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# ANNUAL IMPLEMENTATION PLAN—YEAR 3

**OCTOBER 1, 2010-SEPTEMBER 30, 2011**

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

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DEVELOPMENT (THE FLAGSHIP PROJECT)

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

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

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## ACRONYMS

ATC	Anti-Terrorism Certification
ANERA	American Near East Refugee Aid
BCC	Behavior Change Communications
CBO	Community-Based Organization
COP	Chief of Party
DCOP	Deputy Chief of Party
EWAS	Emergency Water and Sanitation Project
GTZ	German Development Agency
HIS	Health Information System
HSI	Health Systems International
ICRC	International Committee of the Red Cross
IDP	Institutional Development Plan
IDaRA	Institutional Development and Reform Associates
JICA	Japan International Cooperation Agency
LTE	Long-Term Effort
MEPI	Middle East Partnership Initiative
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
PACE	Palestinian Authority Capacity Enhancement Project
PMC	Palestine Medical Complex
PMRS	Palestinian Medical Relief Society
PMU	Project Management Unit
PMP	Performance Monitoring Plan
PNBCCC	Palestinian National Biomedical Calibration and Certification Center
RFP	Request for Proposals
STTA	Short-Term Technical Assistance
TRG	Training Resources Group
UAE	United Arab Emirates
UNDP	United Nations Development Program
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
WHO	World Health Organization

## INTRODUCTION

The Flagship Project<sup>1</sup> is pleased to present its Year 3 Annual Implementation Plan, which provides a roadmap for the project's third year of activities. The plan is based on Year 1 and Year 2 accomplishments, lessons learned, and the institutional development plans (IDPs) of the Palestinian Ministry of Health (MOH) and select non-governmental organizations (NGOs). The first two sections of this report provide a brief description of project objectives and components, the participatory process undertaken for the plan's development, a summary of Year 1 and Year 2 accomplishments, and an overview of Year 3's areas of focus and assumptions.

## **SECTION I. PROJECT OVERVIEW**

### **OBJECTIVES AND COMPONENTS**

The Flagship Project supports the MOH, select 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 components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project is helping the MOH implement reforms needed to ensure quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the MOH will strengthen its dual role as regulator and main health service provider. The Flagship Project is also helping improve the health status of Palestinians in areas that are of priority to the MOH and the public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening.

To build a functioning healthcare 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 Flagship Project is facilitating the creation of these linkages to enable sustainable reform and development of the health services. These linkages are sustained by a transparent dialogue within the health sector and with the larger national community.

### **IMPLEMENTATION PLAN DEVELOPMENT PROCESS**

The Year 3 Implementation Plan was developed through a participatory process. The project team maintained close consultation and contact with USAID throughout the planning process. In addition to internal team meetings and workshops, the Flagship Project consulted with the Prime Minister, the Minister of Health, the Deputy Minister of Health, other MOH senior officials (i.e., director generals, district officers, and IDP module leaders), eligible NGO health service providers, educational institutions (including An-Najah and Al Quds Universities and Ibn Sina Institute for Health Sciences), civil society organizations (e.g., AMAN Coalition for Integrity and Accountability and the Palestinian Independent Commission for Human Rights), the United Nations Relief and Works Agency (UNRWA), donors and international NGOs such as the World Health Organization (WHO), Italian Cooperation, the Canadian International Development Agency (CIDA), Agencies for International Development Association (AIDA), the German Development Agency (GTZ), and the French Agency for Development (AFD).

A workshop led by an outside facilitator, with opening remarks from the Minister of Health, was held for all Flagship Project staff to share, discuss, and reach common

understanding on proposed Year 3 activities and approaches. In addition to ongoing communication with partner NGOs and donors, The Flagship Project also hosted a donor coordination meeting with diverse stakeholders, creating an opportunity for consultation and coordination to avoid duplication of efforts. The Chemonics home office provided support for the development of the Year 3 Annual Implementation Plan. The plan closely follows contract requirements, as set forth in the Flagship Project contract (pages 26-27).

## **YEAR 2 ACCOMPLISHMENTS**

The Flagship Project worked closely with the MOH and other health partners to strengthen institutional capacity and professional development, improve the quality of healthcare services at primary health care and secondary healthcare facilities, and procure essential medical equipment and pharmaceuticals. The following is a summary of key achievements in Year 2 of the project:

- The MOH has taken significant steps toward strengthening its regulatory role. New leadership and financial management programs are being institutionalized within the ministry, which will improve efficiency of the system and continue to promote reform and development from within. Donors are contributing within the MOH national framework.
- The institutional development plan of the MOH is being institutionalized as a national planning, coordination, and reform tool.
- The MOH is strengthening its capacity for corporate governance and performance monitoring, redefining the role of the Department of Inspection of Internal Control from inspection to supportive supervision.
- Law and bylaws for the Palestine Medical Complex (PMC) have been revised and approved by the Minister of Health and moved forward for approval by the legislative cabinet; this legislation defines ownership of the PMC, enabling the development of financial and administrative manuals and procedures.
- The process for development of licensing bylaws for 13 health professions has been initiated, which will help to reinforce the regulatory role of the MOH and ensure that licensing regulations are current and aligned with international standards.
- A framework has been developed in coordination with the Palestine Medical Council for continuing healthcare education and accreditation. In addition, 10 priority areas for continuing education and fellowships have been identified.
- The Essential Package of Services has been developed and approved. In addition, 10 jobs aids, guidelines, and protocols on non-communicable diseases have been developed.
- A strategy and action plan for quality assurance and quality improvement has been adopted by the MOH, and quality improvement tools are being utilized.
- A comprehensive health information system is being developed and is expected to go live in Year 3. MOH staff continue to be trained in usage and maintenance of the system, and piloting will commence in Y3Q2. During Year 3, the system will be implemented in over 53 percent of the West Bank, with a catchment area of 1.2 million people.
- Emergency rooms are being transformed into emergency departments based on international best practices that ensure the most urgent cases are dealt with first. Ambulance drivers and community members now know how to administer first

aid, gaining the skills necessary to save lives right on the scene of the emergency. The MOH is also taking the lead in developing a national emergency preparedness plan.

- Significant training is being conducted for MOH and NGO staff. Over 200 staff from the MOH and NGOs have been trained in clinical, administrative, and management topics. The MOH Leadership Development Program has been initiated with 60 participants, and the Financial Capacity Strengthening Program was launched for both MOH and NGO staff. In addition to these training activities, on-the-job coaching is being provided at primary healthcare and secondary healthcare facilities.
- The champion community approach is being implemented in 21 communities. The MOH has adopted new quality assurance and quality improvement tools, including customer satisfaction surveys and a mystery patient program. In addition, the Flagship Project's collaborative health awareness and health promotion activities continue to attract more and more individuals, with over 25,000 participants in Year 2.

## **LINKAGES TO THE INSTITUTIONAL DEVELOPMENT PLAN**

The priority areas identified in the institutional development plan (IDP) of the MOH continue to serve as a roadmap for donor coordination and for planning and implementation of the Flagship Project technical assistance to the MOH. Section III highlights how the project's proposed activities support the MOH in implementing its IDP (see activity work plans). Successful completion of the deliverables set forth in the Flagship Project contract and in this implementation plan will better position the MOH to successfully implement the IDP. On a semi-annual basis, the Flagship Project will support the MOH in its internal review of progress against the IDP. The project will then make necessary adjustments to priorities and timing of its activities in order to remain responsive to the MOH's needs and priorities.

In the event that IDP priorities change, the Flagship Project will work closely with the MOH and USAID to ensure that the project remains responsive to the MOH and to USAID's priorities. In addition, as was done in Years 1 and 2, the Flagship Project will provide technical, logistical, and capacity strengthening support to the MOH, ensuring that its IDP priorities are addressed in the MOH Annual National Health Work Plan. The Flagship Project actively participates in the annual update of MOH IDP modules to ensure that MOH priority areas remain aligned with USAID priorities.

## **USAID TECHNICAL PRIORITIES**

Table 5 of the Flagship Project contract disaggregates USAID's technical health priorities, including essential maternal health services, essential child survival interventions, injury prevention, chronic disease, water and sanitation, and women's health. In line with the project's integrated approach, these technical priorities are integrated into all of the Flagship Project's activities, including the Package of Essential Primary Healthcare Services, training for health professionals (at the primary and secondary healthcare levels), behavior change communication (BCC), job aid development, and procurement of equipment. For example, the project is procuring medical equipment to improve breast cancer detection services and monitor

high-risk newborns; it is also developing job aids on chronic diseases and BCC modules on injury prevention.

The Flagship Project is also addressing technical priority areas in which the MOH specifically requested assistance. Since the MOH has previously received significant USAID and other donor support in mother and child health, the ministry requested emphasis on technical priorities that have not been addressed by donors in the past, specifically chronic disease and injury prevention. Therefore, the Flagship Project is focusing on these MOH priorities in Year 3, while at the same time addressing all of USAID's technical priorities. The Flagship Project and the MOH continue to liaise through the joint Technical Committee. Through this committee, the project is able to provide the MOH with consistent messages regarding USAID's priorities and the project's abilities to address these priorities; this helps to relieve tensions that can develop when the MOH's priorities extend beyond the scope of the project. Additionally, the Flagship Project is a partner in the MOH health system assessment workshop during which time the IDP is updated to reflect new priorities and address identified challenges, particularly in relation to improving the regulatory and oversight capacity of the MOH.

## SECTION II. YEAR 3 ASSUMPTIONS AND CONTEXT

### GEOGRAPHIC SCOPE

#### West Bank

The project will build upon the integrated, district-level reform and quality improvement activities initiated in Years 1 and 2 within the West Bank's 12 governorates. In addition, the project will scale up its integrated multi-sectoral approach to two additional West Bank districts – Hebron and Qalqilya. The selection of communities in which to work next have been determined in consultation with the MOH and will be discussed with USAID. The two new districts represent the most densely populated regions in the West Bank, and complement the projects ongoing work in Nablus, ensuring that the greatest number of beneficiaries will be targeted. Furthermore, the two districts correspond to the implementation sites of the Health Information System, ensuring key linkages between the project's interventions.

#### Gaza

The Flagship 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 equipment support as well as medical supplies.

#### East Jerusalem

The project will continue to support select NGO health service providers in East Jerusalem, including the provision of competitive grants and procurement of critical medical equipment and supplies for hospitals such as Augusta Victoria and Al-Makassed.

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

### ASSUMPTIONS

This work plan, based in part upon assumptions that also applied to Year 2, presumes the following:

- *Political stability.* Political stability is essential to the implementation of Year 3 activities. In previous years, outbreaks of conflict and shifts in the political control of the Palestinian Authority resulted in the delay or cessation of projects focused on strengthening the capacity of the Palestinian government. Therefore, this implementation plan assumes political stability and the continued ability to work with the MOH.
- *Ministerial changes bearing little impact on governmental commitment to the ongoing reform process.* There is much speculation regarding potential high-level personnel changes in the MOH. This work plan presupposes that if these changes materialize, the new administration will remain committed to working with the Flagship Project to continue the reform process, using the IDP as the basis for reform activities.

