

# Project Title



## USAID FLAGSHIP PROGRAM FOR BREAST- CARE IN PALESTINE “EARLY DISCOVERY: THE ROAD TO RECOVERY”

Reporting Period: July 1, 2010 to July 31, 2010

Date Report is submitted: August 10, 2010

Organization Name: Augusta Victoria Hospital, East Jerusalem

Author of the report: Siham Awwad, Project Technical Director

## Section I: Organization General Information

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<b>Grants Tracking Number</b>	<b>SGA-10-09</b>
<b>Title of Activity</b>	<b>Breast Cancer Palestine: "Early Discovery – The Road to Recovery"</b>
<b>Start Date of Reporting Period</b>	<b>July 1, 2010</b>
<b>End Date of Reporting Period</b>	<b>July 31, 2010</b>
<b>Date Report is Submitted</b>	<b>August 10, 2010</b>

## Section II: Reporting Period Background

*(Please provide a brief summary on the reporting period including: background, a summary of planned activities, implementation location, number of beneficiaries, and the staff responsible for overseeing the implementation of each activity)*

In February 2010, Augusta Victoria Hospital (AVH) introduced a Mobile Mammography Unit, and team to pilot and implement an educational program for Palestinian women, explaining the importance of prevention, early detection and the methodology of breast cancer screening and to provide ultrasound and mammography scans for women in rural clinics and villages in the West Bank.

The program commenced its activities in February in Askar (UNRWA) clinic in Nablus. Interest in the mobile mammography clinic has been very high. Clinic schedules for the mammography and ultrasound scans were increased to five per week in the month of March. Large numbers of women are accommodated in the educational/awareness and breast self-examination sessions. These are conducted only 2 to 3 days per week. Those women meeting criteria are scheduled for mammography or ultrasound scans. Because of the time needed for each patient, only about 8 women can be accommodated for scans in the mobile mammography unit during each day of operation. Thus, it takes 3 to 5 days to catch up with the appointment list from each awareness and educational session.

In June, two difficulties were encountered. The first was that the mammography machine was out of order for a period of time which affected scheduling and led to a back-log of patients for scans. The second was that as the summer period has begun, the weather is much hotter. The children are home from school and sleeping in. Festivities (weddings, etc.) are in progress and last long into the night causing the women to sleep in and arrive late for educational sessions which start at 8:30 a.m. Special calls to get them to come have been necessary and then they are not arriving until 10:15 to 10:30 in the morning which causes delays and frustrations for the mobile mammography team. These problems have

continued into July. (It should be noted that the failure of women to come for medical services is not unique to the mammography program. It applies to all medical services ....it has been reported that children are not being brought in for necessary immunizations).

In this reporting period (July), through coordination with the Flagship program, the mobile mammography team began, for the first time, to make visits to Ministry of Health clinics. As outlined above, the team has also noticed that the number of women attending sessions has begun to decline. As discussed above, this is because the weather is hot, celebrations are in progress (including in late July, preparations for Ramadan), children are home from school and sleeping in, and women are just not coming out to the educational sessions without special efforts being made by the team (eg. announcements by the local mosque). Thus, often the women are not appearing until 10:15 a.m. or later in the morning and in fewer numbers than in the first three months of operation of the program. There have also been some coordination problems in terms of identifying the best persons to communicate with in relation to organizing the mobile mammography unit visits to Ministry of Health clinics in various villages and in choosing the most appropriate site. Some of these issues are outlined in the descriptions of visits to individual villages outlined below. Despite these problems, in the month of July, the mobile mammography team saw 368 women attending educational/information sessions, 180 women got mammography scans and 220 women received ultrasound scans. More than 35 different villages have been visited by the mobile mammography team since the program was initiated. These include: Askar camp, Nablus city, Al Masaken, Balata camp, Al Ein camp, Al Fara, Toobas, Jenin camp, Al Jbedot, Khabathya, Houwarah, Sabastya, Beit Emreen, Jensenia, Burka, Al Nakoora, Yossed, Tallouza, Nos Jbaljuta, Beit Eba, Boreen, Oreef, Aureeta, Al Zouyeh, Madoma, Ain Yaboose, Youtma, Albathan, Bajariel, Assera Elshamalieh, Beit Foureek, Beit Dajan, Deir Elhatab, Salem, Rojub and Balata Al Balad.

