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# THE PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT (THE FLAGSHIP PROJECT)

**YEAR 1 ANNUAL IMPLEMENTATION PLAN**

**November 2008**

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

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## YEAR 1 ANNUAL IMPLEMENTATION PLAN

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

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

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## ACRONYMS

ATC	Anti-terrorism certification
BCC	Behavior Change Communications
CME	Continuing Medical Education
COP	Chief of Party
ID	Institutional Development
MIS	Management Information System
MOH	Ministry of Health
NGO	Non-governmental Organization
PHC	Primary Health Care
PI	Performance Improvement
PMU	Project Management Unit
RFA	Request for Applications
RFP	Request for Proposals
RH	Reproductive Health
TOT	Training of Trainers

## EXECUTIVE SUMMARY

The Palestinian Health Sector Reform and Development Project (the Flagship Project) seeks to strengthen the institutional capacities and performance of the Palestinian Authority Ministry of Health, selected NGOs, and eligible educational and professional institutions to support a functional, democratic Palestinian health sector capable of meeting the priority health needs of its people. To support this goal, the Flagship Project will work in three components areas: 1) health sector reform and management; 2) clinical and community-based health; 3) procurement support for

**Flagship Project Technical Areas:**

- Maternal health
- Child survival
- Chronic diseases
- Injury prevention
- Household water and sanitation practices
- Women's health (excluding family planning)

health and humanitarian assistance. Work will encompass six technical areas. The period covered by this implementation plan is 26 September 2008– 30 September 2009.

The initial focus of Year 1 is a needs assessment for both the Ministry of Health (MOH), and eligible non-governmental organizations (NGOs).

The assessment of both sectors will be done through a self-assessment approach. Flagship staff will provide direct assistance to the MOH, and a local organizational development firm will be identified through a competitive process to guide the assessment process for the NGOs. The results of both assessments will serve as the basis for developing institutional development (ID) plans for the MOH and participating NGOs. Institutional development work plans will cover primary, secondary, emergency and rehabilitative care as well as communications and procurement. The findings from the assessment and the institutional development work plan for the MOH will drive how the Flagship Project will program the \$8 million of FY 2008 supplemental funding that is to be used for MOH procurement and procurement related costs. This is in addition to the \$2,476,896 budgeted for procurements and procurement related costs for NGOs and the MOH.

Other key activities during this period will include: a series of management workshops conducted for MOH staff; development of revised facility accreditation and continuing medical education (CME) processes; implementation of secondary and emergency care fellowships and visiting professors programs; and procurement of medical supplies, pharmaceuticals and humanitarian assistance goods.

This annual implementation plan contains three sections: the first section gives a brief situation analysis and narrative for each component of the project. The second section contains the implementation and management plan, which will serve as a guide for the administrative and management functions and activities needed for effective contract implementation. The third section is a usable document in chart format which clearly lays out the timing, budget, and LOE for each component, objective, task, deliverable, and activity. Upon USAID's approval, this last section is a tool that can be updated quarterly and submitted to USAID along with each subsequent quarterly report.

The Flagship Project, in close consultation with USAID, will remain flexible and will respond to the rapidly changing environment in the West Bank and Gaza by

modifying activities in this work plan, and by addressing emerging issues which may arise as a result of emergencies or USAID requests.

## SECTION I

### First Year Work Plan

#### A. Component 1: Health Reform and Development

This component has two objectives: 1) improving good governance and management practices in the Palestinian health sector and 2) strengthening the capacity of non-governmental organizations to manage quality health care services.

*Situation analysis.* The Palestinian health system is facing a number of challenges. Central Ministry of Health (MOH) management is bloated — 57 percent of the MOH budget goes to pay for staff salaries leaving insufficient revenue to support other functions. Many hospitals are understaffed, some so much so that the quality of care is grossly inadequate. Poor coordination among the four service provider groups is exacerbated by a relatively young and resource-constrained MOH, which struggles to realize strong performance within directorates and to synchronize activities across them. In addition to systemic change, evidence bounds that individual budget planning, supervision and other management skills are insufficient.

NGOs have historically played an important role in the delivery of health and other social services in West Bank and Gaza. Many small- and medium-sized NGOs are often the providers of community-based services. Some of the larger, long-established, internationally-funded organizations also provide secondary care. Consistent quality of care remains a challenge for all NGOs.

To address these issues, under Component 1 the Flagship Project will conduct an assessment of the health administration and management systems and practices in the Ministry of Health and selected NGOs. The results of these assessments will feed into the development of institutional development work plans, which will present clear, practical steps to strengthen management capacities at these institutions.

Please refer to Annex A for a detailed description of activities to be performed under Component 1.

