The Project surveyed citizen satisfaction with PHC services in the five Qalqilya communities benefiting from clinical quality and community mobilization interventions. After one year of implementation in targeted communities, overall satisfaction with the health services provided by the clinics has increased. In a household survey (HSS) conducted in the communities, 81% of respondents were satisfied with the performance of their MOH PHC clinic, compared to 61% before Project interventions began. In two communities, satisfaction increased dramatically,¹⁰ indicating that the clinic-community partnership had both raised awareness of local PHC services and significantly improved the quality of the services provided.

There was also an increase in the provision of health advice by providers to patients during clinic visits. The number of HSS respondents receiving health education materials doubled during Project interventions. The improvement in health education can be directly linked to Project interventions in quality improvement at the PHC level including OJC in chronic disease management, maternal and child health, supportive supervision, and BCC. *(For more information on the implementation and result of the two surveys, see Section V: Monitoring and Evaluation.)*

Significantly, results across the survey were consistently positive in Hableh, where the Champion Community experience has led to higher community engagement with the clinic. *(For more information, see Case Study: The Champion Community of Hableh on p.25.)*

Sustainability of the Champion Community Approach demonstrated

The MOH and four communities across the West Bank independently initiated CCA activities in Year 4, indicating a growing indigenization of the community mobilization technique. The MOH piloted its own Champion Community initiative this year in the Nablus PHC Directorate in Beit Imreen. Working directly with the community, the MOH led the formation of a community-clinic board to identify local health priorities. The new board quickly leveraged community engagement to re-paint the clinic and conduct health awareness activities. Through the MOH Directorate staff, the Beit Imreen board was able to communicate and collaborate with the nearby Project-initiated Champion Communities of Burqa, Sabastya, and Al Naqura.

Communities also expanded their mobilization efforts this year, without direct support from the Project. The CBO and the local MOH clinic in Burin (Nablus), invited two surrounding communities to join their CCA activities. A joint community-clinic board was formed that now coordinates health campaigns, activities, and messages among the three communities.

In three communities in the Hebron and Qalqilya directorates impacted by stop work orders, community health activities continued even through Project support was no longer possible. In Kharas, the community continued with their plan to re-paint the clinic and provide curtains. In Beit Ummar, the CBO continued to provide health education sessions on NCDs, Women's Health, and Child Health. In Kufr Qaddoum, the CBO continued to work on renovating the clinic.

¹⁰ In a client satisfaction survey conducted in Kufr Qaddoum, levels of overall satisfaction tripled, from 31.7% before Project interventions to 95.5% afterwards. In the Champion Community of Hableh, 86.7% of clinic visitors said that they are now satisfied with services, compared to 45% before Project interventions.

CASE STUDY

The Champion Community of Hableh

The MOH selected Hableh as the Champion Community in its Qalqilya Health Directorate in recognition of the major improvements in the village's PHC clinic.

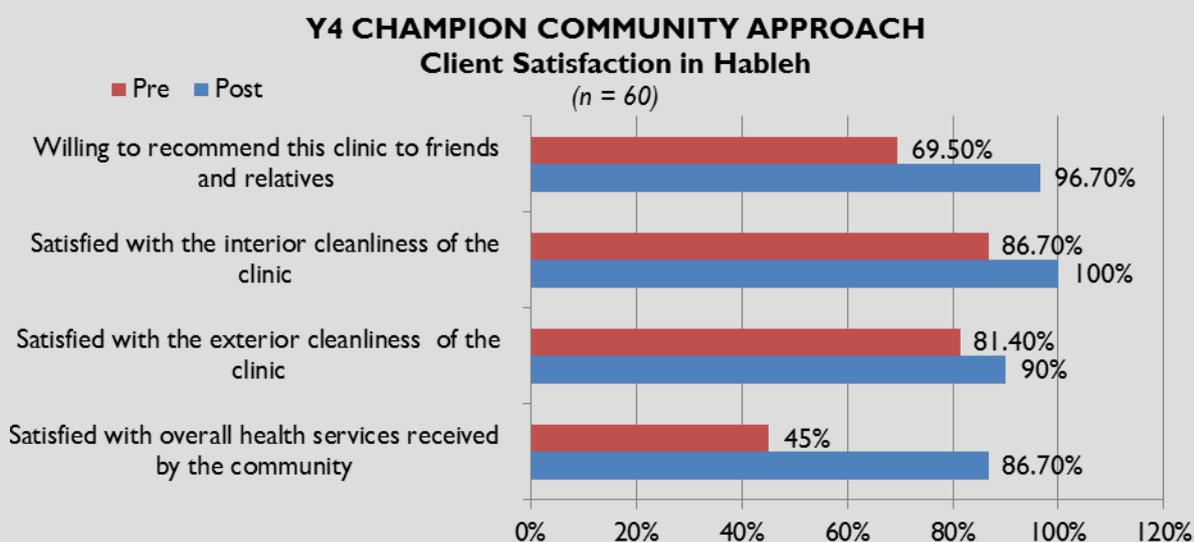
The CCA was implemented by the Hableh Charitable Society, which was contracted by the Project in May 2011. Working closely with the clinic nurse, two community coordinators employed by the society formed a joint CCB with members representing different groups within the 6,000-resident village, including teachers, volunteers, representatives of local organizations, and active community members.

The CCB raised about \$3,500 of in-kind contributions and mobilized 28 volunteers. Working together, they re-painted the clinic, cleaned and landscaped the clinic's exterior, and decorated the pediatric examination room in child-friendly colors and designs. Services for local residents with chronic diseases were improved by the creation of a new filing system that made it easier for clinic nurses to follow up on their cases.

Hableh's success was a result of leadership and cooperation. The Hableh CCB met on a regular basis, prioritized community needs, and actively participated in all the organized events and activities. The community coordinators and the attending nurse at the clinic and representatives of the Qalqilya Health Directorate also developed a strong and cooperative relationship.

Overall satisfaction with clinic services rose by 42%. All surveyed patients were pleased with the cleanliness of the clinic's interior and 90% reported satisfaction with the exterior cleanliness of the clinic.

Health education services also increased. About 84% of the patients said they received health education brochures and booklets and 75% said they received advice from their health provider about avoiding illness and staying healthy.



Community mobilization goes online



The call for grassroots health reform has gone online, with social media becoming a popular mechanism for community mobilization.

Over a third of established CCBs have established Facebook pages. The 27 CCBs use Facebook to alert community members to special medical events, encourage visits to clinics, and invite participation in environmental clean-up events.

The Facebook pages are also a powerful health education tool. Community-clinic boards regularly post living tips on common community health risks.

For a complete listing of CCA Facebook pages, see Annex G. For information on the Project Facebook page, see Annex F: Annual Summary of Communication Products and Media Coverage.

Healthy habits championed

In Year 4, the third annual Healthy Lifestyle summer camps were transformed by the MOH into a more ambitious community-focused health campaign. Before the camps started, the mothers of campers were taught the same health lessons their children would be learning in camp by the MOH and Project-contracted CBOs so they would be prepared to reinforce and sustain the healthy behaviors their children learned at camp, and pass on these messages to their other children and relatives.

This year, 28 summer camps were held in CCA communities by the MOH and the Project-contracted CBOs in five West Bank districts. Double the number originally planned, the 28 summer camps reached 1,398 children and their mothers. Topics covered during the summer camps this year included nutrition, diet, personal hygiene, dental hygiene, road and traffic safety, and environmental awareness. MOH and NGO health providers also attended the camps to provide various health screenings.



Summer campers learn about road safety in Burqa, Nablus. In total, 1,398 children, aged 8-12 from 28 towns and villages across the West Bank enjoyed role playing, skits, games, and art activities all designed to teach important health and safety messages to children.

The camps created a network of health champions across the West Bank, with mothers and campers continuing to meet in CBO-sponsored activities long after the camps finished. In many communities, the health messages continued to inspire new activities. CBOs held follow-on activities for campers, their mothers, and other children or created new health-related initiatives for community residents. In Beit Fureek (Nablus), mothers used the recipes distributed during the camps to cook healthy meals for children at the three local schools. The CBO in Skaka (Salfit) launched a year-long “Child-to-Child” campaign, through which campers will teach their classmates about the health habits they learned at camp.

IMPACT

Ministry Works with Mothers to Teach Healthy Living

Through educational summer camps, the Ministry of Health and mothers work together to promote healthy living.



Campers gather for a healthy lunch between activities.

The mother of one summer camper shared that when her son comes home from camp, he is always singing the songs they sang that day. “He even wants to brush his teeth,” she said. “Exactly in the way they taught him!”

healthy living in a variety of creative ways. For example, at a summer camp in Tarqumia, a southern West Bank village, campers built their own nutrition pyramids and joined in a street safety quiz that had them jumping out of their seats to give the correct answer.

Through active play, singing presentations from community volunteers, arts and crafts, check-ups provided by local physicians and dentists, and practicing healthy behaviors (like washing your hands before a meal), boys and girls are eagerly absorbing – and applying – these healthy living lessons.

“My son came home yesterday and said that he wanted to have a shower,” shared Iman, the mother a seven-year-old camper. “He never used to like showers. But now he tells me that he needs to clean himself every day because that is what he learned at camp.”

The Palestinian Ministry of Health is taking a new approach to teaching children about health. The Ministry is doubling the impact of its Healthy Lifestyle Summer Camps by reaching out to mothers before their children come to camp.

Working with community partners, the Ministry taught mothers the healthy living themes that their children would learn at camp, from nutrition to hygiene to safety.

The advance training will help reinforce the lessons learned at summer camp. “The point is that the mothers change their children’s behavior at home,” explained Mohammed Haj Mohammed, a summer camp coordinator.

As one camper summed it up: “Our mothers learned the same lessons we’re learning here! They taught it to us, and every day when we go home, we teach it back to them!”

The camp organizers also expect the health messages to spread through the community. “[These] changes will go from home to home, because in our village culture, we live so close to each other,” explained Afaf, the mother of a ten-year-old camper.

At the summer camps, the children learn about healthy living in a variety of creative ways. For example, at a summer camp in Tarqumia, a southern West Bank village, campers built their own nutrition pyramids and joined in a street safety quiz that had them jumping out of their seats to give the correct answer.

FOCUS AREA D: HOSPITAL MANAGEMENT SUPPORT

In its first three years, 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). Following the full release of funds, the Project worked with the MOH to develop national quality standards in accordance with international standards and establish best-practice management procedures in the NICU in Rafidia Hospital.

IMPACT OF FUNDING HOLD

Nearly all interventions in hospital support were halted in the first quarter, with only direct Project support provided to in Rafidia, Alia, and Ramallah hospitals in triage systems, facility level nursing, and quality improvement. These interventions were terminated in Quarter 2.

On-the-job coaching provided

Emergency room staff in Rafidia, Ramallah, and Alia hospitals received OJC in utilizing triage and fast track systems in the urgent care of patients. The Project also provided OJC at the Rafidia NICU in preparation for a planned introduction of NICU guidelines, protocols, and policies (later delayed due to the funding hold). In the third quarter, limited assistance was resumed to the NICU by a Project-supported neonatologist who provided OJC for NICU staff and continued with the development of the NICU guidelines. Eight policies have been drafted and/or updated and OJC was provided in the areas of IPC procedures, umbilical line care and fixation, intravenous line insertions, oxygen therapy, and the importance of proper documentation using the HIS.



A nurse at the Rafidia NICU runs a medical check on a premature baby. Affixed to the incubator is a sticker reminding nurses of NICU protocols that was provided by the Project in Year 3.

Protocols and quality standards developed

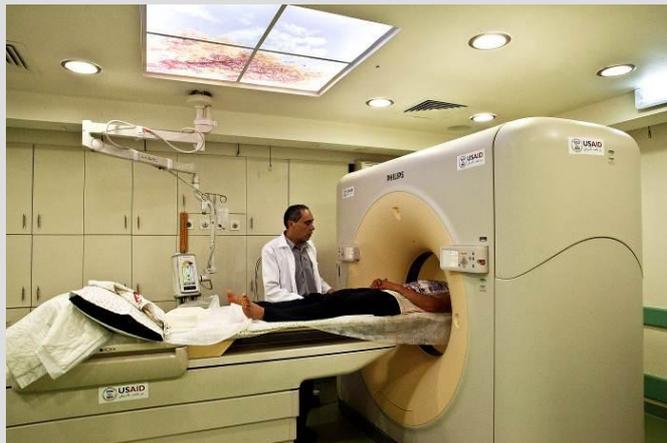
Medical staff at the three selected hospitals developed needs-based action plans for improving the quality of care available in their departments. Seven nursing competencies were documented, detailing the needed protocols, standards and processes to be carried out, and the performance gaps to be addressed through OJC by nursing supervisors. At Ramallah and Alia hospitals, the nursing supervisors developed a bed side coaching plan for their supervisees for the coming year, based on the nursing competencies developed.

Technical assistance was also provided to the MOH for the development of quality standards at its hospitals. With Project support, Ramallah hospital staff reviewed and updated 15 policies and procedures outlining best practices related to the nutrition care process. A similar review was ongoing at Ali hospital when the Project suspended activities in this focus area.

IMPACT

Advanced Scanner Creates New Services

New CT technology improves diagnostic services in Palestinian public hospitals.



CT technician provides scan to trauma patient at Ramallah Hospital.

“No more referring patients to other hospitals. We now have the ability to treat them right here.”

Amin Kabha
Ramallah Hospital CT technician

With this newly provided testing technology, the MOH has expanded its diagnostic services and improved the quality of treatment available to its patients, particularly the most vulnerable patients like Osama. “A patient from the ER can have a full-body scan in about 30 seconds, reducing patient anxiety and the need for sedation,” explained CT technician Amin Kabha.

New medical skills come with the improved technology. The MOH is promoting proper use and maintenance of equipment through specialized trainings funded by USAID. Twenty technicians, radiologists, cardiologists, and biomedical engineers were trained to use, operate, and maintain the new CT scanners. In total, USAID has trained 151 medical professionals on new USAID-funded equipment and provided on-the-job coaching to 293 medical professionals.

After sending Osama’s scan back to the ER doctor, Amin prepared to scan his next patient. “We now have the ability to conduct cardiac and renal angiograms - and so much more - right here in our own hospital,” he said.

The young trauma patient was only half-conscious as he was wheeled into the examination room.

Nineteen year old Osama had just been brought in from a car accident, and his doctors at Ramallah Hospital had requested an emergency medical scan, using new USAID-funded medical imaging equipment.

Until a few months before, the only available computed tomography (CT) scanners at the main public hospital in this busy Palestinian city were outdated and slow, limiting the diagnostic tests

doctors could use.

Now patients at Ramallah Hospital and three other major public hospitals can receive quicker, more accurate, and less stressful medical tests, using four advanced CT scanners provided through this USAID health initiative.

FOCUS AREA E: PROCUREMENT

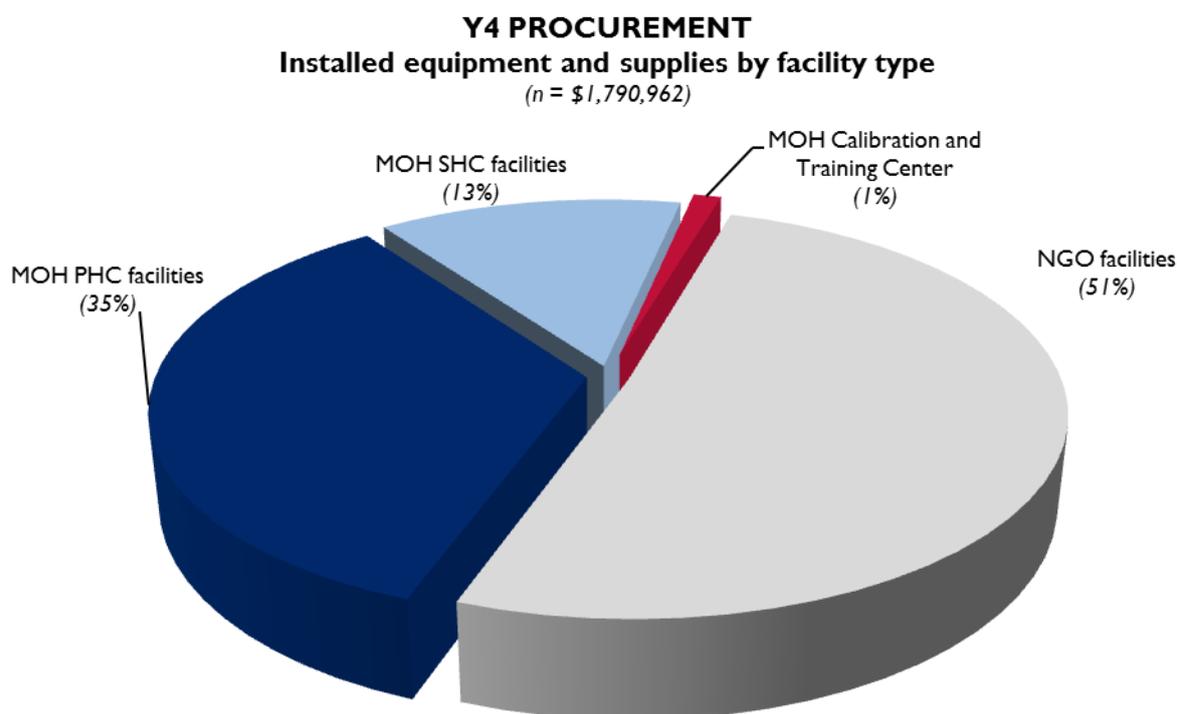
Procurement is a significant component of the Project's activities. Through this focus area, the Project responds to the MOH's assessment of its need to adopt a more strategic approach to the procurement of equipment and supplies as a key part of health reform. Over the past four years, the Project's procurement team has been working with MOH and NGO hospitals and clinics to institutionalize an integrated procurement system that reflects the real needs of these facilities.

As in other focus areas, procurement was suspended during the funding hold.¹¹ Despite the six-month delay, the Project achieved significant impact on the scope and quality of health services provided to Palestinian citizens in the West Bank and Gaza.

IMPACT OF FUNDING HOLD

Under partially released funding, no procurement of medical equipment for hospitals and clinics was carried out.

Nearly \$1.8 million of medical equipment and supplies were installed in health facilities and medical schools across the West Bank and Gaza in Year 4.¹² Throughout the year, the Project was able to finalize installation and training for previously procured equipment and provide technical assistance for the development of systems to ensure optimal use and the maximum life of equipment.



¹¹ As a result, four PHC clinics in Salfit and Toubas did not receive medical equipment required by the Essential Package of Services and the procurement of mobility devices for beneficiaries of grantee Palestine Save the Children Foundation was delayed.

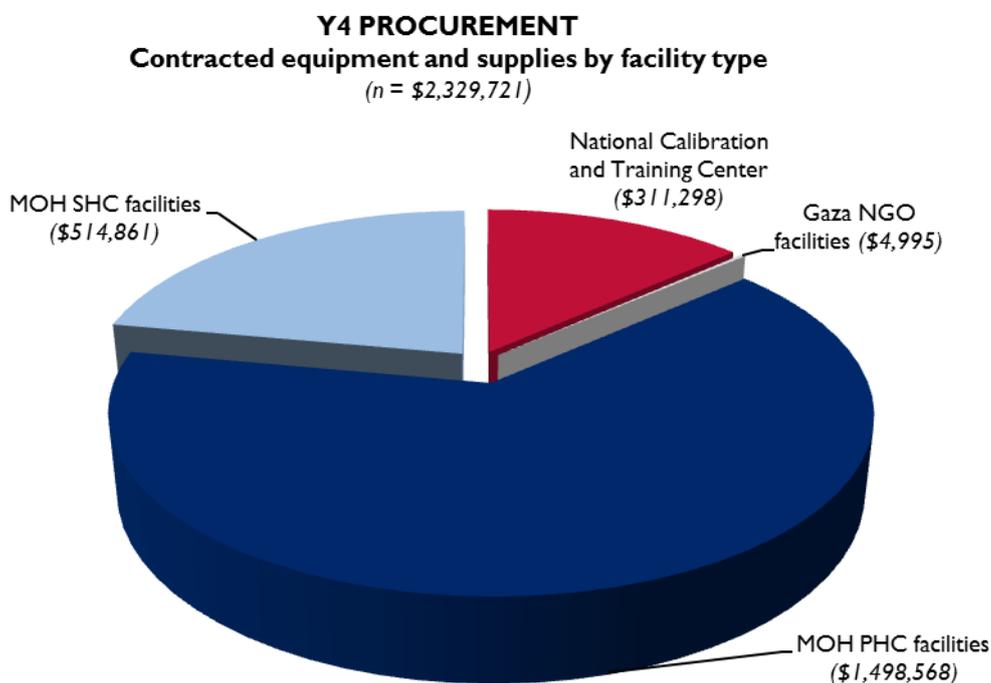
¹² Equipment delivered in Year 4 included items procured in the fourth quarter of Year 3.