- *Governmental commitment to reform and the MOH institutional development plan.* The Palestinian Authority and the Salam Fayyad government have demonstrated deep and far-reaching commitment to government reform. In addition, the Minister of Health, Deputy Minister of Health, and MOH staff have affirmed their commitment to implementing the priority areas outlined in their institutional development plan (IDP). Continued government commitment to health sector reform and the ministry's IDP is essential to successful implementation of Year 3 activities.
- *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. 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. Since donor dependency is also a risk factor for beneficiary NGOs, this plan assumes that these NGOs will continue to receive funding while working with the Flagship Project.
- *Limited ability to work in the Gaza Strip.* Shifts in the political landscape could impact the scope and timing of the Flagship Project's activities in the Gaza Strip. Because the Flagship Project is prohibited from engaging with the government in Gaza, this plan assumes that the project will continue to work only with select eligible NGOs in Gaza.
- *Mobility.* The Flagship Project works with MOH and NGO facilities throughout the West Bank. Project staff are impacted by the ubiquitous physical restrictions placed on Palestinian travel, particularly between the separate West Bank regions and around the Jerusalem area. USAID's continued facilitation of the movement of Flagship staff will expedite the work of the project.
- *Institutional support for reforms exists and counterparts are prepared to engage with the implementation of reforms.* Institutional machinery with 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, such as the Palestinian Medical Council.
- *Mission Order 21.* During Year 2, the project worked intensively in improving systems and processes to ensure compliance with MO21. The Flagship Project assumes that people's understanding of the vetting process and knowledge of the Mandatory Provisions/ATC will continue to increase, reducing the resistance to provide information and to signing sub-awards; this will eliminate discomfort or even refusal on the part of some partners/suppliers. In addition, the Flagship Project assumes that vetting results will be received in a timely manner that does not interrupt work flow. The Flagship Project staff understand that vetting can be a time-consuming process and will submit requests as early as possible to avoid delays that interfere with activities.

## SITUATION ANALYSIS

In the second year of operation, the Flagship Project continued to build on the solid working relationships it established with the MOH, NGOs, and educational institutions in Year 1. In addition, 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 reforms and improve overall management of the sector is the driving force behind the Flagship Project's activities.

In Year 2, 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 2 achievements form the basis for increasing and institutionalizing the regulatory capacity of the MOH; they include improving the standards of care, establishing a framework to enhance the MOH's visiting professionals program, coordinating fellowships, engaging the Palestine Medical Council, and initiating dialogue for the establishment of a national test lab for quality assurance. In addition, continued development of the Health Information System, progress in community engagement, and sustained collaboration with NGO grantees serve as the backdrop for ongoing work in Year 3.

As in Year 2, health sector reform continues to constitute a challenge in the absence of a state. Health reform consensus is highly sensitive to the political situation, and therefore somewhat fragile. The Flagship Project continues to build momentum by engaging key players in the reform process. However, the process faces other challenges such as continued MOH dependence on donor funding, which means that a critical element of health sector reform remains outside of the project's control. In response, the Flagship Project initiates and sustains ongoing dialogue with other health sector donors. In addition, high MOH expectations on what the project can deliver and the lack of internal communications within the MOH continue to pose challenges. Year 2 saw the beginnings of progress in this area, particularly in the Nablus district, where community engagement is encouraging the MOH to respond to local demand in healthcare services and is fostering coordination with the MOH at the community, district, and national levels.

The quality of Palestinian health services has been compromised by fragmentation among health service providers, resulting in multiple and varying clinical standards and norms. The MOH has solicited little citizen participation and feedback, resulting in a gap between citizen expectations and MOH delivery of services. Significant strides were made in Years 1 and 2 to bring the MOH, NGOs, the private sector, UNRWA, and communities together to improve the quality of health service delivery, including unifying and improving standards of care. The NGO grants program has served to enhance complementarity among health service NGOs as well as between NGOs and the MOH. Strides are also being made in working with private and public sector organizations to improve the quality of primary and secondary healthcare. Progress on this front has resulted in better coordination between the Flagship Project and the MOH in primary healthcare and hospital management interventions.

The project is now entering a critical phase during which the MOH will need to fully assume its regulatory role to ensure the success and sustainability of the reform process. Continued efforts to invest in MOH and NGO staff through professional development programs will build the essential leadership skills to meet these goals. Key areas for development include fellowships and visiting professional programs, as well as skill-building activities and consultancies aimed at strengthening the financial management and educational capacity of the MOH. Such activities entail formal training sessions, information-sharing workshops and meetings, and on-the-job coaching and mentoring. The Flagship Project is dedicated to working with MOH facilities to facilitate the implementation of a management structure that is sustainable, responsive to community needs, and able to deliver the highest quality of care with measurable results. Additionally, communities and clinics must continue to work together if the integrated and multi-sectoral approach is to be successful.

Based on successes in Years 1 and 2, the MOH continues to recognize the value of soliciting feedback from citizens and communities. Initially met with resistance, the MOH now encourages the Flagship Project to implement customer satisfaction surveys to monitor the quality of its services, and has adopted a Package of Essential Healthcare Services, which will also foster community and citizen participation, MOH accountability, and transparency. As the supportive supervision approach takes hold through modeling, mentoring, coaching and training, the MOH will be able to take the lead in soliciting customer feedback to ensure that improved quality of care is sustained.

The Flagship Project's approach to procurement plays a key role in enabling sectoral reform, particularly through support to the MOH and NGO healthcare providers in building essential systems. The project worked closely with the MOH in Year 2 to procure equipment and other necessary commodities for primary and secondary healthcare services, and to establish processes for procuring, testing, and maintaining equipment. In addition to supporting the MOH in putting these systems in place, the Flagship Project provided the necessary training to ensure that all relevant staff are able to properly use and maintain the equipment. The project also trained physicians so they are able to use test results from the new equipment to provide accurate diagnoses and quality care to their patients. In Year 3, the project stands ready to procure essential equipment, with a special focus on equipping the Palestine National Biomedical Equipment Calibration and Certification Center (PNBECC) as resources permit. The project will also provide the related training, further strengthening the institutional capacity and regulatory function of the MOH.

The Flagship Project has worked closely with the MOH to encourage the establishment of the PNBECC. This test lab will provide a critical tool for assuring quality care and will institutionalize processes for preventive and corrective maintenance of equipment. Additionally, it will serve as a center of excellence for medical equipment calibration and certification, and as an internationally certified bio-medical training center. It is anticipated that the PNBECC will improve patient safety, access to health care, and equipment up-time; reduce lead time in repairs; and strengthen local capacity in the field of medical instrumentation. It will reduce annual expenditures for equipment service through a reduction in equipment failures, outside service needs, and referrals abroad. The Flagship Project is actively involved in procuring the necessary calibration equipment and in overseeing mobilization of the

center. The PNBECC 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 Flagship 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 Flagship approach toward Gaza NGOs is comprehensive in terms of providing overall capacity strengthening that can be complemented by targeted grants and equipment support as well as medical supplies. In Year 2, the project supported seven NGOs in conducting self-led needs assessments, and helped develop IDPs for five of these NGOs (two NGOs were later determined to be ineligible). Project staff carried out field evaluations to assess the viability and sustainability of the procurement requests for these NGOs, and the Flagship Project stands ready to fulfill these requests pending receipt of USAID-issued waivers. If restrictions on delivering equipment and traveling into the Gaza Strip are eased, the Flagship Project will be able to engage more fully in this aspect of the work plan. Overall, the Flagship team will only work with vetted NGOs. Over the course of implementation, the Flagship Project will follow up closely with USAID on emerging issues that affect the implementation of Flagship activities.

## **OTHER DONORS AND IMPLEMENTING PARTNERS**

The Palestinian Minister of Health requested that the U.S. government, through USAID, serve as the “shepherd” of health sector donor coordination. This request was a significant statement of trust and partnership between the MOH and USAID. This new USAID role has created additional opportunities for the project to support strengthened ministry capacity to coordinate donor activities and funding, thus maximizing available resources to improve the Palestinian health system. This relationship presents an opportunity to facilitate the Flagship Project’s work in a more positive and supportive atmosphere.

The Flagship Project continues to work closely with the MOH’s thematic working groups and to support the International Cooperation Unit (ICU) in its efforts to coordinate donor engagement; the Ministry’s IDP is now used as the basis upon which donor actions in the health sector are based.

The following organizations are engaged in complementary activities directly related to institutional capacity building and development and implementation of the Health Information System (HIS):

- Flagship is working with the WHO to provide planning and budgeting support for the National Strategic Health Plan and is expected to expand its interventions to the Jerusalem Network of Hospitals. It will also continue to provide technical assistance in health planning and coordination in healthcare facilities and information centers.
- The Italian Cooperation is procuring and installing equipment and a network in select Hebron facilities; this work is being done in close cooperation with the Flagship Project to ensure that these activities will facilitate rollout of the project’s HIS in these facilities.
- The World Bank is providing support in health insurance reform.
- The USAID-funded Palestinian Authority Capacity Enhancement Project (PACE) is engaging other Palestinian ministries, including the Ministry of Finance, in institutional development.
- Austrian Development Cooperation is involved in the construction of non-communicable diseases (NCD) facilities and is carrying out NCD training.
- UNICEF is maintaining its focus on immunization and child care.
- UNIFEM will continue training on procurement and reproductive health.
- Large interventions by the French Aid Agency are being carried out in the construction of pharmaceutical warehouses and training.
- GTZ continues to work in telemedicine. The Flagship Project is coordinating with GTZ on their potential relationship with the HIS and advising the MOH on the feasibility of this relationship; GTZ advises the Flagship Project on which equipment would match their needs and facilitate the implementation of a telemedicine model within the HIS.

Several Palestinian and international organizations are involved in improving clinical and community-based health services. Some of the key partners include:

- JICA on maternal and child health

- MediSend on implementing technical training programs
- Italian Cooperation on breast cancer
- ICRC on developing emergency protocols and guidelines for Gaza
- The Middle East Partnership Initiative (MEPI) on breast cancer awareness
- American Near East Refugee Aid (ANERA) on nutrition as well as on construction and renovation of health facilities
- USAID-PACE on behavior change communications (BCC)
- Austria Aid on BCC in non-communicable diseases
- Palestinian Medical Relief Society (PMRS) on implementing initiatives related to community health, non-communicable diseases, and training

The Flagship Project coordinates closely with all key partners to leverage resources and avoid duplication. For example, for the development of new job aids and protocols for non-communicable diseases, such as breast cancer, the project will continue to coordinate with Italian Cooperation, ANERA, Austria Aid, and the United Nations Population Fund. For the development of nutrition job aids, the project will continue to coordinate and rely on the technical support of the WHO, UNRWA, and UNICEF. Finally, for emergency protocols and guidelines, the project will continue to coordinate with ICRC.

