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YEAR 4 IMPLEMENTATION PLAN

JANUARY 1, 2012-SEPTEMBER 30, 2012

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT**

Revision to Year 4 Annual Implementation Plan approved March 14, 2012

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(FINAL)

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DEVELOPMENT PROJECT**

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

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

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ACRONYMS

BCC	Behavior Change Communications
BEU	Biomedical Engineering Unit
CBO	Community-Based Organization
COGAT	Coordinator of Government Activities in the Territories
EPS	Essential Package of Services
HEPD	Health Education and Promotion Department
HIS	Health Information System
IDP	Institutional Development Plan
IDaRA	Institutional Development and Reform Associates
IEC	Information, Education, and Communication
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
OJC	On-the-Job Coaching
PA	Palestinian Authority
PACS	Picture Archive Computerized System
PHC	Primary Health Care
RDP	Palestinian Reform and Development Plan
RFP	Request for Proposals
SOP	Standard Operating Procedure
TOT	Training of Trainers
USAID	United States Agency for International Development

SECTION I. INTRODUCTION

The Palestinian Health Sector Reform and Development Project (the Project) is a five-year initiative funded by the United States Agency for International Development (USAID) and designed in close collaboration with the Palestinian Ministry of Health (MOH). The Project's main objective is to support the MOH, select non-governmental organizations (NGOs), and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet priority public health needs.

Year 4 implementation has been significantly adjusted due to external factors. In October 2011, the Project received notice to substantially reduce the implementation of activities due to a Congressional hold on 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 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 2011 were released, and Contract Modification 13 was signed, obligating \$8,590,000 to the Project. The plan presented here expands on the Year Four Implementation Plan approved by USAID on March 14, 2012, and details the activities to be carried out within the period January – September 2012, with the funding received.

As per guidance received by USAID, the areas for intervention during this period will focus on the provision of grants, the continued roll out of the Health Information System (HIS), implementation of the Champion Community Approach, and clinical quality improvement interventions at primary health care (PHC) centers.

The plan is based on accomplishments and lessons learned from Year 1 through Year 3, and Ministry of Health priorities as identified in their 2011-2013 Action Plan. The plan also takes into account the findings of needs assessments carried out by the Project among select eligible non-governmental organizations.

To build a functioning health-care system that provides regular and reliable quality health services to its citizens, the MOH and its parallel health service providers must harmonize health practices and regulations, and build effective linkages with the community based on the provision of quality care. The Project continues to work closely with the MOH on an integrated multi-sectoral approach to support the creation of these linkages to facilitate sustainable reform and development of health services, supported by transparent dialogue within the health sector and with the larger national community.

SECTION II. WORK PLAN BY FOCUS AREA

A. Institutional Development

Over the past three years, the Project has 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 health NGOs and academic institutions. Under partial funding, activities under this focus area were limited to the provision of grants to select NGO health service providers and educational institutions. This will continue with the release of full funding.

The active grants that were placed on partial suspension during Year 3 Quarter Four and Year 4 Quarter One will resume activities in full. The Project will additionally be providing more than \$1.5 million in grants to NGOs to complement MOH service provision in the areas of rehabilitation, community health education, and capacity enhancement for health professionals. Both follow-on grants, and new grants to NGOs will be awarded as approved.

In addition, the Project will continue to provide the funds for 64 MOH professional staff to attend Al Quds Open University's BA program in Health Management. The Project will review the academic status of the MOH fellows every semester to jointly determine with the MOH if the fellows continue to meet the agreed upon eligibility requirements to continue funding support from the Project.

The activities to be carried out during this period under grants are detailed in the following chart.

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
A.1 Continue oversight on the on-going grant agreements.	A1a. Project technical and finance teams to conduct periodic site visits among partner NGOs to follow up on implementation.	X	X	X	X		Field visit reports	
	A1b. Review grantees' monthly financial and technical reports and process approved payments.	X	X	X	X		Grantees' monthly reports	
	A1c. Review grantees' final reports.		X	X	X		Grantees' final reports	
	A1d. Share Deed of Donation letters with grantees that have received equipment.		X	X	X		Signed Deed of Donation form	
	A1e. Close grant agreements.			X	X		Signed certificate of completion letters	
A.2 Enhance the health management skills and education of MOH staff through supporting 64 MOH staff to receive their BA in Health Management at Al-Quds Open University.	A2a. Assess and evaluate pass/fail hours for graduation.	X	X	X	X			
	A2b. Share results of assessment with the MOH every semester, and jointly determine status of scholarships for following semester.				X		Assessment Reports	
A.3 Award follow-on grants (as approved) to complement MOH service provision in the areas of rehabilitation, community health education, and capacity enhancement for health professionals.	A3a. Conduct Grant Evaluation Committee meeting to review follow-on applications	X	X	X			GEC scoring sheet	
	A3b. Conduct pre-award responsibility determination, share request for approval with USAID and conduct compliance review		X	X	X		Applicants self-assessment, reference check	
	A3c. Prepare grant agreements and sign		X	X	X		Signed grant agreements and annexes	Signing grant agreements
	A3d. Conduct orientation workshop for signed grant agreements and meet with partner NGOs individually to develop their monitoring and evaluation plans.		X	X	X		M&E plans	New grantees orientation workshop

