



USAID | **WEST BANK/GAZA**

ANNUAL IMPLEMENTATION PLAN – YEAR 5

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT**

OCTOBER 1, 2012 – SEPTEMBER 26, 2013

Submitted: September 19, 2012

This publication was produced for review by the United States Agency for International Development. It was prepared by the Palestinian Health Sector Reform and Development Project implemented by Chemonics International.

ANNUAL IMPLEMENTATION PLAN – YEAR 5

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT**

OCTOBER 1, 2012 – SEPTEMBER 26, 2013

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.

TABLE OF CONTENTS

- Acronyms..... i
- Introduction 1
- Section I. Project Overview 2
 - Objectives 2
 - Implementation Plan Development Process 2
 - Linkages to MOH Strategic Plans 3
- Section II. Year 5 Assumptions and Context..... 5
 - Geographic Scope 5
 - Assumptions 5
 - Situation Analysis..... 6
 - Key Stakeholders and Implementing Partners..... 8
- Section III. Year 5 Work Plan 9
 - Introduction to Five Focus Areas..... 9
 - Activity Planning by Focus Area..... 10
 - A. Institutional Development 10
 - B. Health Information System (HIS) 15
 - C. Primary Health Care (PHC) Support 31
 - D. Hospital Support..... 39
 - E. Procurement Support..... 42
 - Gaza Interventions 49
- Section IV. Implementation and Management Plan..... 50
 - Project Organization 50
 - Coordination with the Home Office..... 50
 - HR Management 51
 - Financial Management..... 51
 - Procurement and Logistics..... 51
 - Coordination with Key Stakeholders 52
 - Management of Subcontractors and Consultants..... 52
 - Management of Grants-Under-Contract Mechanism 52
 - Management of Fellowship Training Program 53
 - Compliance with USAID Anti-Terrorism Policies and Reporting Requirements..... 53
 - Project Management Approach 54
- Section V. Budget..... 55
 - Year 5 Budget Summary Detail..... 57

Acronyms

ATC	Anti-Terrorism Certification
AVH	Augusta Victoria Hospital
BASR	Bethlehem Arab Society for Rehabilitation
BCC	Behavior Change Communication
CBO	Community Based Organization
CCA	Champion Community Approach
CLIN	Contract Line Item
COLA	Cost-Of-Living Adjustment
COP	Chief of Party
CT	Computerized Tomography
DCOP	Deputy Chief of Party
ED	Emergency Division
EPS	Essential Package of Primary Health Care Services
EWAS II	Emergency Water and Sanitation and other Infrastructures
FY	Fiscal Year
GEC	Grant Evaluation Committee
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i>
HEPD	Health and Education Promotion Department
HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HR	Human Resources
HSI	Health Services International
IDP	Institutional Development Plan
IPC	Infection Prevention and Control
IT	Information Technology
KMU	Knowledge Management Unit
MAP-UK	Medical Aid for Palestinians
M&E	Monitoring and Evaluation
MO2I	Mission Order 2I
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
OJC	On-The-Job Coaching
PA	Palestinian Authority
PACE	Palestinian Authority Capacity Enhancement Project
PACS	Picture Archive Computerized System
PHC	Primary Health Care
PM	Preventative Maintenance
PM Council	Palestine Medical Council
PMU	Project Management Unit
PRDP	Palestinian Reform and Development Plan

RFA	Request for Application
RIF	Reduction in Force
RTS	Radiation Therapy System
SOC	Standards of Care
STTA	Short-Term Technical Assistance
TCN	Third Country National
TOT	Training of Trainers
TQSA	Temporary Quarters Subsistence Allowance
TRG	Training Resources Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

The Palestinian Health Sector Reform and Development Project (the Project) is pleased to present its Year 5 Annual Implementation Plan, which provides a roadmap for the Project's fifth and final year of activities. The Plan is based on accomplishments and lessons learned from Years I through 4 and takes into consideration Ministry of Health (MOH) priorities outlined in their 2011-2013 Action Plan.

It is important to note that Year 4 implementation was significantly adjusted due to external factors, such as the reduction in force in both staffing and activities that began in October 2011 due to a Congressional hold on all funding for the United States Agency for International Development (USAID) West Bank/Gaza Mission. In late December 2011, the Project received partial Fiscal Year (FY) 2011 funding for implementation of selected and prioritized Year 4 activities. An implementation plan reflecting the activities to be conducted under this partial funding was approved by USAID on March 14, 2012. In late April 2012, the remaining funds earmarked for 2011 were released, and Contract Modification 13 was signed, obligating \$8,590,000 to the Project. An implementation plan reflecting the activities to be conducted under this partial funding was approved by USAID on June 1, 2012. Year 4 implementation was therefore marked by starts and stops as activities were halted and gradually re-introduced.

As a continuation of Year 4 priorities, the Project will focus its interventions on the provision of grants, the continued roll out of the Health Information System (HIS), and the implementation of the Champion Community Approach (CCA) and clinical quality improvement interventions at primary health care (PHC) centers. As it is the final year of the Project, this year's Annual Implementation Plan will strongly emphasize institutionalization, sustainability, and the transition of activities to the MOH.

Sections I. and II. of this report provide a brief description of Project objectives, the participatory process undertaken for the Plan's development, and an overview of assumptions and the areas of focus. *Section III.* provides a synopsis of the work plan for all Focus Areas. *Sections IV. and V.* cover the overall management plan and budget details.

Section I. Project Overview

OBJECTIVES

The Project supports the MOH, select non-governmental organizations (NGOs), and select educational and professional institutions in strengthening their institutional capacities and performance to promote a functional and democratic Palestinian health sector that is able to meet priority public health needs. The Project works to achieve this goal through three main objectives: (1) improving governance and management practices in the Palestinian health sector; (2) improving the quality of essential clinical and community-based health services; and (3) increasing the availability of essential commodities to achieve health and humanitarian assistance goals. Project activities are spread across five Focus Areas:

- A. Institutional Development
- B. Health Information System (HIS)
- C. Primary Health Care (PHC) Support
- D. Hospital Support
- E. Procurement Support

The Project is helping the MOH implement the reforms needed to ensure quality, sustainability, and equity in the health sector. By addressing key issues in governance, human resources (HR), health service delivery, procurement, HIS, and stock and inventory management the MOH will strengthen its dual role as regulator and main health service provider. The Project is also helping improve the health status of Palestinians in the areas that are priority for the MOH and the public. These areas include maternal and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening.

To build a functioning health care system that provides regular and reliable 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. Through an integrated multi-sectoral approach, the Project is supporting the creation of these linkages to facilitate the sustainable reform and development of health services that are supported by transparent dialogue within the health sector and with the larger national community.

In addition, Project staff will work with the MOH, relevant NGOs, and/or community based organizations (CBOs) in order to institutionalize reforms and promote the sustainability of Project activities.

IMPLEMENTATION PLAN DEVELOPMENT PROCESS

The Year 5 Annual Implementation Plan was developed through a participatory process during which the Project team maintained close consultation and contact with USAID. The Project regularly consults with the Minister of Health, the Deputy Minister of Health, other senior MOH officials (e.g., Director Generals, District Officers), eligible NGO health service providers, educational institutions (including Al Quds Open University), civil society organizations, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA),

the United Nations Population Fund (UNFPA), USAID-funded Emergency Water and Sanitation and Other Infrastructures (EWAS II), and thematic working groups.¹

Two participatory workshops were held to reach consensus on the Year 5 Annual Implementation Plan. A workshop was held Wednesday, July 11, 2012 which brought together Project staff and representatives from USAID. The goal of the first workshop was to agree on preliminary plans for Year 5. A second workshop brought together Project staff and representatives from USAID and the MOH on Thursday, September 13, 2012. The goal of the second workshop was to share, discuss, and reach common understanding of the proposed Year 5 activities and approaches.

In addition to ongoing communication with partner NGOs and donors, the Project also actively participated in thematic working group meetings with diverse stakeholders creating an opportunity for consultation and coordination to avoid duplication of efforts. The Chemonics Home Office provided budget support for the development of the Year 5 Annual Implementation Plan.

The Year 5 Annual Implementation Plan closely follows contract requirements, as set forth in Project contract modification 13, signed April 25, 2012.

LINKAGES TO MOH STRATEGIC PLANS

Underpinning the design of the Project are two plans: the Palestinian Reform and Development Plan (PRDP) 2008-2010 and the MOH's National Health Strategic Plan. The PRDP is a national plan which describes the overall reform and development agenda as identified and developed by the Palestinian Authority (PA). It provides a coherent basis for the allocation of all government resources and reflects the commitment of the PA to adopt an integrated policymaking, planning, and budgeting process. The PRDP sets out a comprehensive framework of goals, objectives, performance targets, and the allocation of resources to achieve them. The MOH developed its National Strategic Health Plan in line with the goals and objectives of the PRDP.

During the first year of implementation, the Project supported the MOH in carrying out a self-led needs assessment to identify the strengths and weaknesses of the public health system which was followed by the creation of an Institutional Development Plan (IDP) based on the results of this assessment and the MOH National Strategic Health Plan. The IDP included eighteen priority areas critical to achieving health sector reform.

At the Project's mid-point, two MOH departments, Planning & Health Policy and International Cooperation, worked in a participatory manner with a wide variety of Ministry staff to devise an annual plan detailing key priorities for 2011. The resulting action plan incorporated key IDP areas and replaced the IDP as the guide for MOH activities. This action plan is also in accord with planned Project activities. At the end of Year 3, the Project coordinated with the MOH and USAID to refine the overall focus for the final two years of implementation. Focus Area B: HIS and Focus Area C: PHC were selected as the most important areas for further activities from an MOH perspective as these two Focus Areas meet strategic needs within the MOH's

¹ For a more comprehensive list, please see *Key Stakeholders and Implementing Partners* (in Section III. below).

reform and development strategy. Therefore, HIS and PHC were selected for Project emphasis in Years 4 and 5.

Last year, the Project continued to build on the solid working relationships it established with the MOH, NGOs, and educational institutions during the first three years of implementation and new partnerships were forged in an effort to expand the reform process into new areas that advance USAID objectives. The key relationship for reaching these objectives remains the MOH. Reinforcing the institutional capacity of the MOH to implement health sector reform and improve sector management is the driving force behind all Project activities.

Year 5 activities will focus on institutionalizing the reforms made in Years 1 through 4 of implementation, and on building up and supporting the MOH teams slated to take over activities at Project end. The Project will work closely with the MOH to ensure that systems are in place to sustain Project activities and empower MOH staff to take ownership of these activities. By ensuring that the systems and mechanisms in place function properly, the Project will help to facilitate a smooth transition of activities.