On July 5, the mobile mammography team (through arrangements made by Dr. Hala Hamden), visited Beit Emreen, population 3250. Only 24 women attended (probably for the reasons outlined above). A further visit to this site has been requested at a later date. This is under consideration, but the travel time to Beit Emreen is very long and very exhausting for the staff and team, especially when the women arrive late and the work day for the staff and team members is extended.

On July 7, the unit visited Asserah Elshamalieh. 21 women attended and all were from Asserah and none from any of the other surrounding villages.

On July 12, the unit was at the Askar clinic and 19 women attended. These disappointing numbers are attributed to the same reasons outlined above: summer heat, festivities, etc.

On July 13, the unit made its first visit to Deir Elhatub clinic (MOHC), population 2500, through the coordination of Mrs. Smira Khateeb (District Coordinator for Flagship) and Mrs. Marwah (District coordinator for M o H clinics in Nablus ). This includes the nearby village of Salim, population 5000. When the unit arrived, only a few women were waiting. The mayor of the village came to the clinic asked to speake with the manager of the unit. He asked about the visit ,and from where we are, plus with whom we coordinate.It seems, he did not know anything about the visit . He noted that with better coordination and with help for the initiative to come from within the village, better results could be achieved. He then, contacted the mosque to announce the visit and 75 women attended. He helped find a suitable electricity source for the van and the local clinic proved to be an adequate facility for the mobile mammography unit. This visit illustrated the point that sometimes coordination has to be carefully directed through the most effective community vehicle.

On July 15, the unit visited Albathan clinic (population 4,000) that also serves the three villages of Al-Nassareyeh, Ain Sheebly and Beit Hassan (together a population of 4,500). Attendance was very good with 77 women participating, 40% of them from Al-Nassareyeh. They asked for another visit by the unit in their place and that has been scheduled for August 10<sup>th</sup>. This was a very good experience for everyone involved. The electricity source was good, the clinic suitable and the coordinator of the clinic was very cooperative.

On July 19, the unit visited Balata El-Balad (Ministry of Health clinic, through Em Hassan, flagship community supervisor) which has a population of 6,000. This visit had some problems because the arrangement for the visit was in a school which was not an appropriate facility (inadequate electric source, no examination tables, no privacy) and no women were present. Again a call was put out through the mosque and 39 women did arrive after 10:30 a.m. Much pressure was put on the staff during the visit and it was very frustrating for the team who had to stay late because of the lack of punctuality.

On July 24, the mobile mammography team visited Salim as per their request. Again, when they arrived, nothing was ready and no women were present. The whole visit was a problem because there had been some crime committed in the village and new arrangements were made to house the unit. By 10:30, 48 women arrived but the electricity for the mammography unit was bad at the village council site that had been chosen. It turns out that the M o H clinic is very good and better coordination between the responsible coordinator (Randa) and community coordinator could have led to selection of the M o H clinic as the best site.

On July 26, the unit also visited El Ain upon their request. As in Salim, nobody was there and after a call to the mosque, 21 women attended.

On July 27, the unit visited Tallouza, and, as above, no women came out. Eventually 44 women came and the educational session was held in the M o H clinic. However, because the electricity source was inadequate, arrangements had to be made for the women to go to the Ibn Seena centre in Sabastya for mammography scans.

Finally, it should be noted that the mammography machine was unavailable for 3 days at the end of July because of software issues which have since been solved.

In conclusion, the number of women seen by the mobile mammography unit during July was really quite good considering the problems encountered. Because of the difficulties encountered, the work of the unit was extremely stressful for the staff. As a result, the schedule for August has been developed in conjunction with the Flagship program and the Ministry of Health and hopefully will lead to smoother operations.