Donor involvement in procurement for the Palestinian health sector is high, with most donors responding to sectoral needs. The Flagship Project has identified and built relations with those donors whose activities link most closely to project plans, including UNDP, Islamic Relief, UNRWA, Qatari Red Crescent, UAE Red Crescent, Islamic Bank, the French government, the Brazilian government, the Italian Cooperation, JICA, and others. Through full coordination with the MOH Technical Committee and the Biomedical Engineering Department, the Flagship Project will continue to avoid duplication of donated equipment while optimizing the allocation of Flagship resources.

## **STRATEGIC APPROACH TO ACHIEVING RESULTS**

To achieve maximum results, health sector reform and development is at the core of all planned activities for Year 3. In Years 1 and 2, the Flagship Project laid the groundwork for creating and implementing systems that will ensure sustainable change and quality improvement. Year 3 offers the opportunity to focus on integrated implementation of these new systems while building on existing investments and delving deeper into activities that will ensure the long-term sustainability of sector-wide reforms. The most comprehensive of these systems is the HIS, which will simultaneously regulate and improve the quality of care.

Year 3 activities are spread across five focus areas: (1) institutional development, (2) health information system, (3) primary healthcare support, (4) hospital support, and (5) procurement support. These focus areas are inextricably linked to one another in an effort to promote a holistic reform process. HIS, institutional development, and procurement are cross-cutting focus areas, unmistakably linked to the remaining areas. Primary healthcare support and hospital support are linked to one another through an integrated multi-sectoral approach.

## **INTEGRATED AND MULTI-SECTORAL APPROACH TO HEALTH SECTOR REFORM AND QUALITY IMPROVEMENT**

The Flagship Project's approach to health sector reform and quality improvement aims to achieve the following:

- Improve linkages between community and PHC clinics to foster civic participation and oversight in health, including institutionalization of "champion communities" and feedback mechanisms such as customer satisfaction surveys
- Improve continuum of care and referral system to lessen burden on hospitals
- Strengthen clinical services to international standards at clinics and hospitals through clinical guidelines, protocols, job-aids, training on interpersonal communications, continuing medical education, performance improvement incentives, procurement of needed equipment, supplies, and pharmaceuticals
- Strengthen management and administrative practices in health facilities, including the health information system and supportive supervision
- Improve community-based health services and health education
- Improve maintenance of equipment and medical waste management
- Implement effective BCC messages to complement improved clinical services
- Encourage decentralization to the district level by strengthening leadership, management, administrative and financial management capacities
- Engage civil society and the private sector in health

Quality improvement and quality assurance is the underlying central tenet of all planned activities. Building on the successful engagement of the MOH in previous years, Year 3 activities will shift even further from training to include more on-the-job coaching and mentoring, training of trainers, and systems strengthening to promote the institutionalization of changes. Quality assurance and improvement is a central aspect of the EPS and the supportive supervision approach; methodology for infection prevention and patient safety is included in both.

The Flagship Project will also continue to strengthen the capacity of the MOH to coordinate between donors, other ministries, and the private sector to ensure that efforts are complementary, avoid duplication, and use available resources in the best manner possible. The project is leveraging resources to garner support from the private sector and from other donors. The Flagship Project is also maximizing available resources in an effort to lower costs, thereby increasing opportunities for outreach.

The Flagship team will continue to engage the MOH using the "top-down" and "bottom-up" approaches to effect change within the ministry, which has proven successful in Years 1 and 2. The "top-down" approach uses more traditional means of engaging those in leadership positions and at the central level to accept and implement change and to actively pursue the role of chief regulator of reform. Using the "bottom-up" framework, the project will focus on engaging communities and civil society in the design, implementation, and evaluation of programs and processes. This overall strategy seeks to encourage democratization in healthcare and will also help put sustainable systems in place to carry the reform process forward.

## **SECTION III. YEAR 3 WORK PLAN**

### **INTRODUCTION TO FIVE FOCUS AREAS**

Building upon the foundations laid in Year 1 and the successes of Year 2, the Flagship Project will continue to institutionalize reform and health service quality improvements through five key focus areas in Year 3. These focus areas reflect the scope of work described in the Flagship 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 Flagship Project and USAID will be better able to manage for results and to track progress against the work plan.

The five focus areas for Year 3 are as follows:

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

The Year 3 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-assessments, while promoting sustainability, accountability, transparency, integration, participation, and coordination to achieve a lasting impact on the quality of health service delivery. In addition, the Flagship Project will increase assistance to Gaza-based NGOs through grants, capacity-building training, and procurement support.

Planned Year 3 activities are categorized by focus area and are clearly linked to contract deliverables and Performance Monitoring Plan (PMP) indicators. This provides a framework by which to measure the activities implemented against the Flagship Project contract.

### **ACTIVITY PLANNING BY FOCUS AREA**

#### **A. Institutional Development**

The Flagship Project is working to empower the MOH as a service provider and regulator of the health sector by: (a) strengthening its institutional capacity and that of partnering health NGOs and academic institutions, and (b) implementing improved governance, management, administrative, and clinical practices. The project is also providing a range of professional development opportunities for health professionals to develop a cadre of leaders who can advance the reform process from within. The Flagship team is working directly with the MOH to develop best-practice management policies and procedures as central to the reform process. Moreover, sustainable financial management and costing policies will dramatically improve the MOH's ability to plan and manage its resources. The Flagship Project will provide

training in financial management as well as assist in the development and implementation of a costing methodology.

The MOH is adopting new policies for health professionals relicensing and human resource management, such as updated job descriptions, job aids, and performance management systems. Additionally, the Flagship Project is guiding the MOH in adopting a transparent and needs-based selection process to identify individuals for training, fellowships, and professional development. As part of the Leadership Development Program, key decision makers from the MOH, healthcare NGOs, and UNRWA are involved in training programs to build their skills in strategic thinking and planning, communications, decision making, performance management, and team development. The project is also working with the MOH to train staff on financial management best practices and to refine the ministry's Continuing Healthcare Education Program and Visiting Professionals Program.

### **Major Activity Areas**

The major activities planned for Focus Area A: Institutional Development are listed below. The sub-activities and links to contract deliverables, PMP indicators, and the MOH IDP are detailed in the Gantt chart that follows.

- A1. Reassess and update NGO needs assessments and IDPs.
- A2. Reassess and update the MOH needs assessment and IDP.
- A3. Facilitate the fielding of fellows identified by the MOH.
- A4. Develop existing MOH systems for the Visiting Professionals Program.
- A5. Award grants to NGOs to complement MOH service provision.
- A6. Facilitate the costing and pricing of health services through the Health Finance Committee.
- A7. Strengthen the leadership, management, and financial management skills of MOH and NGO staff.
- A8. Provide technical assistance to the MOH to advance the legal status and governance structure of the Palestine Medical Complex.
- A9. Strengthen MOH capacity to implement the decentralization action plan at Qalqilia Hospital.
- A10. Strengthen the capacity of the MOH Nutrition Department.

FOCUS AREA A – INSTITUTIONAL DEVELOPMENT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>A1. Reassess and update NGO needs assessments and IDPs</b>	A1a. Review and update 7 NGO needs assessments		X		X	Non-training event Long-term effort (LTE)	1.1.2.1	8	
	A1b. Review and update 7 NGO IDPs		X		X	Non-training event LTE	1.1.2.2	8	
<b>A2. Reassess and update MOH needs assessment and IDP</b>	A2a. Review and update MOH needs assessment		X		X	Non-training event LTE	1.1.1.1		
	A2b. Review and update MOH IDPs	X				Non-training event LTE	1.1.1.2	5	
<b>A3. Facilitate the fielding of fellows identified by the MOH</b>	A3a. Work with MOH to identify additional educational institutions	X				LTE	2.1.2.4	7	15
	A3b. Design and operationalize a system to fund and support MOH fellows	X				Procurement of services LTE	2.1.2.4	7	15
	A3c. Obtain necessary approvals	X				LTE			
	A3d. Field 3 or more MOH fellows and follow-up		X	X		LTE	2.1.2.4	7	15
	A3e. Provide follow-up for the 2 NGO fellows	X	X	X	X	Grant LTE	2.1.2.4	8	15
	A3f. Assist the MOH in putting in place procedures for the follow-up and support of fellows in training			X	X	LTE	2.1.2.4	21	15
<b>A4. Develop existing MOH systems for the Visiting</b>	A4a. Support MOH to develop SOWs for	X				LTE	2.1.2.4	7	15

FOCUS AREA A – INSTITUTIONAL DEVELOPMENT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>Professionals Program</b>	visiting professionals								
	A4b. Help the MOH build and maintain a database of prospective and current professionals	X				LTE STTA	2.1.2.4	7	15
	A4c. Create an outreach program framework to recruit and field prospective professionals	X	X			LTE	2.1.2.4	7	15
<b>A5. Award grants to NGOs to complement MOH service provision</b>	A5a. Award up to 5 new grants	X	X			LTE Grant	1.1.2.4	9	
	A5b. Follow up on the implementation of ongoing activities by current and new grantees as identified in the grants implementation plans	X	X	X	X	LTE	1.1.2.4	8	
	A5c. Ongoing follow up to ensure grantees are compliant with grant requirements	X	X	X	X	LTE	1.1.2.4	8	
	A5d. Ongoing follow up on procurement support provided under grants	X	X	X	X	LTE	1.1.2.4	8	
	A5e. Provide ongoing tailored capacity building support to grantees	X	X	X	X	LTE	1.1.2.4	8	

FOCUS AREA A – INSTITUTIONAL DEVELOPMENT										
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP	
	A5f. Facilitate 2 workshops to encourage further development of MOH-NGO and NGO-NGO linkages and to promote regular information sharing and discussion of health sector issues		X		X	Non-training event LTE	1.1.2.4	8	9	
	A5g. Develop a report on the findings and recommendations of each workshop		X		X	LTE	1.1.2.4	8	9	
	A5h, Follow up on MOH-NGO and NGO-NGO linkages		X		X	LTE	1.1.2.4	8	9	
<b>A6. Facilitate the costing and pricing of health services through the Health Finance Committee</b>	A6a. Finalize costing plan with stakeholders from various sectors through a workshop	X				Non-training event LTE	1.1.1.3	7	3	
	A6b. Roll out costing methodology to a select group of MOH facilities (those within the HIS phase one catchment)		X			Non-training event LTE	1.1.1.3	7	15	
<b>A7. Strengthen the leadership, management, and financial management skills of MOH and</b>	A7a. Finalize delivery of Leadership Development Program (LDP)	X	X			Training event LTE	1.1.1.3	7, 8, 21	15	