Section II. Year 5 Assumptions and Context

GEOGRAPHIC SCOPE

West Bank

The Project's interventions are designed to support the MOH in the central level and at MOH facilities and select NGOs throughout the West Bank. Thus far, the Project's interventions have been focused primarily in the districts of Nablus, Hebron, Qalqilya, and Ramallah. The Project will continue to work in these districts and will expand interventions to cover the remaining West Bank districts. If funding and sufficient time are available, the HIS will expand implementation into the districts of Bethlehem, Jericho, Tulkarem, Jerusalem, and Jenin, and into Champion Community PHC clinics. The multi-sectoral approach (both clinical quality improvement interventions and the CCA) will be introduced in Ramallah and Bethlehem. The Project will continue implementation of the multi-sectoral approach in Jenin, Toubas, Salfit, Tulkarem, Jericho, and Jerusalem.

Gaza

The Project will continue working with eligible NGO health service providers in Gaza. The approach toward Gaza NGOs is strategically limited and includes the provision of overall capacity strengthening that can be complemented by targeted grants and procurement support.

East Jerusalem

The Project will continue to support select NGO health service providers in East Jerusalem through targeted interventions, including the implementation of the HIS at Al Makassed Hospital if approvals are received from USAID by October 1, 2012.

The Project will closely follow up with USAID on issues that affect the geographic scope of all Project activities.

ASSUMPTIONS

The Year 5 Annual Implementation Plan, based in part upon assumptions that also applied during Years 1 through 4, assumes the following:

- **Political Stability:** Political stability is essential to the implementation of Year 5 activities. In previous years, outbreaks of conflict and shifts in political control of the PA resulted in a delay or cessation of activities focused on strengthening the capacity of the Palestinian government. Therefore, this Plan assumes political stability and the continued ability to work with the MOH.
- **Ministerial Changes:** High-level personnel changes occurred at the MOH in Year 4 that were largely beneficial to the Project as the newly appointed personnel took great interest in Project activities and enhanced Ministry support and buy-in of said activities. This Plan presupposes that further personnel changes will not occur, and that the administration will remain committed to working with the Project.

- **Governmental Commitment to Reform:** The PA and the Salam Fayyad government have demonstrated deep and far-reaching commitment to government reform. In addition, the Minister of Health and General Directors at MOH have affirmed their commitment to implementing priority areas outlined in their strategic plan. Continued government commitment to health sector reform and to the MOH's strategic plan is essential to successful implementation of Year 5 activities and their subsequent handover to MOH and/or institutionalization.
- **Availability of Funding:** Realization of the MOH's reform and development goals depends almost entirely on donor funding which has been historically vulnerable to shifts in the Palestinian political landscape. This was witnessed first-hand in Year 4, when Project activities and staffing were severely diminished or cut altogether due to the Congressional hold placed on USAID West Bank/Gaza funding. Continued and consistent funding of the MOH will enable the Ministry to build the capacity to plan and implement in a strategic and sustainable manner and take over Project activities and begin running them independently. Since donor dependency is also a risk factor for beneficiary NGOs, this Plan assumes that these NGOs will continue to receive funding from other sources while working with the Project.
- **Limited Ability to Work in Gaza:** Shifts in the political landscape could impact the scope and timing of the Project's activities in Gaza. The Project is prohibited from engaging with the government in Gaza; therefore, this Plan assumes that the Project will continue to work only with eligible NGOs.
- **Mobility:** The Project works with MOH and NGO facilities throughout the West Bank and Jerusalem. Project staff members are impacted by physical and security restrictions on travel in these areas. USAID's continued facilitation of the movement of Project staff will expedite the work of the Project.
- **Institutional Support for Implementation of Reform:** Institutional capacity within the broader government must exist in sufficient strength in order to move the reform process forward. Successful and sustainable activities require a strong civil service commission comprised of various ministerial offices and engaged syndicates.
- **Mission Order 21:** During Years 2 through 4, the Project worked intensively to improve systems and processes to ensure compliance with Mission Order 21 (MO21). The Project assumes that people's understanding of the vetting process and knowledge of the Mandatory Provisions/Anti-Terrorism Certification (ATC) will continue to increase, thus reducing the resistance to providing information and to signing grants and subcontracts. In addition, this Plan assumes that vetting results will be submitted and results received in a timely manner that does not interrupt work flow.

SITUATION ANALYSIS

Health sector reform continues to constitute a challenge due to a variety of factors, first and foremost being the financial crisis facing the PA. While continuing to build momentum by engaging key players in the reform process, the Project is challenged by the MOH's continued

dependence on donor funding. This means that a critical element of health sector reform remains *outside* of the Ministry's or the Project's control. This is a major concern as it could have a devastating impact on the sustainability of Project initiatives. Without financial security, the MOH is in a precarious situation due to the lack of funding for the provision of pharmaceuticals and supplies, to pay suppliers, and maintain the upkeep of the HIS. In particular, the lack of funding could potentially reverse many of the positive strides toward reform and development that the Ministry has already made. In response, the Project will conduct a HIS Budget and Financial Analysis for the MOH to provide Ministry decision makers with a comprehensive understanding of both the immediate costs and long-term savings of the HIS.

In addition, high MOH expectations on what the Project can deliver poses challenges. Years 3 and 4 saw continued progress in this area, particularly during Year 4 when high-level personnel changes at the MOH increased the Ministry's overall support for Project-related activities and introduced more effective methods of internal communications. In districts engaged in the CCA, civic participation continues to encourage the MOH to respond to local demand for high quality health care services and foster coordination with the MOH at the community, district, and national levels.

In Year 4, despite setbacks due to the Congressional hold on funding and the Project's subsequent reduction in force, progress was made in creating and implementing tools that enable the MOH to increase its oversight capacity and regulatory role in the health system. Key Year 4 achievements include the launch of the Essential Package of Primary Health Care Services (EPS) in May 2012, the launch of the Standards of Care (SOC) in July 2012, convening the first national conference for PHC nurses, establishing and beginning the procurement process for the National Training and Calibration Center, continuing implementation of the first national computerized HIS, developing a Privacy and Confidentiality Framework for the MOH, and conducting a cost analysis for an additional fifteen facilities for HIS implementation. Measurable progress in community engagement and sustained collaboration with NGO grantees serve as the backdrop for ongoing work in Year 5.

Based on successes in Years 1 through 4, the MOH continues to recognize the value of soliciting feedback from citizens and communities. The Project implements patient satisfaction surveys to monitor the quality of MOH services. As the supportive supervision approach takes hold through modeling, mentoring, coaching, and training, the MOH will be able to take the lead in soliciting feedback to ensure that improved quality of care is sustained.

In Year 5, the SOC will be rolled out nationwide. The SOC combat the fragmentation of health services that has afflicted the Palestinian health care system by standardizing the quality of health services received by all Palestinians.

The Project's HIS team will complete implementation of the HR module in Year 5. The HR module standardizes job descriptions for all MOH employees, streamlines various HR processes, and centralizes employment data. When fully operational, the HR module will update and modernize the MOH's HR system.

The Project will continue to provide services related to its responsive approach to procurement in Year 5. Related clinical and operational training will be facilitated to ensure that all relevant staff is able to adequately operate new equipment and interpret and use test results

to provide correct diagnoses and high quality care to their patients. This will further strengthen the institutional capacity and regulatory function of the MOH.

In Year 5, the Project will provide technical support to the MOH in procuring the necessary calibration equipment and in overseeing mobilization of the National Calibration and Training Center. The test laboratory will build the capacity of the MOH to care for equipment after warranties expire; create ownership by relevant MOH management and leadership in care of the equipment; and contribute to strengthening the regulatory role of the MOH. The Project is working closely with the MOH on this reform effort by providing technical assistance when possible and serving in an advisory role in the planning process.

The Project's approach toward Gaza NGOs will continue to follow Year 4's shift in focus from comprehensive to targeted grants. Project staff regularly visits Gaza to inspect installed equipment and to work with NGOs to ensure that they are properly monitoring and evaluating their grants programs and equipment usage. Over the course of implementation, the Project will follow up closely with USAID on emerging issues that affect the implementation of activities in Gaza.

Throughout Year 5, the Project will be working with the MOH to strengthen its capacity to maintain service delivery and institutionalize the reforms introduced over the past four years that address the challenges discussed here.

KEY STAKEHOLDERS AND IMPLEMENTING PARTNERS

The Project continues to work closely with the MOH thematic working groups and the International Cooperation Unit in their efforts to coordinate stakeholder engagement. The Project coordinates closely with all key partners to leverage resources and avoid duplication. The following organizations are engaged in complementary activities directly related to Project implementation:

- **Quality:** World Health Organization (WHO), UNFPA, *Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)*
- **Behavior Change Communication (BCC):** WHO, UNFPA, United Nations Children's Fund (UNICEF)
- **HIS:** WHO, UNRWA
- **Non-Communicable Diseases (NCDs):** WHO

Stakeholder involvement in procurement for the Palestinian health sector is high, with most responding to sectoral needs. The Project has identified and built relationships with groups whose activities link most closely to Project plans, including UNRWA and various international government agencies.

Section III. Year 5 Work Plan

INTRODUCTION TO FIVE FOCUS AREAS

Building upon the foundations laid in Year 1 and the achievements of successive years, the Project is poised to continue to institutionalize reform and health service quality improvements through five key Focus Areas during Year 5. These Focus Areas reflect the scope of work described in the Project contract and are a grouping of activities and deliverables that contribute to achieving the objectives of the contract as well as the MOH's strategic plan for the Palestinian Health Sector. By organizing the activities and deliverables in this way, the Project and USAID will be better positioned to manage results and track progress against the Year 5 Annual Implementation Plan.

The five Focus Areas for Year 5 are:

- A. Institutional Development
- B. HIS
- C. PHC Support
- D. Hospital Support
- E. Procurement Support

The Year 5 Focus Areas provide a sector-wide strategic and integrated approach that supports the MOH's reform and development agenda. These areas are designed to respond to the operating culture and needs of the MOH and select NGOs as identified in their self-assessment, while promoting sustainability, accountability, transparency, integration, participation, and coordination to achieve a lasting impact on the quality of health service delivery. The Project will continue to provide assistance to Gaza-based NGOs through grants, capacity building training, and procurement support (pending USAID funding and approval).

Planned Year 5 activities are categorized by Focus Area and are clearly linked to contract deliverables and Performance Monitoring Plan indicators. This provides a framework by which to measure progress of implemented activities against the Project contract.