Medical services and education in Gaza were enhanced and access to quality care improved for Gaza residents after \$880,000 of equipment and supplies was installed in select NGO facilities in Gaza (in response to needs identified in Year 3).¹³ (For more information on procurement for Gaza, see Section IV.)

Project procurement also prepared the MOH to implement the newly launched EPS and SOC across their health directorates by filling critical gaps in diagnostic and testing capacities at 90 MOH clinics, as well as strengthening directorate-level storage of pharmaceuticals. With Project support, the MOH prepared to activate its role as the regulator of medical equipment and training in Year 4 as it initiated the establishment of the first national center for calibration.

Medical services at the Jericho Hospital were strengthened as a result of initial delivery of diagnostic and treatment equipment, provided by the Project in response to a USAID directive.

The Project was able to contract over \$2.3 million in medical equipment and supplies, despite the six-month hiatus in procurement activities. Over \$2 million was contracted in the last six months of Year 4 after the full release of FY11 funds in April 2012. This enabled the Project to ensure support for planned implementation in all focus areas in Year 5, particularly the ongoing roll-out of the EPS and SOC and the opening of the National Calibration and Training Center.



¹³ The Project installed one medical device for a West Bank NGO health provider in Year 4. Neonatal care at Al Ittihad Hospital (Nablu) was enhanced through the installation of a high-frequency ventilator procured by the Project prior to Year 4.

PHC facilities equipped to provide essential services

Over \$617,000 in medical equipment and supplies were delivered to 90 PHC centers in the West Bank. 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 SOC – such as chemistry analyzers and NCD blood tests – enables clinic staff to comply with the new publicly available guidelines and standards.

The MOH also received equipment that responds to community priorities identified through the CCA. For example, following requests for women’s health services raised in open dialogue between residents in Urif (Nablus) and the MOH, the Project procured portable ultrasounds for the MOH to initiate the appropriate services in the Urif clinic.



A MOH doctor receives training of a newly delivered portable ultrasound in the Yatta PHC clinic. As mandated by the Project, the vendor of the ultrasound provided operational training to all clinics receiving equipment from his company.

Directorate services were also enhanced through the installation of seven pharmaceutical cold rooms at the PHC Directorate clinics in Ramallah, Bethlehem, Nablus, Hebron, South Hebron, Jenin, and Jericho. The MOH is using the cold rooms to ensure the functioning of the cold chain system, thereby maintaining an efficient vaccination schedule and safe storage of temperature-sensitive drugs and vaccines.

Over 70% (\$1.09 million) of the medical equipment and supplies contracted in Year 4 to support PHC services will be installed in MOH clinics across the West Bank in early Year 5. This includes four mammography machines that will be installed at four PHC Directorate clinics to support the MOH's campaign for early detection of breast cancer. *(For more information about OJC provided to support the delivery of the mammography machines, see "Operational capacity of MOH and partner NGOs strengthened" on p. 36.)*

MOH capacity for calibration and training strengthened

Ensuring the effective use and maintenance of medical equipment is at the heart of procurement reform by the MOH and has been a key focus of the Project throughout the past four years.

In Year 4, the Project supported the MOH in building this capacity by supporting the establishment of a National Calibration and Training Center in Huwwara, Nablus Governorate. Over \$311,000 of equipment and supplies were contracted to support the nascent center in Year 4. Initial delivery of networking equipment took place in Quarter 4: the remaining \$281,433 of equipment will be installed in the first quarter of Year 5.

The establishment of the National Calibration and Training Center improves safety, accuracy, and sustainability of medical equipment within the MOH facilities. Once it opens in December 2012, the MOH will be able to calibrate medical equipment used within the ministry. The MOH will be able to use the center to strengthen its regulation of the national health sector. As its regulatory capacity grows, the MOH will be able to use the center to certify the calibration of NGO facility equipment.

The National Calibration and Training Center will also support the MOH in institutionalizing the practice of preventive maintenance under the supervision of the MOH Biomedical Engineering Unit (BEU). The BEU has been a strategic partner for the Project in its procurement over the past four years. The center will make the BEU responsible for the implementation of a preventive maintenance system, equipment calibration, training, maintaining a spare parts inventory, and equipment certification in the future. The BEU will be able to play a major role in extending the usable life of the equipment donated by USAID and other donors, through the center. In addition, the center will reduce annual expenditures for equipment service through reduced equipment failures and elimination and/or reduction in shipping equipment outside of the country for repair. Once the center is connected to the HIS in Year 5, the BEU will be able to monitor equipment usage at MOH facilities, and schedule and conduct preventative maintenance.

During Year 4, two BEU biomedical engineers received factory service trainings through the Project for highly specialized equipment such as CT scanners, anesthesia machines, chemistry analyzers, and ultrasound scanners, as well as other donated equipment. In advance of the Center's opening, these trainings upgraded the BEU's technical capacity to manage the calibration and repair of vital medical equipment.

Access to radiation therapy expanded

After its installation in Year 3, the Radiation Therapy System (RTS) procured by the Project is now fully operational at Augusta Victoria Hospital (AVH). This is the only radiation therapy center serving the Palestinian population.

The new system has enhanced the quality of cancer care by providing services that are comparable to or better than other regional medical centers. The addition of a new, second RTS has strengthened the hospital's role as a comprehensive cancer treatment center, improved the quality and availability of such treatment, and has cost effectively reduced the number of referrals abroad, meeting the priority needs of those it serves. Additionally, the cancer center can now expand its focus on pediatric cancers, which are largely curable if treated immediately. The 3D simulation of the new system allows AVH to more precisely locate the cancerous mass, and decrease the radiation that is targeting healthy organs.

American medical guidelines usually recommend eight radiation therapy systems be available for one million people. Prior to USAID's procurement of an additional RTS, there was only one five-year-old machine serving the entire Palestinian population of 3.8 million, which was housed at AVH.

In the third quarter, the Project further enhanced the treatment capacity of the hospital by updating its older RTS so that it can work in tandem with the newer RTS. Hospital staff were trained on how to carry out patient treatment on the updated system.

As a result, access to cancer treatment through the MOH has significantly increased. This has resulted in reducing the waiting list of patients and improving the efficiency of patient treatment. By the end of Year 4, daily treatment sessions doubled, with an average of 87 new patients per month.

Medical services at Jericho Hospital strengthened

In response to USAID guidance, the Project assessed the procurement needs of the MOH hospital in the Jericho health directorate. Based on its assessment, the Project procured approximately \$600,000 of medical equipment to support diagnostic, surgical, and physiotherapy services for more than 60,000 residents of Jericho and the Jordan Valley. In Quarter 4, infusion pumps, hemodialysis machines, a laparoscopy station, and three ECGs were delivered and installed. The remaining equipment will be delivered in the first quarter of Year 5. The installation of medical equipment at the Jericho Hospital complements USAID's rehabilitation of the hospital's facilities and infrastructure through its Emergency Water and Sanitation Project.

Operational capacity of MOH and partner NGOs strengthened

In addition to training all relevant staff in system use and maintenance and providing on-site support for recently installed equipment, the Project worked with the MOH and NGOs to provide intensive formal training for more sophisticated equipment, including CT scanners and ECGs.

Two off-site trainings strengthened the MOH's operational and diagnostic capacity during Year 4. Eight CT technicians gained experience in using application software and observed the management of the hospital's CT department through an on-site operational training in a Jordanian hospital arranged by a Project vendor. Six MOH physicians learned advanced techniques for using CT as a diagnostic tool at an off-site training in Germany. At another off-site training in Germany, a biomedical engineer from St. John's Eye Hospital in Gaza gained experience in maintaining and troubleshooting for the phacoemulsification system procured and installed by the Project in Year 3.

Formal trainings and OJC were also held to review the routine use and maintenance of equipment and to teach new techniques for optimizing the use of equipment features, which ensured positive outcomes for patients.

Through OJC with CT technicians, the Project facilitated the documentation of existing CT practices and identification of best practices. By the end of Year 4, the Project had finalized the draft CT Department Policies and Working Instructions in consultation with representatives of the four MOH hospitals who received CT scanners. Using this written guide, the MOH can promote the adoption of protocols for CT application and dosage control.



The ECG trainer explains the systematic, five-point approach for accurate readings of ECG wave form. The MOH has mandated the use of ECGs among patients with hypertension and diabetes in the Project-supported EPS.

Medical professionals working with breast cancer detection received OJC from the Project in preparation for the Year 5 installation of four new mammography machines. Nurses and x-ray technicians from the PHC clinic in Al-Ram (Jerusalem) and the Beit Jala Hospital in Bethlehem were coached on using the mammography machine safely, accurately, and effectively, as well as educating patients on self-screening.

In the third quarter, the Project launched a training program on the use and interpretation of ECG readings for 36 MOH PHC physicians and nurses. This will greatly enhance the physicians' ability to reliably diagnose heart abnormalities. The MOH has mandated the use of ECGs among patients with hypertension and diabetes in the EPS. The formal training provided to physicians in Nablus and Jenin was followed by OJC in PHC clinics. PHC nurses were also trained on the proper use, utilization, and care of ECG machines. ECG training will also be rolled out to the remaining PHC clinics in the West Bank in Year 5.

The Project continued to revisit beneficiary facilities to assess the utilization and maintenance of Project-procured equipment. Operational training was conducted at Al Ahli Hospital in Gaza on the use of the donated surgical equipment and on use of the hearing aid analyzer donated to JRS. (For more information about procurement activities in Gaza, see Section IV.)

Inventory of MOH surgical instruments created

In Year 4, the Project facilitated the standardization of surgical instruments at the Rafidia Hospital. The established MOH practice was to use common terms for individual instruments and identify instruments in sets rather than the individual components. As a result, Rafidia Hospital had no complete list of surgical instruments and their specifications, which prevents their inclusion in the inventory that is being developed in the HIS.

Working with the Project, the hospital's Sterilization Unit and the Surgical Department reviewed hundreds of instruments to identify generic names and specifications for 53 sets (which can include up to 40 individual instruments). By adding the detailed taxonomy to the HIS, the MOH can ensure better management and more efficient procurement of surgical instruments.



A technician at the Sterilization Unit of Rafidia Hospital prepares surgical tool sets for sterilization prior to returning them to the hospital's surgical department.

IMPACT

Improving cancer therapy for Palestinians

USAID is helping to enhance access to quality cancer treatment for Palestinians by procuring a state-of-the-art radiation therapy system.



USAID representatives tour the new radiation therapy system after its installation at the Augusta Victoria Hospital.

Challenge

Radiation therapy is an integral part of cancer treatment and is used to treat half of all cancer patients. American medical guidelines usually recommend eight radiation therapy systems be available for one million people.

Until recently, the Palestinian health care system had only one ageing radiation therapy system to serve 3.8 million people.

Whenever the system broke down, the Palestinian Ministry of Health was forced to refer patients abroad, separating sick children and adults from their families and draining funds from the national health budget.

Initiative

USAID installed a new radiation therapy system at the only cancer treatment center in the Palestinian public health system. Cancer patients referred by the MOH will be treated at the Augusta Victoria Hospital on the system provided by the Project.

Result

The Palestinian people now have greater access to radiation therapy. The new system has enhanced the quality of cancer care by providing services that are comparable to or better than other regional medical centers.

Augusta Victoria Hospital can now treat 47% more patients each month and provides 67 sessions per day, compared to the previous limit of 45 sessions.

The cancer center can now expand its focus on pediatric cancers, which are largely curable if treated immediately. With the quicker and less invasive therapy, the center will start treating children under nine.

SECTION IV

GAZA ACTIVITIES

The Project continued to provide targeted support for health and humanitarian services to marginalized beneficiaries in the Gaza through grants (Focus Area A) and procurement (Focus Area E).

In Gaza, affordable and accessible services to medical and rehabilitative services are essential but inadequate. Providers struggle with deteriorating equipment, insufficient stocks, and financial strain. This has a negative impact on the quality of care available to Gaza residents. The Project responds 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.

As a result, these NGOs can now provide access to higher quality medical and educational services. Medical students at Al Azhar University are now graduating with hands-on experience with advanced diagnostic equipment. At the same time, health NGOs can now operate with increased safety, greater frequency (Al Ahli Hospital), and more accuracy (St. John's Eye Hospital). Other institutions were able to improve screening, dental care, rehabilitative care for disabled children, and diagnostic services for cystic fibrosis patients.

Throughout the year, Project staff regularly visited¹⁴ Gaza to work with NGOs to ensure proper monitoring and evaluating of grants programs and oversight of installed equipment.



Dr. Akram Eid from grantee JRS performs hearing screening on pre-school children in Jabalia refugee camp. Two auto-acoustic devices procured by the Project were used in the screening. JRS refers suspected cases of titus media or hearing problems to its main clinic for more advanced exams. Parents are also contacted by letter to stress the importance of further examinations and to explain that the service is fully subsidised by USAID. The grant also enables JRS to subsidize any necessary medical treatment for poor families.

¹⁴ The deterioration in the security situation in Gaza in Quarters 2 and 3 prevented Project staff from making scheduled visits to the Gaza. Visits resumed in May 2012.

FOCUS AREA A: INSTITUTIONAL DEVELOPMENT

Community-based rehabilitation services strengthened through grants

The Project strengthened grassroots services to detect, diagnose, and treat disabilities, particularly in diabetic patients, through its grants program in Year 4. This continued despite the significant impact of the funding hold. (In October 2011, the Project suspended the two ongoing grants to Palestine Save the Children Foundation (PSCF) and St. John's Eye Hospital.¹⁵)

Although the grant to PSCF was later terminated, St. John's Eye Hospital was able to resume its screening of diabetic patients for eye diseases. Through the grant, the hospital conducts 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. The grantee was able to minimize the impact of the suspension by immediately reaching out to diabetic patients who had stopped coming to its clinic during the suspension period. The number of patients screened had doubled within one quarter. In total, 1,333 diabetics were screened, 292 were treated by surgery or using the USAID-funded phacoemulsification machine, and 57 were referred to the main hospital in Jerusalem.

Following the full release of FY11 funds, the Project was able to resume strengthening community-based rehabilitation for children with a new grant signed with the JRS in Quarter 4.

Under the new grant, children with disabilities and their families in Gaza have increased access to specialized health care services. In its first three months, 1,461 pre-school children were screened by JRS for the early detection of hearing and middle ear problems, 10 health awareness sessions were held on targeted topics for 294 kindergarten caregivers and parents, and theater performances were held for 625 children. (See Section III and Annex C for details).



A speech therapist from Al Amal Rehabilitation Society in Gaza works with a patient on the speech therapy system procured by the Project.

¹⁵ Due to this suspension, PSCF stopped conducting home physiotherapy visits and St. John's Eye Hospital raised the medication fees that are being charged to diabetic patients. According to St. John's Eye Hospital staff, the number of diabetic patients visiting St. John Eye Hospital decreased substantially following the suspension.

FOCUS AREA E: PROCUREMENT

Strengthening medical services and education in Gaza through equipment installation

The Project provided procurement support to selected NGO partners in Gaza in response to needs identified in Years 2 and 3. In total, \$881,461 of medical equipment and supplies¹⁶ were delivered and installed in seven NGO health and medical educational institutions in Year 4 to support screening, diagnostic, and treatment services in Gaza, particularly for diabetic patients and children with hearing problems.

Throughout the year, Project staff maximized the efficacy of procured equipment for NGO partners in Gaza by overseeing or inspecting installation, following up on vendor training, and tracking equipment utilization.



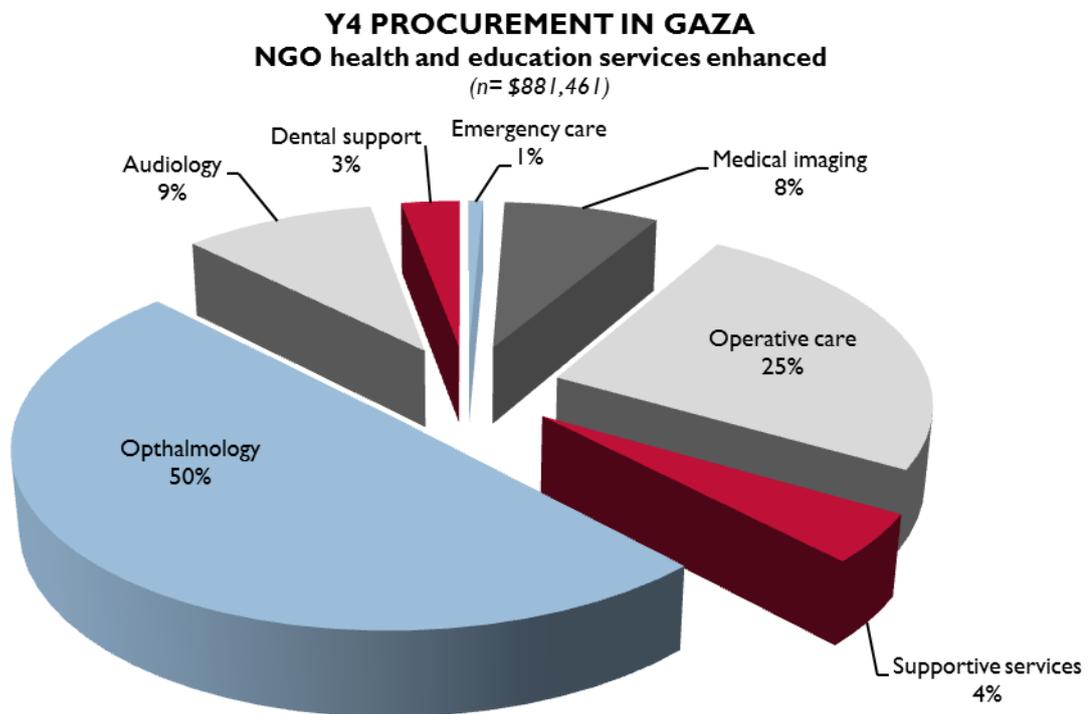
A dentist at Caritas Medical Center in Gaza provides dental care using the \$25,690 dental unit provided by the Project.

With a high prevalence of diabetes in Gaza, the diagnostic and treatment services provided St. John's Eye Hospital are critical and under great demand. In Year 4, the Project provided the hospital with approximately \$430,000 in surgical equipment, which - along with the phacoemulsification machine donated in Year 3 – enables St. John's Eye Hospital to offer a package of screening, diagnostic, and clinical services previously unavailable to the majority of the population in the Gaza.

An additional seven NGOs received procurement support for their clinical, rehabilitation, and/or medical education services. Nearly \$250,000 in surgical equipment has enabled AI

¹⁶ Procurement of this equipment was completed either in Year 3 prior to the restriction placed on FY 2011 funds (20 items valued at \$876,466) or in Year 4 after the full release of funds (one item valued at \$4,995).