### Section III: Outputs Achieved during this Reporting Period

*(Please provide a detailed account of each output achieved during this reporting period)*

- Output 1: Radio Awareness Campaign. We have two quotations for costs of the radio messages and *a copy was sent to USAID-flagship for input and approval.*

- Output 2: Personalized Information Booklet and Referral Guide. The booklet is completed. A printed copy will be sent to USAID-Flagship for review, input and approval
- Output 3: Pre—Mammography Clinic Visits: During this reporting period, visits were initiated, for the first time, to Ministry of Health clinics. Specifically , visits were made to Beit Emreen (24 women attended), Asserah Elsamalieh (21 women attended), Askar (19 women attended), Deir Elhatub (75 women attended), Albathan (77 women attended), Balata El-Balad (39 women attended), Salim (48 women attended, El Ain (21 women attended) and Talouza (44 women attended). As previously, the first thing done was to introduce ourselves, to explain the goal of the program, the funding provided by USAID-Flagship, and the concept of the program Breast Cancer Palestine: Early Discovery-Road to Recovery. It was made clear that the target group was all women, 20 years old and greater, and that all women in surrounding villages were invited to participate. During the pre-visit, the suitability of the site to house the Mobile Mammography Unit was checked and the feasibility of holding sessions at the clinic was confirmed. We asked the clinic to prepare a list of the women who would attend sessions including their name, age, and ID #, type of insurance, insurance #, address and telephone. It was explained that this was necessary for successful follow up. A total of 368 women attended the educational and information sessions. They heard a presentation on breast cancer awareness and the importance of early detection. Breast awareness and breast self examination were done for each woman. The fact that cancers detected early have a far greater chance than those whose detection is delayed was emphasized. Passing this message from woman to woman was encouraged. Breast examinations were performed by the team for each woman and then the women were encouraged to do the examination on them. In this way, breast self-examinations were taught to each client. It was explained that now she would be able to teach her friends and daughters the technique and pass this information out into the community (the TOT, “Training of Trainees” approach). Two problems surfaced in the visits carried out in July. The first is that the hot weather, the season of festivities and school vacation has meant that women are not coming to the pre-clinic visits at 8:30 a.m. but need to have special calls that ultimately get them there at 10:15 or later. This causes difficulties for the mobile mammography team who get exhausted, get home late and run into problems with their own schedules. In addition, attendance is down compared to that of previous months. Secondly, there have been some coordination problems in finding the best person to communicate with in each village and identifying the best site with appropriate electricity capabilities, and facilities for women for the information sessions.
- Output 4: Mammography and Ultrasound Scans. These scans were carried out on available days according to appointments arranged in the pre-clinic visits. Coverage was active. 180 mammography scans and 220 ultrasound scans were performed
- Output 5: Number of CDs produced. All mammogram scans completed in July were recorded on CDs.

## Section IV: Summary of Major Accomplishments

*(Please provide a summary of major accomplishments during the quarter as well as unexpected or unplanned outputs/activities during this quarter)*

From the perspective of Awareness Promotion, the Mobile Mammography Unit participated in the Women's Health Day sponsored by the USAID-Flagship program in Sabastiya on March 23, 2010. The team and the staff from AVH also participated in the International Health Day in Ramallah on April 6, 2010. On April 7, 2010, the team participated in the marathon walk in Nablus that was promoted by the Askar camp as part of International Health Day. All of these events gave good exposure to the unit.

In July, the mobile mammography unit started to visit Ministry of Health clinics for the first time. Since the program was initiated, over 35 villages have now been visited by the mobile mammography team. To date, 1876 women have attended the information/educational sessions and 787 mammography scans and 910 ultrasound scans have been performed.

In July, hot weather, festivities and school holidays have led to a drop in attendance and punctuality of participants. With initiation of visits to Ministry of Health clinics, a few coordination problems have arisen. Finally, the mobile mammography unit was out of operation for 3 days in July because of software issues that have now been resolved.