ACTIVITY PLANNING BY FOCUS AREA

A. Institutional Development

Over the past four 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 and that of partner NGOs and academic institutions, and by implementing improved governance, management, administrative, and clinical practices. In Year 4, per guidance from USAID, Focus Area A decreased its training and professional development efforts and increased its grantmaking and capacity strengthening efforts with local NGOs.

In Year 5, Focus Area A will work with the following grantees:

1. **Bethlehem Arab Society for Rehabilitation (BASR):** A follow-on grant (signed March 1, 2012, activities completed February 28, 2013) to promote the well-being and resilience of children living in the Bethlehem district, including children with disabilities, through the promotion and protection of child rights and strengthening local abilities to cope with a complex and difficult environment.
2. **The Jerusalem Princess Basma Rehabilitation Center for Disabled Children (JCDC):** A follow-on grant (signed March 1, 2012, activities completed February 28, 2012) to enhance the provision of rehabilitation services to children with special needs and their families at all levels of the rehabilitation structure in Palestine (national, intermediate, and community levels), thus developing effective and efficient referral and follow up systems between the levels, empowering families and communities, and facilitating the inclusion of these children and their families in their environments.
3. **Al Makassed Hospital:** A follow-on grant (signed May 9, 2012, activities completed December 31, 2012) to build the hospital's capacity and improve its performance related to orthopedic services and treatment by providing arthroscopy equipment and training to Orthopedic staff.
4. **Al Quds Open University:** A new grant (signed April 1, 2012, activities completed by March 31, 2013) to develop curricula for the health management program that is consistent with distance learning philosophies.
5. **Al Ahli Hospital:** A new grant (signed April 1, 2012, activities completed March 31, 2013) to create a culture of continuous education and disseminate knowledge in health institutions which allows them to adopt new skills and guidelines. All health care institutions will be invited to participate in this training.
6. **Jabalia Rehabilitation Society (JRS):** A new grant (signed July 9, 2012, activities completed June 30, 2013) to prevent hearing and middle ear disabilities in the Gaza Northern Area. Activities aim to strengthen community based health care for children through the early detection of hearing and middle ear problems among pre-school children in the Northern governorate, as well as health awareness on targeted topics for kindergarten caregivers, parents, and children.

7. **St. John's Eye Hospital:** A follow-on grant (signed September 1, 2012, activities completed December 31, 2012) to save and improve the “gift of sight” of 2,500 underprivileged adults suffering from Diabetic Retinopathy in Gaza. Activities include an intensive screening initiative that ensures early detection of vision impairments related to diabetes.

Focus Area A also has applications under review from St. Luke's Hospital, Four Homes of Mercy (FHOM), Caritas Baby Hospital, Palestinian Happy Child Center, and Shepherd's Field Hospital. If funding is available, staff anticipates awarding grants to one or more of these organizations.

The Project will work with current and previous grantee organizations to further enhance organizational skills, promote best practices, and institutionalize organizational reform. To this end, staff will facilitate workshops for current and previous grantee organizations and other relevant eligible agencies to strengthen their capacity in applying for and receiving programmatic funding in the future, thereby increasing each agency's capacity to sustain itself financially. Through a series of workshops, experts in the field will present on topics such as *Preparing an Impact-Oriented Annual Report*, *Effectively Responding to an RFP*, and *Communications*.

The Project will continue to work with the MOH to further enhance professional skills, promote best practices, and institutionalize ongoing professional development programs at the MOH. The Project will continue activities to strengthen the capacity of the Continuing Medical Education Department by supporting up to 95 participants in the bachelor's degree program in Health Management. Over thirty new students will join the fellowship program this year; bringing the total number of participants up to 95. All participants will graduate the program in August 2013.

Major Activity Areas

The major activities planned for Focus Area A: Institutional Development are listed below. The sub-activities and related information are detailed in the Gantt chart that follows.

- A1. Continue oversight on the ongoing grant agreements.
- A2. Enhance the health management skills and education of MOH staff through supporting up to 95 MOH staff to receive their bachelor's degree in Health Management at Al Quds Open University.
- A3. Award new and follow-on grants to complement MOH service provision in the areas of rehabilitation, community health education, and capacity building (*if funding is available*).
- A4. Hold workshops for current and previous grantees and other relevant CBOs to strengthen their capacity to apply for and receive funding in the future (*if funding is available*).

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
A1. Continue oversight on the ongoing 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	Awareness booklet by Four Homes of Mercy on how to deal with children with disabilities Reprint awareness materials (leaflets and posters) on women's health and develop new leaflets and posters about breast cancer Production of 10 books on health management by Al Quds Open University	Field visit reports	Closing ceremony by Al Ahli hospital for the training program Walk coordinated by BASR benefitting disabled children
	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	X		Grantees' final reports	
	A1d. Close grant agreements.	X	X	X	X		Signed certificate of completion letters	
A2. Enhance the health management skills and	A2a. Assess and evaluate pass/fail hours for graduation.	X	X	X	X			

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
education MOH staff through supporting up to 95 MOH staff to receive their bachelor's degree in Health Management at Al Quds Open University.	A2b. Share results of assessment with the MOH every semester, and jointly determine status of scholarships for following semester.	X	X	X	X		Assessment Reports	
A3. Award new and follow-on grants to complement MOH service provision in the areas of rehabilitation, community health education, and capacity building (if funding is available).	A3a. Conduct Grant Evaluation Committee (GEC) meeting to review follow-on applications.	X	X				GEC scoring sheet	
	A3b. Conduct pre-award responsibility determination, share request for approval with USAID and conduct compliance review.	X	X				Applicants' self-assessment Reference check	
	A3c. Prepare and sign grant agreements.	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 (M&E) plans.		X	X			M&E plans	New grantee orientation workshop
	A3e. Project technical and finance teams to conduct periodic site visits among partner NGOs to follow up on implementation.		X	X	X		Field visit reports	
	A3f. Review grantees' monthly financial and technical reports and process approved payments.		X	X	X		Grantees' monthly reports	

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	A3g. Review grantees' final reports.				X		Grantees' final reports	
	A3h. Close grant agreements.				X		Signed certificate of completion letters	
A4. Hold workshops for current and previous grantees and other relevant CBOs to strengthen their capacity to apply for and receive funding in the future (if funding is available).	A4a. Prepare for the workshops; topics to include: <i>Communications, Preparing an Impact-Oriented Annual Report, Effectively Responding to a Solicitation, Reading and Analyzing a Solicitation, Conceptualizing Program Design, Budgeting for the Program, and Assembling and Submitting a Complete Application.</i>	X				Training materials		
	A4b. Give the workshops.	X	X	X				Workshops

B. Health Information System (HIS)

Health information management is crucial to ensure the sustainable reform of the Palestinian health care system and to support the efforts of the MOH to provide the best possible quality of care for all citizens. To address this need, the Project has been working closely with the MOH over the last four years to design and implement a nationwide HIS. This system is a core element of the Project that will provide overall support to the health sector and increase the efficiency and efficacy of the health services provided to 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 HIS went live during Year 3 in Nablus at Rafidia Hospital and Al Makhfieh Clinic and in Qalqilya at Darwish Nazzal Hospital and two PHC clinics. In Year 4, the Project began HIS implementation in Hebron at Alia Hospital and three clinics and in Ramallah in all wings of the Palestine Medical Complex (PMC) and two clinics. HIS implementation was completed in Hebron during Year 4, and is expected to wrap up in Ramallah during Year 5.

During Year 5, HIS implementation will expand to Al Makassed Hospital in Jerusalem. Pending available funds and USAID approvals, the Project will expand HIS implementation to hospitals and clinics in the districts of Jenin, Tulkarem, Jericho, and Bethlehem and to clinics in the Jerusalem district. The Project will conduct a feasibility assessment for Champion Community PHC clinics and share the results with the MOH and relevant CBOs.

Prior to expansion, it is imperative to develop and implement privacy, confidentiality, and user access rules and protocols for the HIS. It cannot be emphasized enough how crucial this step is for the overall success of the HIS. The Project will work closely with the MOH to develop and introduce user access guidelines governing the use of the HIS as it pertains to patient privacy and to maintain confidentiality. The HIS team worked with a short-term technical assistance (STTA) consultant during Year 4 to assess the current environment and create a privacy and confidentiality framework for the MOH. In Year 5, the Project will be instrumental in the creation and development of a User Access Manual that will outline the steps for optimal use of the HIS, including what to do in potential “real life” scenarios in order to maintain privacy and confidentiality. The User Access Manual will be in line with international standards and the Health Insurance Portability and Accountability Act (HIPAA). Once MOH personnel have been trained and all privacy and confidentiality standards are fully operational, the Project will begin an outreach campaign for the general public to raise awareness about patient rights and to describe the rights and responsibilities of all parties related to patient information, confidentiality, and privacy.

In Year 3, the Project began implementation of the HIS HR module at all MOH hospitals and central PHC clinics. The HR module centralizes HR records for more than 6,000 MOH employees, including doctors, nurses, messengers, and drivers. This is the only module of the HIS that is currently implemented in all facilities. Through the HR module, HR records have been simplified and HR processes have been streamlined. By centralizing this information, key decision makers at the Ministry will be able to access information and statistics that will allow them to:

1. **Determine coverage of a certain specialty:** Decision makers will be able to find out how many employees of a certain type are employed by the MOH and identify gaps and needs. For example, the HR module is able to generate a report on the number of orthopedic specialists working in a certain area and how soon they will be retiring.
2. **Meet the immediate staffing needs facing hospitals and clinics:** Decision makers will be able to identify and remedy staffing needs in a more timely fashion.
3. **Monitor ongoing training:** Decision makers will be able to assess staff members' ongoing training and supply targeted training to meet demands, as the HR module can be used to track the number and type of training that staff members attend.
4. **Administrative tool for HR management:** Facility administrators will be able to manage employee records and implement standardized HR processes.

In Year 5, Project staff will continue to work with the MOH to update and finalize all job descriptions, formulate a hiring and recruitment process, oversee support and training needs, and assess the usage of the HR module in all facilities. These activities support the MOH's effort to engage in workforce planning for the future.

The HIS team has been working with the MOH to build the capacity of its information technology (IT) staff to support the HIS to ensure the long-term sustainability of the HIS and institutionalize the reforms made possible through HIS implementation. During Year 5, the Project will begin handing over HIS responsibilities by conducting on-the-job coaching (OJC) and providing technical assistance as needed.

The Project is also engaging the MOH and other stakeholders in discussions to strategize effective ways to carry the HIS forward at the conclusion of the Project. Pending USAID funding and approval, the Project will conduct a comprehensive HIS Budget and Financial Analysis and provide these findings to the MOH. The Budget and Financial Analysis will provide in-depth information related to the immediate vs. long-term costs and benefits of the HIS, which will provide decision makers with the information needed to identify sources of income to sustain and support the running costs of the HIS in the coming years. 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.