	A3e. Project technical and finance teams to conduct periodic site visits among partner NGOs to follow up on implementation.			X	X		Field visit reports	
	A3f. Review grantees' monthly financial and technical reports and process approved payments.			X	X		Grantees' monthly reports	
A.4 Award new grants to NGOs (as approved) to complement MOH service provision in the areas of community based health services, patient safety, and capacity building for health care providers.	A4a. Conduct Grant Evaluation Committee (GEC) meeting to review submitted applications.	X		X	X		GEC scoring sheet	
	A4b. Conduct pre-award responsibility determination, share with USAID for final approval and conduct compliance review.		X	X	X		Applicants self-assessment, reference check documents	
	A4c. Prepare grant and sign grant agreements.		X	X	X		Signed grant agreements and annexes	Signing grant agreements
	A4d. Conduct orientation workshop for signed grant agreements and meet with partner NGOs individually to develop their monitoring and evaluation plans.		X	X	X		M&E plans	New grantees orientation workshop
	A4e. Project technical team to conduct periodic site visits among partner NGOs to follow up on implementation.		X	X	X		Field visit reports	
	A4f. Review grantees' monthly financial and technical reports and process approved payments.		X	X	X		Grantees monthly reports	

B. Health Information System

Health information management is crucial to ensure sustainable reform of the Palestinian health system and to support the efforts of the MOH to provide the best possible quality of healthcare for all citizens. To address this need, the Project has been working closely with the MOH to implement the HIS in selected facilities in the West Bank. The HIS is a core element of the Project, and will provide overall support to the health sector to provide more efficient, effective, and quality health services for all Palestinians. Its cross-cutting impact serves to support the success of Project interventions under all focus areas and will strengthen the work of the MOH at all levels.

Following lengthy procurement and preparation efforts in Years 1 and 2, the Project made significant strides in Year 3 to bring the HIS to life. The HIS team worked closely with relevant MOH staff to run simulations and test various scenarios prior to going live at the pilot site, Rafidia Hospital in Nablus. In addition, nearly 300 physicians, nurses, pharmacists, technicians, and administrative staff from Rafidia attended various HIS training sessions relevant to their work. The HIS went live in Nablus at Rafidia Hospital and Al-Makhfieh Clinic in February 2011. Following training similar to Rafidia, the HIS went live in Qalqilya at Darwish Nazzal Hospital and two PHC clinics. During the Project's third year, demographic data on staffing at all MOH facilities was entered into the Human Resources component of the HIS. Specialized training was carried out for administrative and human resources staff from MOH facilities and from the MOH central offices.

In Year 4, the Project expects to make the HIS operational in two additional MOH districts, Hebron (Alia Hospital and two clinics) and Ramallah (the Palestine Medical Complex and two clinics). The Project will also carry out a cost assessment for an expansion to the original implementation plan for the HIS, as per USAID's guidance. The cost analysis will include implementation of the HIS at MOH hospitals in Jericho, Jenin, and Beit Jala, at An Najah University Hospital and Al Makassed Hospital in East Jerusalem. Up to 10 PHC clinics will also be included for potential HIS implementation in the districts of Jericho, Jenin, Bethlehem, and East Jerusalem. Based on current funding and USAID prioritization, the Project anticipates starting implementation at Al Makassed Hospital in late September 2012. Other sites will be selected and implemented based on Year 5 funding.

The Project will also be assessing the need for and costs associated with the installation of the HIS at the 74 PHC clinics that have received (or will receive by the end of this year) technical support and equipment upgrades via the Project's Champion Community Approach and clinical quality improvement interventions.

The HIS team has been working with the MOH to build the capacity of its IT staff to support the HIS to ensure the long-term sustainability of the HIS and will continue this effort. The Project is also engaging the MOH and donors in discussions on how

the HIS is sustained now and following the end of the Project in September 2013. Along the same lines, the Project will support the MOH's efforts to engage other donors and the private sector to secure additional support for implementation of the HIS in MOH facilities not within the Project's scope.