Component 1 Budget and LOE totals:

	Level of Effort (days)	Budget
<b>FY 08 funding:</b>		
• General support for MOH and eligible NGOs	1,438	\$1,171,755
• Procurement-related support for MOH and eligible NGOs	461	\$1,579,000
Subtotal FY 08 Funding:	1,899	\$2,750,755
<b>FY 08 supplemental funding:</b>		
• General support for MOH	919	\$273,000
• Procurement-related support for MOH	480	\$735,000
Subtotal FY 08 Supplemental Funding	1,399	\$1,008,000
<b>TOTAL:</b>	<b>3,298</b>	<b>\$3,758,755</b>

## **B. Component 2: Clinical and Community-based Health**

This component has two objectives: 1) improving the quality of essential clinical services for Palestinians and 2) supporting the delivery of a quality package of community-based health promotion and disease/injury prevention services.

*Situation analysis.* Many primary health care (PHC) facilities do not function effectively, in part due to staffing, equipment or supply shortages. The quality of services at peripheral sites is variable. Providers either are not aware of, or do not choose to follow MOH clinical standards and norms. Patients often seek care at secondary care facilities in urban centers, straining hospital resources.

Ties between the community and health facilities have been necessitated by security restrictions and civil unrest. However, while community residents participate in services, they are neither fully engaged, nor have a voice in the planning process. Stronger community ownership would increase accountability and quality of care.

To address these issues, under Component 2 the Flagship Project will conduct assessments of the quality of the primary, secondary, emergency, and rehabilitative care in MOH and selected NGO clinics and hospitals. The Flagship team will also assess these institutions' ability to deliver a quality package of health promotion and disease/injury prevention services. The results of these assessments will feed into the development of institutional development work plans, which will present clear, practical steps to strengthen the quality of the Palestinian health care system.

In consultations with the Minister of Health, we have discovered that the operationalization of the Palestine Medical Complex is a priority for the MOH. The goal is to develop a center of excellence that will become a training center and referral center for specialized care. This in turn will decrease public expenditures on medical services sought abroad, and thus will contribute to sustainable increases in quality of care. The development of the complex will provide an opportunity to address a number of issues within the Palestinian health system: improved governance, health reform, increased quality of care, human resources development and financial accountability. Based upon the needs assessment, we will identify our approach to respond to the MOH and in consultation with USAID.

Please refer to Annex A for a detailed description of activities to be performed under Component 2.

Component 2 Budget and LOE Totals:

	<b>Level of Effort (days)</b>	<b>Budget</b>
<b>FY 08 funding:</b>		
• General support for MOH and eligible NGOs	2,217	\$1,960,345
• Procurement-related support for MOH and eligible NGOs	0	0
Subtotal FY 08 Funding:	<b>2,217</b>	<b>\$1,960,345</b>
<b>FY 08 supplemental funding:</b>		
• General support for MOH	2,618	\$1,918,142
• Procurement-related support for MOH	346	\$242,000
Subtotal FY 08 Supplemental Funding	2,964	\$2,160,142
<b>TOTAL:</b>	<b>3,298</b>	<b>\$4,120,487</b>

**C. Component 3: Procurement Support for Health and Humanitarian Assistance**

This objective for this component is to procure essential commodities to help achieve USAID development objectives in health and humanitarian assistance.

*Situation analysis.* Military actions and subsequent closures are the main cause of humanitarian crisis in West Bank and Gaza. There are three categories of items needed: food and water; drugs, medical supplies, hygiene materials, and other assistive devices; and housing supplies. In addition to these emergency procurements, a number of development-related needs are also evident: resource shortages, and training shortages leading to insufficient knowledge of procurement processes.

To address these issues, in conjunction with the MOH and selected NGOs, under Component 3 the Flagship project will work to develop an annual procurement plan for the MOH and selected NGOs, and will then carry out procurements for selected entities. Additionally, the Flagship team will conduct an assessment of the status of the MOH and selected NGOs' medical waste management systems; this assessment will result in a mitigation plan for each MOH and NGO institution to ensure that institutions are avoiding adverse environmental impact of medical waste.

We will develop a plan to address the emergency situation, as well as resource shortage needs in consultation with USAID.

Please refer to Annex A for a detailed description of activities to be performed under Component 3.

Component 3 Budget and LOE Totals:

	<b>Level of Effort</b>	<b>Budget</b>
<b>FY 08 funding:</b>		
• General support for MOH and eligible NGOs	464	\$379,564
• Procurement-related support for MOH and eligible NGOs	1,574	\$715,090
Subtotal FY 08 Funding:	<b>2,038</b>	<b>\$1,094,654</b>
<b>FY 08 supplemental funding:</b>		
• General support for MOH	461	\$1,880,000
• Procurement-related support for MOH	1,093	\$7,023,000
Subtotal FY 08 Supplemental Funding:	<b>1,554</b>	<b>\$8,903,000</b>
<b>TOTAL</b>	<b>3,592</b>	<b>\$9,997,654</b>

## **SECTION II: IMPLEMENTATION AND MANAGEMENT PLAN**

This plan shall serve as a guide for the Flagship Project’s administrative and management functions, and general activities needed for effective contract implementation.