The Project's HIS team will support the Palestine Medical Council (PM Council) in the implementation of an online testing system. This testing system will be used by the PM Council to license and/or re-license medical specialists and test general practitioners. The online system will also include a resource library for continuing education purposes and a databank of questions that will help to standardize the online testing process. The system will also generate summary data that will provide the PM Council with new insight into the current medical education system and help guide curricula development. 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.

In addition, the HIS team will support the efforts of the Focus Area E: Procurement Support team in two activities. First, the HIS team will assist in the creation of an electronic inventory of medical equipment at MOH facilities that will help the MOH track its medical equipment and ensure that all equipment is maintained and calibrated in accordance with international standards. Second, the HIS team will support the procurement and installation of a Picture Archive Computerized System (PACS) for medical images in hospitals with the HIS, pending the availability of funds. After conducting site assessments, Project staff will coordinate with the MOH to install either a centralized PACS or separate PACS per hospital. This system will help the MOH to maximize use of medical equipment and augment the quality of health care services delivered to patients.

Major Activity Areas

The major activities planned for Focus Area B: HIS are listed below. The sub-activities and related information are detailed in the Gantt chart that follows.

- B1. Continue the rollout of the HIS in Ramallah district.
- B2. Support and maintain the HIS in all facilities and implemented districts (Nablus, Qalqilya, Ramallah, and Hebron).
- B3. Expand implementation of the HIS to Al Makassed Hospital.
- B4. Expand implementation of the HIS to Bethlehem district (*if funding is available*).
- B5. Expand implementation of the HIS to Jericho district (*if funding is available*).
- B6. Expand implementation of the HIS to Tulkarem and Jenin districts and the Jerusalem PHC directorate clinic (*if funding is available*).
- B7. Continue implementation of the HIS HR module in MOH facilities.
- B8. Develop privacy, confidentiality, and user access rules and protocols for the HIS.
- B9. Conduct MOH HIS budget and financial analysis.
- B10. Procure and install the PACS for medical images in hospitals with HIS (*if funding is available*).
- B11. Support implementation of online testing system for the PM Council.
- B12. Conduct feasibility assessment of HIS implementation in Champion Community PHC clinics (*if funding is available*).

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
B1. Continue the rollout of the HIS in Ramallah district.	B1a. Complete HIS modules implementation in Ramallah district.	X						
	B1b. Monitor and evaluate the HIS.	X	X	X	X			Feedback sessions/workshops
	B1c. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk.	X					Transition Plan Help Desk Processes and Procedures Manuals Level-Two Help Desk Operations Manual Help Desk Problem Management System	Technical trainings
	B1d. Facilitate 12-month post-implementation warranty and maintenance.	X	X	X	X		Transition Completion Summary	
B2. Support and maintain the HIS in all facilities and implemented districts (Nablus, Qalqilya, Ramallah, and Hebron).	B2a. Monitor and evaluate the HIS.	X	X	X	X			Feedback sessions/workshops
	B2b. Continue handing over administrative privileges to MOH IT staff for the HIS.	X					Administrators User Guide	Technical trainings
	B2c. Facilitate 12-month post-implementation warranty and maintenance.	X	X	X	X		Transition Completion Summary	
B3. Expand implementation of the HIS to Al Makassed Hospital.	B3a. Conduct pre-implementation activities (install hardware, define users, etc.).	X					Proof of Hardware Distribution	
	B3b. Training and	X					Implementation	HIS modules

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS.						Report	training
	B3c. Training and implementation on the in-patient and emergency modules of the HIS.		X				Implementation Report	HIS modules training
	B3d. Training and implementation on administrative support services modules of the HIS.		X				Implementation Report	HIS modules training
	B3e. Monitor and evaluate the HIS.		X	X	X			Feedback sessions/workshops
	B3f. Begin transition of HIS management to IT staff through technical documentation and training and establish help desk.		X				Transition Plan Help Desk Processes and Procedures Manuals Level-Two Help Desk Operations Manual Help Desk Problem Management System Administrators User Guide	Technical trainings
	B3g. Facilitate 12-month post-implementation warranty and maintenance.		X	X	X		Transition Completion Summary	

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
B4. Expand implementation of the HIS to Bethlehem district (if funding is available).	B4a. Conduct pre-implementation activities (install hardware, define users, etc.) for Beit Jala Hospital.			X			Proof of Hardware Distribution	
	B4b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Beit Jala Hospital.			X			Implementation Report	HIS modules training
	B4c. Training and implementation on the in-patient and emergency modules of the HIS for Beit Jala Hospital.				X		Implementation Report	HIS modules training
	B4d. Training and implementation on administrative support services modules of the HIS for Beit Jala Hospital.				X		Implementation Report	HIS modules training
	B4e. Monitor and evaluate the HIS for Beit Jala Hospital.				X			Feedback sessions/workshops
	B4f. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for Beit Jala Hospital.					X		Transition Plan Help Desk Processes and Procedure Manuals Level-Two Help Desk Operations Manual Help Desk Problem

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
							Management System Administrators User Guide	
	B4g. Facilitate 12-month post-implementation warranty and maintenance for Beit Jala Hospital.				X		Transition Completion Summary	
	B4h. Conduct pre-implementation activities (install hardware, define users, etc.) for Bethlehem PHC directorate clinic.			X			Proof of Hardware Distribution	
	B4i. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Bethlehem PHC directorate clinic.			X			Implementation Report	HIS modules training
	B4j. Training and implementation on administrative support services modules of the HIS for Bethlehem PHC directorate clinic.				X		Implementation Report	HIS modules training
	B4k. Monitor and evaluate the HIS for Bethlehem PHC directorate clinic.				X			Feedback sessions/ workshops
	B4l. Begin transition of HIS management to MOH IT staff through technical documentation and training				X		Transition Plan Help Desk Processes and	Technical trainings

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	and establish help desk for Bethlehem PHC directorate clinic.						Procedures Manuals Level-Two Help Desk Operations Manual Help Desk Problem Management System Administrators User Guide	
	B4m. Facilitate 12-month post-implementation warranty and maintenance for Bethlehem PHC directorate clinic.				X		Transition Completion Summary	
B5. Expand implementation of the HIS to Jericho district (if funding is available).	B5a. Conduct pre-implementation activities (install hardware, define users, etc.) for Jericho Hospital.			X			Proof of Hardware Distribution	
	B5b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Jericho Hospital.			X			Implementation Report	HIS modules training
	B5c. Training and implementation on the in-patient and emergency modules of the HIS for Jericho Hospital.			X			Implementation Report	HIS modules training
	B5d. Training and implementation on administrative support			X			Implementation Report	HIS modules training

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	services modules of the HIS for Jericho Hospital.							
	B5e. Monitor and evaluate the HIS for Jericho Hospital.			X	X			Feedback sessions/workshops
	B5f. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for Jericho Hospital.			X			Transition Plan Help Desk Processes and Procedures Manuals Level-Two Help Desk Operations Manual Help Desk Problem Management System Administrators User Guide	Technical trainings
	B5g. Facilitate 12-month post-implementation warranty and maintenance for Jericho Hospital.			X	X		Transition Completion Summary	
	B5h. Conduct pre-implementation activities (install hardware, define users, etc.) for Jericho PHC directorate clinic.			X			Proof of Hardware Distribution	
	B5i. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for Jericho PHC directorate clinic.			X			Implementation Report	HIS modules training

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	B5j. Training and implementation on administrative support services module of the HIS for Jericho PHC directorate clinic.			X			Implementation Report	HIS modules training
	B5k. Monitor and evaluate the HIS for Jericho PHC directorate clinic.			X	X			Feedback sessions/ workshops
	B5l. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for Jericho PHC directorate clinic.			X			Transition Plan Help Desk Processes and Procedures Manuals Level-Two Help Desk Operations Manual Help Desk Problem Management System Administrators User Guide	Technical trainings
	B5m. Facilitate 12-month post-implementation warranty and maintenance for Jericho PHC directorate clinic.			X	X		Transition Completion Summary	

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
B6. Expand implementation of the HIS to Tulkarem and Jenin districts and the Jerusalem PHC directorate clinic (if funding is available). **	B6a. Conduct pre-implementation activities (install hardware, define users, etc.) for the hospitals.						Proof of Hardware Distribution	
	B6b. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for the hospitals.						Implementation Report	HIS modules training
	B6c. Training and implementation on the in-patient and emergency modules of the HIS for the hospitals.						Implementation Report	HIS modules training
	B6d. Training and implementation on administrative support services modules of the HIS for the hospitals.						Implementation Report	HIS modules training
	B6e. Monitor and evaluate the HIS for the hospitals.							Feedback sessions/workshops
	B6f. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for the hospitals.						Transition Plan Help Desk Processes and Procedure Manuals Level-Two Help Desk Operations Manual Help Desk Problem Management System	Technical trainings

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
							Administrators User Guide	
	B6g. Facilitate 12-month post-implementation warranty and maintenance for the hospitals.						Transition Completion Summary	
	B6h. Conduct pre-implementation activities (install hardware, define users, etc.) for the PHC directorate clinics.						Proof of Hardware Distribution	
	B6i. Training and implementation on the admission, registration, appointments, out-patient clinics, and supporting medical services modules of the HIS for the PHC directorate clinics.						Implementation Report	HIS modules training
	B6j. Training and implementation on administrative support services modules of the HIS for the PHC directorate clinics.						Implementation Report	HIS modules training
	B6k. Monitor and evaluate the HIS for the PHC directorate clinics.							Feedback sessions/workshops
	B6l. Begin transition of HIS management to MOH IT staff through technical documentation and training and establish help desk for the PHC directorate clinics.						Help Desk Processes and Procedures Manuals Level-Two Help Desk Operations Manual	Technical trainings

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
							Help Desk Problem Management System Administrators User Guide	
	B6m. Facilitate 12-month post-implementation warranty and maintenance for the PHC directorate clinics.						Transition Completion Summary	
B7. Continue implementation of HR module of the HIS in MOH facilities.	B7a. Continue working with HR Working Group to oversee support and training needs.	X						
	B7b. Work with MOH to update all job descriptions.		X				MOH Job Descriptions	
	B7c. Formulate a hiring/recruitment process that is compatible with MenalTech.	X						
	B7d. Assess the usage of the HR module in all MOH facilities and resolve any pending issues.	X	X	X	X			Feedback sessions/ workshops
B8. Develop privacy, confidentiality, and user access rules and protocols for HIS.	B8a. Finalize the Framework for eHealth Privacy and Confidentiality and coordinate with the MOH to get legal recognition (i.e., a decree) for the rules and regulations introduced.	X	X				Framework for eHealth Privacy and Confidentiality	
	B8b. Develop Patient Confidentiality Information Practices Notification	X					Patient Confidentiality Information	