In Year 4 the project will evaluate the costs and benefits associated with the procurement of a Picture Archive Computerized System (PACS) for x-ray images at three MOH hospitals. The PACS is a digital software that will allow health professionals to view radiological images as part of the HIS. Patient x-rays, and CT scans will be uploaded to the system, and linked to their medical record. A cost assessment report for procurement of the PACS will be shared with the MOH and with USAID. The Project does not currently have the funds to procure the PACS.

The Project will also be working with the MOH to define guidelines and protocols on HIS user access and patient privacy. A White Paper will be developed, assessing the features available within the HIS to protect the privacy of patient information, and offering guidelines to enhance the security of the system. The Project will also be drafting protocols that will address the legal and ethical issues surrounding electronic medical records, and a User's Access Manual that will set the criteria for user access rights and system security.

The Project's HIS team will work 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 subject 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 activities to be carried out under Health Information System are detailed in the following chart.

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
B1. Continue implementation of HIS in Hebron and Ramallah districts.	B1a. Train and implement HIS in Hebron district.	X	X	X	X		Rollout Plan Implementation Report	Training
	B1b. Train and implement HIS in Ramallah district.		X	X	X		Rollout Plan Implementation Report	Training
	B1c. Continue support of HIS in implemented districts.	X	X	X	X			
	B1d. Establish help desk.	X	X	X	X		Help Desk Processes and Procedure Manuals Level-Two Help Desk Operations Manual Help Desk Problem Management System	
B2. Conduct cost analysis for implementation of HIS in up to five additional MOH/NGO	B2a. Conduct cost analysis for implementation of HIS at Jericho, Jenin, Beit Jala, Al Makassed, and An Najah Hospitals and at Level IV (directorate) clinics and select Level III clinics per district.			X			Cost Analysis Report	

hospitals and in up to 10 MOH PHC clinics in Jericho, Jenin, Bethlehem, and East Jerusalem.	B2b. Present costs to USAID and MOH with recommendations on next hospitals/clinics for implementation.			X				
	B2c. Continue coordination with stakeholders and donors to identify possible cost-share and other resources available for HIS.			X	X			
	B2d. Sign contract modification to the HIS subcontract to include the new expansion, as approved by USAID.			X				
	B2e. Initiate training and implementation of HIS in approved hospitals/clinics (to be completed in Y5).				X			
B3. Expand implementation of HIS in Champion Community Primary Health Care clinics.	B3a. Assess the need for HIS in Champion Community Clinics including cost assessment and in kind community contributions (to be implemented in Y5 if activity is approved).				X		Assessment Report	
B4. Support and maintain HIS in all facilities.	B4a. Prepare MOH IT staff for transition of HIS.	X	X	X	X		Transition Plan Transition Completion Summary	Training
	B4b. Follow up on 12-month post-implementation warranty and maintenance where applicable.		X	X	X			
	B4c. Monitor and evaluate the HIS.	X	X	X	X			Workshops
B5. Procure an online testing system for the Palestine Medical	B5a. Draft and release RFP.	X				RFP		
	B5b. Receive proposals.		X					

Council.	B5c. Evaluation of proposals and subcontracting of selected supplier.			X			
	B5d. Implement and test system.				X		Online testing system in place Launching event
	B5e. Training of PM Council staff on the use of the system				X		Training
B6. Evaluate need for Picture Archive Computerized System (PACS) for x-ray images in Ramallah, Alia, and Rafidia Hospitals and carry out cost assessment.	B6a. Evaluate need for PACS among the three hospitals.			X			
	B6b. Carry out cost assessment and share results with USAID. (Equipment to be purchased in Y5).			X			
B7. Prepare patient privacy protocols related to HIS.	B7a. Prepare white paper on ethical and legal aspects of patient privacy in health care.				X		White Paper
	B7b. Prepare Ethical/Legal Framework for HIS (E-Health).				X	Patient Privacy Protocols	
	B7c. Prepare Users Access Manual.				X	Users Access Manual	
	B7d. Train MOH staff on the use of the access manual (to be completed in Y5).				X		

C. Primary Healthcare Support

During its 2008 self-assessment, the MOH recognized lack of coordination between health service providers as one of the major weaknesses of the health system. In Year 2, in close coordination with the PHC health directorate of each district, the Project began implementation of an integrated multi-sectoral approach designed to address this challenge in the Nablus district, followed by the Hebron¹ and Qalqilya districts in Year 3. This unique approach brings all health service providers together including the MOH, NGOs, UNRWA, the private sector, health education institutions, and civil society organizations, and directly involves the community in decisions on health-care services. Supporting the MOH in implementing health sector reforms through this approach directly addresses issues of quality, sustainability, and equity in the health sector.