### **A. Coordination with the Home Office**

*Roles and responsibilities.* Chemonics’ home office has ultimate responsibility for the successful management and implementation of this project. The Flagship Project’s approach to coordination among the home and field offices stresses clear lines of communication, teamwork within the context of well-defined roles and responsibilities, commonly understood support systems, and quality outcomes. The day-to-day authority and responsibility for implementing the project will be delegated to Chief of Party Dr. Taroub Faramand, while Director of Health Reform and Development Dr. Damianos Odeh will coordinate the technical activities and provide management support to the COP. The chief of party will liaise with USAID and the cognizant technical officer (CTO) and contracting officer (CO), and supervise country-level staff.

Dr. Faramand has signature authority on local agreements up to a cumulative amount of \$500,000, and oversight of the technical, contractual, and financial performance of the project. Dr. Faramand will have the support of the home-office project management unit (PMU), composed of a director, manager, and associate. Dr. Faramand will report to the PMU director, who will oversee the provision of home-office support and problem-solving assistance during implementation. In turn, the PMU director reports to a senior vice president of the Middle East Region of Chemonics International, the corporate officer-in-charge for the contract. The PMU supports quality control for the project and provides the field office with access to additional U.S.-based technical resources and home-office support in accounting and finance, contracts, procurement, communications and editing, knowledge management, and training.

### **B. Human Resources Management**

*Project human resources and operational management.* The Flagship Project chief of party has the ultimate responsibility for all human resource issues and staff performance monitoring. The operations director, reporting directly to the chief of party, will maintain direct oversight of resource allocation and will work with the chief of party to promptly address human resource issues, and to assist all supervisors with staff performance evaluations. Leaders of all three components, the project communications specialist, and the Gaza office will also report directly to the chief of party. Component leaders will be responsible for the performance and evaluation of staff in their respective technical areas, while the leaders of the “Finance and Contracts,” “Administration,” “Results Reporting and Communication,” and the Gaza Office will supervise and monitor the performance of staff in their respective program areas.

*Recruitment.* Recruiting high-caliber professionals lies at the heart of responsive human resource management. The project has access to Chemonics' extensive internal network of health specialists. We have key positions filled, and technical staff are already working on implementation the Flagship Project year 1 work plan. The Flagship Project also has the capacity and flexibility to rapidly field additional short and long-term experts to accommodate program needs based upon the findings of the needs assessment, drawing on the local networks of our chief of party, our partner Massar, and additional in-country resources such as staff from other Chemonics projects. Chemonics' home office also houses a database of more than 30,000 expatriate and 1,000 local staff and consultants.

### **C. Financial Management**

The Flagship Project considers financial management and cost control a key part of successful program management. The project, through support from the home and field offices, is committed to ensuring sound financial management and reporting under the Flagship Project.

*Home office support.* During the first two months of the contract, the home office PMU will set up a budget monitoring system to track program expenditures by contract line item (CLIN) funding source, beneficiary, and location in order to anticipate areas where funding problems might arise. Our in-house finance department will liaise with the PMU to ensure accurate monthly billing and USAID financial reporting. During start-up, our home-office accountants will help the project contain and accurately report costs by training local accountants, setting up accounting systems in the field office, conducting internal audits, and reviewing local accounts to ensure compliance with USAID standards.

*Field office financial procedures.* The Flagship field office financial team is responsible for overall day-to-day financial accounting of the project office. This includes issuing purchase orders and checks signed by the chief of party; entering locally incurred expenses into Abacus, the Flagship accounting software; monitoring local bank accounts and petty cash funds; and requesting wire transfers of funds from the home office support team. Overall technical programming of contract funds will take place in the field office and will be led by Chief of Party Dr. Taroub Faramand, as well as the three component leaders of the Flagship Project.

*Financial reporting.* Per our contract, the Flagship Project shall submit the following financial reports to the CTO:

- I. **Monthly invoice statements:** On a monthly basis, Flagship will submit one original and one electronic copy of the signed SF-1034 Public Voucher for Purchases and Services Other Than Personal to the USAID/West Bank and Gaza Office of Financial Management, with one copy enclosed for the CTO. This invoice will contain the "Level of Effort Report" providing the total level of effort utilized during the reporting period.
- II. **Quarterly Financial Reports:** The first report will be submitted to USAID by January 31, 2009 and will cover the period of September 26 through

December 31, 2008. Subsequent reports will be submitted within 30 days after the end of each quarter. This report will contain all expenditures for the quarter, broken down by CLIN, beneficiary, location, and funding source; for each CLIN and line item the report shall give the amount of US funds obligated to date, a total line item budget, expenditures and accruals to date, the balance remaining, and a brief narrative describing progress to date and any issues related to the financial management of the contract.

- III. **Quarterly Accrual Reports:** The first report will be submitted to USAID by January 31, 2009 and will cover the period of September 26 through December 31, 2008. Subsequent quarterly accrual reports will be submitted by the 15<sup>th</sup> day of the last month of each quarter. These reports will contain the total amount of USAID funds obligated to date, the total actual expenditures through the end of the preceding reporting quarter, the actual and accrued expenditures per month and in total for the current reporting quarter, the estimated balance of unexpended funds as of the end of the current reporting quarter, the projected quarterly expenditures for the next three reporting quarters, and a brief narrative describing any issues which have adversely impacted expenditure rates.