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	Customer Form and User Nondisclosure Form.						Practices Notification Customer Form User Nondisclosure Agreement	
	B8c. Coordinate with HIS facilities to implement usage of the Patient Confidentiality Information Practices Customer Form and User Nondisclosure Form.	X						
	B8d. Develop User Access Manual.	X	X				User Access Manual	
	B8e. Deliver User Access Manual to HIS facilities and train facility staff on the use of the User Access Manual.		X					User Access Manual training
	B8f. Organize and conduct a promotional campaign to educate the general public about patient rights and responsibilities under the new system.		X				Promotional materials	Promotional campaign
B9. Conduct MOH HIS Budget and Financial Analysis.	B9a. Identify existing knowledge and data on HIS costs through conducting interviews with related MOH and Ministry of Finance personnel.	X					Organizational Map Draft HIS Annual Budget Forecast Final HIS Annual Budget Forecast and Analysis	
	B9b. Evaluate existing HIS budget process and performance.	X					Budget Process Flowchart	

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	B9c. Evaluate impact and efficiency of the HIS and suggest reforms toward long-term sustainability.		X				HIS Sustainability Summary Report	
B10. Procure and install the PACS for medical images in hospitals with HIS (if funding is available).	B10a. Select the appropriate PACS solution that is compatible with the HIS and hospitals' needs.	X						
	B10b. Draft and Release RFQ for PACS.	X					RFQ	
	B10c. Receive and evaluate proposals and subcontract the selected supplier.		X					
	B10d. Test and implement PACS.				X			
	B10e. Train health facilities staff on the use of the PACS.				X			PACS training
B11. Support implementation of online testing system for the PM Council.	B11a. Set up training room and server room.	X					PM Council Acceptance Certification of Training and Server Rooms Set up	
	B11b. Customize software and redesign PM Council website.	X						
	B11c. Conduct system development testing and obtain the PM Council's approval and acceptance of the system.	X					PM Council System Acceptance Certification	
	B11d. Deploy online testing	X						

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	system.							
	B11e. Train end users and administrators.	X					User Manuals Training Summary Reports	System and administrative trainings
	B11f. Facilitate follow up maintenance and support.	X						
B12. Conduct feasibility assessment of HIS implementation in Champion Community PHC clinics (if funding is available). **	B12a. Conduct feasibility assessment and provide cost information to the MOH and CBOs.	X	X				Assessment Report	

***The timing of activities B6 and B12 is dependent on the availability, timing, and quantity of USAID funding.*

C. Primary Health Care (PHC) Support

The Project will continue to implement its integrated multi-sectoral approach to health care reform that addresses and corrects the lack of coordination between health service providers. In Year 2, in close coordination with the PHC directorate of each district, the Project began implementation of this approach in the Nablus district, followed by Hebron² and Qalqilya in Year 3, and Jenin, Salfit, Tulkarem, Jericho, Jerusalem, and Toubas in Year 4. In Year 5, the Project will continue to work in the previous districts and anticipates scaling up implementation to include two additional PHC directorates, Ramallah and Bethlehem, bringing the multi-sectoral approach to more than 80 clinics across the West Bank.

Equipment will be procured as needed to ensure that facilities are able to provide high quality care that is in line with the guidelines provided by the MOH in the EPS, released in Year 4. In the Ramallah and Bethlehem directorates, equipment will be procured after a health facility assessment has been completed for the targeted clinics.

The multi-sectoral approach is unique in that it 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.

The CCA empowers citizens in the health reform process and 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. Youth play an integral role in the promotion of healthy lifestyles within their communities and acting as agents of change. In Year 2, the CCA was established in 21 communities in the Nablus directorate and implemented by selected CBOs through a subcontracting mechanism. In Year 3, the Project established the approach in twelve communities in the Hebron district,³ five communities in the Qalqilya directorate, eight communities from the Jenin directorate, five communities in the Salfit directorate, and five communities in the Toubas directorate. The approach is a fundamental component of the Project's integrated multi-sectoral approach; all aspects are implemented at CBOs and clinics, concurrently, for maximum impact.

The CCA is focused on preventative health programs that promote healthy living and address prevalent NCDs such as hypertension, diabetes, and heart disease, as well as education on injury prevention, nutrition, and the health effects of smoking. The Project is 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. In Year 5, the Project will finalize a BCC Training Manual⁴ that will be used to conduct Training of Trainers (TOT) for the MOH's Health and Education Promotion Department (HEPD) staff in an effort

² Due to its large geographic area, the Hebron district consists of two PHC directorates: Hebron and South Hebron.

³ Seven communities in the Hebron PHC directorate and five communities in the South Hebron PHC directorate.

⁴ As of the close of Year 4, the BCC Training Manual had been submitted to USAID for approval. Once approved, staff will move forward with training activities.

to improve community health through education. The HEPD will thus have the capacity to train additional health care professionals in BCC as needed in the future.

The children's Healthy Lifestyle Summer Camps are another important BCC outreach mechanism. In Year 4, mothers of campers were also trained so that health messages could be reinforced at home. In Year 5, the PHC team plans to augment this successful approach by offering workshops for mothers and community volunteers far in advance of the summer camps to encourage greater participation. Summer camps will then be held in six⁵ districts in Year 5. Through both winter workshops and summer camps, the Project is creating a network of health stewards in communities across the West Bank: organizations and individuals who are trained in important health messages and will serve to sustain and expand the Project's reach by practicing and disseminating these messages in their day-to-day lives.

Strengthening quality of care at the PHC level was identified by the MOH as a priority area for reform. 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 shortcomings and improves health care quality by drafting and updating guidelines and protocols, such as the EPS and SOC which were both launched in all directorates during Year 4. Provision of formal training, OJC, and mentoring in will ensure successful implementation and institutionalization of these standards.

The MOH has also identified the prevention of breast cancer as a major need. The Project has been working with the MOH to procure mammography equipment and train technicians and nurses on the effective use of this equipment. Four additional mammography machines will be added, providing national coverage and follow up OJC will be provided to trained mammography technicians and nurses.

Major Activity Areas

The major activities planned for Focus Area C: PHC Support are listed below. The sub-activities and related information are detailed in the Gantt chart that follows.

- C1. Expand the integrated multi-sectoral approach to engage communities and clinics in two health directorates, Ramallah and Bethlehem.
- C2. Continue to support implementation of the integrated multi-sectoral approach at communities and clinics in currently and previously engaged districts.
- C3. Institutionalize CCA system.
- C4. Continue the institutionalization of the EPS in all directorates.
- C5. Implement the EPS and related documents (SOC, Standard Operating Procedures, and Job Aids).
- C6. Support the MOH/HEPD in selected BCC activities under the MOH BCC strategy.

⁵ An increase from five districts in Year 4; in Year 5, summer camps will be held in Jenin, Qalqilya, Hebron, Tulkarem, Salfit, and Toubas.

C7. Support the MOH strategy on the prevention of breast cancer.

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
CI. Expand the integrated multi-sectoral approach to engage communities and clinics in two health directorates, Ramallah and Bethlehem.	CIa. Scale up in two PHC directorates in selected clinics according to MOH priorities; conduct meetings with directors and supervisors in selected directorates.	X						
	CIb. Select ten communities from within the two directorates based on priorities as identified by MOH PHC Directors and Management Team.	X						
	CIc. Obtain USAID approval for ten selected communities.	X						
	CI d. Conduct meetings with district health offices, community representatives, and clinical staff.	X						
	CIe. Assist the MOH in conducting health facility assessments in ten communities to identify gaps to be addressed for implementation of the EPS.	X						Conduct meeting in each directorate to share the results of the Health Facility Assessment and identify the quality improvement plans for the clinics
	CI f. Conduct clinical and managerial coaching including Supportive Supervision for directorate and field staff.	X	X	X				Conduct supportive supervision training for the directorate supervisors and the clinics' staff in both directorates

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	C1g. Identify a total of ten new CBOs and issue subcontracts to implement the CCA.	X						Signing ceremony in both districts
	C1h. Implement CCA in selected communities.	X	X	X				Orientation meetings in both directorates Monthly meetings for the community coordinators in both directorates
C2. Continue to support implementation of the integrated multi-sectoral approach at communities and clinics in currently and previously engaged districts.	C2a. Support the MOH in monitoring the implementation of the CCA in the current and previously contracted CBOs.	X	X	X				Monthly meetings with the CBOs
	C2b. Facilitate open dialogues between various health care professionals and communities.	X	X	X				
	C2c. Continue assessing needs and providing technical assistance in the selected clinics and communities.	X	X	X				
	C2d. Select champions (CBOs and clinics) from the various districts currently engaged in the approach and host awarding ceremonies.		X	X				Meeting with the directorates' managing team to choose the champion communities and clinics Champion Selection Ceremony

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
C3. Institutionalize CCA system.	C3a. Obtain MOH and USAID approval and finalize CCA Manual.	X						Meeting with MOH staff
	C3b. Print CCA Manual.		X			CCA manual	CCA manual	
	C3c. Distribute the CCA Manual and train PHC managers on CCA manual.			X				Training on the CCA manual
	C3d. Deliver the CCA Manual to the MOH so that they can add it their orientation and implementation schedule.			X				
	C3e. Oversee the beginning of national implementation of the CCA.			X	X			
C4. Continue the institutionalization of the EPS in all directorates.	C4a. Introduce the EPS at the district level by conducting meetings with PHC directorates.	X	X	X				Meetings for the introduction of the EPS in 12 directorates
	C4b. Assist the district supervisors and other stakeholders in introducing and implementing the EPS at facilities and community levels in the selected communities.	X	X	X	X			
C5. Implement the EPS and related documents (SOC, Standard Operating Procedures, and Job Aids).	C5a. Conduct formal training on SOC, Infection Prevention and Control (IPC), and Pre-Hospital Emergency Protocols.	X	X	X				Trainings in SOC, IPC, and Pre-Hospital Emergency protocols in the North, South, and Middle

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	C5b. Complement the formal training with follow up visits on the implementation of the same topics.	X	X	X	X			
	C5c. Assist the MOH in developing and adopting Standard Operating Procedures for clinical and laboratory services and in updating policies and procedures related to those areas.		X	X	X			
	C5d. Print the updated policies and procedures.		X	X			Standard Operating Procedures and updated policies and procedures in clinical lab services	
	C5e. Conduct follow up visits on the implementation of the various topics.			X	X			
	C5f. Conduct formal training on nurses' orientation package.	X	X	X				Training on nurses' orientation package in the South, North and Middle
	C5g. Initiate review and unification of PHC supervisory checklists.		X	X			Unified supervisory checklists	Meeting to unify the supervisory checklists
C6. Support the MOH/HEPD in selected BCC activities under the MOH BCC strategy.	C6a. Continue the provision of training and TOT on First Aid Trainer's Guide to MOH/HEPD staff and other health care professionals.	X	X					Training and TOT on First Aid Trainer's Guide for the MOH/HEPD staff and other health care professionals