As a key aspect of the integrated multi-sectoral approach, the Project developed and implements the Champion Community Approach to empower citizens in the health reform process. The initiative brings together leaders of the community and civil society to identify health needs and to work with local health-care providers and the MOH directorates to plan for future community health needs. In Year 2, the Champion Community Approach was established in 21 communities in the Nablus Directorate, implemented by selected community-based organizations (CBOs) through a subcontracting mechanism. In Year 3, the Project established the approach in twelve communities in the Hebron District² and five communities in the Qalqilya Directorate. The approach is an integral component of the Project's integrated multi-sectoral approach; both aspects are implemented at CBOs and clinics, respectively, concurrently, for maximum impact.

The Champion Community Approach is focused on preventative health programs that promote healthy living and address 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. The Project is also working directly with health professionals to address these issues through training and the development of job aids to help them screen, diagnose, treat, and follow up on patients' progress.

Under partial funding, the Project rolled out the integrated approach to two communities in Salfit and two communities in Toubas PHC Directorates. With the release of the remaining 2011 funds, the Project will continue its work in the previously mentioned districts and will scale up its implementation of the integrated approach to include three more communities in the Salfit, Toubas, and South Hebron primary health-care (PHC) directorates. The Project will also be rolling out to an additional 23 communities in four new health directorates; Jenin, Tulkarem, Jerusalem and Jericho. In total, the Project expects to have rolled out to 32 new communities across the West Bank by September 2012.

¹ Due to its large geographic area, the Hebron district consists of two PHC health directorates, namely Hebron and South Hebron.

² Seven communities in the Hebron PHC directorate and five communities in the South Hebron PHC directorate.

Strengthening quality of care at the primary health care level was identified by the MOH as a priority area for improvement. The Project's initiatives at the PHC level seek to enhance coordination between different health service providers and to strengthen the level of community involvement in clinics. The integrated multi-sectoral approach addresses detriments to health-care quality by drafting and updating guidelines and protocols, as well as the Essential Package of Services (EPS), to PHC clinics and subsequently providing on-the-job training and mentoring to ensure implementation of these standards. Equipment has been procured as needed to ensure that facilities are able to provide high-quality care. In addition, training to improve the capacity of health-care workers as well as implementation of performance improvement and supportive supervision action plans are essential elements of the approach. The approach actively engages communities and creates linkages that facilitate community participation to ensure that clinics respond to the specific needs of the communities they serve.

The Project will be working closely with the MOH to institutionalize the Essential Package of Services by carrying out a series of workshops among all MOH West Bank PHC Directorates and among Project-targeted communities, to review the content of the EPS, and to ensure its implementation through continuous follow up and technical support. Trainings will also be carried out on the related Standards of Care and Infection Prevention and Control Protocols.

Support will also be provided to the MOH Health Education and Promotion Department (HEPD) to conduct Healthy Lifestyle Summer Camps in 28 West Bank communities. The Project will also work with the HEPD on the production of a First Aid Trainer's Guide and Behavior Change Communications (BCC) Guide and a Training of Trainer's for MOH staff on the First Aid Trainer's Guide.

Capacity building support for MOH nurses and community health workers will be provided through the development of a Nurses Orientation Package, the implementation of a national PHC Nursing Conference, and managerial and clinical training for community health workers.

The activities to be carried out under the Primary Health Care focus area are detailed in the following chart.

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
C1. Scale up the integrated multi-sectoral approach to engage communities and clinics in three health directorates – Salfit, Toubas, and South Hebron.	C1a. Scale up in Salfit, Toubas, and South Hebron according to MOH priorities; conduct meetings with directors and supervisors.							
	C1b. Select an additional nine communities from within the three directorates based on priorities as identified by MOH PHC directors/management team.			X				
	C1c. Obtain necessary approvals for nine selected communities.			X				
	C1d. Conduct meetings with district health offices, community representatives, and clinical staff.			X				
	C1e. Assist the MOH in conducting health facility assessments in nine communities to identify gaps to be addressed for implementation of the Essential Package of Services (EPS).			X				
	C1f. Conduct clinical and managerial coaching, including Supportive Supervision, for directorate and field staff.			X	X			
	C1g. Identify a total of nine new CBOs in selected communities and issue sub-contracts.			X				Signing ceremony
	C1h. Implement Champion Community Approach (CCA) in selected communities.			X	X			
C2. Expand the integrated multi-sectoral approach to engage communities and clinics in two health directorates –	C2a. Scale up in two PHC directorates according to MOH priorities; conduct meetings with directors and supervisors in selected directorates.			X				
	C2b. Select 13 communities from within the two directorates based on priorities as identified by MOH PHC directors/management team.			X				