Ahli Hospital to provide more accurate and safer surgical diagnoses and interventions. Students at Al Azhar University can now start practicing medicine already skilled in using advanced diagnostic, treatment, and life-saving procedures as a result of using nearly \$74,000 of equipment provided by the Project. Young children have greater access to screening and treatment for hearing deficiencies as a result of procurement for Atfaluna and JRS, while Caritas Medical Center is using Project-donated equipment to provide affordable dental treatment for its patients. As a result of the new portable ultrasound provided to the Cystic Fibrosis Patients Friend Center, cystic fibrosis patients are now able to receive diagnostic assessments sensitive to their chronic condition. The center was able to correct a misdiagnosis of a young patient, whose doctor had mistaken cystic fibrosis symptoms for liver dysfunction after the ultrasound was provided.



(See Section III: Focus Area E for details.)

SECTION V

MONITORING AND EVALUATION

The Project's Monitoring and Evaluation (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.

PMP UPDATE

The Project submitted three versions of a revised PMP in Y4, following the funding issues experienced during the year. The final submission was revised and approved by USAID on June 5, 2012. USAID updated the Project GEOMIS PMP Matrix.

FIELD MONITORING

The M&E team made 40 field visits in the West Bank and Gaza during Y4 to collect and verify data required for the Performance Monitoring Plan (PMP), provide technical support to Project activities, and introduce Project partners to M&E deliverables and build their M&E capacity.

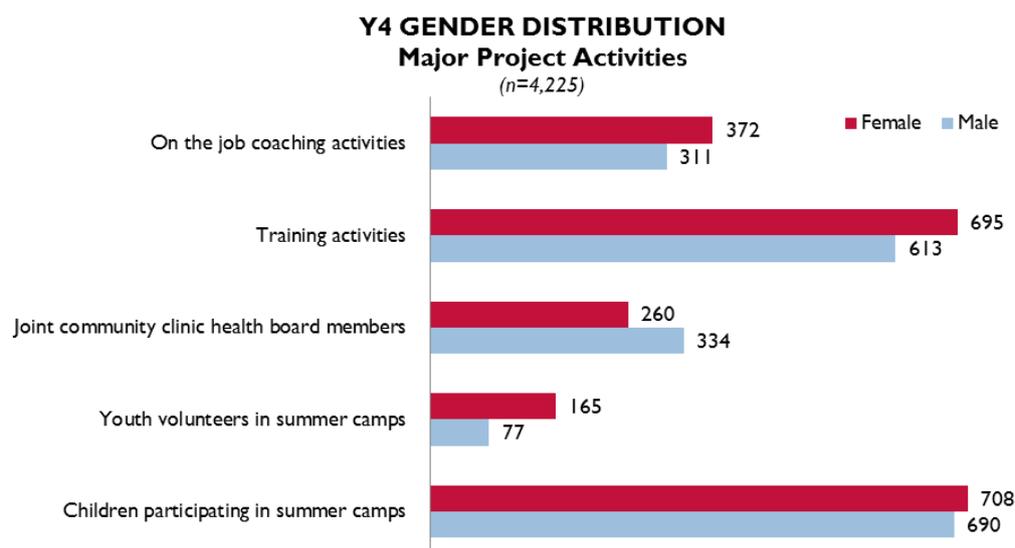
In Year 4, the M&E team began providing technical support to the Project's procurement and PHC teams to follow up on the equipment delivered to MOH facilities in the West Bank and NGO facilities in the West Bank and Gaza. The purpose of this activity was to assess the utilization of equipment and identify delivered equipment that is not being utilized. Using the assessment findings, the Project can work with the MOH to promote utilization at the facility level or re-allocate the unused equipment to other facilities that are in need. In Year 4, the M&E team made 10 field visits to assess equipment utilization, including two in Gaza.

PROJECT AUDITS AND SPOT CHECKS

The project did not undergo any audits in Y4. However, one spot check was conducted by Aid Project Management Specialist Feletcia Saleh on September 20, 2012. She checked two random training activities and requested to see internal documentation procedures of training activities and corresponding GeoMIS entries. She also checked on the procedures used to document the summer camps conducted during Y4. No comments or recommendations resulted from the spot check.

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.



SPECIAL STUDIES

Beneficiary Satisfaction Assessment (Focus Area A)

In Year 4, the M&E team evaluated the impact of the Project's grants program on rehabilitative services available to the Palestinian people. In coordination with Alpha International, the Project surveyed 217 beneficiaries of the five following grantees:

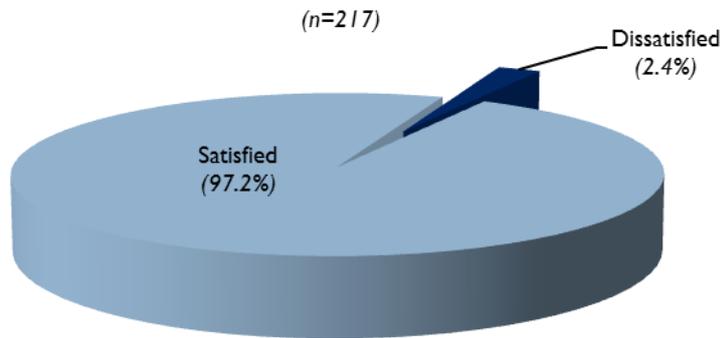
- Care of Children with Special Needs
- Caritas Baby Hospital
- Palestinian Happy Child Center
- Shepherd's Field Hospital
- St John Eye Hospital.

The purpose of the study was to assess overall beneficiary satisfaction as a deliverable for the PMP¹⁷ 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 with rehabilitation and health treatment the respondents received from centers they visited.

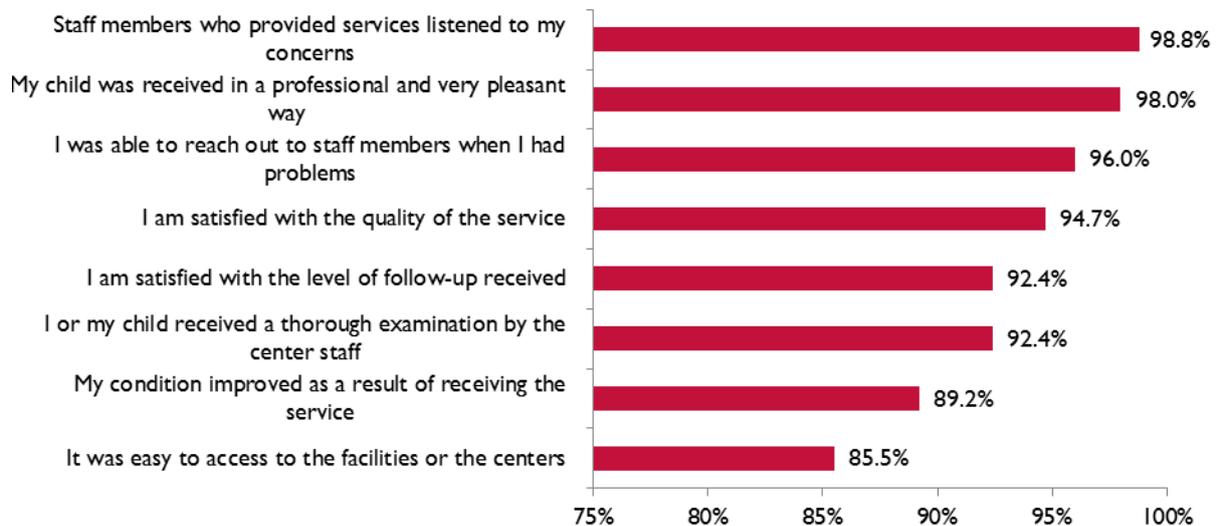
¹⁷ Intermediate Result A4: Percentage (%) satisfaction of beneficiaries from services provided by NGOs receiving grants.

Y4 GRANTS
Overall satisfaction of beneficiaries
with services received



Beneficiaries were also highly satisfied with the attention paid to beneficiary needs, professionalism of grantee service delivery, availability of medical or technical follow-up, quality of service, quality of patient examination, and access to grantee centers. Approximately 90% of respondents said that their condition or their child’s condition has improved as a result of receiving the service.

Y4 GRANTS
Examples of Beneficiary Satisfaction
 (n=271)



Client Satisfaction Survey and Household Survey (Focus Area C)

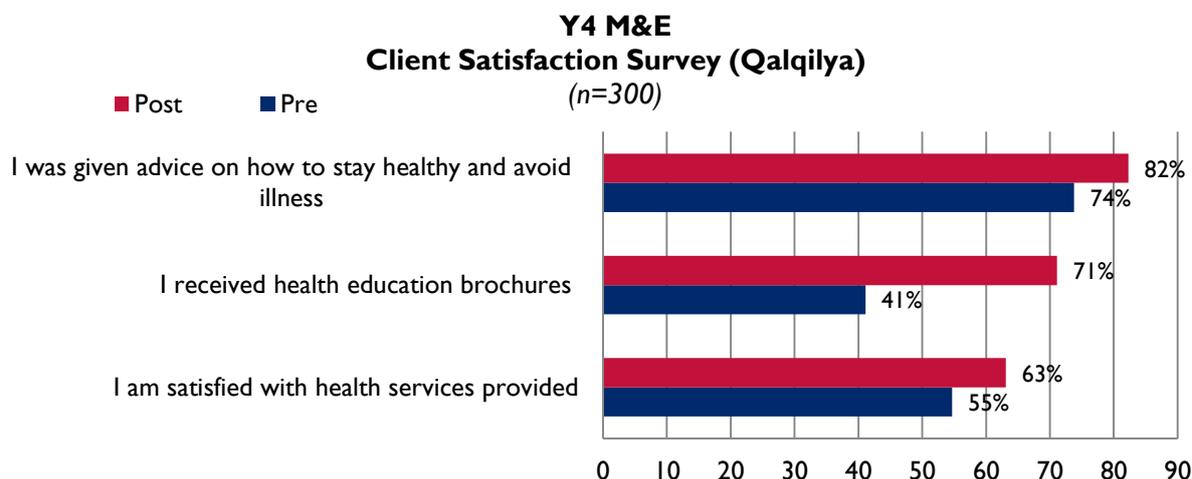
The Project evaluates the implementation of Quality Improvement interventions through two pre-post surveys, as part of its internal (non-PMP) M&E process. The Client Satisfaction Survey (CSS) and Household Survey (HHS) are conducted by the CBO partner in the first month and last month of its CCA contract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

In Year 4, the two surveys were conducted in five communities in Qalqilya.¹⁸ The results of both surveys are summarized below. The results of the CSS are also described in Section III: Focus Area C.

Client Satisfaction Survey: Qalqilya

The CSS was completed by approximately 300 respondents from the five communities in Qalqilya participating in the CCA. (In general, 60 clinic users were surveyed in Hableh, Qalqilya city, Kufr Thulth, Azzoun, and Kufr Qaddoum.)

Overall satisfaction with health services in the five communities increased following Project-supported activities. About 63.1% expressed overall satisfaction with the health services provided compared to 54.7% before the Quality Improvement interventions. Patients also reported receiving more health education during their visits, following the distribution of BCC materials and OJC during Project interventions. Over 71% of respondents reported receiving health education brochures, compared to 41% prior to the interventions, and over 82% said that they had been counseled on healthy living, compared to over 73% before.



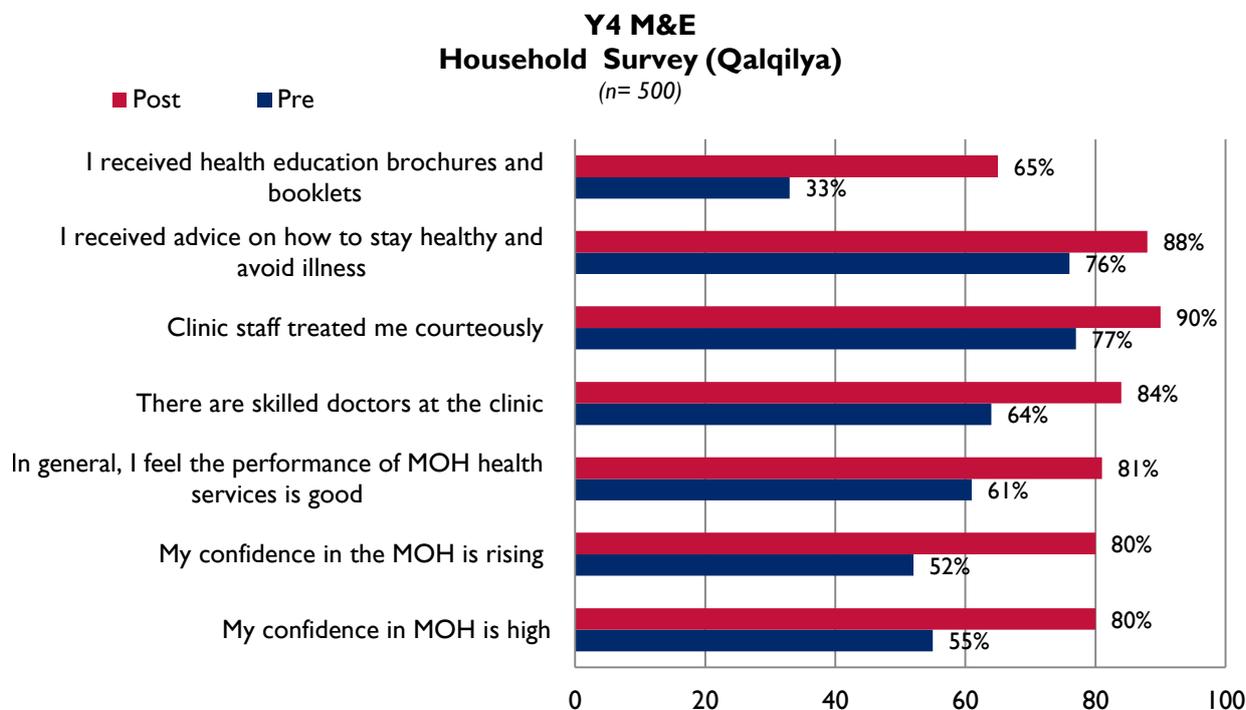
Household Survey: Qalqilya

The five CBOs also conducted the HHS in their communities to evaluate changes in overall satisfaction with MOH health services provided at their communities. The HHS was completed by approximately 500 respondents. (In general, 100 clinic users were surveyed in each community.)

According to survey results, the Quality Improvement interventions in the clinic and at the community level had a significant impact on citizen perception of the MOH in the five communities. Overall satisfaction with the performance of MOH services rose by 20%, with 81% of respondents reporting positive perceptions of the service they received. Community members also report greater trust in the MOH, with 25% more respondents saying that they had more confidence in MOH services.

¹⁸ The CBO partners in the Hebron communities participating in the CCA conducted the Client Satisfaction Survey and Household Survey in the first month of their activities. However, the CBOs were not able to implement all planned CCA activities due to the stop work orders issued following the FY11 funding hold. As a result, the Project decided that the results of the surveys would be compromised by the interruption in CCA activities and could not provide reliable evaluation of the CCA in those communities.

As highlighted by the CSS, the Project’s support for greater health education by clinic staff was noted by HHS respondents. The provision of health education material appears to have doubled during Project interventions, with 65% of respondents reporting receiving health education material compared to 33% before. Health counseling also improved, with 88% of respondents saying that they had received advice on healthy living compared to 76% before. Health counseling also improved, with 88% of respondents saying that they had received advice on healthy living compared to 76% before.



SECTION VI

PROJECT MANAGEMENT AND OPERATIONS

MISSION ORDER 21 AND COMPLIANCE

Chemonics continues to ensure full compliance with USAID rules and regulations and maintains proper systems, especially in relation to Mission Order 21 (MO21). In Year 4, the Project submitted a total of 91 vetting requests for 28 NGOs, 50 vendors, and 61 trainees.

In addition, Chemonics submitted complete sub-award reports before the fifth day of each month, which included 470 transactions. The number of transactions was significantly lower than average in the first two quarters due to the cut-off of activities resulting from the limitations in funding. However, the number of transactions doubled in the third quarter following the release of the FY11 funds.

In Quarter 1, the Project issued stop work orders and suspensions for 32 NGOs and subcontractors. As a result of receiving partial funding on December 29, 2011, the Project lifted several stop work orders and suspension letters for subcontractors and grantees and they resumed activities. This caused delays in implementation for some of our partners and a significant number of contracts received time extensions and/or cost amendments. By the end of Year 4, all US subcontractors continued to be under work stoppage.

However, during Y4 all international subcontractors and Dimensions were part of the Partner Contracted Audit (PCA) mandated by USAID. All fieldwork for the audits was finished in Year 4 and reports were sent to USAID for Regional Inspector General (RIG) review. The preliminary results of the audits were positive. The Project will be following up on the few recommendations made in the audit.

In February 2012, USAID released revised procurement regulations. The Project responded quickly and contractual templates and procedures were adjusted to the new requirements. Staff received training and mentoring on the revised source and nationality rules. In addition, ADS 303 received several updates throughout the year. Consequently, the Project updated its grant templates to ensure consistency. Finally, the Project procured new software called Visual Compliance. This software searches about 60 international lists including the System for Award Management SAM (formerly EPLS), [Specially Designated Nationals List \(SDN\)](#) and UN lists. This software has facilitated the screening of potential subcontractors, consultants, and grantees prior to vetting.

In November 2011, the Project underwent the USAID Regulatory Compliance Review (RCR), covering the period from October 1, 2010 to June 30, 2011. The RCR report for the period October 1, 2010 to June 30, 2011 was received by the Project on April 18, 2012.

During Year 4, the Project was required to move offices as a result of challenges with Mission Order 21. Upon discussions with USAID, the team found a temporary location and moved in 24 hours. Within a two-month period, a new office was identified and made ready

for the use of Project staff. The Project was operational in its new office in early August 2012.

COORDINATION WITH USAID

All the issues that arose in connection with the funding hold and the potential early close-out illustrated the fluid communication and team work between the Project and USAID. Following the Congressional hold on funds in Quarter 1, the Project increased its reporting on status and planning and held daily discussions with the Contracting Officer's Representative (COR). In addition, the USAID Contracting Officer (CO) was involved in all issues related to contractual compliance. This constant and clear two-way communication allowed the Project to make quick and informed decisions, and allowed USAID to obtain accurate and clear information on the impact of the funding delays.

As funding became available in Quarters 2 and 3, the Project continued close coordination with the Health and Humanitarian Assistance Office (HHA). The Project stayed in close contact with USAID to ensure that all activities were responding to USAID needs and consistent with the congressional restrictions.

STAFFING AND RECRUITING

Significant staffing changes occurred during the first quarter of Year 4 as a result of the funding delays. One of the most immediate actions taken by the Project to contain costs was to conduct a detailed review of long-term staffing and consultancies. As a result, the Project had to undertake a Reduction in Force (RIF) process. Staffing decisions were made based on function and not performance. The employees required for a potential Project close-out and key personnel were retained for the longest period of time. In the month of October, 27 employees were terminated, two resigned in November, and in December an additional four left the Project. These terminations included staff from the technical and operations teams hired through Chemonics International, Massar Associates, Alpha International, and Health Strategies International. As of December 31, 2011 the Project had 36 long term employees remaining.

In December 2011, the project received an additional obligation of \$5.4 million. This new obligation also gave the Project an opportunity to re-evaluate activities and long term personnel needs. As activities under Focus Areas B and C scaled up, some staff members who were part of the Reduction in Force (RIF) process in the previous quarter were re-hired. However, the Project continued with the RIF in other areas where activities scaled down. Three staff members left as a result.

The additional funding in April 2012 and the ramp-up of activities resulted in a further restructuring of the Project's organizational structure. The technical team had substantial changes due to the increased emphasis in Focus Areas B and C and reduced activities in Focus Areas A and D. Consequently, Knowledge Management and Operations restructured their staffing to respond to the modified technical needs. The Project looked back to the staffing structures in 2010 and 2011 and designed a new organizational chart based on the modified activities. This reorganization resulted in six people re-hired, seven new hires, and eleven promotions and/or integration of duties.

As per the contract terms and corporate policy, annual salary increases are processed in October 1 each year and cover the period of October 1 to September 30 each year.