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	C6b. Conduct TOT for MOH health educators using the BCC Training Manual.	X					BCC Training Manual	Conduct TOT On BCC Training Manual for MOH health educators
	C6c. Disseminate BCC Training Curriculum to MOH/HEPD.	X	X					
	C6d. Conduct winter workshops for mothers and volunteers that will serve as preparation for summer camps and encourage greater participation.	X	X					Winter workshops in 6 districts
	C6e. Conduct Healthy Lifestyle Summer Camps.			X	X			Summer camps in 6 districts
C7. Support the MOH strategy on the prevention of breast cancer.	C7a. Continue the provision of training on mammography for mammography technicians and nurses.	X						Conduct training on mammography for mammography technicians and nurses
	C7b. Conduct OJC for trained mammography technicians and nurses.		X	X				Conduct OJC for trained mammography technicians and nurses

D. Hospital Support

The Project continues to work closely with the MOH to improve secondary health care services at selected MOH hospitals. The Project is emphasizing the enhancement of pediatric intensive care in these institutions and is working to empower nurses in Palestinian hospitals to serve as leaders and managers of health sector reform.

In Year 5, the Project team will complete the final steps of initiatives begun in Year 3 by working with the MOH to update and/or develop national quality standards in accordance with international standards, establish management procedures based on best practices, and provide training and OJC for relevant staff. The Project is investing in pediatric intensive care activities to maximize the impact and investment of activities in previous years.

In the Neonatal Intensive Care Units (NICUs) of Rafidia, Alia, Jenin, and Ramallah Hospitals, the Project will provide technical assistance and OJC for NICU personnel. OJC will cover clinical care best practices and optimal use of procured equipment, and will be provided to NICU doctors and nurses. Technical assistance will include updating existing and/or drafting new policies and protocols related to neonatal care and deliver these new guidelines and policies in the form of a Reference Manual on Neonatal Care that covers such clinical topics as *Oxygen Therapy, Infection Prevention, Neonatal Mechanical Ventilation Management*, and more. This manual will also include substantial sections related to “risk communication” about such topics as *Visiting Patients in the NICU, Information Sharing with Patients, Communicating with Parents, and Communication Skill Building*. The Project will support the delivery of specialized technical assistance through a series of workshops covering these communication sections. Changes to NICU care will be institutionalized through the distribution and use of the Manual in relevant NICUs.

Project staff will also facilitate the formation of a Neonatal Working Group that will serve as a venue for team-building and consensus-building activities. This working group will also serve to sustain the Project’s activities related to NICU care at Project end.

Major Activity Areas

The major activities planned for Focus Area D: Hospital Support are listed below. The sub-activities and related information are detailed in the Gantt chart that follows.

- D1. Provide technical assistance to NICU health providers at Rafidia, Alia, Jenin, and Ramallah Hospitals (facility level) (*subject to USAID approval and funding*).

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
DI. Provide technical assistance to NICU health providers at Rafidia, Alia, Jenin, and Ramallah Hospitals (facility level) (subject to USAID approval and funding).	DIa. Facilitate the formation of a Neonatal Working Group for NICU team-building and consensus-building activities through organized seminars and workshops to address SOC, policies, and protocols.	X		X				Seminars and workshops
	DIb. Provide technical assistance in updating existing and/or drafting new policies and guidelines, as needed (e.g., <i>Oxygen Therapy, Phototherapy, Infection Prevention, Parenteral Fluid Management, Neonatal Mechanical Ventilation Management, Hypothermia, Policies for Admission, or Transport and Transfer of Patient</i>), and share new policies and guidelines with the Neonatal Working Group.	X	X	X		Reference Manual on Neonatal Care for doctors and nurses working in MOH NICUs		
	DIc. Provide technical assistance in implementing these policies and guidelines, as needed.	X	X	X				
	DI d. Provide OJC on clinical care to NICU health providers, including doctors and nurses.	X	X	X				
	DI e. Support OJC in sustained optimal use of equipment in related intervention.	X	X	X				

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	D1f. Support delivery of technical assistance to NICU staff in risk communication: “Developing Relationships & Effective Communication with Families,” which covers such topics as <i>Visiting Patients in the NICU, Information Sharing with Patients, Communicating with Parents, and Communication Skill Building.</i>	X				Procedural Manual		Workshops

E. Procurement Support

Procurement is a significant component of the Project's activities. 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 responsive procurement system.

Key elements of this approach to procurement include coordinating with the MOH and donors to avoid duplication and maximize resources, adhering to transparent procurement regulations. To institutionalize the concept of preventative maintenance (PM) and as a practical demonstration to MOH end-users and maintenance staff, all vendors are obliged to conduct PM on medical equipment every three months during a 24-month warranty period. In addition, vendors of medical equipment must ensure that on-site relevant medical staff members are provided with operational and/or clinical training for new equipment.

In Years 2 through 4, procurement support included delivery of major medical equipment to MOH facilities (hospitals and clinics) and selected NGOs throughout the West Bank and selected NGOs in Gaza. The procurement support was complemented by relevant clinical and technical training, and the development of systems to ensure optimal use and maximum life of equipment, in addition to related training.

In Year 5, the Project will finalize installation and training for previously procured equipment and procure new equipment, as needed, to fulfill the EPS requirements for relevant PHC facilities in the West Bank. The Project will continue to provide technical assistance to ensure the effective use and maintenance of procured equipment and complete relevant trainings related to procured equipment. Training will be completed for the Radiation Therapy System (RTS) at Augusta Victoria Hospital (AVH); computerized tomography (CT) scanners at Rafidia, Alia, Ramallah, and Beit Jala Hospitals; and, in coordination with the PHC team, mammography equipment in Hebron, Bethlehem, Toubas, and Jerusalem PHC directorate clinics.

The Project will work with the MOH to institutionalize and standardize reforms across the West Bank. The Project will support the MOH in the activation of the National Training and Calibration Center by equipping the Center, training staff on equipment use, and assisting in the development of working policies and procedures for the Center that are in line with international standards.

In addition, the Project will support the MOH in the creation of a standardized list of all medical equipment used in hospitals and clinics. This list will form the basis for an electronic inventory of all MOH medical equipment on the HIS and ensure that the inventory will be complete, accurate, and free from duplication due to confusion over the correct term for a piece of equipment. The HIS will then be able provide the Ministry with accurate, up-to-the-minute information about all equipment in MOH facilities and will facilitate the proper utilization of the medical management module of the HIS and efficient management of PM scheduling and implementation.

The Project will also evaluate the use of the electronic sign-in devices that were installed in pilot clinics during Year 4. If the system is found to be effective, the system will be expanded to additional MOH PHC clinics. The sign-in system allows MOH staff to sign-in remotely, at MOH clinics, rather than first going to the PHC directorate to sign in and then traveling to the facility, thus increasing the number of daily work hours and number of patients seen per day.

Major Activity Areas

The major activities planned for Focus Area E: Procurement Support are listed below. The sub-activities and related information are detailed in the Gantt chart that follows.

- E1. Complete relevant training for RTS at AVH.
- E2. Complete relevant training for CT scanners procured for four MOH hospitals (Ramallah, Rafidia, Beit Jala, and Alia).
- E3. Complete the delivery, installation, and training on medical equipment for Gaza (procured under Grants or by direct procurement assistance).
- E4. Complete the delivery, installation, and training on medical equipment for the West Bank (procured under Grants or by direct procurement assistance to support the EPS).
- E5. Provide technical assistance and/or clinical training to beneficiary MOH and NGO hospitals and clinics to ensure effective use and maintenance of all procured equipment.
- E6. Establish an electronic inventory of medical equipment at MOH facilities linked to the HIS.
- E7. Assist the MOH in activating the Palestinian National Training and Calibration Center.
- E8. Deliver and install of medical equipment in beneficiary hospitals, if applicable.
- E9. Follow up on the procured mammography machines for Hebron, Bethlehem, Toubas, and Jerusalem PHC directorate clinics.
- E10. Procure equipment for PHC clinics that will allow implementation of the EPS (*if funding is available*).
- E11. Provide MOH PHC clinics with electronic sign-in devices (*if funding is available*).
- E12. Procure and install pharmaceutical Cold Rooms in remaining directorates (*if funding is available*).

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
E1. Complete relevant training for RTS at AVH.	E1a. Oversee on-site and off-site training for relevant technical staff at AVH.	X	X	X	X		Training certificates for trainees	
	E1b. Follow up on equipment utilization.	X	X	X	X			
	E1c. Follow up with the manufacturer, the local supplier, and the beneficiary on the prescheduled PM on the system.	X	X	X	X			
E2. Complete relevant training for the CT scanners procured for four MOH hospitals (Ramallah, Rafidia, Beit Jala, and Alia).	E2a. Facilitate the adoption of best practices and protocols for CT scanner application and dosage control with support of STTA.	X	X	X		CT Department working policies		
	E2b. Support the MOH with the management of PM implementation for the CT scanners on a monthly basis.	X	X	X	X		PM Implementation Report	
E3. Complete the delivery, installation, and training on medical equipment for Gaza (procured under Grants or by direct procurement assistance).	E3a. Follow up on pending deliveries, installations, and clinical training in Gaza.	X	X	X			Installation Reports	
	E3b. Follow up on equipment utilization in Gaza.	X	X	X			Gaza Trip Reports	
E4. Complete the delivery, installation, and training on medical equipment for the West	E4a. Follow up on pending deliveries, installation, and operational training in the West Bank.	X	X	X			Installation Reports	

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
Bank (procured under Grants or by direct procurement assistance to support the EPS).	E4b. Follow up on equipment utilization in the West Bank.	X	X	X	X		Field Trip Reports	
E5. Provide technical assistance and/or clinical training to beneficiary MOH and NGO hospitals and clinics to ensure effective use and maintenance of all procured equipment.	E5a. Revisit all beneficiary hospitals and clinics to identify needs related to equipment use, maintenance, and/or clinical support.	X	X	X	X		Field Trip Reports	
	E5b. Address problems by providing OJC or technical assistance.	X	X	X	X			Clinical trainings (e.g., anesthesia machines, laparoscopy, etc.)
	E5c. Support the MOH with the management of PM implementation for procured equipment on a quarterly basis.	X	X	X	X	Update PM Manual		
E6. Establish an electronic inventory of medical equipment at MOH facilities linked to the HIS.	E6a. Review, update, and unify medical equipment files for hospitals and clinics already connected to the HIS.	X	X				Draft a standard list of surgical instruments Draft a standard list of medical equipment	Round Table Discussion Meetings with different MOH facilities to discuss drafted standard lists of surgical instruments and medical equipment
	E6b. Connect the Biomedical Engineering Unit at MOH to the HIS's Medical Equipment Management Module.	X						