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
Jenin and Tulkarem.	C2c. Obtain necessary approvals for 13 selected communities.			X				
	C2d. Conduct meetings with district health offices, community representatives, and clinical staff.			X				
	C2e. Assist the MOH in conducting health facility assessments in 13 communities to identify gaps to be addressed for implementation of the Essential Package of Services (EPS).			X			Summary Analysis	
	C2f. Conduct clinical and managerial coaching including Supportive Supervision for directorate and field staff.			X	X			
	C2g. Identify a total of 13 new CBOs and issue sub-contracts.			X				Signing ceremony
	C2h. Implement CCA in selected communities.			X	X			
C3. Scale up the integrated multi-sectoral approach to engage communities and clinics in two health directorates – Jerusalem and Jericho.	C3a. Scale up in two PHC directorates according to MOH priorities; conduct meetings with directors and supervisors in selected directorates.				X			
	C3b. Select 10 communities from within the two directorates based on priorities as identified by MOH PHC directors/management team.				X			
	C3c. Obtain necessary approvals for 10 selected communities.				X			
	C3d. Conduct meetings with district health offices, community representatives, and clinical staff.				X			

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	C3e. Assist the MOH in conducting health facility assessments in 10 communities to identify gaps to be addressed for implementation of the Essential Package of Services (EPS).				X			
	C3f. Conduct clinical and managerial coaching, including Supportive Supervision, for directorate and field staff.				X			
	C3g. Identify a total of 10 new CBOs and issue sub-contracts.				X			Signing ceremony
	C3h. Implement CCA in selected communities.				X			
C4. Continue to support implementation of the integrated multi-sectoral approach at communities and clinics in currently and previously engaged districts.	C4a. Support the MOH in monitoring the implementation of the CCA in the current and previously contracted CBOs.	X	X	X	X			
	C4b. Facilitate open dialogues between various health-care professionals and communities.	X	X	X	X			
	C4c. Continue assessing needs and providing technical assistance in the selected clinics and communities (will continue in Y5).	X	X	X	X			
	C4d. Select champions (CBOs and clinics) from the various districts currently engaged in the approach and host awarding ceremonies.			X				Awarding ceremony
C5. Institutionalize the Essential Package of Services (EPS) in all PHC health directorates.	C5a. Print EPS in both Arabic and English.			X		EPS		
	C5b. Introduce the EPS at the district level by conducting meetings with PHC directorates (will continue in Y5).		X	X	X			Workshops

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	C5c. Assist the district supervisors and other stakeholders in introducing and implementing the EPS at facilities and community levels in the selected communities (will continue in Y5).			X	X			Workshops
C6. Support the MOH/HEPD in selected BCC activities under the MOH BCC strategy.	C6a. Produce final version of the First Aid Trainers' Guide; print and disseminate.			X	X	First Aid Trainers' Guide		
	C6b. Provide training/TOT on First Aid Trainer's Guide to MOH/HEPD staff and other health professionals.				X			Training
	C6c. Conduct workshop with health professionals to obtain feedback on draft BCC Training Guide and pilot (pre-test).				X			Workshop
	C6d. Finalize and produce BCC Training Guide (after obtaining necessary approvals).				X		BCC Guide	
	C6e. Finalize and produce BCC Training Guide.				X		BCC Training Curriculum	
	C6f. Disseminate BCC Training Curriculum to MOH/HEPD.				X			
	C6g. Reprint information, education, and communication (IEC) materials for OJC on NCDs, nutrition, etc., in support of PHC activities.				X	IEC materials		
	C6h. Conduct Healthy Lifestyle Summer Camps				X			Summer Camp
C7. Update standards, clinical guidelines, protocols, and operational policies related to the Essential Package of Services (EPS).	C7a. Obtain MOH approval on the updated standards (hypertension, diabetes mellitus, bronchial asthma, child health, infection control, and management of primary health-care centers).		X					
	C7b. Print Infection Prevention and Control Protocol and Standards of Care in English and Arabic.				X	Infection Prevention and Control Protocol and Standards of		

