

**HANAN QUARTERLY NARRATIVE REPORT**  
**Reporting Period: January through March 2005**

**I. Overview of Progress and Constraints**

**Progress:**

During this reporting period the project has progressed more rapidly than might have been expected. Starting from ground zero on 1 January 2005, a good deal has been accomplished in three months. One of the most important developments for the project was the excellent, open and constructive, working relationship with USAID. We have been particularly gratified by the excellent support we have received from the USAID mission, particularly the quick turn-around which we have enjoyed in response to our requests.

While not neglecting the administrative needs of the project, we have deliberately focused disproportionate attention to its strategic and substantive components. This fits into what might be considered our “tripartite project design strategy.”

>>Part One of this strategy is to seek always to focus on the project’s EOP “ End of Project’ outcomes”, and to work back from these to identify the best evidence-based strategies for getting there.

>>Part Two is our overarching commitment to design and implement all project interventions in a maximally integrated manner, treating each cluster of MVP communities and associated service providers as a single “system,” rather than a series of separate entities.

>>Part Three is that, from the outset, we have consistently made the ultimate beneficiaries the “unit of analysis,” and have worked back from our understanding of their needs and how to meet them. This has given the project a focus and a logic it otherwise would have lacked.

Although the above approach is demanding and time consuming, we have made a good deal of technical progress, and have laid most of the ground work for finalizing the strategic framework for each of the three core sets of interventions (MHN,CHN, and Community Mobilization). We have also made good progress in developing our approaches in the cross-cutting areas of BCC, Capacity Building, and QA. The next step is to “insert” these into each of the three core areas in order to create the nuanced, integrated, outcome-oriented intervention designs which we seek.

In the area of external relations, important developments have included the ability of the project team to establish:

- a) Solid working relationship with The Health information Center at MOH; the Ministry of Social Affairs, MOP, the PCBS, WFP, Save and the Red Crescent Society, and the UPMRC.
- b) Good coordination-working relationship with senior levels at MOH, MOP, UNICEF, WHO, UNFPA, and Italian Cooperation.

We believe that we have been able to initiate the beginnings of good visibility as well as effective coordination and collaborative relationships with other stakeholders. We expect to enhance these early achievements during the coming quarter.

### **Constraints**

As with every other project, we have experienced some constraints. Fortunately, none of these is “project threatening,” and—we believe—that for every constraint there is a workable solution. Some of the more significant constraints are described below.

1. Technical Staff. This area has two dimensions.
  - a) Late arrival. For a variety of reasons, two director-level expatriate staff were not able to arrive in January as expected. While this complicated our ability to plan and allocate technical work during the early weeks of the project, in the end we are able to deal with this, with no damage to the project. We did this by inducing the Director of Public Health to stay on longer during his first visit, and to dramatically reduce the hiatus between his departure from that visit and his arrival to take up the post. In addition, both he and the Director M&E continued to work on project tasks, and to maintain close communications with staff in WBG, while back in North America.
  - b) Loss of three staff. For a variety of reasons known to USAID, the expatriate candidate for the BCC/Community Mobilization position, and the local candidate for the QA position were asked to remove themselves for consideration as long term staff members. A third local staff member—for the position of Nutrition specialist—was never recruited, despite weeks of negotiations between her and the Manoff Group. We have coped with these developments as follows:
    - (i) BCC/Community Mobilization. We have been recruiting for a replacement to fill the BCC position. We have, very recently, identified an outstanding expatriate candidate for this position, whom we will bring to the attention of USAID during this reporting period. As expected, despite a careful search, we found no one qualified to fill both the BCC and Community Mobilization positions. We will lay out our plan to USAID for filling the Community Mobilization position, probably during May.
    - (ii) QA. For reasons explained to USAID, we now prefer to add this responsibility to an internal candidate, Dr Bassam, with good technical backstopping from EMG.

- (iii) Nutrition. Given that negotiations between Manoff and the candidate named in our application have broken down completely, we are now recruiting for a qualified local replacement, and hope to have her/him in place by May.

## 2. The Manoff Group.

Resulting from differing viewpoints as regards final control over project technical decisions, the Manoff Group has recently informed us of its decision to withdraw from the project. We will send a letter to USAID in the next few days explaining how we plan to replace the technical support that Manoff was to provide, and the financial implications of their pullout. We are confident that we can easily arrange to fill any gap created by this unforeseen and unsolicited development.