Therefore, by September of each year, the Project conducts annual performance evaluations for all staff and consequently grants annual salary increases in October. However, due to the congressional funding delays and the potential early closeout the Project was facing on October 1, 2011, Senior Management made a decision not to process the increases in October. As funding became available in December 2011, Chemonics discussed the possibility of having increases be made retroactively to cover the regular year. However, it was a corporate decision to make the extemporaneous increases in February instead of making them retroactive to October,

ANNEX A: SUMMARY TABLE OF INDICATORS

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1	FY2	FY3	FY4	FY5		
Cross Cutting Indicators														
I	M	Total number of individuals trained through the Project	Quarterly	Discrete	Project records	Output	0	-	-		1485	455	4703	
								322	729	1713	1308			
I.1	3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	Quarterly	Discrete	Project records	Output	0			600	425	200		
								222	191	806	449			
I.2	3.1.6 (19) MCH	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines (individuals)	Quarterly	Discrete	Project records	Output	0			610	600	150		
								112	478	117	352			
I.3	M	Number of individuals trained in other topics	Quarterly	Discrete	Project records	Output	0				460	155		
											541			
		<i>Procurement related trainings</i>	Quarterly	Discrete	Project records	Output	0				10	5		
								-	-	172	2			
		<i>Community members trained</i>	Quarterly	Discrete	Project records	Output	0				450	150		
								-	-	901	517			
		<i>Others – technical trainings through grants</i>	Quarterly	Discrete	Project records	Output	0				No target set			
											22			
I.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%		
								-	78%		Data undergoing analysis			

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1	FY2	FY3	FY4	FY5		
2	M	Number of individuals who receive direct on-the-job technical assistance through the Project	Annual	Cumulative	Project records	Output	0	-	-	-	550	550	550	
										431	683			
3	M	Number of technical documents (laws, policies, regulations, guidelines...etc) produced with USG-support through the Project and submitted to the MOH	Annual	Cumulative	Project records	Output	0	-	-	-	52	52	52	
										48	48			
4	M	Number of reform processes and products institutionalized at the MOH	EOP	Discrete	Project records	Outcome	0	-	-	-	-	25	25	
											-			
5	3.1.6 MCH	Number of local organizations provided with technical assistance for health-related institutional capacity-building	Quarterly	Discrete	Project records	Output	0	-	25	25	25	25	100	
									39	20	37			
5.1	M	NGOs					0		18	3	2			
5.2	M	CBOs					0		21	17	35			
6	M	Number of MOH facilities assisted to provide quality health care services	Annual	Cumulative	Project records	Output	0	-	-	-	170	170	170	
										136	162			
6.1	M	SHC					0			12	13			
6.2	M	PHC					0			124	149			
Focus Area A														

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1	FY2	FY3	FY4	FY5		
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	Target reached in Y3			
A2	M	Number. of individuals receiving fellowships with USG support through the Project	Annually	Cumulative	Project records	Output	0	-	-	-	64	64	64	
										81	99			
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	
											16,676			
A4	M	Percentage (%) Satisfaction of beneficiaries from services provided by NGOs receiving grants	Y4	Cumulative	Special Study	Outcome	0	-	-	-	90%	90%	90%	
											98%			
A5	M	Number of grants awarded to selected NGOs	Annual	Cumulative	Project records	Output	0		10	20	25	30	30	
									10	15	21			
Focus Area B														
Intermediate Result B.1 and B.2: Improved availability of information to provide quality health care and to inform administration and management decisions at MOH 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	
										79,649	274,680			
B2	M	Percentage (%) effectiveness of HIS at the	Y5 only	Cumulative	Special Study	Outcome	0					TBD	TBD	

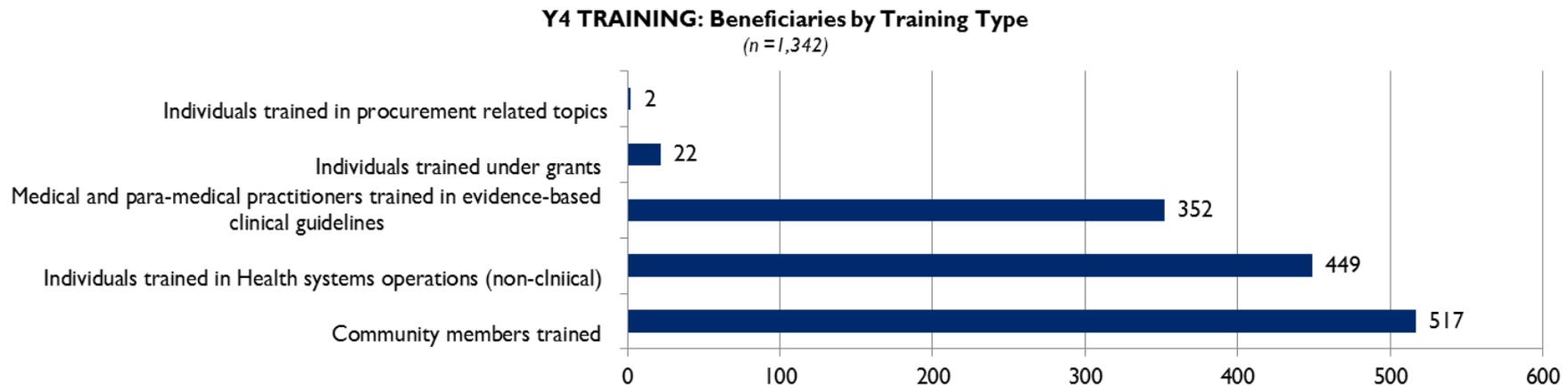
No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target					Target LOP	Actual LOP
								Actual						
								FY1	FY2	FY3	FY4	FY5		
		facilities that have used the USG-supported Health Information System												
Focus Area C														
Intermediate 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%	
										25%				
Intermediate Result C.2: Community mobilization to strengthen clinic-community linkages to provide effective community based services														
C2	M	Number of participants in community based social mobilization activities	Annually	Discrete	Project records	Output	0		100,000	500,000	300,000	100,000	IM	
								0	163,148	683,957	367,102			
C3	M	Number of volunteers at communities supporting the implementation of health activities and local health clinic renovation as part of the Champion Community Approach	Annually starting Y4	Cumulative	Partner reports	Outcome	0	-	-	-	450	600	600	
										396	925			
C4	M	USD amount leveraged through community members in support of health activities and local clinic renovations	Annually starting Y4	Discrete	Partner reports	Outcome	0	-	-	-	60,000	20,000	80,000	
									263,069		51,017			
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	Y4 only	Discrete	Special Study	Outcome	0	-	-	-	60%	-	60%	

No.	Op. S. /M	Indicator Description	Reporting Frequency	Cumulative /Discrete	Data Source	Type	Base-line	Target							Target LOP	Actual LOP
								Actual								
								FY1	FY2	FY3	FY4		FY5			
											Training moved to Y5					
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	
								I	100	117	159					
E2	M	Value (in USD) of procured commodities delivered – disaggregated as followed:	Quarterly	Discrete	Project records	Output	0	0.5M	17M	3M	4M			2M	26.5M	
								172,900	15,625,628	4,411,444	3,182,044					
E2.1		Total amount USD of medical disposables/ supplies provided.					0	0	0	0	0	0	13,113			
E2.2		Total amount USD of pharmaceuticals provided.					0	1,249,399		0	0	0	0			
E2.3		Total amount USD of medical equipment delivered.					0	172,900	10,157,171	2,009,546	316,116	222,066	0	371,319		
E2.4		Total amount of USD of HIS provided.					0		4,219,053	1,674,272	186,803	256,649	680,493	254,022		
E2.5		Total amount of USD of humanitarian assistance/ emergency supplies provided					0			727,626	504,197	372,269	0	4,995		

ANNEX B: YEAR 4 TRAINING EVENTS TABLE

There were 122 training events held during Year 4 at which 1,342 individual participants received training. (Almost all training events were held after the full release of funds at the beginning of Quarter 3. Only 14 training events were held in the first two quarters.)

The largest group of individual trainees was community members benefiting from CCA activities across the West Bank (517 participants). The second largest group was MOH staff receiving HIS-related training (449 participants), followed by MOH staff receiving training in evidence-based clinical guidelines (352 participants). Training was also provided on a smaller scale under grants (22 participants) and procurement (2 participants).



Quarter I

(Total: 6 training events)

Y4Q1 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
Cardio CT Training – Second Level-Oct-11-Germany	E	Oct 2, 2011	0	6	Six doctors from different MOH hospitals attended cardio CT training in Munich-Germany. The aim of the training was to provide doctors with a general overview of new diagnostic pathways such as coronary calcium testing, the impact of CT on cardiac diagnostics, as well as CT technology and radiation dosage. The training addressed new approaches in cardiac CT, CTA indications, CT protocols, and non-invasive cardiac imaging. Moreover, the training addressed hands-on workstations which will allow the doctors to experience live scanning and to address different critical cases.
CT Application Training for CT Technologists I-Oct-11-Jordan	E	Oct 9, 2011	0	2	Two technicians from Ramallah Hospital attended CT application training for CT technologists in Jordan. The aim of the training was to provide the technicians with advanced hands on training on application software, offer the opportunity to ask the product specialist about problems faced so far in operating the scanners and also to provide the technicians an opportunity to observe the way other hospitals manage CT departments in terms of patient flow control and other related issues
Phacoemulsification System-Service & Maintenance Training-Oct-11-Germany	E	Oct 10, 2011	0	1	One biomedical engineer from St. John Eye Hospital attended service & maintenance training Course on “Stellaris” Phacoemulsification System in Heidelberg Germany. The aim of the training was including: Introductions to all system components and their functionality, preventive maintenance procedures, and troubleshooting and service procedures.
CT Application Training for CT Technologists II-Oct-11-Jordan	E	Oct 13, 2011	0	3	Three technicians from different hospitals attended CT application training for CT technologists in Jordan. The aim of the training was to provide the technicians with advanced hands on training on application software, offer the opportunity to ask the product specialist about problems faced so far in operating the scanners and also to provide the technicians an opportunity to observe the way other hospitals manage CT departments in terms of patient flow control and other related issues
Physics for Clinical Radiography-Oct-11-Portugal	E	Oct 16, 2011	0	1	One physicist from Augusta Victoria attended physics for clinical radiography training in Portugal. The aim of the training was including –Basic physics knowledge relevant to clinical radiotherapy -Overviews of imaging and volume concepts in radiotherapy -Introductions to modern dose delivery techniques -Discuss safety issues related to procedures and patient status

Y4Q1 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
CT Application Training for CT Technologists III-Oct-11-Jordan	E	Oct 16, 2011	0	3	Three technicians from different hospitals attended CT application training for CT technologists in Jordan. The aim of the training was to provide the technicians with advanced hands on training on application software, offer the opportunity to ask the product specialist about problems faced so far in operating the scanners and also to provide the technicians an opportunity to observe the way other hospitals manage CT departments in terms of patient flow control and other related issues

Quarter 2

(Total: 8 training events)

Y4Q2 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
Chemistry Analyzer	E	Jan 16, 2012	0	1	One biomedical engineer from the MOH attended training in the UAE on the Chemistry Analyzer. Training included: <ul style="list-style-type: none"> • How to program and run Chemistry Analyzer • Train operator on Equipment Daily Checkup and preventive maintenance procedures. • Provide operator with hands-on training on component replacement and testing.
Central Monitoring System	E	Feb 15, 2012	0	1	One biomedical engineer from Rafidia Hospital in Nablus attended training in Jordan on the Central Monitoring System. The aim of the training was to train the engineer on installation and software configuration of the Central Monitoring System and to provide hands on training on system testing, repair and maintenance.
First Aid Training	C	Mar 11, 2012	6	8	14 community members from Haris community in Salfit 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 at the community
First Aid Training	C	Mar 11, 2012	15	0	15 community members from Tammoun community in Tubas 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 at the community
First Aid Training	C	Mar 18, 2012	15	3	18 community members from Skaka community in Salfit attended First Aid training. The

Y4Q2 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					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 at the community
First Aid Training	C	Mar 19, 2012	19	0	19 community members from Attouf community in Tubas 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 at the community
First Aid Training	C	Mar 22, 2012	18	0	18 community members from Taysir community in Toubas attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Registration Admission Appointment	B	Mar 26, 2012	7	12	19 staff from Hebron Hospital attended General Appointment System Training which is one of the Health Information system Modules. The aim of the training was to handle all appointment settings for resources in hospitals as doctors, Radiology services, operating rooms etc. This is based on rules that are set up for entities to provide a conflict-free scheduling and booking limitations/quota needed by the hospital.

Quarter 3

(Total: 57 training events)

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
HIS – Emergency Room for Doctors	B	April 1, 2012	2	8	Ten (10) staff from Hebron Hospital attended the HIS – General Appointment System module training. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (e.g., preparation of crisis, reports about incidents involving the police, or patient observation form).
HIS – Radiology Information System	B	April 2, 2012	1	6	Seven (7) staff from Hebron Hospital attended the HIS – Radiology Information System module training. The aim of the training was to ensure the fulfillment of radiological requests related to polyclinic patients, inpatients and other patients, who have directly

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					applied for that purpose and ensures that necessary records are kept.
HIS – Outpatient Information System for Doctors	B	April 3, 2012	0	15	Fifteen (15) doctors from Hebron Hospital attended the HIS – Outpatient Information System module training. The aim of the training was to ensure efficient operation of the 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.
HIS – Laboratory Information System	B	April 6, 2012	5	13	Eighteen (18) laboratory staff from Hebron Hospital attended the HIS – Laboratory Information System module training. 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
HIS – Outpatient Information System for Doctors	B	April 8, 2012	0	7	Seven (7) doctors from Hebron Hospital attended the HIS – Outpatient Information System module training. The aim of the training was to ensure efficient operation of the 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.
HIS – Outpatient Information System for Doctors	B	April 10, 2012	10	7	Seventeen (17) doctors from Hebron Hospital attended the HIS – Outpatient Information System module training. The aim of the training was to ensure efficient operation of the 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.
HIS – Outpatient Information System for Doctors	B	April 11, 2012	7	1	Eight (8) doctors from Hebron Hospital attended the HIS – Outpatient Information System for Doctors module training. The aim of the training was to ensure efficient operation of the polyclinic system by structuring physicians' work schedules with the help of computers, and the meeting requirements of polyclinic patients, who account for a major part of the demand for hospital services.
HIS – Outpatient Information System for Doctors	B	April 17, 2012	0	6	Six (6) doctors from Hebron Hospital attended the HIS – Outpatient Information System for Doctors module training. The aim of the training was to ensure efficient operation of the polyclinic system by structuring physicians' work schedules with the help of computers, and the meeting requirements of polyclinic patients, who account for a major part of the demand for hospital services.
HIS – Emergency Room for Doctors	B	April 22, 2012	0	4	Four (4) doctors from Hebron Hospital attended the HIS – Emergency Room for Doctors module training. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services.

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form).
HIS – Emergency Room for Doctors	B	April 23, 2012	0	3	Three (3) doctors from Hebron Hospital attended the HIS – Emergency Room for Doctors module training. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form).
HIS – Emergency Room for Nurses	B	April 23, 2012	0	4	Four (4) nurses from Hebron Hospital attended the HIS – Emergency Room for Doctors module training. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form).
Clinical Training on ECG	E	April 23, 2012	3	7	Ten (10) doctors from Nablus directorate attended Clinical Training on ECG. The aim of the training was to enable the doctors to diagnose any abnormalities in heart functions through correct interpretation of ECGs.
Clinical Training on ECG	E	April 24, 2012	3	7	Ten (10) doctors from Nablus directorate attended Clinical Training on ECG. The aim of the training was to enable the doctors to diagnose any abnormalities in heart functions through correct interpretation of ECGs.
Clinical Training on ECG	E	April 25, 2012	3	6	Nine (9) doctors from Nablus directorate attended Clinical Training on ECG. The aim of the training was to enable the doctors to diagnose any abnormalities in heart functions through correct interpretation of ECGs.
HIS – Inpatient (Clinic) Information System for Nurses	B	April 29, 2012	6	6	Twelve (12) nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	April 29, 2012	6	8	Fourteen (14) Nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	April 30, 2012	5	8	Thirteen (13) Nurses staff from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Doctors	B	April 30, 2012	0	4	Four (4) Doctors from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	April 30, 2012	10	2	Twelve (12) Nurses from Hebron Hospital attended HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	May 2, 2012	12	1	Thirteen (13) Nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	May 2, 2012	11	1	Twelve (12) Nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Doctors	B	May 2, 2012	0	8	Eight (8) doctors from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	May 3, 2012	9	3	Twelve (12) Nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	May 3, 2012	5	1	Six (6) Nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Doctors	B	May 6, 2012	0	7	Seven (7) doctors from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
Mammography Training	E	May 6, 2012	2	0	Two (2) participants attended Mammography Training at Beit Jala Hospital in Bethlehem. The objectives of the training were: (1) To be able to efficiently use the mammography machine and the processor; (2) To have general overview of X-ray and the dark room and learn about the hazards and protection from the radiation; (3) Learn about the significance of the forms and the questions asked to better understand the background and medical history of the patient; (4) Be able to perform the self-examination test of the patients and mark any abnormalities on the form; and (5) Ensure maintaining hygiene equipment and make the patients aware that the equipment used is clean.
HIS – Inpatient (Clinic)	B	May 6, 2012	3	7	Ten (10) Nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
Information System for Nurses					System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Doctors	B	May 7, 2012	0	9	Nine (9) doctors from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Doctors	B	May 7, 2012	1	14	Fifteen (15) doctors from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Nurses	B	May 7, 2012	3	5	Eight (8) Nurses from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Doctors	B	May 8, 2012	3	2	Five (5) doctors from Hebron Hospital attended the HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
HIS – Inpatient (Clinic) Information System for Doctors	B	May 8, 2012	6	11	Seventeen (17) doctors from Hebron Hospital attended HIS – Inpatient (Clinic) Information System module training. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures.
Basic Life Support	A	May 8, 2012	7	13	Twenty (20) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an automated external defibrillator (AED), and relieve choking in a safe, timely and effective manner.
Basic Life Support	A	May 16, 2012	7	13	Twenty (20) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
Basic Life Support	A	May 21, 2012	4	15	Nineteen (19) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
HIS – Maintenance Management System	B	May 21, 2012	0	7	Seven (7) staff from Hebron Hospital attended the HIS – Maintenance Management System module training. The aim of the training was to keep identification records related to all the devices used in the hospital in addition to maintenance, repair, replacement, and relocation of such equipment in or outside of the hospital.