The technical coordinator for the project, Siham Awwad, was away in the United States between June 10 and July 7, 2010. Although a few problems were encountered, the good news is that mobile mammography team was able to successfully continue with its work, schedule and clinic visits and to carry out the program.

During the mammogram screens women are being found with lesions and are being referred for follow-up and treatment.

## Section V: Comparison of Actual vs. Planned Activities

*(Please compare actual work accomplish vs. planned activities, noting that any deviation between implementation and the agreement must be approved by Flagship Grants Manager)*

<i>Activity No.</i>	<i>Activity Title</i>	<i>Planned</i>	<i>Accomplished</i>	<i>Reason behind discrepancy</i>
1	Radio Awareness Campaign	Radio messages to be aired at regular intervals	Two quotations for cost have been received, and sent for approval.	Project is on schedule
	Personalized Information Guide	The goal is to design and produce 5000 booklets	Booklet is complete. A printed copy sent to USAID-Flagship for input and approval	On schedule
3.	Mammogram Clinic Pre-Visits	Educational Visits have been initiated.	Visits were made to Beit Emreen, Asserah Elsamalieh, Askar, Dier Elhatub, Elbathan, Balata El-Balad, Salim, El Ain	On schedule

and Talouza				
	Mobile Mammography Unit Visits	Many clinics will be visited in the ensuing year	Visits were made to the same clinics as above mentioned	On schedule
5	CD Records of Ultrasound and Mammography scans	Plans include 700 ultrasound and 500 mammogram scans	CDs are produced of the ultrasound and mammogram scans for each clinic visit	On schedule

Section VI: Monitoring and Evaluation Tracker

Objective	Result	Indicator	Output \Outcome	Data Source	Frequency	Responsible Person/ Team	Baseline Value and Date	Target Value and Date	Disaggregated by
1	Increase access to breast cancer detection service	Number of trip conducted by the mammography mobile clinic	Output	Project Technical Manager	Monthly	Project Technical Manager (Siham Awwad)	0	270 trips	-location : Beit Emreen, Asserah El-shamalieh, Askar, Dier Elhatub, Elbathan, Balata El-Balad, Salim, El Ain and Tallouza, (plus surrounding villages)  - 106 visits in total;22 visits in July
		Number of women benefited from the mammography mobile clinic	Output	Project Technical Manager	Monthly	Project Technical Manager (Siham Awwad)	0	5,000 women	- Age group:20-70  - 368women in July.  - 1876 women in total

2	Increase awareness among women on the importance of breast cancer detection	Number of women attended the awareness lectures	Output	Project Technical Manager	Monthly	Project Technical Manager (Siham Awwad)	0	5,000	- 1876 women in total. - 368 women in July.
		Number of messages aired by the radio	Output	Radio Station  Data and ratings	Monthly	Project Technical Manager (Siham Awwad)	0	Please Specify  The Annual Target	-Date
		Number of booklets distributed	Output	Project Technical Manager.	Monthly	Project Technical Manager (Siham Awwad)	0	5,000	-Date

## Section VII: Outstanding Issues and Solutions

*(Please indicate any outstanding issues and implementations problems faced during the implementation periods and options for resolving these issues and problems)*

*(Please indicate how your organization plans on sustaining the efforts achieved during this project and the*