## 3. Permits.

The project continues to suffer from the lack of mobility of the Deputy Project Director and several other senior technical staff, including the expatriate training specialist. We will continue to press for these permits, while—at the same time—moving to acquire and make maximum use of video conferencing. We are also examining the value of acquiring a web-based conferencing technology such as Eluminate™.

## **II. Major Achievements of the Period**

### **January**

- 1) Secured long- and short-term office space in Ramallah
- 2) Held successful Start Up workshop
- 3) Created and submitted Mobilization Plan
- 4) Created initial procurement plan
- 5) Identified the functional organizational relationships among project technical and managerial areas and staff.
- 6) Identified project name and logo.

### **February**

- 1) Secured long term office space in Gaza, Hebron, Nablus, and Khan Younis, the satellite office to open in early May.
- 2) Conducted a local recruitment process, including a thorough salary and benefits survey, finalizing of local staffing plan, and extensive newspaper advertisements.
- 3) Initiated the MH assessment via a Purchase Order to Johns Hopkins University.
- 4) Made a preliminary identification of criteria to be used to select MVP communities, and initiated an aggressive search for data to inform these criteria. Simultaneously gathered data on potential service delivery locations, which can later be linked to potential MVP communities.
- 5) Began recruiting replacements for the BCC and QA professionals who will not be joining the project.

- 6) Contracted out a review of monitoring and evaluation tools and methods used in WBG and outside, as an input into the Project Monitoring Plan.
- 7) Initiated the procurement process, including finalizing the list of needed equipment, furniture, and vehicles based on information from Maram, and knowledge about what would be needed to fit out the 5 Hanan offices. Submitted plan to USAID and received agreement.
- 8) Created the basic office policies and systems, including major office, personnel, and financial policies.
- 9) Organized and attended a successful project inauguration in Ramallah, attended by Mr. William Burns, Mr. Jim Bever, the Minister of Health and others.

### **March**

- 1) Completed Personnel manual and Financial Manual for Hanan.
- 2) Contracted out a review of local best practices and models in community mobilization, as inputs into the Technical Workshops to be held in Amman in April.
- 3) Collected and reviewed all major facility and community assessment tools. Made preliminary selection of the tools most suitable for Hanan.
- 4) Reviewed literature and began to define key concepts of importance to Hanan, including capacity building, sustainability, and QA.
- 5) Redefined staffing pattern involving the QA, capacity building, community mobilization, and BCC, and discussed with USAID as the basis for a slightly different approach.
- 6) Reached a preliminary conclusion about the use of an integrated team approach to carrying out project implementation monitoring, technical support and problem solving. The detailing will come later.
- 7) Designed the technical content, the meeting process, the participants, and arranged for the basic logistics arrangements for the Technical Workshops to be held in Amman 16-20 April.
- 8) Laid the technical, computer software, consultant support and approach to the use of GIS as a planning and monitoring tool for Hanan.
- 9) Created the outlines of a dissemination plan for the project.

## **III. Major Activities & Outputs**

### **A. Programmatic/Technical**

#### **1. MCHN**

The highlights of work in this area included the following:

##### **a) MH Assessment**

A particularly important question is the validity and effectiveness of the Maternity Home model developed by Maram. As required in the C.A., Hanan issued an RFP to conduct a comprehensive independent evaluation. Although potential contracting groups declined to apply, mostly due to the rigidity of our timeline, we

were able to contract with Johns Hopkins University, and the evaluation is now ongoing. A draft evaluation report is due April 7. A presentation of findings and recommendations will be made to USAID by mid April.

To complete the local review of the Maram and other maternity home models, Dr. Richard Moore (PD), Dr. Bassam Abu Hamad(DPD), as well as Dr. Rand Salman (Director of Technical Operations/ MH/RH specialist) participated in the Maternity Home meeting organized by Maram in Amman. While in Amman, these Hanan staff also received an in-depth briefing about the Primary Health Care Initiative project in Jordan.