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
Basic Life Support	A	May 21, 2012	4	15	Nineteen (19) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
Basic Life Support	A	May 27, 2012	10	14	Twenty-four (24) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
HIS – General Appointment System	B	May 27, 2012	3	9	Twelve (12) staff from Ramallah Hospital attended the HIS – General Appointment System module training. The aim of the training was to handle all appointment settings for resources in hospitals as doctors, Radiology services, operating rooms, etc. This is based on rules that are set up for entities to provide a conflict-free scheduling and booking limitations and/or quotas needed by the hospital.
HIS – General Appointment System	B	May 28, 2012	7	5	Twelve (12) staff from Ramallah Hospital attended the HIS – General Appointment System module training. The aim of the training was to handle all appointment settings for resources in hospitals as doctors, Radiology services, operating rooms, etc. This is based on rules that are set up for entities to provide a conflict-free scheduling and booking limitations and/or quotas needed by the hospital.
HIS – Billing and Accounts Receivable System	B	May 29, 2012	3	6	Nine (9) staff from Ramallah Hospital attended the HIS – Billing and Accounts Receivable System module training. The aim of the training was to generate invoices including information about amounts owed by patients in return for the services provided by the hospital. This module is designed to ensure that package agreements between the hospital and establishments are processed within the system and to track agreements concluded with the employers of the patients receiving treatment in the hospital as well as the prices they contain.
HIS – Billing and Accounts Receivable System	B	May 29, 2012	6	5	Eleven (11) staff from Ramallah Hospital attended the HIS – Billing and Accounts Receivable System module training. The aim of the training was to generate invoices including information about amounts owed by patients in return for the services provided by the hospital. This module is designed to ensure that package agreements between the hospital and establishments are processed within the system and to track agreements concluded with the employers of the patients receiving treatment in the hospital as well as the prices they contain.
Basic Life Support	A	June 5, 2012	8	16	Twenty-four (24) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner.
HIS – Laboratory Information System for Laboratory Technicians	B	June 12, 2012	6	1	Seven (7) laboratory technicians from Ramallah Hospital attended the HIS – Laboratory Information System module training. 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.
HIS – Laboratory Information System for Laboratory Technicians	B	June 12, 2012	4	3	Seven (7) laboratory technicians from Ramallah Hospital attended the HIS – Laboratory Information System module training. 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.
HIS – Radiology Information System	B	June 13, 2012	1	5	Six (6) staff from Ramallah Hospital attended the HIS – Radiology Information System module training. 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.
Basic Life Support	A	June 13, 2012	12	16	Twenty-eight (28) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner.
HIS – Radiology Information System	B	June 13, 2012	0	6	Six (6) staff from Ramallah Hospital attended the HIS – Radiology Information System module training. 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 – Outpatient Information System for Doctors	B	June 14, 2012	1	9	Ten (10) doctors from Ramallah Hospital attended the HIS – Outpatient Information System module training. 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.
Basic Life Support	A	June 18, 2012	11	13	Twenty-four (24) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner.
Early Mother-Child Interactions	A	June 19, 2012	5	2	Seven (7) health workers attended Early Mother-Child Interactions training at BASR in Bethlehem. The aim of the training was: (1) To help professionals understand better their own emotional life in order to develop their empathy towards their beneficiaries; (2) To

Y4Q3 Training Title	Focus Area	Date	Number of Participants		Purpose
			F	M	
					empower child care professionals in order for them to be more effective and efficient in their work; and (3) To enable professionals to avoid having a judgmental attitude towards their beneficiaries.
HIS – Laundry Services Management System	B	June 24, 2012	0	2	Two (2) staff from Hebron Hospital attended the HIS – Laundry Services Management System module training. The aim of the training was to manage the linen warehouse location and linen accounting. This module includes relative functionality to manage linen handlings and returns. The hospital will be able to monitor the laundry process as well as the generated expenses.
Mammography Training	E	June 24, 2012	2	0	Two (2) nurses attended the Mammography Training at Al Ram Clinic in Jerusalem. The objectives of the training were: (1) To be able to efficiently use the mammography machine and the processor; (2) To have general overview of X-ray and the dark room, and learn about the hazards and protection from the radiation; (3) Learn about the significance of the forms and the questions asked to better understand the background and medical history of the patient; (4) Be able to perform the self-examination test of the patients and mark any abnormalities on the form; and (5) Ensure maintaining hygiene equipment and make the patients aware that the equipment used is clean.
HIS – Morgue Information Management	B	June 24, 2012	3	7	Ten (10) staff members from Hebron Hospital attended the HIS – Morgue Information Management module training. The aim of the training was to provide the ability to manage morgue information; to keep track of deceased patients and the causes of death.
Early Mother-Child Interactions	A	June 26, 2012	13	2	Fifteen (15) health workers attended Early Mother-Child Interactions training at BASR in Bethlehem. The aim of the training was: (1) To help professionals understand better their own emotional life in order to develop their empathy towards their beneficiaries; (2) To empower child care professionals in order for them to be more effective and efficient in their work; and (3) To enable professionals to avoid having a judgmental attitude towards their beneficiaries.
Clinical Training on ECG	E	June 27, 2012	2	10	Twelve (12) doctors from Jenin directorate attended Clinical Training on ECG. The aim of the training was to enable the doctors to diagnose any abnormalities in heart functions through correct interpretation of ECGs.
Basic Life Support	A	June 30, 2012	7	24	Thirty-one (31) participants attended Basic Life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner.

Quarter 4

(Total: 51 training events)

Y4Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
Mammography Training-Jul-12-BL	July 1, 2012	2	0	2 participants from Tulkarem Directorate attended Mammography Training at Beit Jala Hospital in Bethlehem. The objective of the training were: - To be able to efficiently use the mammography machine and the processor - To have general overview of X-ray and the dark room, and learn about the hazards and protection from the radiation - Learn about the significance of the forms and the questions asked to better understand the background and medical history of the patient - Be able to perform the self-examination test of the patients and mark any abnormalities on the form -Ensure maintaining hygiene equipment and make the patients aware that the equipment used is clean
Basic life Support-Jul-12-Heb-I	July 2, 2012	1	8	9 participants attended Basic life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
HIS-Inpatient (Clinic) Information System for Doctors-Jul-12-Ram-II	July 5, 2012	8	8	16 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
Basic life Support-Jul-12-Heb-II	July 7, 2012	3	12	15 participants attended Basic life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
HIS-Inpatient (Clinic) Information System for Doctors-Aug-12-Ram-I	July 8, 2012	0	7	7 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
First Aid Training TOT-Jul-12-Ram	July 8, 2012	10	2	12 MOH participates from different facilities attended First Aid TOT training. The aim of the training was to understand to react in the each situations: First Aid Basics and principles, first aid kit, vital signs assessment, unconscious unresponsive patients & CPR, recovery position, choking, bee and scorpion sting, heart stroke , bone fracture, spine injury, head injury, human bite and animal bite
Basic life Support-Jul-12-Heb-III	July 9, 2012	3	15	18 participants attended Basic life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several

Y4Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
Infection Prevention & Control Training-Jul-12-Salf	July 9, 2012	14	6	20 MOH staff from Salfit Directorate attended Infection Prevention & Control Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills and attitudes in infection prevention and control
HIS-Inpatient (Clinic) Information System for Doctors-Jul-12-Ram-I	July 11, 2012	0	8	8 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
First Aid Training-Jul-12-Heb-IV	July 11, 2012	5	11	16 community members from Hebron community attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
Basic life Support-Jul-12-Heb-IV	July 12, 2012	6	15	21 participants attended Basic life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
First Aid Training-Jul-12-Heb-V	July 15, 2012	0	15	15 community members from Hebron community attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Heb-VI	July 15, 2012	15	0	15 community members from Hebron community attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Outpatient Information System for Doctors-Jul-12-Ram	July 16, 2012	0	8	8 Doctors from Ramallah Hospital attended Outpatient Information System Training which is one of the Health Information system 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
HIS-Inpatient (Clinic) Information System for Doctors-Jul-12-Ram-III	July 16, 2012	0	8	8 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
First Aid Training-Jul-12-Heb-II	July 17, 2012	15	0	15 community members from Dura community in Hebron attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Heb-VII	July 18, 2012	15	0	15 community members from Hebron community attended First Aid training. The aim of the

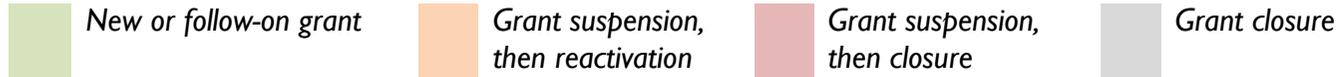
Y4Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Emergency Room for Nurses -Jul-12-Ram-I	July 22, 2012	3	6	9 Nurses from Ramallah Hospital attended Emergency Room for Doctors Training which is one of the Health Information system Modules. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form)
First Aid Training-Jul-12-Heb-I	July 23, 2012	26	3	29 community members from Dura community in Hebron attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Emergency Room for Doctors -Jul-12-Ram-I	July 23, 2012	0	6	6 doctors from Ramallah Hospital attended Emergency Room for Doctors Training which is one of the Health Information system Modules. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form)
HIS-Emergency Room for Nurses -Jul-12-Ram-II	July 23, 2012	3	2	5 Nurses from Ramallah Hospital attended Emergency Room for Doctors Training which is one of the Health Information system Modules. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form)
HIS-Emergency Room for Doctors -Jul-12-Ram-II	July 23, 2012	0	7	7 doctors from Ramallah Hospital attended Emergency Room for Doctors Training which is one of the Health Information system Modules. The aim of the training was to keep records related to patients applying to emergency rooms of polyclinics as well as services provided by other polyclinics and all staff, equipment, tools, materials and to ensure continuity of services. And to expedite works at such units and to ensure keeping of records related to actions taken in the emergency room (preparation of crisis, reports about incidents involving the police, patient observation form)
First Aid Training-Jul-12-Heb-III	July 26, 2012	0	15	15 community members from Dura community in Hebron attended First Aid training. The aim of

Y4Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Inpatient (Clinic) Information System for Doctors-Aug-12-Ram-I	Aug 8, 2012	4	14	18 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
HIS-Inpatient (Clinic) Information System for Doctors-Aug-12-Ram-II	Aug 9, 2012	1	4	5 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
HIS-Inpatient (Clinic) Information System for Doctors-Aug-12-Ram-III	Aug 9, 2012	5	8	13 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
HIS-Inpatient (Clinic) Information System for Doctors-Sep-12-Ram	Sep 3, 2012	0	11	11 doctors from Ramallah Hospital attended Inpatient (Clinic) Information System Training which is one of the Health Information system Modules. The aim of the training was to ensure making optimum use of hospital beds and to control and monitor patient admission procedures
First Aid Training-Sep-12-Tub-I	Sep 9, 2012	14	2	16 community members from Taysir community in Tubas attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Jen-VII	Sep 10, 2012	12	6	16 community members from 'Aqqaba community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Tub-II	Sep 10, 2012	17	8	25 community members from Tubas community attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Tub-III	Sep 10, 2012	23	4	27 community members from Tubas community attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
Proposal Development for NGO-Sep-12-Ram	Sep 12, 2012	14	8	22 NGO members attended Proposal Development training. The aim of the training was to work with current and previous grantees to strengthen their capacity and institutionalize needed skills that are crucial to the overall sustainability of grantee NGOs. Planned workshops will enhance grantees' management and administrative systems, strengthen grantees' financial capacity, and improve grantees' overall technical and administrative work quality.
First Aid Training-Sep-12-Salf-II	Sep 15, 2012	14	5	19 community members from Mas-ha community in Salfit attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions

Y4Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
				through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Salf-IV	Sep 17, 2012	24	0	24 community members from Yasuf community in Salfit attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
Infection Prevention & Control Training-Sep-12-Tubas	Sep 17, 2012	8	14	22 MOH staff from Tubas Directorate attended Infection Prevention & Control Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills and attitudes in infection prevention and control
First Aid Training-Sep-12-Jenin-I	Sep 17, 2012	22	0	22 community members from Al Jalameh community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
Basic life Support-Sep-12-Heb	Sep 17, 2012	17	8	25 participants attended Basic life Support Training at Al Ahli Hospital in Hebron. The aim of the training was to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.
First Aid Training-Sep-12-Jen-IV	Sep 18, 2012	22	0	22 community members from Faqua'a community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Salf-I	Sep 18, 2012	11	8	19 community members from Deir Balout community in Salfit attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Salf-III	Sep 19, 2012	8	11	19 community members from Deir Istiya community in Salfit attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Patient Registration and Master Index System-Sep-12-Heb	Sep 20, 2012	0	1	1 employee from Hebron Directorate attended Patient Registration and Master Index System Training which is one of the Health Information system Modules. The aim of the training was to show how the patient data entered in the system which are used in all the other modules making up the system.
First Aid Training-Sep-12-Jen-II	Sep 21, 2012	16	0	16 community members from Al Zababdeh community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Jen-VI	Sep 22, 2012	10	6	16 community members from Ar Rama community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Billing and Accounts	Sep 23, 2012	1	1	2 employees from Hebron Directorate attended Billing and Accounts Receivable System training

Y4Q4 Training Title	Date	Number of Participants		Purpose
		F	M	
Receivable System-Sep-12-Heb				which one of the Health Information system Modules is. The aim of the training was to generate invoices including information about amounts owed by patients in return for the services provided by the hospital. This module is designed to ensure that package agreements between the hospital and establishments are processed within the system and to track agreements concluded with the employers of the patients receiving treatment in the hospital as well as the prices they contain.
First Aid Training-Sep-12-Jen-V	Sep 24, 2012	1	15	16 community members from Sanour community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Jen-I	Sep 25, 2012	12	8	20 community members from 'Anza community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
First Aid Training-Sep-12-Jen-III	Sep 25, 2012	15	1	16 community members from Deir Abu De'if community in Jenin attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
Infection Prevention & Control Training-Sep-12-Qalq	Sep 27, 2012	16	8	24 MOH staff from Qalqilya Directorate attended Infection Prevention & Control Training. The aim of the training was to improve the quality of care by changing health workers' knowledge, skills and attitudes in infection prevention and control
First Aid Training-Sep-12-Jeri	Sep 27, 2012	18	1	19 community members from Bardala community in Jericho attended First Aid training. The aim of the training was to provide the participants basic skills in first aid, identify the risks and solutions through behavior change, and have a group of trained first responders at the community
HIS-Outpatient Information System for Doctors-Sep-12-Heb	Sep 30, 2012	0	8	8 Doctors from Hebron Directorate attended Outpatient Information System Training which is one of the Health Information system 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
HIS-Laboratory Information System-Sep-12-Heb	Sep 30, 2012	5	5	10 staff from Hebron Directorate attended Laboratory Information System Training which is one of the Health Information system 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

ANNEX C: YEAR 4 GRANTEE ACHIEVEMENTS BY QUARTER



Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
Holy Family Hospital <i>Bethlehem</i>	Implementing the first neonatal residency program.	<i>Grant closed out.</i>			
Four Homes of Mercy <i>Jerusalem</i>	Strengthening and enhancing its community-based rehabilitation program and developing a comprehensive rehabilitation program for the disabled, their families and communities.	<i>Grant closed out.</i>			
Nablus Association for Social and Community Development <i>Nablus</i>	Increasing the awareness of families of children with special needs and communities in Nablus area to accept children with special needs and help them to integrate within their communities.	<i>Grant suspended in whole on October 1, 2011. Grant terminated on December 1, 2011 due to lack of funds.</i>			
Al-Makassed Hospital <i>Jerusalem</i>	Providing in-kind assistance and training in specialized health	<i>Grant suspended in whole on Oct. 1, 2011. Grant terminated on December 1, 2011 due to lack of funds.</i>			

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
	care.				
Al Makassed Charitable Society Jerusalem	Providing orthopedic subspecialty fellowships.	<p><i>Grant suspended in part on October 6, 2011. Grant terminated on December 1, 2011 due to lack of funds.</i></p> <p>The Project supported fellow participated in approximately 4 surgeries a day, in the area of arthroscopy and arthroplasty, worked in Heidelberg clinic two days a week, and participated in 2 major surgeries of Triple Osteotomy of the pelvis in Klinikum Dortmund Hospital. The fellow graduated on November 1, 2011 and returned to Al Makassed Hospital in November 3, 2011</p>			
Palestine Save the Children Foundation Gaza	Improving the living conditions of physically disabled individuals in the Middle Area of Gaza Strip.	<p><i>Grant suspended on October 1, 2011. Suspension extended for another 60 days effective December 1, 2011.</i></p> <p>Suspension of grant meant the termination of the home visit physiotherapy program.</p>	<i>Grant closed on March 31, 2012.</i>		A new grant was signed with Palestine Save the Children Gaza to provide e assistive devices in Y4Q4. The grant was cancelled the same quarter. The assistive devices will be procured directly by the Project and provided to Palestine Save the Children Foundation in Y5.
Palestinian Happy Child Center (PHCC) Jerusalem	Serving children with special needs and sustaining the quality of work at the PHCC.	<p><i>Grant suspended in part on Oct 6, 2011. Partial suspension was extended for another 60 days effective December 1, 2011.</i></p> <ul style="list-style-type: none"> • 559 disabled children received diagnostic services 	<p><i>Grant reactivated on January 17, 2012 and closed on March 31, 2012.</i></p> <ul style="list-style-type: none"> • Diagnostic services for 523 disabled children by the pediatrician and other 		

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
		<p>provided by the pediatrician and other senior staff of the PHCC to detect any developmental delays, disorders, or physical, cognitive or mental disability. These children were referred to the center by schools, social workers, and doctors.</p> <ul style="list-style-type: none"> • Interventions including speech therapy, special education, physiotherapy, occupational therapy, counseling, and psychotherapy were conducted for children with tailor-made programs. Psychological and behavioral interventions were conducted for parents. • 543 mothers of children with special needs benefitted from psychosocial counseling, behavioral sessions and support groups, targeting the following areas: Children with Downs Syndrome, Children with Autism, Children with Cochlear Implant, and Children with Epilepsy. • 242 children with epilepsy or suspected to have 	<p>seniors of the PHCC to detect any developmental delay, disorder or disability, physical, cognitive or mental. These children were referred by schools, social workers and doctors.</p> <ul style="list-style-type: none"> • 415 children with Autism Spectrum Disorder or suspected to be autistic benefitted from Autism Diagnostic Observation Schedule (ADOS) • Intervention with mothers of PHCC children: 742 mothers of children with special needs benefitted from psychosocial, counseling and behavioral sessions and moms support groups. Mom’s Support Groups held at the PHCC included Children with Down’s Syndrome, Children with Autism, Children with Cochlear Implant, Children with Epilepsy & others. • 345 children with epilepsy or suspected to have epilepsy benefitted from EEG services. • 451 children with special needs (severe cases) benefitted from a tailor made program to meet the needs of each individual 		

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
		<p>epilepsy benefited from EEG services.</p> <ul style="list-style-type: none"> • 338 children with special needs (severe cases) benefited from tailor-made programs designed to meet the needs of each individual child. 	child.		
<p>St. John Eye Hospital Clinic Gaza</p> <p>[End date: December 31, 2012]</p>	<p>Providing diabetic patients with screening and diagnostic services for eye diseases associated with diabetes.</p>	<p><i>Grant began in September 2011 and suspended on October 1, 2011 due to lack of funds. The suspension was extended for another 60 days effective December 1, 2011.</i></p>	<p><i>Grant reactivated on January 17, 2012.</i></p> <ul style="list-style-type: none"> • 323 diabetic patients were examined at St. John Eye Clinic in Gaza. • 28 diabetic patients were treated by laser sessions. • 27 diabetic patients underwent surgery at the Gaza Clinic. • 13 diabetic patients were referred to the main hospital in Jerusalem where they underwent complicated surgeries. 	<ul style="list-style-type: none"> • 568 diabetic patients were examined. • 33 received laser sessions. • 84 underwent surgery. • 29 were referred to the main hospital in Jerusalem to undergo more complicated surgeries. 	<ul style="list-style-type: none"> • 442 diabetic patients were examined at St. John's Eye Hospital. • 35 patients underwent laser sessions. • 85 diabetic patients underwent surgeries. • 15 diabetic patients were referred to the main hospital in Jerusalem where they underwent complicated surgeries.
<p>Caritas Baby Hospital Bethlehem</p>	<p>Establishing the only cystic fibrosis (CF) rehabilitation clinic in Palestine that will diagnose, treat, and educate CF patients and their families.</p>	<p><i>Grant suspended from October 1, 2011 till November 30, 2011. Suspension partially lifted effective December 1, 2011 for 60 days.</i></p> <p>In December, key results under this grant included:</p> <ul style="list-style-type: none"> • 6 CF patients were diagnosed with acute lung infections after having their sputum tested and were 	<p><i>Grant reactivated on January 17, 2012.</i></p> <ul style="list-style-type: none"> • 19 CF patients were diagnosed with acute lung infections after having their sputum tested and were admitted to the hospital for inpatient treatment. • 57 CF patients received 78 outpatient physiotherapy sessions during their regular 	<p><i>Grant closed on May 31, 2012.</i></p> <ul style="list-style-type: none"> • 8 CF patients admitted for inpatient treatment. 87 chest physical therapy sessions were performed on these patients. • 35 outpatient chest physical therapy sessions were performed on 32 CF patients, • 56 CF patients had their 	