<b>FOCUS AREA A – INSTITUTIONAL DEVELOPMENT</b>									
<b>Main Activities</b>	<b>Sub-Activities</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Delivery Mechanism</b>	<b>Deliverable</b>	<b>Indicator</b>	<b>MOH IDP</b>
<b>NGO staff</b>	A7b. Institutionalize LDP in MOH through mentoring and coaching		X	X	X	Training event LTE	1.1.1.3	7, 21	15
	A7c. Tailor Phase 3 of Financial Capacity Strengthening Training	X				STTA LTE	1.1.1.3	7, 8, 21	15
	A7d. Deliver Phase 3 of Financial Capacity Strengthening Training	X				STTA LTE		7, 8, 21	15
<b>A8. Provide technical assistance to the MOH to advance the legal status and governance structure of the Palestine Medical Complex</b>	A8a. Support MOH in developing by-laws as needed	X	X	X	X	Non-training event LTE STTA	1.1.1.5	6, 2	7
	A8b. Conduct workshops to promote deeper understanding of by-laws			X	X	Non-training event LTE	1.1.1.5	6	7
<b>A9. Strengthen MOH capacity to implement the decentralization action plan at Qalqilia Hospital</b>	A9a. Coordinate with MOH to finalize and disseminate decentralization framework and plan for Qalqilia Hospital	X				LTE	1.1.1.3	7, 6, 2	1, 7
	A9b. Create a committee at MOH to activate the decentralization plan at Qalqilia Hospital	X				LTE	1.1.1.3	7	1, 7
	A9c. Provide on-site technical assistance	X	X	X	X	Training STTA	1.1.1.3	7	1, 7

FOCUS AREA A – INSTITUTIONAL DEVELOPMENT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	support in Qalqilia Hospital in the implementation of the decentralization action plan								
<b>A10. Strengthen the capacity of the MOH Nutrition Department</b>	A10a. Assist in development of National Food-Based Dietary Guidelines for West Bank/Gaza		X			Non-training event STTA LTE	1.1.1.3	6, 7	8
	A10b. Review the current status of the MOH Nutrition Department's National Nutrition Surveillance System	X				STTA LTE	1.1.1.4	3, 7, 21	11, 12
	A10b. Assist the MOH Nutrition Department in strengthening the National Nutrition Surveillance System		X	X	X	On-the-job training STTA LTE	1.1.1.4	3, 7, 21	11, 12

## **B. Health Information System**

The Health Information Systems (HIS) is an integrated and automated health information system that underpins the MOH reform agenda for Palestinian healthcare. It is a core element of the Flagship Project, and will assist all actors in the health sector to provide more efficient, effective, and better quality health services for all Palestinians. During its initial implementation phase, the HIS will handle the medical records of a catchment area of 1.2 million Palestinians, covering 53 percent of the West Bank. The Flagship Project is working with the MOH to leverage resources to facilitate future rollout of the HIS. Several NGO hospitals have expressed interest in adopting the system further expanding the potential catchment area. The Flagship Project is facilitating this interest and supporting the NGO hospitals in the potential adoption of the system.

### **Major Activity Areas**

The major activities planned for Focus Area B: Health Information System are listed below. The sub-activities and links to contract deliverables, PMP indicators, and the MOH IDP are detailed in the Gantt chart that follows. The Flagship Project continues to solicit the support of the WHO to ensure that the HIS reflects the most accurate health sector priorities.

B1. Integration and acceptance testing.

B2. Documentation and training.

B3. Pilot test and implementation at Rafidia Hospital.

B4. Support and maintain the new HIS.

B5. Initiate campaign to raise public awareness of the HIS.

B6. Support the MOH in engaging the private sector and other donors to contribute to the HIS.

<b>FOCUS AREA B – HEALTH INFORMATION SYSTEM</b>									
<b>Main Activities</b>	<b>Sub-Activities</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Delivery Mechanism</b>	<b>Deliverable</b>	<b>Indicator</b>	<b>MOH IDP</b>
<b>B1. Integration and acceptance testing</b>	B1a. Prepare for testing	X				Procurement of services LTE	6.1	3/19.4	2
	B1b. Conduct system integration test	X				Procurement of services LTE	6.2	3/19.4	2
	B1c. Conduct acceptance test	X				Partner: MOH LTE	6.3	3/19.4	2
	B1d. Certify the system as being ready for pilot	X				Procurement of services Partner: MOH LTE	6.4	3/19.4	2
<b>B2. Documentation and training</b>	B2a. Develop training	X				Procurement of services LTE	7.1		2
	B2b. Create/modify user documentation and online help	X				Procurement of services LTE	7.2		2
	B2c. Deliver end-user training to MOH staff	X				Procurement of services LTE	7.3	20/21/7	2
	B2d. Implement technical documentation and training for MOH IT staff	X				Procurement of services LTE	7.4	20/21/7	2
<b>B3. Pilot test and implementation at Rafidia Hospital</b>	B3a. Plan pilot test		X			Procurement of services LTE	8.1	7	2
	B3b. Establish help desk		X			Procurement of services Partner: MOH LTE	8.2	7	2

<b>FOCUS AREA B – HEALTH INFORMATION SYSTEM</b>									
<b>Main Activities</b>	<b>Sub-Activities</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Delivery Mechanism</b>	<b>Deliverable</b>	<b>Indicator</b>	<b>MOH IDP</b>
	B3c. Conduct pilot test		X			Procurement of services Partner: MOH LTE	8.3	7	2
	B3d. Prepare for general rollout of HIS		X	X		Procurement of services Partner: MOH LTE	8.4	7	2
	B3e. Implementation of HIS at Rafidia hospital		X	X		Procurement of services Partner: MOH LTE	8.4	7	2
<b>B4. Support and maintain new HIS</b>	B4a. Preparation of MOH IT staff for transition of HIS		X	X		Procurement of services Partner: MOH LTE	9.1	7	2
	B4b. 12-month post implementation warranty and maintenance			X	X	Procurement of services Partner: MOH LTE	9.2	7	2
	B4c. Monitor and evaluate the new HIS			X	X	Procurement of services Partner: MOH LTE		3+4	2
<b>B5. Initiate campaign to raise public awareness of the HIS</b>	B5a. Send key messages on importance of HIS by advertising through newspapers, TV, billboards, etc	X	X	X		Procurement of services LTE		7, 8	2
	B5b. Conduct feedback sessions and workshops for HIS users	X	X	X		Non-training event Partner: MOH LTE		7, 8	2
	B5c. Print and distribute brochures and flyers targeted at HIS users		X	X	X	Procurement of services LTE		7, 8	2

FOCUS AREA B – HEALTH INFORMATION SYSTEM									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	and beneficiaries (including community clinics)								
	B5d. Conduct launching ceremonies for each hospital/directorate		X	X		Non-training event Partner: MOH LTE		7, 8	2
<b>B6. Support the MOH in engaging the private sector and donors to contribute to the HIS</b>	B6a. Prioritize additional MOH and NGO facilities for implementation of HIS based upon need and ability to implement			X	X	Partner: MOH LTE		7, 8	2
	B6b. Continue coordination with stakeholders and other donors to identify resources available for HIS		X	X	X	Partner: MOH LTE		7, 8	2

### C. Primary Healthcare Support

During its 2008 self-assessment exercise, the MOH recognized that lack of coordination between health service providers was one of the major weaknesses of the health system. The Flagship Project is implementing an integrated multi-sectoral approach to healthcare reform to address this challenge in the Nablus governorate and will roll out the approach in two additional districts in Year 3. The Nablus district in the north, the Hebron district in the south, and the Qalqilya district in the north/central West Bank host the largest populations; rollout in these districts is geographically motivated and ensures the greatest number of target beneficiaries. This unique approach brings all health service providers together, including the MOH, NGOs, UNRWA, the private sector, health education institutions, and civil society organizations, and directly involves the community in decisions on healthcare services. Supporting the MoH in implementing health sector reforms through this approach directly addresses issues of quality, sustainability, and equity in the health sector.

Strengthening quality of care at the primary health care level was identified by the MoH as a priority area for reform. Flagship's initiatives at the PHC level seek to enhance coordination between different health service providers and to strengthen the level of community involvement in clinics. The integrated multi-sectoral approach addresses detriments to healthcare quality by distributing guidelines and protocols, as well as the Essential Package of Services, to PHC clinics and subsequently providing on-the-job training and mentoring to ensure implementation of these standards. Equipment is procured as needed to ensure that facilities are able to provide high-quality care. In addition, training to improve the capacity of healthcare workers as well as implementation of performance improvement and supportive supervision action plans are essential elements of the approach. The Flagship Project staff, actively engage communities and create linkages that facilitate community participation to ensure that clinics respond to the specific needs of the communities they serve. Behavior change communication is an important aspect of community involvement and helps promote healthy lifestyles and disease prevention.

The Flagship Project has established a "champion community" initiative to empower citizens in the health reform process. The initiative brings together leaders of the community and civil society to identify health needs and to work with local healthcare providers and the MOH directorates to plan for future community health needs. The champion community approach has been established in 21 communities in the Nablus district through a subcontracting mechanism. Four additional communities from the Jenin, Jericho, and Tulkarem districts are implementing the approach on their own as a result of participating in the Flagship Project's training of trainers in community mobilization/champion community approach. In Year 3, the project will scale up the approach by engaging communities in two additional districts—Hebron and Qalqilia.

The champion community initiative is focused on preventative health programs that promote healthy living and address prevalent non-communicable diseases such as hypertension, diabetes, and heart disease, as well as education on injury prevention and the health effects of smoking. The Flagship Project is also working directly with health professionals to address these issues through training and the development of job aids to help them screen, diagnose, treat, and follow up on patients' progress.

Additionally, the project is developing materials for behavior change communication (BCC) in an effort to improve community health through education.

### **Major Activity Areas**

The major activities planned for Focus Area C: Primary Healthcare Support are listed below. The sub-activities and links to contract deliverables, PMP indicators, and MOH IDP are detailed in the Gantt chart that follows.

C1. Scale up the integrated multi-sectoral approach to engage communities and clinics in two additional districts.

C2. Introduce the Essential Package of Services (EPS) in 12 primary health directorates and assist in implementation at selected primary healthcare clinics.

C3. Develop BCC materials that fall within the themes of healthy lifestyle, women's health, and child health.

C4. Develop BCC training manual and assist in its uptake by health professionals.

C5. Update standards, clinical guidelines, protocols, and operation policies related to the Essential Package of Services (EPS).

C6. Institutionalize performance improvement and supportive supervision approach for healthcare quality improvement.