#### **D. Procurement and Logistics**

*Ensuring adherence to USAID regulations.* Chemonics' home-office Procurement Specialist Terry Collier will continue to support the Flagship procurement director to ensure that adequate controls are in place and that the field office consistently adheres to USAID procurement regulations. The Flagship project will be responsible for the compliance of all commodity and equipment acquisitions, as well as the provision of all procurement-related services necessary for successful implementation. The Flagship project uses the most cost efficient methods possible, which includes seal bidding or negotiating with several firms using comparative cost analysis methods and pricing techniques to get reasonable prices.

*Administrative capacity to procure effectively from U.S. and local markets.* Our capacity to procure effectively from both U.S. and local markets stems from collaboration between our home office Procurement Department and our field office management staff. Our home-office manages procurements from the U.S., and has the technical experience in the West Bank and Gaza to ensure that goods reach their destinations in a timely and efficient manner. If required, home office staff will travel to the West Bank and Gaza to help facilitate complex local or U.S. procurements. Local procurements will be handled by the Flagship procurement director.

#### **E. Coordination with Key Stakeholders**

The Flagship Project is committed to effective coordination with key stakeholders. Key stakeholders under the Flagship contract include beneficiaries (the Ministry of Health and the NGO community), USAID, the UN, foreign donors, and other USAID and international donor agency-funded projects. Agreement among stakeholders in the health community is the foundation of every activity and task we undertake. Specifically, we will involve stakeholders in the development of assessment

strategies, institutional development work plans, technical interventions, and program support. We will coordinate our efforts with donors working in the west bank, shepherded by the Italian Cooperation, including the World Bank and WHO, among others. Throughout we will be cognizant of any existing relevant data or initiatives that will streamline our work and allow for quicker traction and faster results.

## **F. Management of Subcontractors and Consultants**

*Subcontractors.* Subcontractors will be managed under the Flagship contract by both the home and field office teams, with the ultimate responsibility residing with the chief of party. As needed, telephone meetings will be held between the chief of party, the home-office director, and representatives of each of the subcontractors to review implementation and discuss any issues affecting project progress. US subcontractors will submit monthly invoices to the home office PMU manager, who will take charge of ensuring each subcontractor's financial and contractual compliance, and will work with the finance department to process payment. Palestinian subcontractors will submit monthly invoices to the operations director in the field, who will process them accordingly.

*Consultants.* All short-term local and international consultants will be given scopes of work by the responsible component director. These scopes of work will be reviewed by the chief of party prior to submission to USAID for approval. Immediate in-country briefings will occur the next business day following the arrival of each consultant, during which the component director and the chief of party will sit with the consultant to set forth Flagship's expectations regarding the scope of their assignment. Also, all consultants will be required to conduct an out-briefing with the component director and chief of party to ensure that the scope of work is accomplished. Per the Flagship contract, each technical consultant will then be required to submit a short-term technical assistance/consultant report to their respective component leader 14 days after the completion of their consultancy. The Flagship project will then submit this report to USAID for review 21 days following the completion of the consultancy, and will submit the final report within 7 days of receiving USAID feedback on the report. External non-sensitive deliverables will also be sent to DEC by the home office.

## **G. Management of a Grants-Under-Contract Mechanism**

*Grants manual.* The Flagship approach to management of grants-under-contract starts with developing a comprehensive grants manual, which is being drafted by Chemonics' home office Grants Specialist Rebecca Sherwood in accordance with ADS 303. This manual will be vetted by both our home office contracts specialists for compliance with USAID regulations and Chemonics best practices and by the field office for technical content. This Flagship-specific grants manual will set up operational parameters; develop administrative management systems and financial controls for grant-making; outline processing and disbursement steps; specify monitoring, evaluation, and reporting requirements; and establish procedures for grant termination, modification, and arbitration. The manual will also include templates to make it user-friendly for our local grants and contract specialist. To maintain

organization and transparency, we will seek USAID's input on and approval of this manual, which per the contract the Flagship project will submit within 60 days of contract award.

*Coordination with USAID.* As set forth in the Flagship contract, the cornerstone of our grants-under-contracts mechanism will be coordination with USAID. With respect to selection of grantees, the Flagship Project will work with USAID to establish selection criteria, and will request approval from USAID as to the universe of potential grantees and the nature of the grant activities. These tasks will be accomplished by the grants and contracts specialist on the Flagship Project, in conjunction with the technical component leaders of grant's technical area.

## **H. Management of a Fellowship Training Program**

Loma Linda University will be the main provider of fellowship opportunities. Apart from the Loma Linda campus, they have a vast network of more than 80 hospitals in the United States and another 30 around the world with experience providing a variety of structured short-term fellowship programs. The Flagship Project is planning to conduct two two-month long fellowships for two to four people at Loma Linda's Sir Run Run Shaw Hospital in Hangzhou, China during the first year of the project. The results of the secondary care ID work plan will drive the content of the fellowship programs. Based upon the results of the needs assessment, the Flagship team, in coordination with the MOH will identify opportunities to respond to local needs. Specifically, we will coordinate with LLU staff will provide technical assistance to operationalize the Palestine Medical Complex. Clinical and Community-Based Health Director Dr. Nasser El Kholy will lead the development of the fellowship training program along with staff from Loma Linda University.