In addition, Hanan arranged for Dr. Bassam to stopover in Cairo on his way back from Amman, in order to learn about the strategies, results, and lessons learned achieved by the well-regarded JSI Maternal Health project currently closing in Egypt.

b) Most Vulnerable Populations (MVPs) and Sites analysis:

Following a series of internal “mini-workshops” among Hanan staff, preliminary criteria were singled out as potentially the most promising for identifying the MVPs: the project’s focus of attention. Following several meetings with well informed professionals, we were able to refine these criteria, and also to identify the availability of data and information to allow us to use these criteria for planning purposes. A period of intensive data gathering followed. At this point, we are focusing on two additional types of data to complete this “quantitative” stage: (i) the effect of closures on access to health services, and (ii) data on poverty. This list will be refined by identifying potential Service Delivery Points (SDP) within the various MVP catchment areas. This stage will be done by the end of this reporting period. The next stage will be to seek qualitative information on the MVPs from knowledgeable sources at the district level, followed by validation visits to likely MVP communities by project staff. From this, we expect to develop a rank ordered list of potential MVPs as focal communities for Hanan’s first year of implementation.

c) Design of technical Workshops (to be held 16-20 April) and creation of technical briefs.

As the basis for this workshop, the Hanan technical team has worked extensively to develop two technical briefs, which will lay out propositions and questions for the project’s strategic design. These technical briefs will be reviewed by guest international experts and feed directly into the design of the Technical Meeting.

At the time of writing of this report:

- (i) Secondary data on MCHN has been gathered by the technical team from most possible institutional partners in WBG;

- (ii) This data has been gathered in two draft documents;
- (iii) Internal one-day meetings were held in West Bank and in Gaza (due to the impossibility of bringing the senior health technical team together in one location) to identify the first propositions and questions;
- (iv) The expected completion date for draft documents to be shared with the entire technical team is 03/15. The documents should be ready for release to our invited international experts by 03/29.

In preparation for the Technical Meeting, the following international experts have been identified and will join the meeting, based on scopes of work developed by Hanan technical team:

- (i) Dr. Peter Winch, Johns Hopkins University; Child and Neonatal Health expert, author of numerous publications on recent and innovative community-based programming models (C/HH-IMCI, CB-Neonatal Health, CB-HIS systems, etc.).
- (ii) Dr Taroub Harb Faramand, Director of CATALYST, a project tasked by USAID to compile State of the Art knowledge about all Reproductive Health issues. Her participation will bring international expertise as well as in depth understanding of the Palestinian reality; it also illustrates an effective cooperation with USAID/Washington.
- (iii) Lisa Howard Grabman, as a community mobilization expert (see below).
- (iv) Kumkum Amin from JSI, will participate in the Amman meeting and provide BCC expertise.

d)Transfer of tools and methods, from Maram to Hanan.

Now that Maram's final conference is concluded, we will be able to schedule one or more meetings for the formal hand over of tools, methods, and materials to Hanan.

e)Technical staffing plan

The main highlights of developments in this area—regarding the more senior level technical staff—are covered in Section I: Overview of Progress and Constraints. For mid level staff, a number of internal discussions and planning sessions have been conducted to define the best technical staffing plan. Job openings have been announced; CVs collected and interviews planned. The Hanan technical team is progressing in this area, but ensuring that all positions correspond to functions, and functional relationships within a technical team.

2.Community Mobilization:

We consider community mobilization as one of the three core technical interventions of the project. The strategic thinking now taking place, which will culminate in the Amman Technical Meeting, requires a critical assessment of the most appropriate approach and model. To move ahead, we contracted Dr. Mohammed Shaheen to conduct a Review of Best Practices in Community

Mobilization in WBG. This document will be drafted by March 28, and will be shared with the technical team and international experts participating in the Amman workshop.

Hanan has also contracted Lisa Howard-Grabman, an international expert in community mobilization--recognized in particular for her work with the WARMI approach and for her authorship of a methodological guide to community mobilization. At the Amman meeting, Ms Grabman will provide an overview of international models and best practices for potential application to WBG, and will act as a resource person.

In regards to the need for leadership in this complicated area within Hanan, it was decided that a single person could not carry satisfactorily both the community mobilization vision and the BCC strategy. Therefore we wish to have separate leadership for each area.