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>C1. Scale up the integrated multi-sectoral approach to engage communities and clinics in two additional districts</b>	C1a. Select 2 primary healthcare directorates per MOH priorities and conduct meetings with directors and supervisors in selected directorates	X				LTE	2.1.1.10 1.1.1.6 2.2.1.2	7 10 13	11, 16
	C1b. Select 12 communities from within the 2 directorates referenced above according to priorities as identified by MOH PHC directors / management team	X				LTE	2.1.1.10	15 11	11, 16
	C1c. Obtain necessary approvals for 12 selected communities	X				LTE	2.1.1.10	15 11	11, 16
	C1d. Conduct meetings with district health offices, community representatives, and clinical staff	X				LTE	2.1.1.10		11, 16
	C1e. Assist the MOH in conducting health facility assessments in 12 communities to identify	X				Partner: MOH LTE	2.1.1.10	7 13	11, 16

**FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT**

Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	gaps to be addressed for implementation of Essential Package of Services (EPS)								
	C1f. Identify a total of 12 new CBOs and contract them	X				LTE	2.2.1.4	15 11	11, 16
	C1g. Implement champion community approach	X	X	X	X	Contracted CBOs LTE	2.2.1.4 2.1.1.10	15, 11	11, 16
	<i>C1g1. Develop community profile for clinic-community board</i>		X	X		Contracted CBOs LTE	2.1.1.10	15, 11	11, 16
	<i>C1g2. Prepare health status analysis</i>		X	X		Contracted CBOs LTE	2.1.1.10	15, 11	11, 16
	<i>C1g3. Prioritize problems and set targets / objectives with project mandate</i>		X	X		Contracted CBOs LTE	2.1.1.10	15, 11	11, 16
	<i>C1g4. Develop quality improvement plan for each clinic</i>		X	X		Contracted CBOs LTE	2.2.1.4	15, 11	11, 16
	<i>C1g5. Develop action plan for each community</i>		X	X		Contracted CBOs LTE	2.2.1.4 2.1.1.10	15, 11	11, 16
	<i>C1g6. Begin implementation of health promotion activities (home visits, counseling</i>		X	X	X	Contracted CBOs LTE	2.2.1.4	15, 11	11, 16

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	<i>session, health days, etc)</i>								
	C1h. Assist in the implementation of Essential Package of Services (EPS)	X	X	X	X	LTE	2.2.1.3		11, 16
	C1i. Conduct technical and managerial training for directorate, clinical, and community staff	X	X	X	X	LTE	2.1.1.9	21	11, 16
	C1j. Select 4-6 champions (community and clinics) from the first phase (Nablus district) and host awarding ceremony	X				Non-training event LTE	2.2.1.5	11, 15	
	<i>C1j1. Form selection committee</i>	X				LTE	2.2.1.5	11, 15	
	<i>C1j2. Review selection criteria and approach</i>	X				LTE	2.2.1.5	11, 15	
	<i>C1j3. Select champions</i>	X				LTE	2.2.1.5	11, 15	

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	<i>C1j4. Host ceremony</i>	X				LTE	2.2.1.5	11, 15	
	C1k. Monitor and follow up on performance of current and new CBOs	X	X	X	X	LTE	2.1.1.3	11, 15	
	C1l. Facilitate open dialogues between various healthcare professionals and communities	X	X	X	X	Non-training event LTE	2.2.1.5		
	C1m. Continue assessing needs and providing technical assistance in the selected clinics and communities in Nablus district	X	X	X	X	LTE	2.1.1.10		
	C1n. Strengthen CBO capacities in M&E by supporting the implementation of household surveys and exit interviews with clients of clinics to measure patient satisfaction	X	X	X	X	LTE	2.2.1.5		

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>C2. Introduce the Essential Package of Services (EPS) in 12 primary health directorates and assist in implementation at selected primary healthcare clinics</b>	C2a. Obtain MOH approval of Arabic translation of EPS	X	X			LTE	2.1.1.3		13
	C2b. Finalize translation of EPS	X	X			Procurement of services LTE	2.1.1.3		
	C2c. Print EPS	X	X			Procurement of services	2.1.1.3		13
	C2d. Introduce the EPS at the district level by conducting meetings with PHC directorates;	X	X			Non-training event LTE	2.1.1.3		13
	C2e. Assist the district supervisors in introducing and implementing the EPS at facilities and community levels in the selected communities		X	X	X	Training event LTE	2.1.1.3	7, 12, 21, 18, 19, 13, 17	13
<b>C3. Develop BCC materials that fall within the themes of healthy lifestyle, women's health, and child health</b>	C3a. Develop technical material (content) within the targeted areas of obesity prevention, nutrition for children, postnatal care, osteoporosis, and anemia prevention	X				LTE	2.2.2.3	16	13
	C3b. Design multimedia BCC products for the	X	X			Procurement of services	2.2.2.3	16	13

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	targeted areas								
	C3c. Field test and obtain necessary approvals for all BCC products		X	X		Partner: MOH LTE	2.2.2.3	16	13
	C3d. Produce the final version of all BCC products			X	X	LTE	2.2.2.3	16	13
	C3e. Provide training on effective use of BCC product			X	X	STTA LTE	2.2.2.3	16	13
	C3f. Disseminate printed BCC materials to targeted facilities and broadcast BCC radio spots			X	X	LTE	2.2.2.3	16	13
<b>C4. Develop BCC training manual and assist in its uptake by health professionals</b>	C4a. Develop technical material for BCC training manual	X				STTA LTE	2.2.2.3	16	13
	C4b. Develop draft manual and pilot (test)		X	X		Partner: MOH STTA LTE	2.2.2.4	16	13
	C4c. Obtain necessary approvals			X		LTE	2.2.2.4		13
	C4d. Translate and produce			X	X	STTA	2.2.2.4		13

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	C4e. Disseminate to health educators, community health workers, and other health professionals				X	LTE	2.2.2.4	21, 7	13
<b>C5. Update standards, clinical guidelines, protocols, and operation policies related to the Essential Package of Services (EPS)</b>	C5a. Validate the standards of care for reproductive health	X				STTA LTE	2.1.1.4		7, 11
	C5b. Obtain MOH approval on the updated standards (hypertension, diabetes mellitus, bronchial asthma, child health, infection control, and management of primary healthcare centers	X				LTE	2.1.1.4		7, 11
	C5c. Assist the MOH in the adoption of JCI standards related to clinical laboratory and pharmacy services, and update policies and procedures related to those areas.	X	X			STTA LTE	2.1.1.4	7, 13, 21	7, 11

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	C5d. Print the updated policies and procedures		X			LTE	2.1.1.4	7	11
	C5e. Strengthen nutrition management of selected NCDs by finalizing guidelines and training PHC staff.	X	X	X	X	Training event STTA LTE	2.1.1.9	7	7, 11
<b>C6. Institutionalize performance improvement and supportive supervision approach for healthcare quality improvement</b>	C6a, Finalize the modular based quality improvement training manual	X				STTA LTE	2.1.1.4	7	
	C6b. Translate the modular based quality improvement / performance improvement training manual		X			Procurement of service LTE	2.1.1.4		
	C6c. Conduct tailored training sessions for district level supervisors, healthcare providers, and community representatives on the application of the performance improvement model, supportive supervision,		X		X	Training events LTE	2.1.1.4	7, 21	

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	and communication skills in the two new directorates for scale-up of the integrated approach								
	C6d. Ongoing support and follow up with the district level supervisors / quality coordinators and healthcare providers in Nablus and the two new directorates in the application of the performance improvement framework	X	X	X	X	LTE	2.1.1.4	7,13	
	C6e. Assist the MoH district level supervisors and healthcare providers in the utilization of the performance and in the development of a performance improvement action plan to address performance gaps (as related to the Essential Package of Services and related standards) identified in		X	X	X	LTE	2.1.1.4	7,13	

FOCUS AREA C – PRIMARY HEALTH CARE SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	the application of the performance improvement framework in selected facilities in Nablus and the two new directorates								

## **D. Hospital Support**

The Flagship Project continues to work closely with the MOH to improve secondary healthcare services at selected MOH hospitals. The project is emphasizing the enhancement of emergency medicine and pediatrics in these institutions, and is working to empower nurses in Palestinian hospitals to serve as leaders and managers of health sector reform.

The Flagship Project is bringing a new approach to emergency medicine with the establishment of Emergency Departments in three MOH hospitals, and is working with these hospitals in the implementation of the Emergency Severity Index (ESI) triage system to prioritize patients according to the severity of their injury, improve the quality and speed of diagnoses, and provide for proper patient flow in the hospital. The project is also supporting the improvement of pediatric departments in selected MOH hospitals and helping hospitals prepare institutional disaster plans, with the overall aim of providing for a national Palestinian disaster preparedness plan. The Flagship Project team is working with the MOH to design the facilities according to international standards, establish best-practice management procedures, and provide training and residency programs for health staff. The project is also providing clinical and leadership development programs for Palestinian health professionals, and is working to empower nurses as the principal caregivers for patients.

### **Major Activity Areas**

The major activities planned for Focus Area D: Hospital Support are listed below. The sub-activities and links to contract deliverables, PMP indicators, and the MOH IDP are detailed in the Gantt chart that follows.

D1. Provide technical assistance in bedside coaching and curriculum development to the Emergency Medicine Residency Program in three hospitals (Alia, Rafidia, and PMC).

D2. Continue providing technical assistance to transform the emergency room into an emergency department in three hospitals (Alia, Rafidia, and PMC).

D3. Develop an internal emergency preparedness plan in three hospitals and a framework for the MOH's national disaster preparedness plan.

D4. Apply adapted quality standards.

D5. Provide technical assistance to enhance governance and management systems in emergency and pediatric departments at the PMC and two MOH hospitals.

D6. Provide targeted technical assistance to select NGO hospitals.

FOCUS AREA D – HOSPITAL SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>D1. Provide technical assistance in bedside coaching and curriculum development to the Emergency Medicine Residency Program in three hospitals</b>	D1a. Complete the English language training courses for residents	X				Procurement of services	2.1.3.2	21	14
	D1b. Support the Palestine Medical Council in developing log books and building on existing curriculum for residency program	X	X			STTA LTE	2.1.3.2		14
	D1c. Continue bedside coaching in practical/clinical skills for residents	X	X	X	X	STTA	2.1.3.2	13	14
<b>D2. Continue providing technical assistance to transform the emergency room into an emergency department in three hospitals</b>	D2a. Complete training for emergency rooms staff in 3 hospitals in BLS		X			Procurement of services STTA LTE	2.1.3.2	21	14
	D2b. Complete training for emergency rooms staff in 3 hospitals in ACLS			X		Procurement of services STTA LTE	2.1.3.2	21	14
	D2c. Complete training for emergency rooms staff in 3 hospitals in PALS				X	Procurement of services STTA LTE	2.1.3.2	21	14
	D2d. Operationalize the TRIAGE area in 2 hospitals	X				STTA LTE	2.1.3.2	13	14
	D2e. Evaluate effectiveness of ER Patient Care Form/Procedure and revise accordingly		X		X	Partner: MOH LTE	2.1.2.3 2.1.2.4	13	14

FOCUS AREA D – HOSPITAL SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>D3. Develop an internal emergency preparedness plan in three hospitals and a framework for the MOH's national disaster preparedness plan</b>	D3a. Provide training on MOH emergency preparedness national framework	X				Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3b. Assist in developing Emergency Preparedness Plan and train staff at Alia Hospital		X			Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3c. Assist in developing Emergency Preparedness Plan and train staff at Rafidia Hospital			X		Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3d. Assist in developing Emergency Preparedness Plan and train staff at Palestine Medical Complex				X	Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3e. Review and edit EMPP drafts submitted by each of the 3 hospitals			X		Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14