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
						Care		
	C7c. Distribute Standards of Care and the Infection Prevention and Control Protocol to all MOH clinics.				X			
	C7d. Conduct Formal Training on Standards of Care Infection Prevention and Control and Pre- Hospital Emergency Protocols.				X			Trainings
	C7e. Complement the formal training with follow up visits on the implementation of the same topics.				X			
	C7f. Assist the MOH in developing and adopting SOP for clinical laboratory services and in updating policies and procedures related to those areas.			X	X	PHC Laboratory SOPs		
	C7g. Print the updated policies and procedures.		X	X		Policies and procedures		
	C7h. Conduct follow up visits on the implementation of the various topics (will continue in Y5).			X	X			
	C7i. Support MOH in developing orientation package for nurses in PHC based on EPS.		X			PHC Nurses' Orientation Package		
	C7j. Obtain MOH approval to print and disseminate nurses' orientation package.			X				
	C7k. Conduct formal training on nurses' orientation package.				X			Training
	C7l. Initiate review and unification of PHC supervisory checklists (to be completed in Y5).				X			
	C7m. Conduct PHC Nursing Conference.				X			
	C7n. Develop Champion Community Approach (CCA) Manual.	X	X			CCA Manual		
	C7o. Obtain MOH approval and print CCA Manual.				X			

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	C7p. Train PHC managers on CCA manual.				X			Training
C8. Support the MOH strategy on the prevention of breast cancer.	C8a. Provide OJC for mammography technicians.				X			
C9. Provide capacity building support to MOH Community Health Workers.	C9a. Conduct needs assessment workshops (3) among CHWs to identify training needs.				X			Workshops
	C9b. Review and update CHW training curriculum, based on needs assessment.				X		Updated training curriculum	
	C9c. Carry out managerial and clinical training among CHWs (3 training sessions).				X			Training
	C9d. Support MOH effort to certify CHWs within the MOH system.				X			

D. Hospital Support

No activities under this focus area have been carried out since October 2011 when funding was suspended. With the full release of the 2011 funds, the Project will capitalize on previously conducted interventions in the Neonatal Intensive Care Units (NICU) and the emergency departments of three MOH hospitals (Rafidia, Alia, and Ramallah).

In Year 4, coaching will be provided in clinical care to NICU health providers at these three hospitals, and initial preparations in the delivery of training in patient/provider communications will begin in quarter 4. The Project will also resume on the job coaching to emergency health providers at Rafidia, Alia and Ramallah hospitals, to ensure the proper functioning of the triage systems. Technical assistance will be provided to update the policies and guidelines regulating the Emergency and NICU departments, and a neonatal care reference manual will also be drafted for doctors and nurses working at MOH NICUs.

The activities to be carried out under the Hospital Support focus area are detailed in the following chart.

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
D1. Provide training for Radiologists at primary and secondary MOH facilities.	D1a. Develop training program and identify trainers. (Training will be conducted in Y5).				X			
D2. Provide technical assistance to ER and NICU health providers in Rafidia, Alia, and Ramallah Hospitals (facility level).	D2a. Provide technical assistance in updating existing/drafting new policies and guidelines as needed; provide technical assistance in implementing these policies and guidelines as needed (focus on ER, NICU, and Critical Respiratory Care).			X	X		Updated and new policies and guidelines	Possible fellowships/ attendance of local conferences
	D2b. Provide OJC to emergency and triage health providers in Rafidia, Alia, and Ramallah hospitals.				X			
	D2c. Provide OJC in clinical care to NICU health providers in Rafidia, Alia, and Ramallah hospitals.			X	X			
	D2d. Support OJC in sustained optimal use of equipment in related intervention.			X	X			
	D2e. Initiate preparations for delivery of technical assistance to NICU staff in				X			

	risk communication; “Developing Relationships & Effective Communication with Families” (to be conducted in Y5).							
	D2f. Begin drafting a reference manual in neonatal care for doctors and nurses working in MOH NICUs. (To be completed in Y5).				X			

E. Procurement Support

During the 2008 MOH-led assessment of the health system and the subsequent planning exercise, the Ministry emphasized the need to adopt a more strategic approach to the procurement of equipment, supplies, and pharmaceuticals as a key part of health reform. The Project's procurement team has been working with MOH and NGO hospitals and clinics to institutionalize an integrated procurement system that addresses these inadequacies and reflects the real needs of these facilities.

Key elements of this approach to procurement included coordinating with the MOH and donors to avoid duplication and maximize resources, adhering to transparent procurement regulations, and ensuring effective pharmaceutical management. To introduce the concept of preventative maintenance and as a practical demonstration to MOH end-users and maintenance staff, all vendors are obliged to conduct preventative maintenance on medical equipment every three months during a 24-month warranty period. In addition, all vendors of medical equipment must ensure that on-site technicians are provided with hands-on clinical and operational training for all new equipment.

In Years 2 and 3, procurement support included delivery of major medical equipment to MOH facilities (hospitals and clinics) and selected NGOs throughout the West Bank, complemented by relevant clinical and technical training. The Project was also able to secure delivery of medical equipment to selected NGOs in Gaza, albeit limited due to various restrictions and challenges.