## 2. Policy & Advocacy

The approach we plan to use in this area is first to learn from our own data gathering and experience at the field level, and then use this to identify the areas where policy reform is needed to remove barriers or to create opportunities. We then expect to create semi-formal working relationships with one or several very well-informed, and well-networked, persons who can provide advice about the best ways to influence policies in a given area. This will form the basis for policy-specific advocacy activities. We further expect to use the PSC as an important forum for creating momentum in this area.

## 3. Cross Cutting

### a) BCC

Given that we had lacked leadership in this area since the beginning of the project, and given the urgent need to develop at least a strategic outline, we invited Ms Kumkum Amin to spend a few working days here enroute to the JSI project in Amman. Ms Amin arrived on March 11, to review secondary data on behavioral determinants of health in WBG and on behavioral change interventions. In addition to briefings by Hanan staff, and a long meeting with the health education unit at MOH, Ramallah, Ms Amin reviewed all available information. The output from her visit was a strategic outline of BCC, as an adjunct to the Technical Briefs focusing on the salient behavioral issues which Hanan will have to address.

### b) Capacity Building

The capacity building unit through literature review and consultation with Hanan team members built a framework for capacity building interventions. This framework will help the team in identifying and prioritizing those capacities critical for partner organizations to produce the required impact from the project interventions, at the same time help in designing and customizing capacity building plan for each facility/community organization.

To be able to identify the capacity gaps, the capacity building team reviewed and evaluated different capacity building assessment tools, and will make a preliminary identification of the tool(s) we will use (or adapt) for conducting clinic facility assessments. We will also need to identify, adapt, or create a similar (but more qualitative and more flexible) assessment tool for use with collaborating communities.

c) QA

See section I, Overview of Progress and Constraints, for progress in this area.

d) Sub Awards

Given the early stage of the project, there were no activities to report in this area.

## **B. Monitoring & Evaluation**

During the first quarter of the Hanan project, several advances have been made in the area of monitoring and evaluation (M&E). The first activity carried out was an initial review of all available state-of-the-art (national and international) M&E instruments and indicators related to various components of the project. This review considered M&E requirements in the areas of child health and nutrition; maternal health and nutrition; service delivery, access and quality; organizational capacity and viability; and, community and household capacity.

The second activity was to begin investigations regarding the development of an appropriate database system. We are considering a web-based M&E system that can be integrated with a geographic information system (GIS). As USAID has developed a GIS database, which includes and can be adapted to reflect MCHN indicators specific to the Hanan project, we will be taking advantage of this valuable service. In addition, as we are dealing specifically with the most vulnerable communities in the West Bank and Gaza, we are also investigating the establishment of a complementary database to deal with project specific populations.

The third activity is the recruitment of M&E specialists for both the Ramallah and West Bank office. Potential candidates were short-listed and interviewed and the final selection of these staff persons is close to completion.

The fourth activity involved one-on-one discussions with professional Hanan staff to better grasp their M&E needs. These discussions were beneficial in drafting the Performance Management Plan (PMP), another activity that is also underway. The PMP, which addresses all the major intervention areas, also includes indicators that relate to the cross-cutting components of BCC,

community mobilization, training, capacity building, quality assurance, gender, policy and advocacy, and grant making.

### **C. External Relations**

#### **1. PSC**

Drafted and secured agreement on PSC Scope of Work from USAID and MOH. Contacted the proposed participants in order to set the date for the first meeting, hopefully during the first week of April. As agreed, the PSC will act as an advisory board that will facilitate the project's access to data, information needed to design and implement its activities. It will also facilitate the project's ability to learn about the complementary plans and programs of other agencies. HANAN will act as the secretariat. The proposed participants in the PSC are: USAID, MOH, MOP, UNRWA, UNFPA, UNICEF, NGOs.