FOCUS AREA D – HOSPITAL SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	D3f. Conduct workshops with 3 hospital counterparts/relevant stakeholders to clarify roles and responsibilities			X		Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3g. Review and finalize plans (internally)			X	X	STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3h. Assist MOH to review hospital EMP plans and identify common elements to include in the MOH national disaster preparedness plan			X	X	STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3i. Disseminate national standards and guidelines in emergency preparedness to other MOH hospitals		X			STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3j. Assist MOH in drafting the MOH EMPP	X	X	X		Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3k. Disseminate the MOH national emergency framework to key counterparts (i.e., PRCS, WHO, civil defense)				X	Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14
	D3l. Guide MOH in initiating emergency preparedness at the governorate and national levels				X	Partner: MOH STTA LTE	2.1.3.1 2.2.3.4	13	14

<b>FOCUS AREA D – HOSPITAL SUPPORT</b>									
<b>Main Activities</b>	<b>Sub-Activities</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Delivery Mechanism</b>	<b>Deliverable</b>	<b>Indicator</b>	<b>MOH IDP</b>
<b>D4. Apply adapted quality standards</b>	D4a Support the MOH to develop and update patient safety policies and procedures by adapting the JCI standards focusing on international goals; identify patient correctly, improve effective communication, improve the safety for high-alert medications, ensure correct site, correct procedure, correct patient surgery	X	X			Non training event STTA LTE	2.1.2.3	13, 16	12, 17
	D4b. Support the MOH to adapt the JCI infection prevention standards and policies based on existing policies and procedures		X				2.1.2.3	13, 16	12, 17
<b>D5. Provide technical assistance to enhance governance and management systems at the PMC and two MOH hospitals</b>	D5a. Complete development of medical staff by-laws for the PMC	X	X			LTE	2.1.2.8	13	1
	D5b. Develop a framework for the formulation of an organizational structure for the PMC		X	X		LTE	2.1.2.2 2.1.2.8	13	1, 12
	D5c. Develop scope of services and related operating policies and procedures		X	X		LTE	2.1.2.2 2.1.2.8	13	1, 12
	D5d. Provide tools to conduct patient satisfaction	X			X	LTE	2.1.2.8 2.1.2.2	13	1

FOCUS AREA D – HOSPITAL SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	survey to serve as a baseline for pediatric medicine at selected MOH hospitals and train on its implementation								
<b>D6. Provide targeted technical assistance to select NGO hospitals</b>	D6a. Perform needs assessment; identify gaps and address needs		X	X	X	LTE STTA	2.1.2.7		

## **E. Procurement Support**

Adequate and planned provision of medical equipment, supplies, and pharmaceuticals is at the heart of a functioning health system. For that reason, procurement is a significant component of the Flagship Project activities. In the past, the health system was marked by inefficiencies, with duplication of orders, large stocks of expired pharmaceuticals, stocks of unused equipment, a lack of maintenance programs for medical equipment, and few trained technicians to operate and maintain equipment.

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 Flagship Project's procurement experts are working with the MOH and NGO hospitals and clinics to set up an integrated procurement system that addresses these inadequacies and reflects the real needs of these facilities.

Key elements of this new approach to procurement include coordinating with the MOH and donors to avoid duplication and maximize resources, adhering to transparent procurement regulations, and ensuring effective pharmaceutical management. To introduce the concept of preventative maintenance and as a practical demonstration to MOH end-users and maintenance staff, all vendors are obliged to conduct preventative maintenance on medical equipment every 3 months during a 24-month warranty period. In addition, all vendors of medical equipment must ensure that on-site technicians are provided with hands-on clinical and operational training for all new equipment.

### **Major Activity Areas**

The major activities planned for Focus Area E: Procurement Support are listed below. The sub-activities and links to contract deliverables, PMP indicators, and the MOH IDP are detailed in the Gantt chart that follows.

- E1. Complete installation and relevant training for procured equipment.
- E2. Procure new equipment for MOH facilities (West Bank) based on annual procurement plan, pending approvals, and budget allocations.
- E3. Respond to identified medical equipment needs for 3 NGOs in Gaza (Phase 1) and assess/verify needs for NGO(s) (Phase 2, subject to USAID approval)
- E4. Provide technical assistance to beneficiary MOH hospitals and clinics to ensure effective utilization and maintenance of all procured equipment.
- E5. Establish an electronic inventory of all MOH medical equipment via the HIS.
- E6. Prepare an action plan for the establishment of the Palestinian National Biomedical Calibration and Certification Center (PNBCCC).

FOCUS AREA E – PROCUREMENT SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>E1. Complete installation and relevant training for procured equipment.</b> <b>(E1a-e Radiation Therapy System)</b>	E1a. Provide pre-installation training for AVH staff (pending vetting) for the Radiation Therapy System (RTS)	X	X			Procurement of commodity Training	3.1.1.2 3.1.1.1	20, 21,8,13	9
	E1b. Deliver and install the RTS	X	X			Procurement of commodity	3.1.1.2	17,18	
	E1c. Oversee the data commissioning for existing system at AVH		X			Procurement of commodity LTE	3.1.1.2		
	E1d. Explore with AVH opportunities to engage other donors to upgrade the existing system	X	X				3.1.1.2		
	E1e. Oversee on-site and off-site training continuously		X	X	X	Procurement of commodity	3.1.1.2	20,21, 8, 13	
<b>(E1f-h CT scanner)</b>	E1f. Install the 4 <sup>th</sup> CT Scan at the PMC	X				Procurement of commodity	3.1.1.1 3.1.1.2 3.1.2.2	17,18,19	12
	E1g. Provide off-site training for users of the 4 CT scanners (pending USAID approval)	X	X	X	X	Procurement of commodity	3.1.1.1	20,21	12

FOCUS AREA E – PROCUREMENT SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	E1h. Facilitate the adoption of best practices and protocols for CT application, and dosage control		X	X	X	LTE	3.1.1.1	6	
<b>E2. Procure new equipment for MOH facilities (West Bank) based on annual procurement plan, pending approvals, and budget allocations</b>	(Pending budget approval)	X	X	X	X	Procurement of commodity	3.1.1.1		
<b>E3. Respond to identified medical equipment needs for 3 NGOs in Gaza (Phase 1) and assess/verify needs for NGO(s) (Phase 2, subject to USAID approval)</b>	E3a. Negotiate and execute contract with suppliers (Phase 1)	X				Procurement of commodity LTE	3.1.3.1		
	E3b. Deliver equipment and oversee installation (Phase 1)		X			LTE	3.1.3.2 3.1.3.1	17,18,19	
	E3c. Assess and verify NGO medical needs (Phase 2)	X				LTE	3.1.3.1	8, 7,13	
	E3d. Draft specifications and release RFQ (pending USAID approval)	X	X			LTE	3.1.3.1 3.1.3.2	17, 18, 19	
	E3e. Analyze quotes, negotiate, and execute contracts		X	X		LTE			
	E3f. Deliver Phase 2 equipment			X	X	Procurement of commodity LTE			

FOCUS AREA E – PROCUREMENT SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
	E3g. Review the equipment needs of Gaza grant applicants with Component 1	X	X	X		LTE	3.1.3.1	Component 1	
<b>E4. Provide technical assistance to beneficiary MOH hospitals and clinics to ensure effective utilization and maintenance of all procured equipment</b>	E4a. Revisit all the beneficiary hospitals and clinics to identify problems regarding utilization and/or maintenance of equipment	X				LTE	3.1.1.1	18	11,12
	E4b. Address problems by providing on-site coaching or through specialized training, technical assistance, or fellowships		X	X	X	LTE	3.1.1.1	6,7,13,18,19,20,21	11,12
	E4c. Supervise the implementation of preventive maintenance plans for procured equipment	X	X	X	X	LTE	3.1.1.1	20	11,12
	E4d. Systemize the preventive maintenance approach within the MOH in coordination with private sector			X		Non-training event LTE	3.1.1.1	7	11,12

FOCUS AREA E – PROCUREMENT SUPPORT									
Main Activities	Sub-Activities	Q1	Q2	Q3	Q4	Delivery Mechanism	Deliverable	Indicator	MOH IDP
<b>E5. Establish an electronic inventory of all MOH medical equipment via the HIS</b>	E5a. Assess current MOH medical inventory software with the HIS team	X				Procurement of service LTE	1.1.1.4		2
	E5b. Ensure quality data migration from existing system into HIS		X	X		Procurement of service LTE			
	E5c. Provide input into types of reports available for decision-making and management			X					
<b>E6. Prepare an action plan for the establishment of the Palestinian National Biomedical Calibration and Certification Center (PNBCCC)</b>	E6a. Complete evaluation process for responses to RFP for procurement of calibrators, analyzers, and management software	X				Procurement of commodity	3.1.1.1		2
	E6b. Verify site is adequately prepared for hosting the center	X				LTE			
	E6c. Assist the MOH in the development of relevant policies and procedures		X	X	X	STTA	3.1.2.2	6	

## GAZA INTERVENTIONS

In Year 2, seven NGOs in Gaza were identified as potentially eligible for receiving grants. Of these seven, five were approved by USAID for the Flagship Project support. With support from the project, the targeted NGOs then carried out organizational needs assessments and prepared institutional development plans (IDPs) based on those assessments. The Flagship Project also carried out field evaluations for grantees that were eligible for procurement support. Items will be procured in late Year 2 upon receipt of required approvals from USAID and will be delivered in Year 3. Increased support will be provided to these Gaza NGOs in Year 3 through additional procurement support of needed medical equipment and supplies, training to improve organizational and management processes, and grants to assist the NGOs in increasing responsiveness and quality of health services.

In coordination with USAID, the Flagship Project will scale up activities in Gaza, with a focus on: (a) commodity procurements, (b) training, and (c) grants under contract targeting vetted NGOs. The Flagship Project's activities in Gaza are embedded under the five focus areas accordingly:

- *Commodity procurement.* The primary focus is on procuring needed medical equipment for key primary and secondary healthcare providers. Such interventions will be based on a needs assessment that can address gaps and support NGOs in being more responsive to people's needs. Medical equipment can be provided as needed. Some NGOs have already provided medical equipment lists, which are currently being assessed by the Flagship procurement unit.
- *Capacity building.* The Flagship Project's capacity-building efforts will focus on bolstering the ability of select NGOs to assess their organizational and management needs. The project will increase the technical abilities of NGO change leaders to prioritize their organizational needs by making use of available resources in a more efficient manner and based on quality standards. The Flagship Project is currently working with five rehabilitation, primary healthcare, and academic NGOs through a subcontractor—Institutional Development and Reform Associates (IDaRA). Through IDaRA, the project is facilitating needs assessment reports, IDPs, and capacity building in clinical, management, and financial areas. Seven needs assessment reports and five IDPs have been finalized.
- *Grants.* Grants will serve as a leveraging tool by providing funds or equipment for targeted, direct interventions as part of larger project activities. Support through the awards of grants will be provided to NGOs whose proposed activities meet the Flagship Project's eligibility and evaluation criteria. All grants will be performance-based in nature to maximize capacity building, sustainability, and verifiable results. A request for applications was issued on November 24, 2009, to which three applications were submitted. One NGO later became ineligible per information shared from USAID. During May 2010, two new grant applications were received. One of the applicants, Palestine Save the Children, has received approval from the Grants Evaluation Committee and is currently awaiting USAID approval. The second applicant has been asked to resubmit its proposal.