## **I. Compliance with USAID/West Bank and Gaza Anti-Terrorism Policies and Reporting Requirements**

*A. Vetting.* The Flagship Project understands that vetting is conducted by USAID in connection with its review/approval of proposed awards and subawards to non-US awardees. The Flagship Project will conduct vetting in strict adherence to the USAID anti-terrorism procedures laid out in the updated Mission Order 21 issued in October of 2007.

*B. Anti-terrorism clauses.* The Flagship Project has instituted procedures to include the following clauses in every written agreement, regardless of the amount, per the Updated Mission Order 21 issued in October of 2007:

1. Prohibition against support for terrorism
2. Prohibition against cash assistance to the PA
3. Restriction on designation and naming of facilities

*C. Anti-terrorism certification.* The ATC is a mechanism through which all U.S. and non-U.S. organizations must certify prior to being awarded a grant by USAID, that they do not provide material support or resources to terrorism. The Flagship Project

will ensure strict compliance with USAID ATC regulations prior to issuing grant awards.

*D. Subawardee reporting.* Per guidance from the updated Mission Order 21, the Flagship Project will submit this subaward report to USAID containing a list of all subawards and extensions made during the previous month by the 5<sup>th</sup> of each month. With this submission, the Flagship Project will submit a copy of each agreement as an attachment, along with the Excel-formatted subaward report.

Component, Objective, and Task	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sept 09	Task LOE (days)	Task Budget (\$)	Comments
<b>COMPONENT 1:</b>															
<b>OBJECTIVE 1: IMPROVE GOOD GOVERNANCE AND MANAGEMENT PRACTICES IN THE PALESTINIAN HEALTH SECTOR</b>															
<i>Task 1.1.1: Strengthen the capacity of the MOH to implement reforms needed for improved quality, sustainability, and equity in the Palestinian Health Sector</i>													2,109	\$1,573,000	
Deliverable 1: Situation Analysis and Needs Assessment regarding MOH governance and management systems															
• Engage with MOH on adapting HS 20/20 systems assessment tool	X	X													
• Conduct a workshop with the MOH to discuss and finalize assessment tool		X													
• Conduct assessment			X	X											
• Finalize report based on comments from stakeholders				X											
Deliverable 2: Develop five-year institutional development work plan for the Palestinian Ministry of Health governance and management systems															
• Conduct participatory workshop design process with the MOH that will result in the ID Plan				X	X										
• Finalize ID plan based on comments from stakeholders					X										
Deliverable 3: Health Administration and Management Program for the public sector															
• Initial planning for MOH staff leadership training					X	X									
• First of four one-week leadership training for 20-25 MOH senior managers						X									
• Second of four one-week leadership training for 20-25 MOH senior managers									X						
• Third of four one-week leadership training for 20-25 MOH senior managers												X			
Deliverable 4: Palestinian Health Facility Accreditation Program															
• Work with MOH, Department of Licensing and Accreditation and other relevant institutions to review and revise the accreditation process, fine-tune requirements and develop process that matches MOH resources and on-the-ground realities.					X	X	X	X	X	X	X				
• Revised accreditation system is ready for implementation											X				
<i>Task 1.1.2: Strengthen the capacity of non-governmental organizations to manage quality healthcare services</i>													1,189	\$2,185,755	Following successful vetting of each NGO, assessment will take 1 month, ID plan will take 1 month, ongoing technical assistance support will be provided for remainder of year.
Deliverable 1: Situation analysis and needs assessment regarding administration and management for each beneficiary NGO															
• Release RFP for NGO organizational development- self-assessment, development of institutional development, plans, and ongoing assistance	X	X													
• Award organizational development contract			X												
• Conduct organizational development assessment				X	X										
• Finalize assessment report based on comments from stakeholders					X										
Deliverable 2: Five-year administration and management ID plan for each beneficiary NGO															