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	E6c. Assist the MOH to upload equipment inventory to the HIS for relevant health facilities.	X	X	X	X			
	E6d. Connect the Biomedical Engineering departments at the MOH hospitals that have not yet been added to the HIS to the HIS's Medical Equipment Management Module.		X	X				
	E6e. Train MOH staff on the use of the HIS's Medical Equipment Management Module to schedule and manage PM tasks and duties in each health facility.	X	X	X				Training sessions
	E6f. Support HIS team in connecting equipment compatible with the HIS (e.g., chemistry analyzer, CTs, and Complete Blood Counts) at new health facilities to the HIS through communicating with the relevant suppliers and/or manufacturers.	X	X	X				
E7. Assist the MOH in activating the Palestinian National Training and Calibration Center.	E7a. Equip the National Training and Calibration Center and train staff on the operational use and utilization of equipment.	X					Installation Reports Attendance List from Training Session(s)	Opening ceremony

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	E7b. Assist the MOH in developing working policies and procedures for the National Training and Calibration Center according to international standards, and coordinate provision of on-site technical training for the implementation of such procedures through the STTA.	X	X	X			Palestinian National Training and Calibration Center working policies	
E8. Delivery and installation of medical equipment in beneficiary hospitals, if applicable.	E8a. Install the equipment and train on proper use and maintenance.	X	X	X			Installation Reports	
	E8b. Follow up on PM.		X	X	X		PM Implementation Report	
E9. Follow up on the procured mammography machines for Hebron, Bethlehem, Toubas, and Jerusalem PHC directorate clinics.	E9a. Procure and install mammography machines.	X	X				Installation Reports	Workshop
	E9b. Train PHC clinic staff on appropriate use and maintenance of mammography machines.	X	X	X			Attendance List from Training Session(s)	
E10. Procure equipment for PHC clinics that will allow implementation of the EPS (if funding is available).	E10a. Review existing equipment assessments and/or conduct new equipment assessments, as needed, based on EPS guidelines in cooperation with the technical team for PHC clinics that are proposed for expansion into the integrated multi-sectoral approach.	X					Facility Assessment Report	

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Planned Publications	Work Products	Events
	E10b. Procure needed equipment to implement the EPS in PHC clinics.		X	X			RFP/Q	
	E10c. Train PHC clinic staff on the appropriate use and maintenance of procured equipment.		X	X	X		Installation Reports Attendance List from Training Session(s)	Clinical workshops for Complete Blood Count, ultrasound, etc.
E11. Provide MOH PHC clinics with electronic sign-in devices (if funding is available).	E11a. Evaluate the use of electronic sign-in devices installed at the pilot clinic sites in Y4Q4.	X					Evaluation Report	
	E11b. Expand the electronic sign-in system to select MOH clinics if proven effective in the assessment of the pilot.		X	X			RFQ Installation Reports Attendance List from Training Session(s)	
E12. Procure and install pharmaceutical Cold Rooms in remaining directorates (if funding is available).	E12a. Review needs assessments and confirm PHC clinic sites where Cold Rooms are needed.	X						
	E12b. Release RFQ and select supplier.	X					RFQ	
	E12c. Procure and install Cold Rooms.		X	X			Installation Reports Attendance List from Training Session(s)	

GAZA INTERVENTIONS

In Year 5, the Project will close out the grants made to NGO rehabilitation centers and nonprofit organizations in previous years and complete follow up required for procured equipment. The Project will not award new grants to organizations based in Gaza in Year 5. The following grants will be closed out in Year 5:

1. **Jabalia Rehabilitation Society (JRS):** A new grant (signed July 9, 2012, activities completed June 30, 2013) to prevent hearing and middle ear disabilities in the Gaza Northern Area. Activities aim to strengthen community based health care for children through the early detection of hearing and middle ear problems among pre-school children in the Northern governorate, as well as health awareness on targeted topics for kindergarten caregivers, parents, and children.
2. **St. John's Eye Hospital:** A follow-on grant (signed September 1, 2012, activities completed December 31, 2012) to save and improve the "gift of sight" of 2,500 underprivileged adults suffering from Diabetic Retinopathy in Gaza. Activities include an intensive screening initiative that ensures early detection of vision impairments related to diabetes.

Project implementation for Gaza in Year 5 will focus on Procurement Support and Institutional Development in the following manner:

- **Commodity Procurement:** Staff will conduct site visits to follow up on the delivery, installation, and utilization of procured equipment. Any further procurement support to Gaza is pending USAID approval and funding.
- **Grants:** Close out grants that were previously awarded. Staff will conduct site visits to provide technical support in M&E.

Section IV. Implementation and Management Plan

PROJECT ORGANIZATION

Moving into Year 5, the final year of the Project, Chemonics International will continue to draw upon the specialized expertise of its subcontractors:

1. **Alpha International:** Research and data collection.
2. **Massar Associates:** Logistical and administrative support in the West Bank and Gaza.
3. **Dimensions Health Care:** HIS implementation.

Due to the funding uncertainties and the need to institutionalize and consolidate activities started during the previous years, it is envisioned that the work for Loma Linda University, Intrahealth International, Training Resources Group (TRG), and Health Strategies International (HSI) will be limited this year.

The Reduction in Force (RIF) had a significant impact on the Project's staffing structure. However, by the end of Year 4, the organizational chart was finalized and recruitment was finished. As a result, no major staffing changes are expected during Year 5. As it is the final year of the Project, activities will taper off during the last quarter and final closeout activities will be conducted mainly by administrative staff.

Work Centered Around Focus Areas

Technical work will continue to be divided by Focus Areas, following the same management structure as in Year 4. The Deputy Chief of Party (DCOP) for technical programs will continue to oversee Focus Areas A, C, and D, and the Chief of Party (COP) will directly supervise Focus Areas B and E.

Gaza

Work in Gaza was significantly reduced in Year 4 and will continue along a similar trend in Year 5. Ramallah-based staff will continue to schedule periodic visits to grantees and organizations that received procured equipment. These visits will be in addition to oversight and monitoring via telephone and email.

COORDINATION WITH THE HOME OFFICE

Chemonics' home-office Project Management Unit (PMU) provides assistance in a range of areas to help ensure compliance with USAID and Chemonics policies and regulations. The PMU supports quality control for the Project and provides the field office with access to additional United States-based technical resources and home office support in accounting and finance, contracts, procurement, communications, knowledge management, and training. The home

office and field office work closely together in a variety of ways, including frequent communications by phone and email, a weekly teleconference meeting, periodic PMU visits to the field and field office visits to the home office.

Key areas of support which the home office provides include the following:

- Drafting approval requests for STTA
- Fielding and backstopping of long-term employees and consultants
- Invoicing
- Budget monitoring
- Recruitment for long- and short-term expatriate and third-country national staff and consultants
- Administrative and financial oversight of United States subcontractors
- Participation in yearly work planning
- Participation in semi-annual conference calls with United States and local subcontractors

HR MANAGEMENT

The Project COP and DCOPs have the ultimate responsibility for all HR issues and staff performance monitoring. The DCOP for technical programs is responsible for overall health sector reform activities. The DCOP for operations maintains direct oversight of resource allocation and works with the COP and DCOP for technical programs to promptly address HR issues and to assist supervisors with staff performance evaluations. Focus Area team leaders are responsible for the performance and evaluation of staff in their respective technical areas.

FINANCIAL MANAGEMENT

The Project considers financial management and cost control a key part of successful program management. Through support from the home and field offices, the Project is committed to ensuring sound financial management and reporting. The home office PMU uses a budget monitoring system to track program expenditures by contract line item (CLIN) funding source and location in order to anticipate areas where funding problems might arise. The Project's finance department liaises with the PMU to ensure accurate monthly billing and USAID financial reporting.

The finance unit is responsible for overall day-to-day financial accounting of the field office. This includes reviewing contracts and checks signed by the COP, entering locally incurred expenses into the accounting software, monitoring local bank accounts, and requesting wire transfers of funds from the home office. Overall technical programming of contract funds takes place in the field office and is led by the DCOPs, but is closely coordinated with the home office PMU. Per the contract, the Project submits a number of financial reports to USAID, namely monthly invoice statements, quarterly financial reports, and quarterly accrual reports.

PROCUREMENT AND LOGISTICS

The Project is responsible for compliance issues related to all commodity and equipment acquisitions, as well as the provision of procurement-related services necessary for successful

implementation. The Project will continue to perform negotiated procurement using best value techniques. The home office manages procurements from the United States. Technical procurements under Focus Area E will continue to be handled by the procurement team, and office-related procurement will be managed by the operations team.

Procurement plans for medical equipment and supplies continue to be developed through consultations with counterparts. The procurement process involves obtaining USAID approvals, creating timelines and budgets, agreeing on specifications with beneficiaries, drafting solicitations, evaluating proposals, adjudicating awards, inspecting received shipments, planning for storage and transportation, and following up on training and maintenance needs with recipients and vendors.

COORDINATION WITH KEY STAKEHOLDERS

Since Year 1, the Project has engaged stakeholders in dialogue on the MOH health system assessment, institutional development work plans, and technical interventions in areas such as maternal and child health, HIS, breast cancer, BCC, training, and MOH thematic working groups. The Project will continue to coordinate efforts with donors, including the WHO, UNICEF, UNRWA, and others. The Project will also leverage support, when appropriate, with other USAID projects such as the Palestinian Authority Capacity Enhancement Project (PACE), Ruwwad, and EWAS II. In Year 4 for example, the Project partnered with Ruwwad and implemented Healthy Lifestyle Summer Camps at Youth Development Resource Centers in three areas in the West Bank. In addition, the Project team will continue to coordinate with Palestinian ministries, the PM Council, syndicates, and NGOs.

MANAGEMENT OF SUBCONTRACTORS AND CONSULTANTS

The Project has three major Palestinian and four major United States subcontractors. However, their roles significantly decreased in Year 4 with the exception of Massar Consulting and Technical Services. In Year 5, Alpha, Dimensions, and Massar will continue to be managed from the field office. Alpha activities are under the management of the M&E team; Dimensions activities are under Focus Area B; and Massar activities are under the DCOP for operations. Consultants are managed by the respective Focus Area, Knowledge Management, or Operations team. The home office has oversight of the international subcontractors; however, as stated before, their role will be limited in Year 5.