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
		<p>admitted to the hospital for inpatient treatment.</p> <ul style="list-style-type: none"> • 19 CF patients received 19 outpatient physiotherapy sessions during their regular check-ups. • Six patients were admitted to the hospital. • 73 in-patient chest physical therapy sessions were performed on the CF patients who were admitted to the hospital. • 76 CF patients, along with their families, attended a workshop which took place at Caritas Baby Hospital • 25 patients underwent sweat chloride testing for CF screening during this period • Six CF patients underwent pulmonary function testing • Two new patients have been diagnosed with CF as a result of sweat chloride screening; They received comprehensive genetic, dietary and social counseling and have been started on the necessary medications 	<p>check-ups.</p> <ul style="list-style-type: none"> • 232 inpatient chest physical therapy sessions were performed on the 19 CF patients who were admitted to the hospital. • Six new patients have been diagnosed with CF as a result of sweat chloride screening; they received comprehensive genetic, dietary and social counseling and began the necessary medications. 	<p>sputum screened for bacterial infection.</p> <ul style="list-style-type: none"> • 68 patients underwent sweat chloride testing of CF screening during this period. • 131 pulmonary function tests were completed for CF patients. 	
Care for Children with Special Needs Society Nablus	Launching a campaign for early detection of communicative disorders.	<p><i>Grant suspended in part on Oct 6, 2011. Partial suspension extended for another 60 days effective December 1, 2011.</i></p> <p>Under the partial suspension,</p>	<p><i>Grant reactivated on January 17, 2012.</i></p> <ul style="list-style-type: none"> • 2450 student screened for early detection for speech and hearing problems. 	<ul style="list-style-type: none"> • 820 students screened for early detection for speech and hearing problems; 402 children screened during the Communities Summer Camps; and 200 children 	<p><i>A cost extension was signed to continue conducting activities until September 30, 2012, when the grant closed.</i></p> <ul style="list-style-type: none"> • 180 children examined for

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
		<p>the quarterly achievements included:</p> <ul style="list-style-type: none"> • 1455 children screened for speech and hearing problems • 194 children examined for specified hearing assessment • 71 children (cochlear implantation children) followed by audiology department • 192 children benefited from the special education classes & psychological services • 30 children rehabilitated by providing them with physical rehabilitation services • 60 children benefited from speech therapy sessions and auditory sessions 	<ul style="list-style-type: none"> • 124 children examined for specified hearing assessment. • 66 children (cochlear implantation children) followed by audiology department • 64 children benefited from the special education classes and psychological services. • 19 children rehabilitated by providing them with physical rehabilitation services. • 46 children benefited from speech therapy sessions and auditory sessions. 	<p>examined for specified hearing assessment.</p> <ul style="list-style-type: none"> • 163 children benefited from special education classes and psychological services. 43 children benefited from speech therapy and auditory sessions. • 35 children who received cochlear implants received follow up by the audiology department. • 5 children received physical rehabilitation services and 10 children received physical rehabilitation devices. 14 children received occupational rehabilitation services. • 2,000 speech and hearing related booklets were printed. 4 computers and 1 photocopier procured. • An Open Day was held for the school in May. 	<p>specified hearing assessment.</p> <ul style="list-style-type: none"> • 19 children (cochlear implantation children) were followed by the audiology department. • 64 children benefited from the special education classes and psychological services. • 7 children rehabilitated by providing them with occupation therapy rehabilitation services. • 20 children benefited from speech therapy and auditory sessions. • In July and September, Care for Children conducted an open day for the children benefiting from the grant. • During July, CCSNS received physical and occupational devices. In August, they received the rehabilitation tool and data base program.
<p>Bethlehem Arab Society For Rehabilitation Bethlehem</p> <p>[End date: February 29,</p>	<p>Promoting and protecting the rights of children with disabilities, empowering children with special needs in their communities, and increasing the capacity of</p>		<p><i>Follow-on grant awarded on February 29, 2012.</i></p> <ul style="list-style-type: none"> • 128 children (75 males, 53 females) received psychosocial intervention services provided by the program psychiatrist and social worker. • 1228 children with and 	<ul style="list-style-type: none"> • 2,450 children utilized 4 toy libraries (in El Khader, Nahalin, Obeidieh, and Deheisheh), and 36 integrated internal and external pedagogical and/or recreational activities were held. • 150 children received individual counseling 	<ul style="list-style-type: none"> • The psychiatrist and social workers administer individual counseling sessions for 135 children with and without disability. • The community physiotherapist and occupational therapist evaluate the rehabilitative needs of 50 children with

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
2013]	professionals who provide services to them.		<p>without disability (545 males, 683 females) had access to free play at the four toy libraries of El Khader, Nahalin, Obeidieh and Deheisheh, through a total of 3,920 visits to the toy libraries.</p> <ul style="list-style-type: none"> • Five case discussions were conducted by the social workers for four female animators of the toy libraries in Obeidieh and Deheisheh for capacity building purposes. • One case discussion was conducted by the social workers for 11 female teachers and one female animator and her assistant at Deheisheh center. • Two individual supervision sessions were conducted by one of the social workers for two female teachers of El-Khader Center. • Four group supervision sessions were conducted by the social workers for four female teachers and one animator at El Khader center. • Two group supervision sessions were conducted by the psychiatrist for eight (three male and five female) 	<p>sessions.</p> <ul style="list-style-type: none"> • 69 training, OJC, and/or capacity strengthening sessions were held, benefitting toy library animators, teachers, child care professionals, and the BASR pediatric rehabilitation team. • 46 therapeutic group activities were held benefitting 85 children, while 2 therapeutic group activities were held for 4 mothers. • 30 children were screened for rehabilitative needs and to identify those in need of technical devices. • 23 child rights and child protection awareness raising sessions held, targeting more than 430 students in public schools. 23 sessions held for children at community centers, 5 were held for parents, and 1 session was also held for teachers. • 17 children received wheelchairs and 14 children received hearing aids. • An Open Day for Children was held on Palestinian Child Day at Battir UNRWA Girls' School. 	<p>disability to identify those in need of technical devices.</p> <ul style="list-style-type: none"> • During July, the clinical social worker of BASR distributed 8 wheelchairs instead of 15 key walkers to 8 children with disabilities. In August, s/he distributed 5 rollators and 10 commode chairs to 15 children with disabilities. Finally in September s/he distributed 5 rollators, 10 commode chairs to 15 children disabilities. • The social workers organize 11 therapeutic group activities for 20 children with and without disability during September. • 1400 children with and without disability play freely at the four toy libraries during July and September. However, in August there were no access to the toy libraries due to summer vacation and Ramadan month. • The education officer and the animators of the toy libraries organized 16 integrated internal and external pedagogical / recreational activities for children with and without

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
			<p>members of BASR's pediatric rehabilitation department.</p> <ul style="list-style-type: none"> • Two individual supervision sessions were conducted by the psychiatrist for a female psychologist of Médecins du Monde- Switzerland and two school counselors from Talitha Kumi School. • 10 awareness raising sessions on child rights and child protection issues were organized by the social workers for 221 school students (19 males and 202 females) in three public schools in E'bayat, Rakhama, and Farahat 		<p>disability inside the four toy libraries and in different neighborhoods of El-Khader, Nahalin, Obeidieh and Deheisheh during July and September.</p> <ul style="list-style-type: none"> • The social workers conducted 2 case discussions for the animators of the toy libraries in Obeidieh and Deheisheh during July and 4 case discussions in Nahalin and El-Khader for capacity building purpose during September. • The social workers conducted 1 individual supervision session for the animator of Al-Khader toy library during July. • The social workers conducted 1 individual supervision sessions for the teachers of El-Khader center during July. • In July, the social workers conducted 2 group supervision sessions for BASR pediatric rehabilitation team. • The psychiatrist conducted 5 group supervision sessions for BASR pediatric rehabilitation team. • The psychiatrist conducted

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
					<p>4 individual supervision sessions for external child professionals during July and September.</p> <ul style="list-style-type: none"> • During July and September, the education officer organized 8 awareness raising activities on child rights and child protection issues for 60 children in Obeidieh, El Khader, Nahalin, and Deheisheh. • The psychiatrist conducted 2 training days for 15 teachers of Deheisheh Center on physiological development of children and main physiological disorders during July. • In August, the social workers gave guidance and support for 7 child professionals in the community centers. • In September, the psychiatrist conducted 2 group supervisions for child professionals at Deheisheh Center. • In September, the social worker organized 1 awareness-raising session for parents. • The psychiatrist and social workers organized a national conference about

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
					sexual abuse for 80-100 relevant child professionals and legal authorities during September.
Al Makassed Charitable Society Jerusalem [End date: December 31, 2012]	Building the hospital's capacity and improving its performance in the provision of specialized orthopedic interventions and treatment by providing arthroscopy equipment and training the staff of the orthopedic department.			<p><i>Follow-on grant awarded on May 8, 2012. (Follow-on support to the fellowship granted to the Al Makassed surgeon trained in an Orthopedic Subspecialty in Germany.)</i></p> <ul style="list-style-type: none"> Al Makassed analyzed the quotes for the arthroscopy equipment and selected a supplier. A purchase order was signed. Order confirmation was received and a copy of the airway indicated the source and serial number of the goods. Equipment received in June. 	<ul style="list-style-type: none"> The arthroscopy system was installed, operated as per the agreement. 11 patients underwent surgeries using the arthroscopy machine during August.
Princess Basma Jerusalem Center for Disabled Children - JCDC Jerusalem [End date: February 29, 2013]	Improving the treatment of their clients, increasing effectiveness of the referral system, increasing the efficiency of the follow-up system, empowering families/communities of children with special needs, and supporting the inclusion of children		<p><i>Follow-on grant awarded on February 29, 2012.</i></p> <ul style="list-style-type: none"> Four community centers reached by JCDC professional team. 70 children with special needs assessed at the community centers by JCDC team. 33 professional staff members from the community centers received on the job 	<ul style="list-style-type: none"> Activities held in 4 community centers: Hebron, Jericho, Nablus, and Ramallah. 326 children with special needs assessed. 288 children with special needs received treatment and rehabilitation. 38 children with special needs referred to the JCDC for treatment and rehabilitation. 	<ul style="list-style-type: none"> 4 community centers were reached. 1629 children with special needs assessed at the community centers. 59 professional staff members for the community received on the job coaching. 210 children with special needs referred to be admitted to JCDC for treatment and rehabilitation.

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
	with special needs and their families into all aspects of society.		<p>coaching by JCDC team.</p> <ul style="list-style-type: none"> • Five children with special needs referred to JCDC for admission. 	<ul style="list-style-type: none"> • 33 professional staff members for the community received OJC. 	<ul style="list-style-type: none"> • 1433 children with special needs received treatment and rehabilitation at community centers supervised. • 33 staff from community centers coached on the job by experts from JCDC. • (10) professionals, (3) mothers and (3) community workers from Jericho received raising awareness sessions from JCDC experts in August. However, in September (17) professionals, (11) mothers and (7) community workers from Jericho and Ramallah received raising awareness from JCDC experts.
<p>Patient's Friends Society – Al Ahli Hospital Hebron</p> <p>[End date: March 31, 2012]</p>	Disseminating 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.		<p><i>Grant signed on March 29, 2012.</i></p>	<ul style="list-style-type: none"> • All books and instructor packages delivered. • All logistical preparation for the training completed. Mannequin-related logistics completed; a contract was signed with Al Ahli's medical disposables department to deliver all needed parts and/or disposables and/or materials whenever needed during the training period. • Contracts were signed with 8 instructors and 8 Basic 	<ul style="list-style-type: none"> • During July and September 6 BLS courses for Primary Health Care providers from all over the West Bank were successfully completed. • In August, an internal evaluation was held for the BLS courses that were conducted during May, June, July and August.

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
				<p>Life Support (BLS) courses for PHC Providers from all over the West Bank were successfully completed. The participants of the first 3 BLS sessions got American Heart Association BLS certification and the other participants will get it next quarter.</p> <ul style="list-style-type: none"> • 8 promotional newspaper advertisements were published in the Al Quds newspaper. 	
<p>Al Quds Open University – QOU Al Bireh</p> <p>[End date: March 31, 2012]</p>	<p>Developing curricula for the health management program that is consistent with distance learning philosophies.</p>		<p>Grant signed on March 29, 2012.</p>	<ul style="list-style-type: none"> • Hired specialists to develop the production plans of 10 books in health management. The production plans were produced, reviewed, and approved. • 13 specialists were chosen by QOU to produce the books. List of experts was provided. Contracts signed with each expert and production plans were shared with the experts. • 20% of each book has been completed. 	<ul style="list-style-type: none"> • Submission 60 % of each book during this quarter.
<p>Jabalia Rehabilitation Society Gaza</p>	<p>Strengthening community-based health for children through the screening and awareness raising of</p>				<p>Grant signed on July 9, 2012.</p> <ul style="list-style-type: none"> • 1,461 children were screened. • 294 kindergarten caregivers and parents benefited from 10 health awareness

Grantee	Purpose of Grant	Y4Q1 Activities	Y4Q2 Activities	Y4Q3 Activities	Y4Q4 Activities
[End date: June 30, 2012]	hearing and middle ear problems in pre-school children in Northern Governorate				sessions. <ul style="list-style-type: none"> • 625 children benefited from 5 theater performance.

ANNEX D: USAID OPERATIONAL INDICATORS

USAID OP Indicator	Indicator	HHA(FY12) Target	FY09 Y1	FY10 Y2	FY11 Y3	FY12 Y4	LOP Value	Comments
3.1.6 MCH	Number of local organizations provided with technical assistance for health-related institutional capacity-building	25	0	39	20	37	96	Starting FY12Q3 note that indicator values were adjusted retroactively to include both CBOs and NGOs as per the revised PMP approved June 5, 2012
3.1.6 MCH	Number of individuals trained in health systems operations (non-clinical)	425	222	191	806	449	1,668	Note that this indicator includes individuals trained on the HIS.
3.1.6 (19) MCH	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines (individuals)	600	112	478	117	352	1,059	
3.1.5 OPHT	Number of individual patient records stored in the USG-supported Health Information System. (cumulative)	150,000	0	0	79,649	274,680	274,680	System generated number

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	Q	Language	Focus Area	Link (if available)
Telling Our Story				
Palestinian Mothers Take the Lead in Rehabilitating their Disabled Children <i>(Photo & Caption)</i>	Q2	E	A	http://flagshipproject.org/images/stories/Files/Y4Q2_Mothers_advocate_disabled_children.pdf
Palestinian Woman Advocates for Better Health in Her Village <i>(First Person)</i>	Q2	E	C/CCA	http://flagshipproject.org/images/stories/Files/Y4Q2_Palestinian_woman_advocates_for_better_health_First_Person_approved_March_15.pdf
Young Woman Leads Her Village to Change for Better Health <i>(First Person)</i>	Q2	E	C/CCA	http://flagshipproject.org/images/stories/Files/Y4Q2_Young_woman_leads_First_Person_Flagship_approved_march_15.pdf
CT Technology creates new services <i>(Snapshot)</i>	Q2	E	E	http://flagshipproject.org/images/stories/Files/CT_technology_creates_new_services.pdf
Women Making Healthier Choices <i>(Photo & Caption)</i>	Q3	E	C/CCA	http://flagshipproject.org/images/stories/Files/Y4Q2_Women_Making_Healthier_Choices.pdf
Improving cancer therapy for Palestinians <i>(Snapshot)</i>	Q3	E	E	http://flagshipproject.org/images/stories/Files/Improving_cancer_therapy_for_Palestinians.pdf
Palestinian Youth Join Global Service Day <i>(Photo & Caption)</i>	Q3	E	C/CCA	http://flagshipproject.org/images/stories/Files/Palestinian_Youth_Join_Global_Service_Day.pdf
Modernizing Palestinian health care <i>(Before & After)</i>	Q3	E	B	http://flagshipproject.org/images/stories/Files/Modernizing_Palestinian_health_care.pdf
Children Learn to Protect Their Health <i>(Photo & Caption)</i>	Q4	E	C/CCA	http://flagshipproject.org/images/stories/Files/Children_Learn_to_Protect_their_Health_17JUL2012.pdf
Youth Volunteer for Healthier Children <i>(Snapshot)</i>	Q4	E	C/CCA	http://flagshipproject.org/images/stories/Files/Youth_Volunteer_for_Healthier_Children.pdf
Engaging Partners in Health Reform <i>(Snapshot)</i>	Q4	E	C/QI	http://flagshipproject.org/images/stories/Files/Engaging_Communities_in_Health_Reform_17JUL2012.pdf
Despite Hearing Difficulties, Talent Grows <i>(Snapshot)</i>	Q4	A	A/Grants	http://flagshipproject.org/images/stories/Files/Y4Q4_CCNS_PhotoCaption_Despite_Hearing_Difficulties_Talent_Grows_14AUG2012.pdf

International Youth Day: Youth Share in Building a Better World (<i>Snapshot</i>)	Q4	A	C/CCA	http://flagshipproject.org/images/stories/Files/Y4Q4_Success_Story_IYD_Arabic_language_14AUG2012.pdf
Video				
Accelerating Hope	Q1	E	E	http://www.youtube.com/watch?v=INrCc20jTV0&list=UUcwqz-CHFDHsGthIzwKLS9g&index=2&feature=plcp
Grant support to the Care for Children with Special Needs Society	Q1	E	A/Grants	http://www.youtube.com/watch?v=VvUXUAIONAS4&list=UUcwqz-CHFDHsGthIzwKLS9g&index=1&feature=plcp
Healthy Living Starts At Home	Q3	E	C/CCA	http://youtu.be/IF3s0cWFZpc
Healthy Lifestyles Summer Camp 2012	Q4	E / A	C/CCA	http://www.youtube.com/watch?v=RK2Oaa_Hk34
USAID Health Care Improvement Project Report¹⁹				
Sustaining the Rehabilitation of Disabled Children by Training Mothers to be Partners in Treatment and Advocacy	Q2	E	A/Grants	N/A
Expanding Outreach and Impact of Community Mobilization by Empowering Youth to Lead	Q2	E	C/CCA	N/A
Press Release				
MOH Launches Essential Package of Primary Health Care Services	Q3	A	C/QI	N/A
MOH Launches Healthy Lifestyle Summer Camps	Q3	A	C/CCA	N/A
MOH Concludes its Healthy Lifestyle Summer Camps	Q4	A	C/CCA	N/A
MOH Awards Champion Community in Qalqilya	Q4	A	C/CCA	N/A
USAID Signs Subcontracts for Champion Community in Tulkarem	Q4	A	C/CCA	N/A