Component, Objective, and Task	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sept 09	Task LOE (days)	Task Budget (\$)	Comments
• Based on assessment results, work with each NGO to produce ID plan					X	X									
• Finalize ID plans based on comments from stakeholders						X									
Deliverable 3: Other deliverables as specified by NGO ID work plans															
• Develop streamlined set of administrative policies and procedures					X										Ongoing
• Provide ongoing TA to selected NGOs						X	X	X	X	X	X	X			Ongoing following assessment
• Convene a three-day workshop for NGOs on fundamentals of procurement systems, ethics in procurement, conflicts of interest, value of competition						X				X					
• Visit NGOs to ensure that procurement systems have been put in place and to address shortcomings							X	X	X	X		X			First visits are three months following workshop; subsequent visits will occur every six months to ensure follow-up.
• Build NGO capacity in financial management and transparency						X	X	X	X	X	X	X			Will begin following development of ID plan, continues as needed.
<b>COMPONENT 2:</b>															
<b>OBJECTIVE 2.1: IMPROVE THE QUALITY OF ESSENTIAL CLINICAL SERVICES FOR PALESTINIANS</b>															
<i>Task 2.1.1: Strengthen the capacity of Palestinian health institutions to deliver a quality package of essential primary care services</i>													<b>838</b>	<b>\$772,000</b>	
Deliverable 1: Situation and Needs assessment regarding clinical services in the MOH primary care system															
• Engage with MOH on adapting HS 20/20 systems assessment tool	X	X													
• Conduct a workshop with the MOH to discuss and finalize assessment tool		X													
• Conduct MOH assessment			X	X											
• Finalize assessment report based on comments from stakeholders				X											
Deliverable 2: Five-year institutional development plan for improved clinical MOH primary care system															
• Representatives from each facility, together with project and district leadership, will attend workshop to develop PHC ID plans					X	X									
• Review, revise, finalize plans with feedback from stakeholders.						X									
Deliverable 3: Develop package of essential primary care services for each level at the MOH															
• Organize working group to finalize primary care package						X	X								
• Workshop convened with MOH central staff to agree on dissemination process, including a plan for developing job aids, supervisory tools, and other tools for integrating guidelines into clinical routines							X								
• Begin process of updating the PHC pre-service curriculum- work with PHC directorate and relevant educational institutions (nursing and/or medical schools) to integrate PHC content into curricula								X	X	X	X	X			
Deliverable 4: Integrated Quality Improvement program for the delivery of essential package of PHC services															
• Use training of trainer (TOT) approach to create a cadre of MOH staff who can train district level staff to implement PI in their facilities					X	X									
Deliverable 5: Continuing education program for primary health care providers															

Component, Objective, and Task	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sept 09	Task LOE (days)	Task Budget (\$)	Comments
<ul style="list-style-type: none"> <li>Identify appropriate professional associations- medical, nursing, and allied health professions.</li> </ul>						X	X								
<ul style="list-style-type: none"> <li>Provide technical assistance to above organizations to develop their capacity to effectively license and re-license health professionals</li> </ul>							X	X							
<ul style="list-style-type: none"> <li>Release RFA/RFP to solicit the services of local organizations to provide CME training</li> </ul>								X							
<ul style="list-style-type: none"> <li>Evaluate proposals and award contract/grant to successful bidder</li> </ul>									X	X					
<ul style="list-style-type: none"> <li>Work with selected organization to build the capacity of their trainers, faculty members, tutors, and clinical preceptors to plan, manage, and evaluate training programs</li> </ul>										X	X	X			
Deliverable 6: Other deliverables as specified in the MOH development plan for primary care															
Deliverable 7: Situation analysis and needs assessment regarding primary health care services for each beneficiary NGO															
<ul style="list-style-type: none"> <li>Conduct assessment</li> </ul>				X	X										Ongoing as NGOs are identified; process takes 2-3 months.
<ul style="list-style-type: none"> <li>Finalize assessment report based on comments from stakeholders</li> </ul>					X										
Deliverable 8: Five-year institutional plan for each beneficiary NGO															
<ul style="list-style-type: none"> <li>Develop institutional plan</li> </ul>					X	X									Reviewed on a quarterly basis
<ul style="list-style-type: none"> <li>Finalize ID plans based on comments from stakeholders</li> </ul>						X									
<i>Task 2.1.2: Strengthen Quality Improvement systems within Palestinian institutions to deliver better secondary care</i>													901	\$734,345	
Deliverable 1: Situation analysis regarding clinical services in MOH hospital system															
<ul style="list-style-type: none"> <li>Engage with MOH on adapting HS 20/20 systems assessment tool</li> </ul>	X	X													
<ul style="list-style-type: none"> <li>Conduct a workshop with the MOH to discuss and finalize assessment tool</li> </ul>		X													
<ul style="list-style-type: none"> <li>Conduct assessment</li> </ul>			X	X											
<ul style="list-style-type: none"> <li>Finalize report based on comments from stakeholders</li> </ul>				X											
Deliverable 2: Five-year institutional development work plan for improving the quality of clinical services in the Palestinian MOH hospital system															
<ul style="list-style-type: none"> <li>Results from MOH needs assessment incorporated into the five-year work plan</li> </ul>					X	X									
<ul style="list-style-type: none"> <li>Finalize ID plan based on comments from stakeholders</li> </ul>						X									
Deliverable 3: Integrated Quality Improvement program for the delivery of hospital services															
<ul style="list-style-type: none"> <li>Training of trainers on PI approach</li> </ul>							X	X							
<ul style="list-style-type: none"> <li>Introduce PI approach in each hospital with the goal of identifying problems and matching them with local solutions</li> </ul>											X				
<ul style="list-style-type: none"> <li>Develop work plan for each facility, following performance needs assessment</li> </ul>											X	X			
Deliverable 4: Fellowship training and visiting professors program to support improved quality of MOH hospital services															
<ul style="list-style-type: none"> <li>One secondary care fellowship for two to four participants</li> </ul>												X			