Under partially released funding, no procurement of medical equipment for hospitals and clinics was carried out. The Project finalized installation and training for previously procured equipment, and the Project's long term staff provided technical assistance to ensure the effective use and maintenance of previously procured equipment.

With the release of the remaining 2011 funds, the Project will support the MOH in the establishment of a national biomedical calibration center by procuring medical equipment analyzers and calibrators, and by providing training on the use of the equipment.

The Project will also procure laboratory and diagnostic equipment for PHC clinics that will allow for the implementation of the EPS, and will provide the PHC clinics with electronic sign-in devices (if approved), which eliminate the need for MOH health providers to travel to the PHC directorate offices to sign-in prior to their shifts at the community clinics. Pharmaceutical cold rooms will also be procured and installed at Hebron, South Hebron, Jenin and Jericho PHC Directorate clinics, and mammography machines will be procured and installed at four PHC Directorate clinics. The Project will also procure needed diagnostic, operating room, and physiotherapy equipment for Jericho Hospital.

The Project will also continue with the establishment of an electronic inventory of medical equipment at MOH facilities linked to the HIS.

The estimated funding set-aside for procurement is reflected in the following table:

Items	Unit price	Quantity	Total Value (May to March 2013)	To be expended in FY 2012
PMC Online Testing System (HIS)	NA		\$200,000	\$200,000
PHC Clinics	NA		\$1,000,000	\$400,000
Cold Rooms	\$35,000	5	\$175,000	\$140,000
Mammography	\$90,000	4	\$360,000	\$108,000
Calibration Center	NA		\$400,000	\$160,000
Jericho Hospital equipment	NA		\$600,000	\$120,000
Total Procurement			\$2,759,841.00	\$1,356,304

The activities to be carried out under the Procurement focus area are detailed in the following chart.

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
E1. Complete relevant training for Radiation Therapy System at Augusta Victoria Hospital.	E1a. Oversee on-site and off-site training for relevant technical staff at Augusta Victoria Hospital.	X	X	X	X			
	E1b. Follow up on equipment utilization.	X	X	X	X			
	E1c. Follow up with the manufacturer, the local supplier and the beneficiary on the pre-scheduled Preventive Maintenance (PM) on the system		X	X	X			
E2. Complete relevant training for the CT scanners procured for four MOH hospitals (Ramallah, Rafidia, Beit Jala, and Alia).	E2a. Establish a technical committee for imaging-related professions to review current utilization versus technical capabilities.	X	X					Workshop
	E2b. Provide off-site training for users of the CT scanners in all four hospitals in addition to providing other identified training needs.	X	X	X	X			Training
	E2c. Facilitate the adoption of best practices and protocols for CT application and dosage control with support of STTA.		X	X	X		CT department Guidelines	
	E2d. Management of PM implementation for the CT on monthly basis.		X	X	X			
E3. Complete the delivery, installation, and training on medical equipment for Gaza and the West	E3a. Follow up on pending deliveries, installation, and clinical training in Gaza.	X	X					
	E3b. Follow up on equipment utilization in Gaza.	X	X	X	X			

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
Bank.	E3c. Follow up on pending deliveries, installation, and operational training in the West Bank.	X	X					
	E3d. Follow up on equipment utilization in the West Bank.	X	X	X	X			
E4. Provide technical assistance to beneficiary MOH hospitals and clinics to ensure effective use and maintenance of all procured equipment.	E4a. Revisit all beneficiary hospitals and clinics to identify problems regarding use and/or maintenance of equipment.	X	X	X	X			
	E4b. Address problems by providing on-site coaching or technical assistance.	X	X	X	X			
	E4c. Supervise the implementation of preventive maintenance plans for procured equipment.	X	X	X	X			
	E4d. Systemize the preventive maintenance approach within the MOH in coordination with suppliers/private sector.	X	X	X	X		Preventive Maintenance Manual	
E5. Establish an electronic inventory of medical equipment at MOH facilities linked to the HIS.	E5a. Review, update, and unify medical equipment files for the hospitals and clinics already connected to HIS System namely Rafidia and Qalqilya hospitals with the relevant clinics.		X	X	X			
	E5b. Connect the Biomedical Engineering Unit (BEU) to have access to the HIS's Medical Equipment Management Module.			X	X			
	E5c. Assist MOH to upload equipment inventory to the HIS for Palestine Medical Complex, Alia Hospital, and the relevant PHC clinics.			X	X			