## CROSS-CUTTING SUPPORT

The Flagship Project’s communications team serves a number of key purposes. First and foremost, the team captures and reports on the significant progress made by the project. In addition, Flagship’s communications team enhances public knowledge by highlighting achievements and best practices, and by connecting the Flagship Project’s successes to the international health community through facilitating the Flagship Project’s participation in world-wide conferences on public health and medicine. The Flagship Project’s donor coordination efforts ensure that all health sector donors are informed of one another’s efforts to identify and fill gaps, avoid duplication, and maximize available resources. In response to the MoH’s request that USAID serve as the shepherd in leading the healthcare sector reform process, the project has actively supported USAID’s fulfillment of this role.

CROSS-CUTTING SUPPORT					
Area	Activities	Q1	Q2	Q3	Q4
<b>Communications and PR</b>	Draft and submit weekly bullets to USAID	X	X	X	X
	Produce at least 3 success stories for each quarter	X	X	X	X
	Develop multi-media pieces highlighting Flagship’s work	X	X	X	X
	Update Flagship website		X		X
	Identify and document technical best practices in project implementation	X	X	X	X
	Coordinate with external media	X	X	X	X
	Respond to information requests from USAID and provide additional communications support as needed	X	X	X	X
<b>Donor Engagement</b>	Attend USAID-hosted donor coordination meetings and workshops	X	X	X	X
	Participate in thematic working group meetings	X	X	X	X
	Provide additional assistance as requested by USAID to support the MoH and NGOs through the healthcare reform process	X	X	X	X
	Participate actively in other healthcare sector donor-led conferences, workshops, etc.	X	X	X	X
<b>MoH Steering Committees</b>	Actively participate in quarterly MoH Steering Committee meetings and events	X	X	X	X
<b>MoH Technical</b>	Coordinate and participate in Flagship-MoH monthly Technical Committee meetings	X	X	X	X

## SECTION IV. IMPLEMENTATION AND MANAGEMENT PLAN

### PROJECT ORGANIZATION

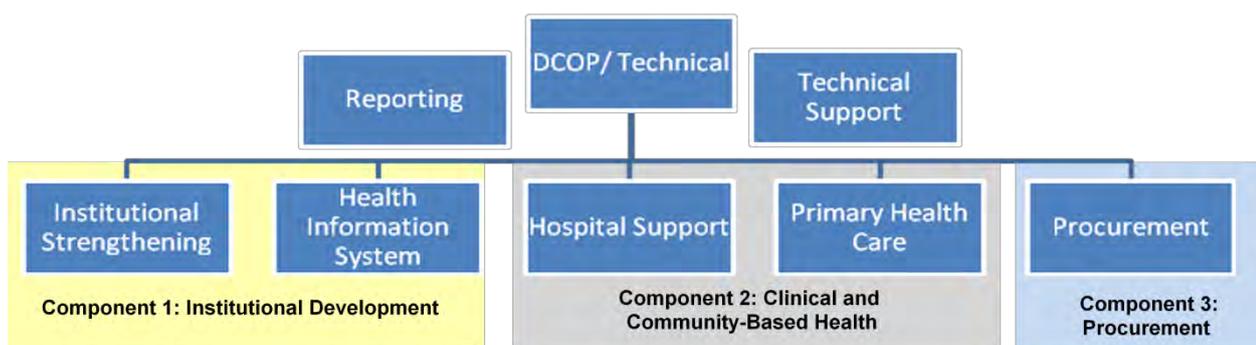
Moving into Year 3 of the project, Chemonics International, as prime implementer, will continue to draw upon the specialized expertise of its subcontractors: Loma Linda University for clinical care and hospital support, Intrahealth International for quality assurance, the Training Resources Group (TRG) for training in leadership development, Health Strategies International (HSI) for health financing, Alpha International for research and data collection, and Massar Associates for logistical and administrative support in the West Bank and Gaza.

At the beginning of Year 2, the project expanded from \$57 million to \$86 million, which will support a much deeper focus on work that has been initiated in all five focus areas. The project also deployed the AIDProject web-based management system. As part of this expansion, the Flagship Project created two main divisions led by deputy chiefs of party (DCOPs) under the chief of party (COP). The DCOP for technical programs oversees the three main components, reporting, and technical support, while the DCOP for operations oversees operations, finance, monitoring and evaluation, security, and the Gaza office.

During Year 2, the Flagship Project also established a compliance unit, reporting to the COP, to ensure overall project compliance with contractual requirements and Chemonics policies. In addition to contractual compliance for all matters related to USAID regulations and Mission Order 21, such as vetting, the Anti-Terrorism Certification (ATC), and mandatory provisions, the compliance unit manages the sub-award reporting.

To best capitalize on the work structure, the Flagship Project proposes the following organization of technical staff as the Flagship Project moves into Year 3:

- *Work centered around focus areas.* Throughout Years 1 and 2, Flagship implemented activities under the three main components. While the Flagship Project will continue to have three components as outlined in the contract, activities will be more focused. Given the integrated approach, the project now has five main technical pillars, or focus areas, under the DCOP of technical programs (as shown in the figure below) in order to best ensure linkages across the areas of work.



*Gaza.* Through subcontractor Massar, the Flagship Project hired a senior program manager to support activities in Gaza. The project is poised to address emerging needs and priorities as described in Section III. The Flagship Project’s work in Gaza is to help partner NGOs increase the responsiveness and quality of health services in a systematic, strategic, and effective manner. Staffing in Gaza will be expanded to include one additional staff member.

### **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 U.S.-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 e-mail, 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 short-term technical assistance and procurement documents, including waivers, consent letters, contracts, and requests for proposals (RFPs)
- 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 U.S. subcontractors
- Participation in yearly work planning
- Participation in quarterly conference calls with U.S. and local subcontractors

### **HUMAN RESOURCES MANAGEMENT**

The Flagship COP and DCOPs have the ultimate responsibility for all human resource 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 human resource 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.

During the development of the annual work plan, and throughout the year as required, the COP and DCOPs identify human resources needs for the coming year and recruit and hire staff as needed to meet project needs. The field office conducts orientations for new employees during the first two weeks of employment. By October of each year, supervisors and employees conduct annual performance evaluations and create performance plans, including areas for employee development. The operations division ensures adherence to local labor laws (including holidays, leave, employment

contract term, medical benefits, life insurance, severance, workman's compensation) and Chemonics employment policies. The Flagship Project offers ongoing training for its employees on policies and procedures, and especially on Mission Order 21.

## **FINANCIAL MANAGEMENT**

The Flagship 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, beneficiary, and location in order to anticipate areas where funding problems might arise. The home-office finance department liaises with the PMU to ensure accurate monthly billing and USAID financial reporting. During Year 3, the Flagship Project envisions two short-term assignments by home-office financial experts for the review of financial documentation.

The finance unit is responsible for overall day-to-day financial accounting of the field office. This includes issuing purchase orders and checks signed by the COP, entering locally incurred expenses into the accounting software, monitoring local bank accounts and petty cash funds, 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. Per the contract, the Flagship Project submits a number of financial reports to USAID, namely monthly invoice statements, quarterly financial reports, and quarterly accrual reports.

## **PROCUREMENT AND LOGISTICS**

The Flagship 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, and if required, home-office staff travel to the West Bank to help facilitate complex U.S. procurements. Technical procurements under the Procurement Focus Area will continue to be handled by the procurement department, and office-related procurement will be managed by the operations team.

Procurement plans for pharmaceuticals, 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.

Prior to transfer to the beneficiaries, pharmaceuticals, medical supplies, and equipment are stored in a warehouse located in Ramallah.

## **COORDINATION WITH KEY STAKEHOLDERS**

Since the start of the project, the Flagship Project has engaged stakeholders in dialogue on the MOH health system assessment, institutional development work plans, and technical interventions in areas such as mother and child health, HIS, health finance, breast cancer, behavior change communication, training, and the MOH thematic groups. The project will continue to coordinate efforts with donors, including the World Bank, Italian Cooperation, WHO, JICA, ICRC, Austrian Aid, Diakonia, and others. The Flagship Project will also leverage support when appropriate with other USAID projects such as PACE, Aswatona, Right to Play, Ruwwad, Al Nasher, EWAS II, and MEPI. For example, the Flagship Project coordinates with PACE in the production of BCC cartoon episodes, and coordinates with EWAS II for renovations in facilities where Flagship Project interventions are ongoing. In addition, the Flagship team will continue to coordinate with Palestinian ministries, the Palestinian Medical Council, syndicates, and NGOs such as PMRS.

## **MANAGEMENT OF SUBCONTRACTORS AND CONSULTANTS**

The Flagship Project has two Palestinian and four U.S. institutional subcontractors. The roles of the subcontractors will be more concentrated during Year 3, with an emphasis on handing over knowledge and tools to Palestinian staff and counterparts. Subcontractor roles are summarized briefly below.

### **Local Subcontractors**

- Alpha is providing support in survey implementation and data analysis, along with one senior long-term staff person working on the HIS focus area. Alpha also supports the process of conceptualizing, designing, analyzing, and presenting surveys.
- Massar is providing office administration and logistical support to the main project office in Ramallah as well as the current staff and office in Gaza.

### **International Subcontractors**

- HSI provides specialized health finance and human resources management assistance to strengthen the institutional capacities and performance of the Palestinian health sector. Assistance is also provided by one long-term staff member supplemented with short-term technical assistance.
- Intrahealth provides short-term technical assistance on performance improvement and quality assurance.
- TRG provides specialized leadership training that underscores the importance of management and administration in achieving organizational health reform goals. TRG also provides short-term technical assistance in senior-level leadership development, organizational development, and leadership/management.
- Loma Linda University offers technical assistance across an array of technical areas, including hospital administration, nursing administration, emergency care, chronic disease care, secondary healthcare, and rehabilitative care. Year 3 will be focused predominantly on emergency care.

Both the home- and field-office teams manage subcontractors under the Flagship contract. Subcontractors were actively involved in the development of the Year 3 work plan, often through field office site visits coinciding with work plan development. The field office is responsible for technical oversight of subcontractors, including developing scopes of work (SOWs), managing deliverables, and approving proposed consultants prior to the submission of approval requests to USAID. The Chemonics home office assists the field office with technical oversight as requested. Financial and contractual oversight, including budgeting, invoicing, regulatory compliance, and vetting, is performed jointly by the home-office PMU and the field office. The field office conducts a joint teleconference each quarter with the PMU and representatives of each subcontractor. The purpose of the call is to provide an update on the Flagship Project's accomplishments and challenges, discuss upcoming work, and engage in relevant technical discussion.