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Deliverable 6: Situation analysis and needs assessment regarding hospital care for each beneficiary NGO															Ongoing as NGOs are identified; process takes 2-3 months.
• Conduct assessment				X	X										
• Finalize report based on comments from stakeholders					X										
Deliverable 7: Five-year ID plan for each beneficiary NGO															
• Develop ID plan					X	X									
• Finalize plan based on comments from stakeholders						X									
Deliverable 8: Other deliverables as specified in each NGO ID plan															
• Provide ongoing TA to selected NGOs						X	X	X	X	X	X	X			
<i>Task 2.1.3: Strengthen the capacity of Palestinian health institutions to provide quality emergency care services</i>													1,016	\$874,000	
Deliverable 1: Situational analysis and needs assessment regarding MOH emergency departments and emergency preparedness															
• Engage with MOH on adapting HS 20/20 systems assessment tool	X	X													
• Conduct a workshop with the MOH to discuss and finalize assessment tool		X													
• Conduct assessment			X	X											
• Finalize report based on comments from stakeholders				X											
Deliverable 2: Five-year institutional work plan for improved quality of emergency department services in the Palestinian MOH hospital system															
• Develop ID plans					X	X									
• Finalize ID plans based on comments from stakeholders						X									
• Revitalize emergency care information systems for hospitals											X	X			
Deliverable 3: Fellowship training and visiting professors program to support improved quality of MOH emergency services															
• First visiting professor activity					X										
• First fellowship program for emergency care							X								
• Second fellowship program for emergency care												X			
Deliverable 4: Other deliverables as specified in the MOH ID work plan for emergency services															
• Review national emergency preparedness plan					X										
• Provide ongoing TA to selected NGOs			X	X	X	X	X	X	X	X	X	X			Ongoing
<i>Task 2.1.4: Strengthen the capacity of Palestinian health institutions to provide quality rehabilitative care</i>													980	\$649,142	
Deliverable 1: Situational analysis and needs assessment regarding rehabilitative services in the West Bank and East Jerusalem															
• Engage with MOH on adapting HS 20/20 systems assessment tool	X	X													
• Conduct a workshop with the MOH to discuss and finalize assessment tool		X													
• Conduct assessment			X	X											
• Finalize assessment report based on comments from stakeholders				X											

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Deliverable 2: Five-year institutional work plan for improved quality of rehabilitation services															
• Use assessment information to create ID plan for rehabilitation, in discussions with the MOH and NGOs.						X	X								
• Finalize plan based on comments from stakeholders							X								
• Develop and release scope of work for grants solicitation to expand community-based rehabilitative care, improve the quality of disability care, and increase local advocacy for disability services.					X	X									
• Award grant						X	X								
<b>OBJECTIVE 2.2: SUPPORT DELIVERY OF A QUALITY PACKAGE OF COMMUNITY-BASED HEALTH PROMOTION AND DISEASE/INJURY PREVENTION SERVICES.</b>															
<i>Task 2.2.1: Strengthen the capacity of Palestinian health institutions to provide effective outreach services in partnership with local communities for improved health and safety outcomes.</i>													681	\$656,000	
Deliverable 1: Situational analysis and needs assessment regarding MOH and NGO community health services															
• Engage with MOH on adapting HS 20/20 systems assessment tool	X	X													
• Conduct a workshop with the MOH to discuss and finalize assessment tool		X													
• Conduct assessment			X	X											
• Finalize assessment report based on comments from stakeholders				X											
Deliverable 2: Five-year institutional work plan for improved community health services															
• Conduct a write-shop to introduce Champion Communities approach, potential implementation strategies for the Palestinian situation, and specific technical and cost considerations that each NGO must include in their response.								X							
• Distribute RFA to each organization attending write-shop								X							
• Multiple awards made to successful bidders									X						
Deliverable 3: National standards, training, and certification program for community health workers															
• Facilitate putting the community health worker issue on the agenda of the Health Reform Task Force with the purpose of revisiting the role of community health workers.							X								
• Work with the PHC directorate to align the current standards with the revised role and develop missing supporting materials as needed.								X	X						
<i>Task 2.2.2: Strengthen the capacity of Palestinian health institutions to effectively use communication strategies to promote healthier and safer behaviors</i>													765	\$435,000	
Deliverable 1: Situational analysis and needs assessment regarding MOH health communication programs, materials and systems															
• Engage with MOH on adapting HS 20/20 systems assessment tool	X	X													
• Conduct a workshop with the MOH to discuss and finalize assessment tool		X													
• Conduct assessment			X	X											
• Finalize assessment based on comments from stakeholders				X											
Deliverable 2: Five-year strategy and ID work plan for improved health															