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	E5d. Connect the Biomedical Engineering departments of the remaining MOH hospitals that are not part of the HIS to the system.				X			
	E5e. Use the medical equipment management module of the HIS to schedule and manage preventive maintenance tasks and duties in each hospital.			X	X			
	E5f. Support HIS team in connecting some of the lab equipment at the new hospitals to the HIS system through communicating with the relevant suppliers/manufacturers.		X	X	X			
E6. Monitor MOH progress regarding space for the new calibration center.	E6a. Verify that Ibn Sina site is adequately prepared for hosting the calibration center. Inform USAID to discuss next steps.	X	X	X	X		Assessment Report	
	E6b. Equip the calibration center and train staff on equipment use.				X			
E7. Provide additional support in clinical training areas related to equipment previously procured, further capitalizing on interventions already conducted (mammography, ultrasound, CT and other equipment).	E7a. Assess the need for continued clinical training on previously procured equipment.	X	X					
	E7b. Identify priority areas for new training and/or follow up on previous training (such as for ultrasounds and ECGs).	X	X					
	E7c. Obtain necessary approvals.	X	X					

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	E7d. Implement training.		X	X	X			Training
E8. Procure equipment for PHC clinics that will allow implementation of the Essential Package of Services (EPS).	E8a. Review existing equipment assessments for PHC clinics.			X				
	E8b. Conduct equipment assessments in cooperation with the technical team for those PHC clinics that are proposed for expansion into the integrated multi- sectoral approach.			X			Health Facility Assessment Reports	
	E8c. Procure needed equipment to implement the EPS in PHC clinics.			X	X			
	E8d. Train PHC clinic staff on the appropriate use and maintenance of procured equipment.			X	X			
E9. Provide MOH PHC Clinics with electronic sign-in devices.	E9a. Assess the costs associated with procuring and installing devices at all PHC clinics receiving support from the Project.			X				
	E9b. Assess the costs associated with procuring and installing devices at all MOH PHC clinics in the West Bank.			X				
	E9c. If funding is available, procure and install the devices in 10 locations to determine effectiveness.				X			
	E9d. Expand the system to all clinics if proven effective, and if funding is available in Y5.				X			
E10. Procure and install pharmaceutical	E10a. Review needs assessments and confirm PHC clinic sites.			X				

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
cold rooms in Hebron, South Hebron, Jenin, and Jericho PHC Directorate Clinics.	E10b. Release RFQ and select supplier.			X		RFQ		
	E10c. Procure and install cold rooms.				X			
E11. Assess needs and procure medical equipment for Jericho Hospital.	E11a. Review the list of equipment needs provided by Jericho Hospital.			X				
	E11b. Procure equipment that is needed by the hospital based on the assessment.			X	X		Assessment Report	
	E11c. Install the equipment and train on proper use and maintenance.				X			
E12. Procure up to four mammography machines for Hebron, Bethlehem, Toubas and Jerusalem PHC Directorate clinics.	E12a. Review assessment for mammography capabilities at selected sites			X				
	E12b. Procure and install mammography machines				X			
	E12c. Train PHC clinic staff on appropriate use and maintenance of mammography machines				X			

SECTION III. GAZA INTERVENTIONS

In Years 1 and 2, the Project's interventions in Gaza were comprehensive, providing commodity procurement, capacity building, and grants to select eligible NGOs. The Project's capacity-building efforts focused on bolstering the ability of select NGOs to assess their organizational and management needs. Through a subcontractor, Institutional Development and Reform Associates (IDaRA), the Project facilitated needs assessment reports, IDPs, and capacity building in clinical, management, and financial areas. Seven needs assessment reports and five IDPs were finalized in Year 2; in Year 3, the Project hosted IDP and needs assessment review workshops. Initial procurement assessments for eligible NGOs were conducted in Year 2. The first two grants to Gaza-based NGOs were awarded in Year 3.

The process for identifying and vetting potential beneficiary NGOs and obtaining the approval of the Coordinator of Government Activities in the Territories (COGAT) for equipment requests have proven to be more time-consuming processes than anticipated, but after making a number of site visits in mid-Year 3, the Project stands poised to award grants and procure equipment for additional NGO rehabilitation centers and hospitals.

Project implementation for Gaza this period will be limited to the awarding of grants to eligible NGOs. Grants will be awarded to NGOs whose proposed activities meet the Project's eligibility and evaluation criteria. All grants will be performance-based in nature to maximize capacity building, sustainability, and verifiable results. Any procurement for Gaza NGOs will be conducted under approved grants and discussed on a case by case basis.

Project staff will continue to conduct site visits in Gaza to assess the needs of potential beneficiary NGOs, provide technical support in monitoring and evaluation, and follow up on installation and utilization of delivered equipment.