#### **2. Technical & Programmatic Coordination:**

a). MOH. The Project Director met with Senior officials at the Ministry of Health West Bank and Gaza. He shared with them the mobilization plan prepared by HANAN for the Start Up period. In addition, he discussed the participation of the MOH in the technical workshops in Amman. As noted, he shared with them the design for the PSC and got their approval. Finally, the PD briefed MOH representatives on the proposed design of the event that Hanan will sponsor to celebrate the International Day for Mothers & Children (see below).

b) Other stakeholders. We finalized the stakeholder analysis in order to identify the most relevant stakeholders to HANAN. Based on this analysis, the Project Director, the External Relations Officer, and other technical team members met with HDIP, UPMRC, WHO, UNICEF, Institute of Community & Public Health at Birzeit University, Italian Cooperation, MOP, and UNFPA. Several issues were addressed in those meetings including the PSC, areas of mutual technical coordination and cooperation, data gathering for vulnerability assessments and site selection, technical workshops in Amman, policy & advocacy. Other meetings will be held for follow up and identify liaison points.

c) Dr. Rand Salman and Dr. Eric Sarriot joined the Nutrition Thematic Group at the request of Dr As'ad Ramlawi.

d) In Gaza, Dr. Bassam and Dr. Eric Sarriot had a two-hour meeting with Dr. Younis Awoul Allah, national coordinator for IMCI, to review progress to date, plans and challenges. Areas of mutual interest and coordination were identified.

3. Hanan Ashrawi. USAID agreed with our proposal to approach Ms. Ashrawi as an advocate for maternal and child health within WBG. A letter was sent to Ms. Ashrawi office seeking a meeting. We hope to secure this meeting by the end of this reporting period. Unfortunately, Ms. Ashrawi declined to participate

4. Dissemination. A dissemination strategy for the first year was drafted identifying the best channels and approaches that the project will utilize in this area. The project will be relying on a series of communication channels and events to best promote its activities. The website for the project is under construction and hopefully it will be launched in two months period. Moreover, we will secure the services of a series of part time personnel who can facilitate our efforts at PR and dissemination. Hanan organized two major events:

- a) Project Inauguration. The project was inaugurated at the Ministry of Health, Ramallah, MCH center. The event was attended by Mr. William Burns, the mission director, the U.S. Consul General, the Minister of Health and the project director. An MOU was signed between the MOH and USAID.
- b) Mother & Child Day. As requested, Hanan is organizing an event to honor the Mother & Child International Day on April 7. With the assistance of UPMRC, the External Relations Officer selected a promising community in WB for the event, and created a design for the event. A similar process will take place to hold a similar event on that day in Gaza.

**D. Finance & Administration**

1. Budget vs. Expenditure: Summary and Analysis

The Project is well within budget with all of its budget line items. Total Project expenditures for this reporting period are well within the Letter of Credit amount of \$2,559,605 obligated by the USAID for the Project’s activities for the period January 1<sup>st</sup> through April 30<sup>th</sup>, 2005. Please see attached Appendix 1 for details of the Project’s Quarterly Financial Report for the period January 1<sup>st</sup> through March 31<sup>st</sup>, 2005.

2. Level Of Effort:

<b>Name</b>	<b>Position</b>	<b>Status</b>	<b>Employee</b>	<b>Office</b>	<b>Start Date on Project</b>	<b>Effort Level</b>
Richard Moore	Project Director	FT Employee	JSI	Ramallah	January 2, 2005	100%
Eric Sarriot	Director of Public Health	FT Employee	JSI	Ramallah	February 28, 2005	100%
Nancy O’Rourke	Director of Monitoring & Evaluation	FT Employee	JSI	Ramallah	March 7, 2005	100%
Nadira Sansour	Training Specialist	FT Employee	JSI	Ramallah	January 13, 2005	100%
Bassam Abu Hamad	Deputy Chief of Party	PT Employee	ANERA	Gaza	January 18, 2005	80%