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communications service															
<ul style="list-style-type: none"> <li>Information collected and entered into project database; communications work plan developed and incorporated into larger MOH development plans.</li> <li>Finalize ID plans based on comments from stakeholders</li> </ul>					X	X									
<ul style="list-style-type: none"> <li>Finalize ID plans based on comments from stakeholders</li> </ul>						X									
Deliverable 3: Fifteen BCC modules targeting key health knowledge and behaviors of the Palestinian population developed															
<ul style="list-style-type: none"> <li>Develop timeline for the 15 BCC modules</li> </ul>					X										
<ul style="list-style-type: none"> <li>Conduct BCC analysis exercise with Department of Health Promotion and Education</li> </ul>					X										
<ul style="list-style-type: none"> <li>Assist the MOH to identify 1) target audiences for each module, 2) those at risk and 3) those who influence behavior.</li> </ul>					X										
<ul style="list-style-type: none"> <li>Develop BCC modules</li> </ul>							X	X	X	X	X	X			
<ul style="list-style-type: none"> <li>Launch and implement BCC modules based on need</li> </ul>									X	X	X				
Deliverable 4: Conduct health communications training program for providers and patient educators															
<ul style="list-style-type: none"> <li>Conduct a training-of-trainers workshop</li> </ul>							X								
<ul style="list-style-type: none"> <li>Following workshop, co-facilitate first training with each participant</li> </ul>								X	X						
Deliverable 5: Conduct feasibility study for creating a youth health outreach program															
<ul style="list-style-type: none"> <li>Conduct feasibility study to identify: target groups, optimal communication channels to reach the target groups and the most effective communications tools.</li> </ul>				X											
<b>COMPONENT 3</b>															
<b>OBJECTIVE 1: PROCURE ESSENTIAL COMMODITIES TO HELP ACHIEVE USAID DEVELOPMENT OBJECTIVES IN HEALTH AND HUMANITARIAN ASSISTANCE</b>															
<i>Task 3.1.1: Provide essential health commodity inputs to support successful implementation of ID work plans under the Flagship Project</i>													1,738	\$7,326, 654	
Deliverable 1: Annual procurement plan for the MOH and each beneficiary NGO developed															
<ul style="list-style-type: none"> <li>Provide input into the procurement section of the MOH assessment</li> </ul>	X	X	X	X											
<ul style="list-style-type: none"> <li>Incorporate results of the assessment into the annual procurement plan</li> </ul>			X	X	X										
Deliverable 2: Timely delivery of quality products as specified in the annual procurement plan															Timing dependent upon when MOH submit and approve final lists of pharmaceuticals and equipment
<ul style="list-style-type: none"> <li>Generate lists of potential items to be procured: lists will include all categories of items: pharmaceuticals, disposable medical supplies, equipment, spare parts, and other medically essential items for hospital and clinics.</li> </ul>		X	X	X											
<ul style="list-style-type: none"> <li>Develop database that will track delivery information, validate installation where appropriate, repair and maintenance information, and consumption to anticipate future needs and urgent procurement requests.</li> </ul>				X	X										
<ul style="list-style-type: none"> <li>Establish the project distribution system, and develop a project inventory control system.</li> </ul>				X	X										
<ul style="list-style-type: none"> <li>Release RFQ for pharmaceuticals</li> </ul>				X											

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• Release RFQ for equipment				X	X										
• Submit list of most competitive vendors to USAID for pharmaceuticals					X	X									
• Submit list of most competitive vendors to USAID for equipment							X	X							
• Develop list of pre-qualified vendors to compete for future procurements for pharmaceuticals		X	X												Vetting is ongoing as vendors are identified
• Develop list of pre-qualified vendors to compete for future procurements for equipment		X	X												
Deliverable 3: Medical waste management assessments for the MOH and each beneficiary NGO															
• Conduct medical waste assessment for MOH and each beneficiary NGO			X	X											
Deliverable 4: Medical waste management technical assistance and mitigation plans for the MOH and each beneficiary NGO															
• Develop medical waste management protocols and guidelines for the MOH						X	X								Ongoing; site visits will occur twice per year.
Deliverable 5: Annual medical waste management monitoring report for each organization															
• Develop medical waste management monitoring and reporting plan						X	X								Reports will be written following site visits, which will occur twice per year.
<i>Task 3.1.2: Provide limited, complementary health commodities to support achievement of USAID objectives for other health projects under the Flagship Project</i>													719	\$1,931,000	
Deliverable 1: Targeted procurement plan developed for selected beneficiaries						X	X	X							Following identification of beneficiaries, development of plan will take 2-3 months.
Deliverable 2: Delivery of quality products as specialized in the targeted procurement plans									X	X	X	X			
<i>Task 3.1.3: Procure emergency medical commodities and general humanitarian assistance materials as directed by USAID</i>													1,135	\$740,000	
Deliverable 1: Emergency procurement plans as directed by USAID															
• Identify sources that can feed into a rolling assessment of the humanitarian situation in the West Bank and develop and manage a staff-wide list serve that various field programs can use to report incidents.			X												
• Meet with the Office for the Coordination of Humanitarian Affairs (OCHA) to determine the type and level assistance they will provide				X											
• From OCHA meeting, draft a list of items that are appropriate for a humanitarian crisis.				X	X										
<b>TOTAL</b>													<b>12,071</b>	<b>\$17,876,896</b>	