¹⁹ For more information, see <http://www.hciproject.org/>

MEDIA COVERAGE INDEX

Event	Date	Media coverage Agency/website	Links on Event (if available)
Launch of Essential Package of Services - Interview with Assad Ramlawi, MOH PHC Director <ul style="list-style-type: none"> ✓ Radio 	May 22, 2012	Angham radio Ajyal radio	-
Launch of Essential Package of Services <ul style="list-style-type: none"> ✓ National TV ✓ Online news ✓ Radio ✓ Print 	May 24, 2012	Maan News Network Al Hayat Al Jadida newspaper Al Quds newspaper Wafa News Agency	http://www.wafa.ps/arabic/index.php?action=detail&id=131759 http://www.alquds.com/news/article/view/id/358045/sort/views+asc/page/4457 http://www.alquds.com/news/article/view/id/358080 http://www.maannews.net/arb/ViewDetails.aspx?ID=488791 http://www.maannews.net/eng/ViewDetails.aspx?ID=488815 http://www.arn.ps
Launch of Champion Community Approach in Jenin <ul style="list-style-type: none"> ✓ National TV coverage ✓ Media coverage ✓ Online news coverage ✓ Local TV coverage 	May 27, 2012	Jenin Gate website Safa News Al Ayyam newspaper Wafa Qalqilya Youth Forum	http://www.wattan.tv/hp_details.cfm?id=a6563828a689836&c_id=11 http://www.jeninate.com/ar/showart.php?id=6379 http://safa.ps/details/news/79363/بجنتين-صحية-اتفاقيات-ثمان-توقيع.html http://www.al-ayyam.com/article.aspx?did=192355&date=5/28/2012 http://www.al-ayyam.com/pdfs/28-5-2012/p05.pdf http://www.wafa.ps/arabic/index.php?action=detail&id=131915 http://www.jenintv.com/article/2302/20%تنظير%20اتفاقيات%20208%توقيع%20في%20الصحة%20الخدمات http://www.shbabq.com/molqqa/showthread.php?t=61821
Launch of Summer Camps <ul style="list-style-type: none"> ✓ Print coverage ✓ Online news coverage 	June 10, 2012	Maan News Network PNN website MOH website Al Quds newspaper Al Hayat Al Jadida newspaper	http://www.maannews.net/arb/ViewDetails.aspx?ID=493972 http://arabic.pnn.ps/index.php/local/16272-الصحة-بدء-بتنظيم-وزارة-الصيفية-للأطفال-المخيمات-الصحية http://www.moh.ps/?lang=0&page=3&id=1230 http://www.alquds.com/pdfs/pdf-docs/2012/6/11/page13.pdf http://www.alhayat-j.com/pdf/2012/6/11/page10.pdf

Event	Date	Media coverage Agency/website	Links on Event (if available)
Launch of Summer Camps - Interview with Lubna Sader, Director of MOH Health Education and Promotion Department ✓ National TV coverage ✓ Online coverage	June 13, 2012	Palestine TV Facebook	http://dai.ly/LcO3lx
Summer Camps in Nablus District ✓ Local TV coverage ✓ Online coverage	June 21, 2012	Nablus TV Facebook	http://youtu.be/7I7FXc8qKDk
Summer Camp in Qalqilya ✓ Online coverage ✓ Radio coverage	June 24, 2012	Qalqilya radio Facebook	https://www.facebook.com/photo.php?v=128575963947461&set=vb.447390798623425&type=2&theater
Closing of Summer Camps ✓ Print coverage ✓ Online news coverage	July 26, 2012	Al Hayat Al Jadida newspaper Al Ayyam newspaper Al Quds newspaper Maan News Network Pal media agency Wafa News Agency	Al http://alhayat-j.com/pdf/2012/7/26/page10.pdf http://www.al-ayyam.ps/pdfs/26-7-2012/p12.pdf http://www.alquds.com/news/article/view/id/373557 http://www.maannews.net/arb/ViewDetails.aspx?ID=507536 http://www.wafa.ps/arabic/index.php?action=detail&id=135867 http://www.palone.net/pnm/news.php?action=view&id=12107
Feature Story on Caritas - Cystic Fibrosis ✓ Print coverage ✓ Online news coverage	August 24, 2012	Palestine News Network Maan News Network Al Hayat Al Jadida newspaper Al Quds newspaper	http://www.pnn.ps/index.php/local/24000-%D8%A8%D8%A7%D9%84%D8%B5%D9%88%D8%B1-%D8%A7%D9%84%D8%B7%D9%81%D9%84-%D9%85%D8%AD%D9%85%D8%AF-%D8%AD%D9%84%D8%A7%D9%8A%D9%82%D8%A9-%D9%88%D8%A7%D9%84%D8%AA%D9%84%D9%8A%D9%81-%D8%A7%D9%84%D9%83%D9%8A%D8%B3%D9%8A http://www.maannews.net/arb/ViewDetails.aspx?ID=513932 http://www.alquds.com/pdfs/pdf-docs/2012/8/24/page8.pdf http://alhayat-j.com/pdf/2012/8/24/page5.pdf

Event	Date	Media coverage Agency/website	Links on Event (if available)
First National Conference on Nursing <ul style="list-style-type: none"> ✓ Livestreaming ✓ National TV coverage ✓ Print coverage ✓ Online news coverage ✓ Interview on national TV (Ilham Shamasneh, Director of PHC Nursing) 	September 6, 2012	Maan News Network Al Quds newspaper Al Hayat Al Jadida newspaper Wattan TV MOH website PalNurse website	http://youtu.be/svIWlgeNVZI http://youtu.be/lwlrwi-TThg http://www.maannews.net/arb/ViewDetails.aspx?ID=517847 http://www.alquds.com/news/article/view/id/382832 http://www.alhayat-j.com/newsite/details.php?opt=3&id=183333&cid=2702 http://www.palnurse.com/vb/showthread.php?t=75882 http://www.youtube.com/watch?v=Higp_CYTzO4 http://www.moh.ps/?lang=0&page=3&id=1358 http://www.wattan.tv/video/video_details.cfm?id=a2217158a8296898
First National Conference on Nursing - Interview on national TV, Ilham Shamasneh, MOH Director of PHC Nursing <ul style="list-style-type: none"> ✓ National TV coverage 	September 6, 2012	Palestine TV	http://www.dailymotion.com/embed/video/xte1o2
Launch of Champion Community Approach in Tulkarem <ul style="list-style-type: none"> ✓ TV coverage ✓ Print coverage ✓ Online news coverage 	September 12, 2012	Wafa News Agency Maan News Network Palestine News agency Al Ahd website Safa/Palestine Press Agency Al Quds newspaper Al Ayyam newspaper Al Hayat Al Jadida newspaper As Salam TV Al Fajr TV	http://www.alquds.com/news/article/view/id/384272 http://www.al-ayyam.ps/article.aspx?did=199427&date= http://alhayat-j.com/newsite/details.php?opt=3&id=183905&cid=2708 http://salam-tv.ps/news.php?action=view&id=19700 (with photos) http://salam-tv.ps/news.php?action=view&id=19707 http://safa.ps/details/news/87033/الصحي-القطاع-انتطوير-مشروع-اطلاق http://www.alfajertv.com/news/45985.html http://www.alaahd.com/arabic/?action=detail&id=111125 http://www.wafa.ps/arabic/index.php?action=detail&id=138409 http://maannews.net/arb/ViewDetails.aspx?ID=519442 http://pnn.ps/index.php/local/26426-توقيع-خمس-اتفاقيات-مع-مؤسسات-مجتمعية-للمساهمة-بتطوير-الخدمات-الصحية-بطولكرم http://www.jadeednews.com/2012/09/usaaid-مؤسسات-مع-اتفاقيات-توقيع-الت-مجتمعية

Y4 WEEKLY UPDATES TO USAID

Q	Date	Title	Focus Area
Q1	20-Oct	USAID Health Project Donates Equipment to Rafidia Hospital Neurosurgery Department	E
Q2	19-Jan	USAID Health Project Donates over One Million USD worth of Equipment to Health NGOs in Gaza	A
	26-Jan	USAID Health Project releases suspension on grants to NGOs for screening, diagnostic and rehabilitative services for Palestinians.	A
	2-Feb	USAID supported rehabilitation program allows child with cerebral palsy to enter school for the first time	A
	9-Feb	USAID Health Project issues over \$72,000 in subcontracts to local community based organizations (CBOs) to conduct health awareness and advocacy in Toubas and Salfit districts.	C/CCA
	23-Feb	Hospital director improves health service management using USAID-funded Health Information System (HIS)	B
	1-Mar	This week, USAID Health Project issues grant agreements worth nearly \$200,000 to two NGOs serving children with special needs	A
	8-Mar	Palestinian Ministry of Health (MOH) forges partnerships with local community to enhance Primary Health Care, following the implementation of the Champion Community Approach by the USAID health project	C/CCA
	15-Mar	Palestinian women and children attend Health Day event for Women's Month in Burqa, Nablus	C/CCA
	22-Mar	Woman's eye sight saved with USAID donated equipment	A
	29-Mar	MOH rolls out USAID-funded Health Information System at Hebron hospital	B
Q3	5-Apr	With USAID support, Community Health Workers (CHWs) accredited as a professional body by Palestinian Ministry of Health (MOH).	C/QI
	11-Apr	USAID is helping to enhance access to quality cancer treatment for Palestinians by procuring a state-of-the-art radiation therapy system for August Victoria Hospital (AVH)	A
	26-Apr	USAID Health Project is providing Palestinian Ministry of Health (MOH) physicians and nurses with life-saving skills	A
	3-May	USAID Health Project awards two "Champion Communities" in Hebron, West Bank	C/CCA
	10-May	More than 500 children participate in National Reading Week activities carried out by a USAID- supported NGO	A
	17-May	USAID grantee targets 400 health professionals for American Health Association life support training	A
	24-May	USAID grant help cystic fibrosis patients live a better quality of life	A
7-Jun	USAID Health Project awards \$322,000 in subcontracts to Community Based Organizations (CBOs) in Jenin, Toubas and Salfit Districts to implement the Champion Community Approach for quality improvements in Primary Health Care.	C/CCA	

Q	Date	Title	Focus Area
	14-Jun	The Ministry of Health (MOH) launches the USAID supported Healthy Lifestyle Summer Camps	C/CCA
	21-Jun	Twenty USAID-supported Healthy Lifestyle Summer Camps were held in West Bank towns and villages, reaching more than 1000 children this week.	C/CCA
	28-Jun	One Thousand Five Hundred Palestinian Children have learned important lessons on road safety, injury prevention, nutrition and hygiene through USAID supported Healthy Lifestyle Summer Camps.	C/CCA
Q4	12-Jul	Palestinian Ministry of Health (MOH) Launches National First Aid Training Program for Health Care Professionals in the West Bank with USAID Support	C/QI
	19-Jul	Through USAID Support, the Palestinian Ministry of Health (MOH) Launches the Standards of Care (SOC), a Unified Package of Clinical Guidelines to Improve the Quality of Health Care Services in the West Bank	C/QI
	26-Jul	USAID Health Project Awards Grant worth over \$94,000 to Jabalia Rehabilitation Society (JRS) for the Early Detection of Hearing and Middle Ear Problems among Palestinian Children in Gaza	A
	2-Aug	With USAID Support, the Ministry of Health (MOH) Implements Human Resources (HR) Module of the Health Information System (HIS) in all MOH Facilities, Centralizing Information and Connecting 6,000 Employees	B
	9-Aug	USAID Health Project Partners with Palestine Save the Children Foundation (PSCF) to Provide Assistance to Physically Disabled Children in Gaza	A
	16-Aug	On International Youth Day, Youth Call for More Opportunities to Work and Make a Difference	C/CCA
	30-Aug	USAID donated arthroscope makes advanced orthopedic surgery available to Palestinians at al Makassed Hospital in East Jerusalem.	A
	6-Sep	The Ministry of Health (MOH) holds the first Primary Health Care Nursing Conference to highlight and strengthen the role of nurses in the delivery of primary health care	C/QI
	13-Sep	USAID Health Project awards \$115,000 in subcontracts to Community Based Organizations (CBOs) in Tulkarem District to implement the Champion Community Approach for quality improvements in Primary Health Care (PHC).	C/CCA
	20-Sep	Palestinian Ministry of Health (MOH) Human Resources (HR) Staff Conduct Peer-to-Peer Workshop on USAID-funded Computerized HR System	B
	27-Sep	USAID Health Project awards \$288,000 in subcontracts to 13 community-based organizations (CBO) in Qalqilya, Jericho, Hebron, South Hebron, and Jerusalem for quality improvements in Primary Health Care (PHC)	C/CCA

SOCIAL MEDIA SUMMARY

SUMMARY

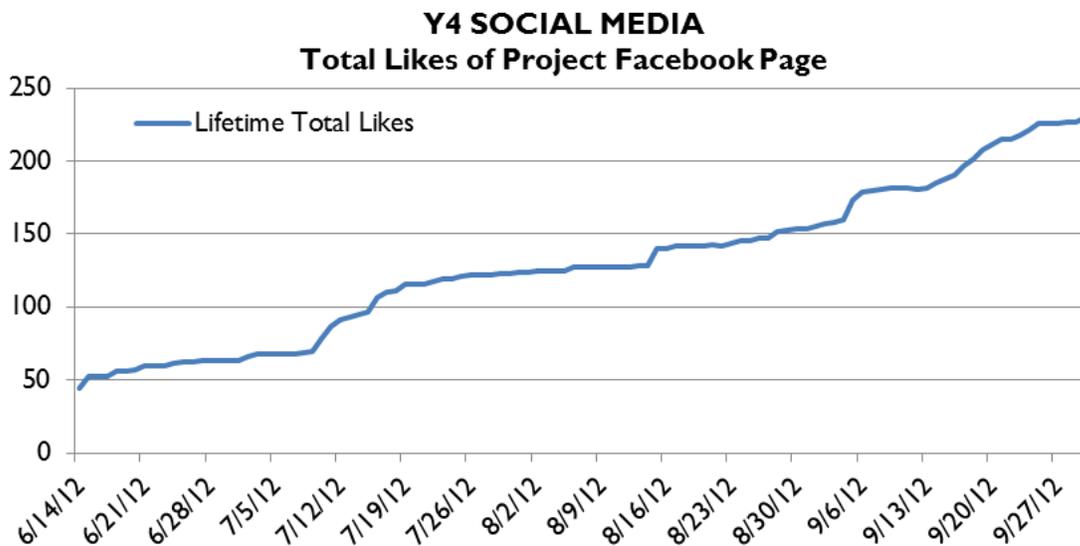
The Project officially launched its Facebook page on May 24, 2012. Since that time, the Project's online presence has grown in leaps and bounds. The purpose of utilizing social media is to build an online community of individuals who are interested in health in the West Bank and Gaza.

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 AND TOTAL AUDIENCE

The Project's Page ended the year with 229 Facebook "Likes" (likes were previously known as "Fans"). During September, Page likes increased by 47.7%!



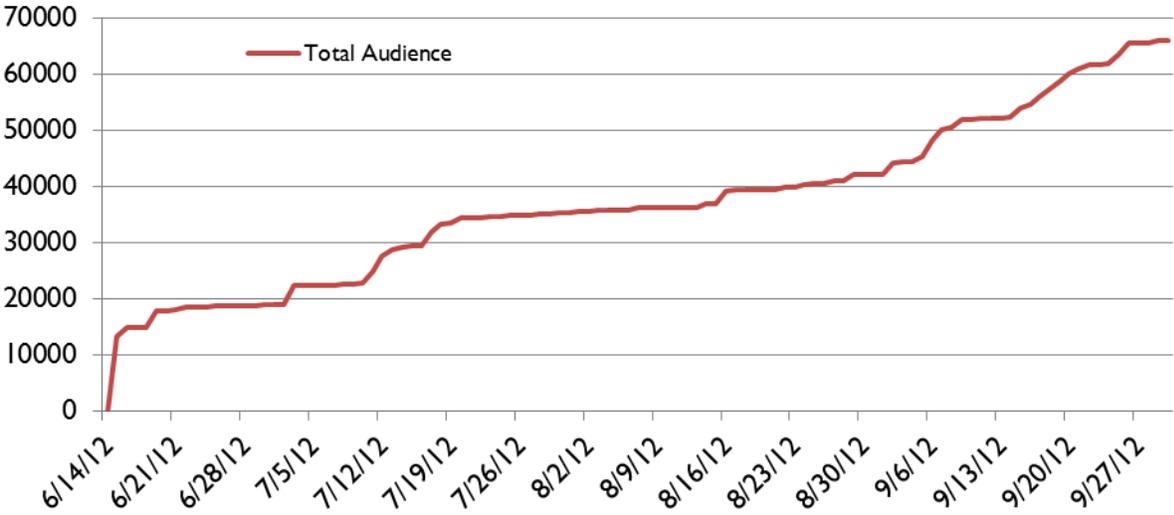
The Project surpassed 200 likes on September 18, 2012. To mark this milestone (and also encourage more likes), the Project updated its cover photo to a picture from an open health day at Care for Children with Special Needs Society (CCSNS).



The added text thanks the Project's fans for liking the Page and lets people know that the Project has surpassed this milestone.

Any content posted to the Project's Page has a potential audience that includes these fans and the friends of Project fans. When a person who likes the Project shares, likes, or comments on any of the Project's content (depending on their settings) a story is generated that is viewable by their friends via the news ticker and/or newsfeed. As of September 30, the Project's total potential audience pool is over 65,000 people.

**Y4 SOCIAL MEDIA
Total Audience of Project Facebook**

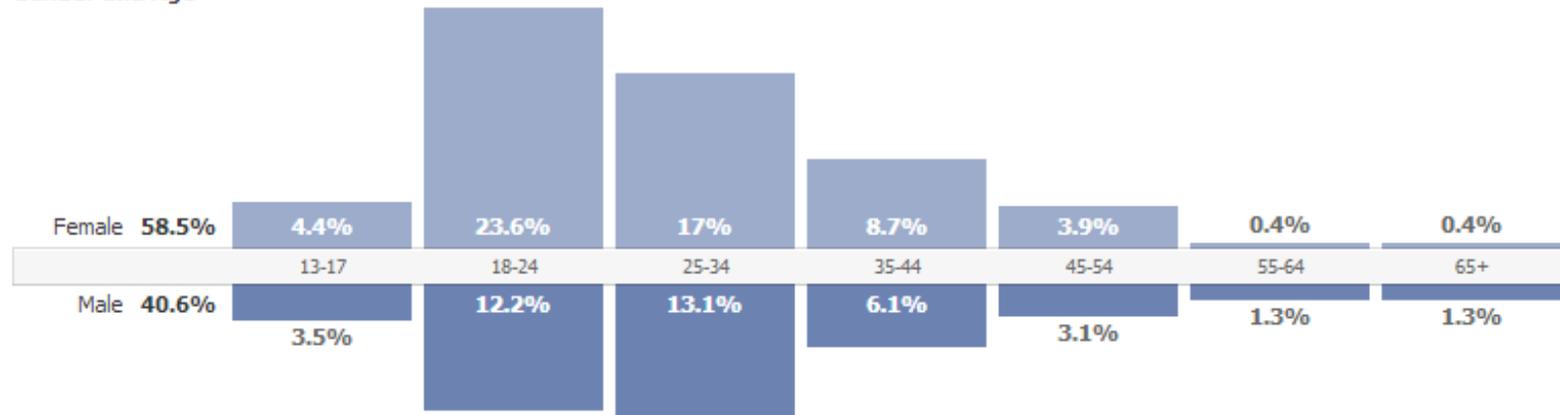


Nearly 60% of the Project’s “likes” come from women; of that group. The largest cohort is women aged 18 to 24 (23.6 %), followed by women aged 25 to 34 (17 %). Among men, the Project is most popular with men aged 25 to 34 (13.1%). More than 70% of people who like the Project’s Page list their country as “Palestine.”

People Who Like Your Page (Demographics and Location)

[See Likes](#)

Gender and Age?



Countries?

- 167** Palestine
- 25** United States of America
- 18** Israel
- 6** Jordan
- 2** Saudi Arabia
- 1** United Kingdom
- 1** Pakistan
- [More ▾](#)

Cities?

- 56** Ramallah, Palestine
- 22** Nablus, Palestine
- 22** Hebron, Palestine
- 13** Gaza, Palestine
- 12** East Jerusalem, Israel
- 10** Bethlehem, Palestine
- 7** Washington, DC
- [More ▾](#)

Languages?