Activity	Challenges/Issues/Problems	Factors that contributed to challenges/issues/problems	Possible Solutions
<b>1. Radio Campaign</b>	None – discussions held, quotes are being received, on schedule		
<b>2. Personal Info Guide</b>	None- booklet complete and ready to send to USAID- Flagship for review, input and approval.		
<b>3. Mobile Mammography Unit</b>	<p><b>1. Summer heat, festivities and school vacation – women’s attendance is low and they arrive late.</b></p> <p><b>2. Coordination of visits to P MoH clinics in July has not always identified the best individual for communications nor the best site resulting in lack of preparedness of the community.</b></p> <p><b>3. mobile mammogram not working for three days</b></p>	<p><b>1. attendance is down; mobile mammography team gets delayed</b></p> <p><b>2. Electricity supply not always adequate, site does not always provide privacy and facilities ideal for examination; special calls (eg. mosques) need to be made to get women out.</b></p> <p><b>3. problems with software</b></p>	<p><b>1. Communications will be improved between co-ordinators and advance planning will take place.</b></p> <p><b>2. Coordinators will check about facility in advance of visit of the mobile mammography unit.</b></p> <p><b>3. The supplier will improve response time for maintenance</b></p>

## Section VIII: Sustainability of Efforts

*(Please indicate how your organization plans on sustaining the efforts achieve during this project and the Status towards achieving sustainability)*

*Status towards achieving sustainability)*

The mammography unit is functional and the team of professionals to conduct educational sessions, awareness campaigns and screening sessions is in place. With the kind support of USAID-Flagship, this project should be very successful. During March 2010, the number of clinic visits in the Nablus area was increased from three per week to four per week to meet the demand and interest of women to participate in the program.

Discussions on sustainability for this important initiative are still ongoing but, in addition to support from UNRWA and PMoH, consideration has been given to the implementation of a small user fees for participants in order to cover costs of maintaining the mobile mammography unit and program.

Section IX: Beneficiaries - As of July 31, 2010

*(Please use the below format to list direct beneficiaries)*

<i>Activity Title</i>	<i>Number of beneficiaries according to gender</i>	<i>Name of town, village, or refugee camp</i>
<i>Breast Care Palestine</i>	Primary beneficiaries in clinic visits in July 2010 has been 368 women in educational sessions; 220 for ultrasound scans; and 180 for mammography scans	<b>Nablus, West Bank and surrounding villages</b>  <b>(Includes Beit Emreen, Assera El-shamalieh, Askar, Dier Elhatub, Elbathan, Balata El-Balad, Salim, El Ain and Talouza.</b>

Section X: Impact on participants/beneficiaries *(Please assess the impact these implemented activities have had on the participants/beneficiaries and the tools used for their measurement.)*

Initial response has been overwhelmingly positive with more women coming to visits of the mobile mammography unit than expected. Increased clinic visits were implemented in March and visits to West Bank villages has continued through April, May, June and July. Over 35 villages have now been visited.

Section XI: Beneficiaries Reaction

Please describe the reaction of beneficiaries and include quotes



Quote 1: “ Samira Al Khateeb and her team the coordinated our visit to the Palestine Ministry of Health clinics for the first time in July”

Quote 2: “ We were overwhelmed by turnout (77 women) at our first visit to Albathan”

Name: Siham Awwad

Name: Siham Awwad

Section XIII: Impact Story Tracker

(This tracker is to be used by the grantee staff to track potential written, video and multimedia impact stories that will show the positive affect that project interventions are having on our beneficiaries. This tracker should be submitted to the Flagship Project)

Project Activity	Story Description	Key Messages	Key Interviews/Contact information	Communication Tools (e.g. written success story, video, radio, press release, etc)
Mobile Mammography Unit	The Mobile Unit Starts Visits Palestine Ministry of Health Clinics In July	The mobile mammography unit begins visits to Palestine Ministry of Health Clinics In collaboration	Siham Awwad	Written Success Story (attached)

with Flagship team members in July				

**Section XIII: Media Coverage**

*(Please include a summary of any press articles, radio, or TV interviews)*

**Annexes**

*(Please note that a minimum of five copies of any publication must be included, publications constitute books, brochures, newsletters, bulletins, video cassettes,; and single copies must be included for other products such as newspaper clippings, project announcement, and audited financial statements)*

- 1. Trainer Reports**
- 2. Training Manuals**
- 3. Printed Material (ex: brochures, posters, flyers)**
- 4. Pictures**
- 5. News Paper Articles**
- 6. Other : questionnaires, tools, etc**