MANAGEMENT OF GRANTS-UNDER-CONTRACT MECHANISM

The Project began implementation of the grants program in Year 2. The Grants Manager is responsible for monitoring grantee performance, developing the general objectives of the grants program and the specific objectives of award competition, establishing evaluation criteria, setting up grants administration mechanisms, and overseeing overall performance of the grant award in terms of technical implementation and compliance. The Grants Manager prepares, advertises, and solicits applications, and communicates with other donors and relevant institutions to identify specific grants competition areas and potential organizations. Staff reviews each grant application through a formal GEC comprised of the DCOPs and the Director of Focus Area C.

The following steps summarize the grants cycle:

1. NGO Project approach and vetting;
2. Release of request for applications (RFAs);
3. Receipt of concept paper and full application (or at times unsolicited applications received);
4. Technical and financial evaluation;
5. Pre-award responsibility determination;
6. Receipt of USAID approval;
7. Grant agreement;
8. Implementation;
9. Monitoring of implementation through financial, technical, and compliance reviews;
10. Close-out of the grant; and
11. Audit (if applicable).

MANAGEMENT OF FELLOWSHIP TRAINING PROGRAM

The fellowships under the Al Quds Open University fellowship program will continue to be managed by the DCOP for technical programs with the assistance of the Programs Coordinator. They will continue to closely monitor fellows' performance and will coordinate with Operations and Compliance on compliance with the terms of the contract and vetting requirements.

COMPLIANCE WITH USAID ANTI-TERRORISM POLICIES AND REPORTING REQUIREMENTS

In 2010, Chemonics International developed the Chemonics MO2I manual. In Year 5, the Project will collaborate with other Chemonics projects in the West Bank to update this manual and ensure that it includes USAID changes and additional guidance provided to partners during the last two years. The Project will continue to provide staff training pertaining to MO2I, including formal sessions, and share weekly tips and case studies with all staff. Furthermore, all Chemonics projects working within the West Bank will continue to meet on a monthly basis to discuss ongoing compliance-related issues and new information regarding MO2I to ensure best practices and full compliance.

Vetting

The Project understands that vetting is conducted by USAID in connection with its review and/or approval of proposed awards and sub-awards to non-United States awardees. The Project conducts vetting in strict adherence to the USAID anti-terrorism procedures laid out in MO2I.

Anti-Terrorism Clauses

The Project has instituted procedures to include the following clauses in every written agreement, regardless of the amount, per MO2I, as issued in October 2007:

- Prohibition against support for terrorism;

- Prohibition against cash assistance to the PA; and
- Restriction on facility names.

Anti-Terrorism Certification (ATC)

The ATC is a mechanism through which all United States and non-United States organizations must certify, prior to being awarded a grant or receiving in-kind assistance from the Project, that they do not provide material support or resources to terrorism. The Project team ensures strict compliance with USAID's ATC regulations prior to issuing grant awards or awards of in-kind assistance.

Sub-Award Reporting

Per guidance from the updated MO21, the Project submits a sub-award report to USAID containing a list of all sub-awards and extensions made during the previous month. With this submission, the Project submits a copy of the signed ATC (if applicable) as an attachment, along with the Excel-formatted sub-award report.

PROJECT MANAGEMENT APPROACH

Project staff is actively managing and monitoring Project performance. This happens through weekly management meetings with all Unit Heads and DCOPs, led by the COP, as well as through weekly all-staff meetings during which staff provides updates on progress and challenges and highlight areas of opportunity.

The DCOP for operations oversees recruitment efforts for local short- and long-term personnel. The PMU recruits for expatriate consultants and briefs them on Project information and background prior to their arrival. The PMU provides monthly financial reports comparing actual expenditures against forecasted expenditures. In addition, the COP and DCOPs meet on a weekly basis to discuss and address emerging issues, both technical and administrative.

Section V. Budget

The last year of the Project will be focused on institutionalization and ensuring the sustainability of the initiatives started by the Project during Years 1 through 4. As such, the activities are prioritized and take into account available contract funding and time of performance. By September 2012, the Project had approximately \$18,903,991.90 remaining in the budget for Year 5; technical activities under this annual plan are designed to use all available contract funding.

The estimated breakdown by Focus Area is as follows:

	<i>Focus Area A</i>	<i>Focus Area B</i>	<i>Focus Area C</i>	<i>Focus Area D</i>	<i>Focus Area E</i>	<i>Total FY 2013</i>
Total	\$1,371,953.16	\$9,177,474.30	\$3,897,978.81	\$241,305.74	\$4,215,279.90	\$18,903,991.91

Project activities in Year 5 will focus on work completed by long-term professional staff and the transfer of knowledge to counterparts to ensure sustainability of programs. The Project will continue to rely on local and expatriate STTA and local subcontractors. Staffing levels for Year 5 remain at their current levels due to the demands of the Project and will continue to remain at this level throughout the year. The illustrative budget summary and CLIN projections can be found below.

**Table I. Year 5 Illustrative Budget Summary
(October 2012-September 2013)**

Line Item		Year 5 Budget
I.	Salaries (long-term, consultants, and support)	\$2,230,957
II.	Fringe Benefits	\$798,568
III.	Overhead	\$1,589,597
IV.	Travel, Transportation, and Per Diem	\$138,701
V.	Allowances	\$249,826
VI.	Other Direct Costs	\$475,906
VII.	Equipment and Supplies	\$163,250
VIII.	Training	\$283,296
IX.	Subcontractors	\$650,794
X.	Strategic Partners Fund	
	Procurement	\$9,017,570
	Grants	\$588,202
	Local Fixed Price Subcontracts	\$971,100
Subtotal, Items I-X		
XI.	General and Administrative	\$945,393
Subtotal, Items I-XI		
XII.	Fixed Fee	\$800,833
Grand Total		\$18,903,992

**Table 2. Year 5 Illustrative Budget Summary by CLIN
(October 2012-September 2013)**

Current Contract		Year 5 Budget	
Project CLIN	Amount (\$)	Project CLIN	Amount (\$)
Project CLIN 1	\$25,043,192	Project CLIN 1	\$5,508,623
Fee	\$1,514,265	Fee	\$351,614
Project CLIN 2	\$29,520,805	Project CLIN 2	\$6,397,111
Fee	\$1,758,502	Fee	\$408,326
Project CLIN 3	\$25,988,238	Project CLIN 3	\$5,864,018
Fee	\$1,611,960	Fee	\$374,299
Grand Total	\$85,436,962	Grand Total	\$18,903,992

YEAR 5 BUDGET SUMMARY DETAIL

Salaries

Salaries included in the Year 5 budget are for Chemonics personnel only. The salaries presented are for long-term expatriates/third country nationals (TCNs), short-term expatriates/TCNs, long-term local professionals, short-term local professionals, local support, and home office professionals. In accordance with Chemonics policy, salary increases are budgeted for expatriate, TCN, and support staff to be applied in October of each year. The Project will rely heavily on long-term labor to fulfill a majority of the technical needs throughout Year 5.

Fringe

Chemonics recovers costs for fringe benefits as an imputed direct cost to the contract. Fringe benefit costs are calculated by applying current provisional negotiated indirect cost-rate agreement rate to the base of all directly billed long-term expatriate and home office professional salaries. Local fringe benefits have been budgeted in accordance with West Bank labor law for local long-term professionals and support staff. In addition, provident fund, health insurance, and worker's compensation for all local long-term and support employees has been included.

Overhead

Chemonics' provisional overhead rates are applied to field-based professional salaries plus fringe benefits, and direct home office salaries plus fringe benefits based on the most recent negotiated indirect cost-rate agreement.

Travel and Transportation

The Project has budgeted for both short-term and long-term employee travel expenses based on historical expenditure and expected travel plans for Year 5. The costs of repatriation of long-term staff have also been included. This line item includes United States travel/ground transfers, to/from post expenses, international travel, R&R travel, home leave, travel for conferences, regional and local travel, and air and surface shipments of household effects.

Allowances

The Project has budgeted for allowance expenses based on current allowance rates using current staffing levels, including long-term expatriates/TCNs, short-term expatriates/TCNs, and local staff. This line item includes post differential, danger pay, cost-of-living adjustment (COLA), temporary quarters subsistence allowance (TQSA), living quarters allowance, and per diem.

Other Direct Costs

The Project continually updates expenditure for other direct costs based on historical expenditure and actual costs. This line item includes Defense Based Act insurance, medical evacuation insurance, travel accident insurance, medical exams, passports and visas, communication costs, legal costs, reproduction costs, bank charges, extendable supplies, vehicle maintenance and fuel, vehicle rental, office rent, utilities and maintenance, office make-ready, equipment rental, professional services, meeting expenses, and promotional materials.

Equipment and Supplies

The Project has budgeted for equipment and supplies based on Year 5 technical activities. This line item includes computer hardware and software, office equipment, small technical materials, office furniture, and freight. The majority of the Project's technical materials are purchased through the Strategic Partner's Fund.

Training

The Project has reserved funding for training based on the planned Year 5 activities. This line item includes in-country training events, launch/closing events, and fellowships.

Subcontracts

The Project uses this line item to include all United States-based subcontractors (cost-reimbursement, time-and-materials, and fixed-price subcontracts) as well as three local subcontractors. United States partners include Loma Linda University, Intrahealth, Health Strategies International, Training Resources Group, Lynx (fixed price), and Devis (fixed price).

The three local subcontractors budgeted are Alpha International, Massar Associates, and Dimensions Health Care.

For Year 5, local partners' budgets will maintain at their current spending levels. United States-based subcontractors' budgets have been decreased significantly, as the Project anticipates limited work during Year 5 for these agencies.

Strategic Partner's Fund

Procurement: This line item is inclusive of \$9,017,570 in procurements allocated to Year 5, including payments for the HIS and for a National Training and Calibration Center for medical equipment. This figure also includes the continuation of planned procurements for the West Bank and Gaza from Year 4, as well as new planned procurements for these areas in Year 5.

Fixed-Price Subcontracts: This line item includes support to community-based organizations and all local fixed-price subcontracts.

Grants: The Project will continue implementing its grants program. This line item includes the budget for grant activities in the West Bank and Gaza.

General & Administrative Rate

Chemonics' current provisional general and administrative rate has been budgeted for on all costs.

Fixed Fee

This line item incorporates the fixed fee charged on grants and the overall fixed fee charged on all costs. The fee is recuperated at a rate of 6.5 percent.