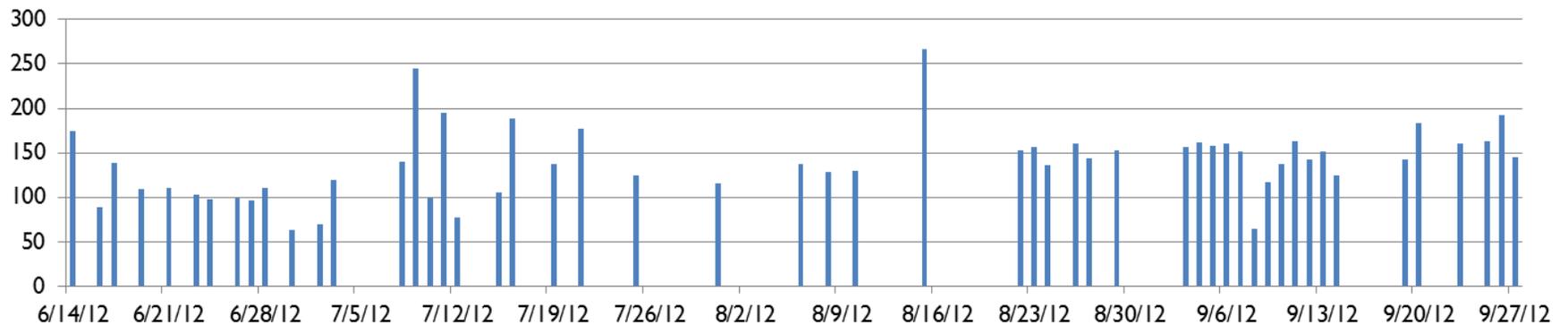
- 162** English (US)
- 45** Arabic
- 20** English (UK)
- 1** Spanish
- 1** French (France)

CONSUMPTION

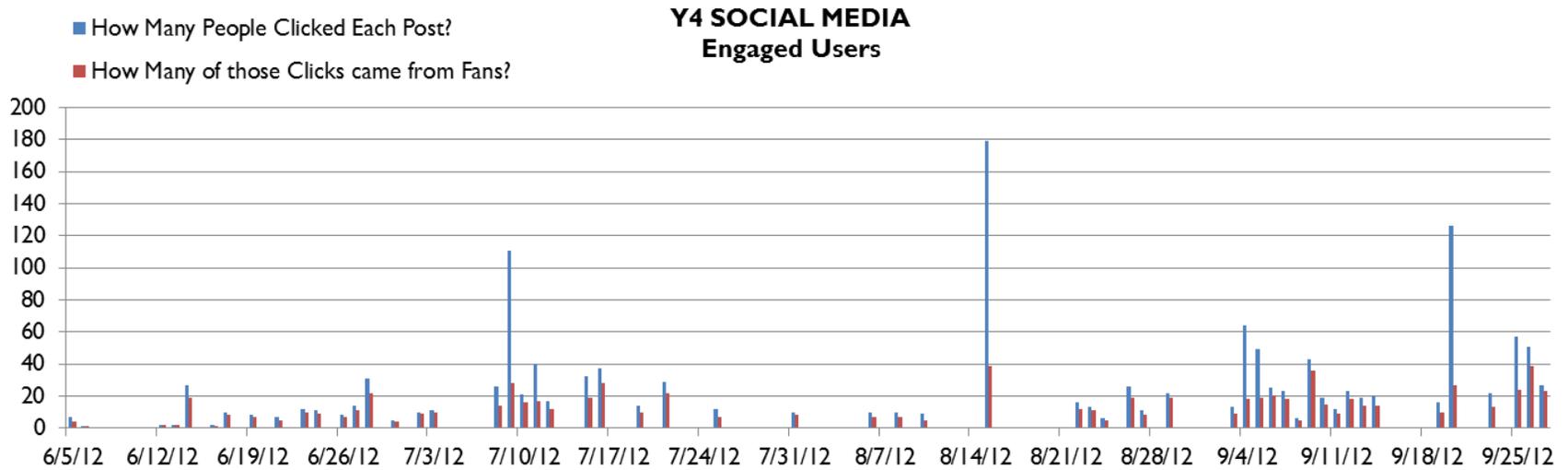
More important than just likes and total audience is the Page's actual consumption. Are people seeing and engaging with the Project's content?

Facebook began tracking the Project's content-related metrics in June. Between June 5 and September 30, 2012, the Project has posted to Facebook a total of 99 times. One post in particular received an astonishing 1,228 views and 214 clicks. The Project's most-viewed post was a photo album from CCSNS, one of the Project's grantees. This album featured some of the Project's staff in a few photos, which generated an explosion in views and comments on the album. This post was a huge outlier and, for this reason, has been removed from the metrics below.

Y4 SOCIAL MEDIA
How Many People Saw Each Post?



For the remaining content, an average of 132 people saw each post, with a high of 267 views and a low of 62 views. Each post received an average of 19 clicks, with a high of 179 clicks and a low of 1 click. “Clicks” are important because they measure interactions with each post.



What content is most interesting to our fans? What content are they clicking through?

The Project's most popular posts are as follows:

- **June:** In June, a photo album about the Healthy Lifestyle Summer Camps held by the MOH and the Project in communities across the West Bank was the most popular post. This particular album is from the community of Tarqumia in the Hebron district.
 - *Link:*
<https://www.facebook.com/media/set/?set=a.461334860562352.118375.447390798623425&type=1>
- **July:** In July, the most popular post was the photo album covering the activities of CCSNS (described above). The second most popular post was a photo album about the summer camps the Project held in partnership with Ruwwad.
 - *CCSNS Link:*
<https://www.facebook.com/media/set/?set=a.480334675329037.122445.447390798623425&type=1>
 - *Ruwwad Link:*
<https://www.facebook.com/media/set/?set=a.476319259063912.121438.447390798623425&type=1>
- **August:** In August, the most popular post was the International Youth Day photo album that featured the three sets of youth volunteers being interviewed about their contributions as youth volunteers during the summer camps.
 - *Link:*
<https://www.facebook.com/media/set/?set=a.491665600862611.125809.447390798623425&type=1>
- **September:** In September, the most popular post was a photo album for the HR Module Training held for MOH HR personnel. The HR module is currently the only module of the HIS to be implemented in all MOH facilities. The training was held to optimize usage of the module across all facilities by facilitating information sharing and training.
 - *Link:*
<https://www.facebook.com/media/set/?set=a.507544472608057.130375.447390798623425&type=1>

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



Palestinian Health Sector R... Ustream Live

✓ Liked



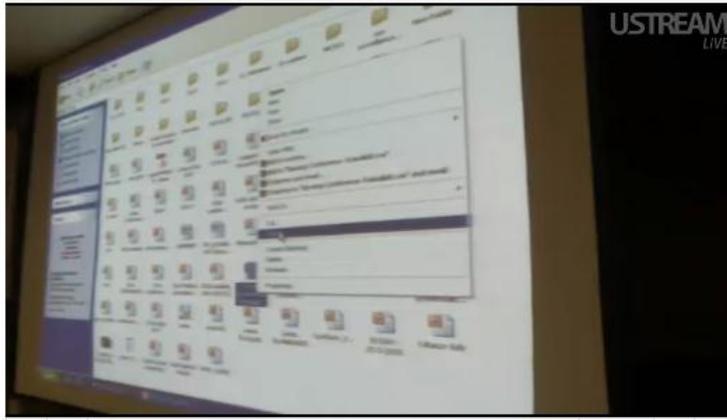
Palestinian Health Sector Reform and Development Project On Ustream

[Join Crowd](#) Join the Crowd to stay up to date on this broadcaster's activity.

[Share](#)

[Invite Friends](#)

[Log In to Change Settings](#)



16 current / 50 total views [Share](#)

Premium members can watch without ads. Already a premium member? [Log In](#)

Due to the success of the live stream of the opening session, the Project continued with the live stream of the Conference throughout the day.

ANNEX G

CHAMPION COMMUNITY FACEBOOK PAGES

Community	MOH Directorate	Facebook Page	Award	Start	End
Bourin	Nablus	جمعية بورين الخيرية - قرية بورين	X	2009	2010
Balata Al Balad	Nablus	جمعية نساء بلاطة البلد الخيرية		2009	2010
Aqraba	Nablus	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني - عقربا		2010	2011
Qusra	Nablus	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني قصره - نابلس		2010	2011
Yetma	Nablus	جمعية يتما النسائية		2010	2011
Talfeet	Nablus	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني تليفيت نابلس	X	2010	2011
Burqa	Nablus	صيدلية التداوي بالأعشاب(ضمن مشروع اصلاح وتطوير القطاع الصحي بركة نابلس) فرقة اشبال وزهرات الريف ضمن مشروع اصلاح وتطوير القطاع الصحي بركة نابلس		2010	2011
Bani Naim	Hebron	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني \ابني نعيم		2010	2011
Nuba	Hebron	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني - نوبا/الخليل [عقربا]		2010	2011
Yatta	S Hebron	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني جمعية يطا الخيرية /مدينة يطا		2010	2011
Dura	S Hebron	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني -- دور/ امشروع اصلاح وتطوير القطاع الصحي الفلسطيني	X	2010	2011
Deir Samet East	S Hebron	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني - دير سامت جنوب الخليل		2010	2011
Kufr Qaddoum	Qalqilya	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني / كافر قدوم		2011	2012
Azzoun	Qalqilya	مشروع اصلاح وتطوير القطاع الصحي/عزون		2011	2012
Hableh	Qalqilya	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني / حيلة		2011	2012
Haris	Salfit	Flag Ship / حارس مشروع اصلاح وتطوير القطاع الصحي الفلسطيني	X	2012	2013
Skaka	Salfit	اللجنة الصحية لقرية ياسوف واسكاكا	X	2012	2013
Deir Balout	Salfit	اللجنة الصحية في بلدة دير بلوط		2012	2013
Deir Istia	Salfit	Flag ship project** Der-Estia		2012	2013
Bardala	Toubas	مشروع اصلاح وتطوير القطاع الصحي في الاغوار 20 flagship project		2012	2013
Tammoun	Toubas	مشروع اصلاح وتطوير القطاع الصحي(نادي طمون)	X	2012	2013
Wadi Al Fara'a	Toubas	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني (وادي الفارعه)		2012	2013
Anza	Jenin	مشروع تطوير القطاع الصحي الفلسطيني عنزة-جنين		2012	2013
Al Jalameh	Jenin	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني / الجملة		2012	2013
Sanour	Jenin	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني -صانور		2012	2013
Hizma	Jerusalem	مشروع اصلاح وتطوير القطاع الصحي الفلسطيني (حزما)		2012	2013
Attil	Tulkarem	مشروع اصلاح وتطوير القطاع الصحي في بلدة عتيل.		2012	2013

²⁰ The link to the Bardala Facebook page is <http://www.facebook.com/#!/pages/%D9%85%D8%B4%D8%B1%D9%88%D8%B9-%D8%A7%D8%B5%D9%84%D8%A7%D8%AD-%D9%88%D8%AA%D8%B7%D9%88%D9%8A%D8%B1-%D8%A7%D9%84%D9%82%D8%B7%D8%A7%D8%B9-%D8%A7%D9%84%D8%B5%D8%AD%D9%8A-%D9%81%D9%8A-%D8%A7%D9%84%D8%A7%D8%BA%D9%88%D8%A7%D8%B1-flagship-project/4362701630866655>

ANNEX H

STATUS OF CBO CONTRACTS IN YEAR 4

#	District	City / Village	Contract starting date	Contract ending date	Name of local contractor	Status
1	Nablus	Huwwara	14-Oct-09	18-Dec-10	Women Committee for Social Work	Closed
2	Nablus	Urif	14-Oct-09	18-Dec-10	Youth Development Establishment	Closed
3	Nablus	Al Sawiyeh	14-Oct-09	18-Dec-10	Rural Women Charitable Society	Closed
4	Nablus	Beit Foureek	14-Oct-09	18-Dec-10	Al Ishraq Institution	Closed
5	Nablus	Beit Dajan	14-Oct-09	18-Dec-10	Beit Dajan Women Club	Closed
6	Nablus	Burin	14-Nov-09	8-Jan-12	Burin Charitable Society	Closed (Champion)
7	Nablus	Sabastya	18-Nov-09	18-Dec-10	Young Women Committee Club	Closed
8	Nablus	Yasid	18-Nov-09	18-Dec-10	Yasid Charitable Society	Closed
9	Nablus	Balata	18-Nov-09	18-Dec-10	Balata Al Balad Women's Society	Closed
10	Nablus	Deir Al Hatab	18-Nov-09	8-Jan-12	Deir Al Hatab Women's Charitable Society	Closed (Champion)
11	Nablus	Al Bathan	18-Nov-09	18-Dec-10	Al Bathan Women's Society	Closed
12	Nablus	Talooza	18-Nov-09	18-Dec-10	Talooza Women's Charitable Society	Closed
13	Nablus	Al Naqura	10-Jun-10	31-May-11	Women's Charitable Society (W.C.S)	Closed
14	Nablus	Al Nasaryeh	10-Jun-10	31-May-11	Nablus Society for Community Development	Closed
15	Nablus	Burqa	10-Jun-10	14-Jul-12	Burqa Sports Club (B.S.C)	Closed (Champion)
16	Nablus	Deir Sharaf	10-Jun-10	31-May-11	Deir Sharaf Charitable Society (D.S.C.S)	Closed
17	Nablus	Qaryot	10-Jun-10	31-May-11	Qaryot Charitable Society (Q.C.S)	Closed
18	Nablus	Qusra	10-Jun-10	31-May-11	Qusra Women's Society (Q.W.S)	Closed
19	Nablus	Talfeet	10-Jun-10	14-Jul-12	Talfeet Women's Center (T.W.C)	Closed (Champion)
20	Nablus	Yetma	10-Jun-10	31-May-11	Yetma Women's Society (Y.W.S)	Closed
21	Nablus	Aqraba	10-Jun-10	31-May-11	Aqraba Youth and Sport Club (A.Y.S.C)	Closed
22	Hebron	Bani Naim	30-Dec-10	31-Mar-12	Bani Naim Charitable Society	Closed

#	District	City / Village	Contract starting date	Contract ending date	Name of local contractor	Status
23	Hebron	Beit Ummar	30-Dec-10	31-Mar-12	Beit Ummar Women's Society	Closed
24	Hebron	Ein Sara	30-Dec-10	1-Apr-13	Hebron Women's Charitable Society	Ongoing (Champion)
25	Hebron	Kharas	30-Dec-10	31-Mar-12	Kharas Charitable Society	Closed
26	Hebron	Nuba	30-Dec-10	31-Mar-12	Nuba Charitable Society	Closed
27	Hebron	Tarqumia	30-Dec-10	31-Mar-12	Tarqumia Charitable Society	Closed
28	Hebron	Idna	30-Dec-10	31-Mar-12	Women's Forum Society	Closed
29	Hebron	Wadi Al Reem	30-Sep-12	25-May-13	Bani Naim Charitable Society	Ongoing
30	S Hebron	Dura	30-Dec-10	1-Apr-13	Rural Development Women's Society	Ongoing (Champion)
31	S Hebron	Deir Samet East	30-Dec-10	31-Mar-12	Family Charitable Society for Development	Closed
32	S Hebron	Ruqa'	30-Dec-10	31-Mar-12	Al Istiqlal Sport Club / Women's Center	Closed
33	S Hebron	Yatta	30-Dec-10	31-Mar-12	Yatta Charitable Society	Closed
34	S Hebron	Al Thaherieh	30-Dec-10	31-Mar-12	Al Thaherieh Charitable Society	Closed
35	S Hebron	Beit Awa	30-Sep-12	25-Aug-13	Skaka Women's Charitable Forum	Ongoing
36	S Hebron	Hamida Al Najadi	30-Sep-12	25-May-13	Yatta Charitable Society	Ongoing
37	S Hebron	Al Ghweita	30-Sep-12	25-Aug-13	Yatta Women's Charitable Society	Ongoing
38	Qalqilya	Kufr Qaddoum	11-May-11	30-Aug-12	Kufr Qaddoum Sports Club	Closed
39	Qalqilya	Hableh	11-May-11	25-Apr-13	Hableh Charitable Society	Ongoing (Champion)
40	Qalqilya	Azzoun	11-May-11	30-Aug-12	Al Islah Charitable Society	Closed
41	Qalqilya	Kufr Thulth	11-May-11	30-Aug-12	Kufr Thulth Charitable Society	Closed
42	Qalqilya	Qalqilya City	11-May-11	30-Aug-12	Qalqilya Society for Community Development	Closed
43	Salfit	Skaka	2-Feb-12	25-Jan-13	Skaka Women's society	Ongoing
44	Salfit	Haris	2-Feb-12	25-Jan-13	Haris Charitable Women's Society for Social Work	Ongoing
45	Salfit	Deir Istya	29-May-12	20-Jul-13	Deir Istya Women's Charitable Society	Ongoing
46	Salfit	Deir Balout	29-May-12	20-Jul-13	Deir Balout Youth Club	Ongoing
47	Salfit	Masha	29-May-12	20-Jul-13	Masha Sport Club	Ongoing
48	Toubas	Taysir	7-Feb-12	25-Jan-13	Taysir Women's Club	Ongoing

#	District	City / Village	Contract starting date	Contract ending date	Name of local contractor	Status
49	Toubas	Tammoun	7-Feb-12	25-Sep-12	Tammoun Sport Club	Closed
50	Toubas	Aqaba	29-May-12	20-Jul-13	Aqaba Charitable Society	Ongoing
51	Toubas	Wadi Al Fara'a	29-May-12	20-Jul-13	Wadi Al Fara'a Charitable Women's Center	Ongoing
52	Toubas	Bardala	29-May-12	20-Jul-13	Northern Jordan Valley Women's Center	Ongoing
53	Jenin	Al Zababdeh	27-May-12	20-Jul-13	Al Zababdeh Charitable Society	Ongoing
54	Jenin	Al Rameh	27-May-12	20-Jul-13	Jenin Charitable Women's Society / Al Rameh	Ongoing
55	Jenin	Anza	27-May-12	20-Jul-13	Anza Sport Club	Ongoing
56	Jenin	Al Jalameh	27-May-12	20-Jul-13	Al Jalameh Women's Center	Ongoing
57	Jenin	Faqua'a	27-May-12	20-Jul-13	Faqua'a Women's Center	Ongoing
58	Jenin	Deir Abu De'if	27-May-12	20-Jul-13	Deir Abu De'if Charitable Society	Ongoing
59	Jenin	Al Yamoun	27-May-12	20-Jul-13	Al Yamoun Charitable Society	Ongoing
60	Jenin	Sanour	27-May-12	20-Jul-13	Sanour Charitable Women's Society	Ongoing
61	Jericho	Al Nwaemeh	19-Sep-12	25-Aug-13	Al Nwaemeh Sport Club	Ongoing
62	Jericho	Al Israa	19-Sep-12	25-Aug-13	Al Israa Charitable Society	Ongoing
63	Jericho	Al Zbeidat	19-Sep-12	25-Aug-13	Al Zbeidat Charitable Women's Society	Ongoing
64	Jericho	Al Diouk Al Fuqa	19-Sep-12	25-Aug-13	Al Diouk Youth Sport Club	Ongoing
65	Jerusalem	Hizma	27-Sep-12	25-Aug-13	Youth Muslim Society	Ongoing
66	Jerusalem	Al Jeeb	27-Sep-12	25-Aug-13	Al Jeeb Youth Club	Ongoing
67	Jerusalem	Al Ram	27-Sep-12	25-Aug-13	Sunflower Association For Human and Environmental Protection	Ongoing
68	Jerusalem	Anata	27-Sep-12	25-Aug-13	Sabaya Anata Center	Ongoing
69	Tulkarem	Thanaba	27-Sep-12	25-Aug-13	Palestinian Family Planning and Protection Association	Ongoing
70	Tulkarem	Tulkarem / North Neighborhood	12-Sep-12	25-Aug-13	Medical Scientific Forum Society	Ongoing
71	Tulkarem	Kufr Jammal	12-Sep-12	25-Aug-13	Solidarity and Cooperation Charitable Society	Ongoing
72	Tulkarem	Anabta	12-Sep-12	25-Aug-13	Anabta Women's Charitable Society	Ongoing
73	Tulkarem	Attil	12-Sep-12	25-Aug-13	Attil Charitable Society	Ongoing

COVER PHOTO: A nurse in the MOH PHC clinic in Tarqumia (South Hebron Health Directorate) reviews the Standards of Care during a day of clinic services.

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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1300 Pennsylvania Avenue, NW