The Flagship Project will periodically use short-term local subcontracts to address specific project needs. This process will be managed by the field office and includes the development of SOWs, the selection of subcontractors through a competitive process, and management of the subcontractors. The home office will assist the field office by reviewing RFPs.

### **MANAGEMENT OF GRANTS-UNDER-CONTRACT MECHANISM**

The Flagship Project began implementation of the grants program in Year 2, following approval of the grants manual in the fourth quarter of Year 1. 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. Project staff review each grant application through a formal grants evaluation committee comprised of the DCOPs and the senior institutional development advisor.

The following steps summarize the grants cycle:

- NGO project approach and vetting
- Request for applications released
- Concept paper and full application received
- Technical and financial evaluation
- Pre-award responsibility determination
- USAID approval
- Grant agreement
- Implementation
- Monitoring of implementation through financial, technical, and compliance reviews
- Close-out of the grant
- Audit

## **MANAGEMENT OF FELLOWSHIP TRAINING PROGRAM**

Since the majority of fellowships will focus on clinical and medical issues, the fellowship program will be managed by technical staff, with leadership provided by the institutional development focus area team leader. The selection of priority areas, candidate criteria, academic institutions, and duration has been defined in close coordination with the MOH and USAID. The compliance team will continue to provide support for vetting fellows, and the operations team for processing applications and providing payments to participating institutions. The documentation process, enrollment in TraiNet, and obtaining visas will be managed by the monitoring and evaluation unit, with support from technical staff. This program will be closely coordinated with the home office, especially for U.S.-based fellowships.

## **COMPLIANCE WITH USAID ANTI-TERRORISM POLICIES AND REPORTING REQUIREMENTS**

To ensure compliance and quality control with USAID anti-terrorism and reporting requirements, the Flagship Project contributed to the development of a Chemonics Mission Order 21 manual, which includes standardized, written policies on vetting and mandatory clauses. Flagship has also provided staff training, including formal sessions on Mission Order 21 and weekly tips and case studies with all staff.

### **Vetting**

The Flagship Project understands that vetting is conducted by USAID in connection with its review/approval of proposed awards and sub-awards to non-U.S. awardees. The project conducts vetting in strict adherence to the USAID anti-terrorism procedures laid out in Mission Order 21.

### **Anti-Terrorism Clauses**

The Flagship Project has instituted procedures to include the following clauses in every written agreement, regardless of the amount, per Mission Order 21, as issued in October 2007:

- Prohibition against support for terrorism
- Prohibition against cash assistance to the Palestinian Authority
- Restriction on Facility Names

### **Anti-Terrorism Certification**

The ATC is a mechanism through which all U.S. and non-U.S. organizations must certify, prior to being awarded a grant or receiving in-kind assistance from the Flagship Project, that they do not provide material support or resources to terrorism. The Flagship 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 Mission Order 21, the Flagship 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 Flagship Project submits a copy of the signed ATC (if applicable) as an attachment, along with the Excel-formatted sub-award report.

## **FLAGSHIP MANAGEMENT APPROACH**

Flagship staff are actively managing and monitoring project performance. This happens through daily technical meetings led by the DCOP of technical programs as well as through weekly all-staff meetings during which staff provide updates on progress and challenges and highlight areas of opportunity for the future. The DCOP of operations oversees recruitment efforts for local short- and long-term personnel. The PMU recruits for expatriate consultants and briefs them on the project background prior to their arrival. The Flagship finance manager provides weekly 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.

## SECTION V. BUDGET

In developing the Year 3 budget, the Flagship Project analyzed the technical, management, and administrative requirements of the scope of work and applied cost-saving measures tailored to current conditions in the West Bank and Gaza. The proposed costs are based on assumptions of potential project activities throughout the West Bank and Gaza, yet allow for flexibility to respond to the demand-driven nature of this contract. On July 16, 2010, USAID approved the carry-over of \$6.1 million of Year 2 funding into Year 3. The Flagship Project intends to carry over \$6.1 million, bringing the total Year 3 budget to \$22.9 million.

The Flagship Project is prepared to scale up presence in Gaza in Year 3. Massar Associates is poised to continue to provide administrative, logistical, and human resources support for Flagship staff based in Gaza. Expenses for Gaza are distributed by line item throughout the budget displayed in Table 1. Over the next three years of the project, there may be a continual need for Ramallah-based staff to travel to Gaza for due diligence/compliance reviews, procurement assessments, and intermittent oversight. This includes the COP, DCOPs, procurement, grants, training, finance staff, and other cross-cutting staff. In addition to the full-time Gaza-based staff provided by Massar Associates, the Flagship Project estimate a nominal amount of Ramallah-based staff's time and have allocated an appropriate amount of local and expatriate level of effort to travel to Gaza for short-term technical assistance. Through the Ramallah-based security coordinator, the Flagship Project is able to collaborate with the UN and WHO for security information and coordination.

The Flagship Project's activities in Year 3 will place a larger emphasis on work completed by long-term professional staff. While the Flagship Project will continue to rely on local and expatriate short-term technical assistance, as well as subcontractor support, the project will plan for a number of training, capacity building, and quality assurance events to be held by capable and highly skilled long-term professional staff in an effort to strengthen local capacity and ensure these skills are retained. Staffing levels for Year 3 remain at their current levels due to the demands of the project, and will continue to remain at this level throughout Year 3. The illustrative budget summary and CLIN projections can be found below.

**Table 1. Year 3 Illustrative Budget Summary  
(October 2010-September 2011)**

Line Item	Year 3 Flagship Budget
I. Salaries (long-term, consultants, and support)	\$3,165,511
II. Fringe Benefits	\$820,909
III. Overhead	\$2,374,703
IV. Travel, Transportation, and Per Diem	\$500,945
V. Allowances	\$1,037,970
VI. Other Direct Costs	\$890,048
VII. Equipment and Supplies	\$102,000
VIII. Training	\$527,598
IX. Subcontractors	\$2,119,210
X. Strategic Partners Fund	\$8,955,793
Procurement	\$7,314,087
Grants	\$1,174,986
Local Fixed Price Subcontracts	\$466,720
<b>Subtotal, Items I-X</b>	<b>\$20,494,687</b>
XI. General and Administrative	\$1,147,702
<b>Subtotal, Items I-XI</b>	<b>\$21,642,389</b>
XII. Fixed Fee	\$1,357,143
<b>Grand Total</b>	<b>\$22,999,532</b>

**Table 2. Year 3 Illustrative Budget Summary by CLIN  
(October 2010-September 2011)**

Current Contract			Year 3 Budget		
CLIN	Project Component	Amount (\$)	CLIN	Project Component	Amount (\$)
1	Project Component 1- Health Sector Management and Reform	\$25,043,192	1	Project Component 1- Health Sector Management and Reform	\$6,709,141
	Fee	\$1,514,265		Fee	\$420,714
2	Project Component 2- Clinical and Community-Based Health	\$29,520,805	2	Project Component 2- Clinical and Community-Based Health	\$7,791,260
	Fee	\$1,758,502		Fee	\$488,572
3	Project Component 3- Procurement Support for Health and Humanitarian Assistance	\$25,988,238	3	Project Component 3- Procurement Support for Health and Humanitarian Assistance	\$7,141,988
	Fee	\$1,611,960		Fee	\$447,857
<b>Grand Total</b>		<b>\$85,436,962</b>	<b>Grand Total</b>		<b>\$22,999,532</b>

## YEAR 3 BUDGET SUMMARY DETAIL

### Salaries

Salaries included in the Year 3 budget are for Chemonics personnel only. The salaries presented represent salaries for long-term expatriates/TCNs, short-term expatriates/TCNs, long-term local professionals, short-term local professionals, local support, and home-office professionals. In accordance with Chemonics policy, the Flagship Project has budgeted salary increases for expatriate, TCN, and support staff to be applied in October of each year.

The Flagship Project will rely heavily on long-term labor to fulfill a majority of the project's technical needs throughout Year 3. Reliance on both local and expatriate short-term technical assistance has been reduced for Year 3. As noted above, a portion of Ramallah-based staff salaries will be allocated to Gaza activities.

### Fringe

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

## **Overhead**

Chemonics' provisional overhead rates, based on its most recent NICRA, are applied to field-based professional salaries plus fringe benefits, and direct home-office salaries plus fringe benefits.

## **Travel and Transportation**

The Flagship Project has budgeted for travel expenses based on historical expenditure, expected travel plans for Year 3 involving both short-term and long-term employees, and the fielding and repatriation of long-term staff. This line item includes U.S. 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 Flagship Project has budgeted for allowance expenses based on current allowance rates and using current staffing levels, including long-term expatriates/TCNs, short-term expatriates/TCNs, and local staff. This line item includes post differential, danger pay, COLA, temporary quarters subsistence allowance, living quarters allowance, and per diem.

## **Other Direct Costs**

The Flagship Project continually updates expenditure for other direct costs (ODCs) based on historical expenditure and actual costs. This line item includes DBA 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 Flagship Project has budgeted for equipment and supplies based on this year's 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 Flagship Project has increased the budget for training activities based on Year 3 activities and historical expenditure. This line item includes in-country training events, launch events, third-country training, fellowships, and U.S.-based training.

## **Subcontracts**

The Flagship Project uses this line item to include all U.S. subcontractors (cost-reimbursement, time-and-materials, and fixed-price subcontracts) as well as two local subcontractors. The Flagship Project's U.S. partners include Loma Linda University,

IntraHealth, Health Strategies International, Training Resources Group, Lynx (fixed price) and Devis (fixed price). The two local subcontractors budgeted here are Alpha and Massar Associates.

The Year 3 budgets for U.S. partners and local partners have been reduced in line with available funding. Massar Associates' budget may potentially increase based on the level of involvement and presence in Gaza. As a local partner, Massar will provide administrative, logistical, and human resources support for Flagship staff based in Gaza.

### **Strategic Partner's Fund**

#### **Procurement**

This line item is inclusive of \$4.2 million in procurements allocated to the final payments for the HIS and the radiation therapy system. It also includes additional procurements for Gaza and the West Bank.

#### **Fixed-Price Subcontracts**

This line item includes support to community-based organizations, all local fixed-price subcontracts (including communication support for BCC), and potential subcontracts that will be issued in Gaza.

#### **Grants**

The Flagship Project began making payments to grantees in Year 2, and the grants program is now well-established to continue activities into Year 3. This line item includes the budget for grant activities in the West Bank and Gaza.

#### **G&A**

Chemonics' current provisional G&A rate on all costs has been budgeted.

#### **Fixed Fee**

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

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<sup>i</sup> In this work plan, the Palestinian Health Sector Reform and Development Project will be referred to as "the Flagship Project" or "the project."