Bassam Abu Hamad	Deputy Chief of Party	FT Employee	ANERA	Gaza	March 1, 2005	100%
Rand Salman	Director of Field Operations	FT Employee	ANERA	Ramallah	January 18, 2005	100%
Mahmoud Abu Radaha	Capacity Building Specialist	FT Employee	EMG	Ramallah	January 24, 2005	100%
Hasna Dajani	External Relations Officer	FT Employee	ANERA	Ramallah	January 25, 2005	100%
George Shoufani	Director of Finance & Administration	FT Employee	JSI	Ramallah	January 17, 2005	100%
Emad Khoury	Driver	FT Employee	JSI	Ramallah	February 1, 2005	100%
Hisham Al Haj	Driver	FT Employee	JSI	Gaza	February 6, 2005	100%
Samar Nasser	Administrative Assistant	PT Temporary Help	ANERA	Ramallah	February & March	50%
Salwa Weshah	Office Lady	Contract	N/A	Gaza	March 1, 2005	100%
Najwan Halabi	Administrative Assistant	PT Temporary Help	ANERA	Gaza	February & March	50%
Maher Saqqa	Office Manager / Accountant	FT Employee	JSI	Gaza	March 23, 2005	100%
Sana Abu Mazyad	Administrative Assistant	FT Employee	JSI	Gaza	March 23, 2005	100%
Manal Issa	Office manager	FT Employee	JSI	Ramallah	March 20, 2005	100%
Rola Tahboub	Senior Accountant	FT Employee	JSI	Ramallah	April 10, 2005	100%
Ya'qoub Habash	Driver	FT Employee	JSI	Ramallah	April 1, 2005	100%
Tom Neu		PT Employee	ANERA	Ramallah & Gaza	January 2, 2005	20%
Jounmana Nassereddin	Procurement Officer	PT Employee	ANERA	Ramallah & Gaza	March 1, 2005	20%

### 3. Facilities

The Hanan Project has located suitable office space for its main offices in Ramallah and Gaza, and has signed lease agreements for these offices. The Project's satellite offices in Hebron and Nablus have been identified and leased by ANERA. Office space for Khan Younis Satellite office is soon to be identified and rented by the Project. The Project will share use and expenses of these offices.

The project's Gaza personnel have moved into their office already. It is partially furnished and equipped, but fully operating already. In Ramallah, the project occupied temporary offices for most of the reporting period. The Project's permanent offices to be in Ramallah are currently being partitioned, painted, and electrically wired. Move in date is expected to be around April 1<sup>st</sup>, 2005.

#### 4. Equipment

Both offices of Hanan Project, Ramallah & Gaza, have procured a limited amount of equipment and furniture as needed to operate during this period. Also, the Project has acquired some equipment and furniture from Maram Project's offices in Ramallah and Gaza. Please see Appendix 2 for a complete list of the equipment and furniture Hanan Project currently has in its Ramallah and Gaza. The Project, with the help of ANERA, is in the process of procuring its full list of needed computers, furniture, equipment, & vehicles. The project has submitted a waiver request to USAID in order to proceed with the procurement of computers, the furniture, and the vehicles.

### IV. Cumulative List of Tools, Methods, & Publications

Although many tools and methods are now under development, the project did not finalize any during this reporting period, nor do we have any publications to report.

### V. Visitors

These included the persons identified below:

Name	Period	SOW
1. Ken Olivola	Jan. 2- Jan. 14	Assisted with Start Up
2. Michael McGunnigle	Jan 19- Jan 31	Helped set up financial management & administrative systems
3. Abul Hashem	Jan 24- Feb.24	Helped with procurement & local staff recruitment
4. Kumkum Amin	March 11- March 17	Created initial BCC strategic conceptual outline

5.Kelly Scarmeas	March 20- April 24	Train office manager and accountant, complete file systems , finalized personnel & financial manuals.
------------------	--------------------	-------------------------------------------------------------------------------------------------------

## VI. Expected Highlights of Next Reporting Period

Following are a list of the major accomplishment highlights expected during the April through June reporting period.

### April

- 1) First PSC meeting held.
- 2) Complete the MH Assessment, discuss with USAID, the MOH and the PSC. Seek to make at least a preliminary policy decision about whether to include at least certain features of the MH model into the Hanan services delivery model. Use the resulting findings, recommendations, and policy decision as inputs into the Hanan Technical Workshops in Amman.
- 3) Based on data collected and analyzed, make a preliminary selection of MVP communities and service delivery sites—for the first year implementation cohort. Discuss with USAID, the MOH and the PSC. Use the resulting findings and policy decision as inputs into the Hanan Technical Workshops in Amman.
- 4) Complete Community Mobilization local best practices & models assessment. Use the resulting findings and recommendations as inputs into the Hanan Technical Workshops in Amman.
- 5) Complete the technical briefing papers for two of the three core intervention areas of Hanan: MHN and CHN. Use these as the major inputs into the Hanan Technical Workshops in Amman. These briefs will identify the situation of standards and protocols needed to implement the Hanan program of interventions.
- 6) Draft concept papers for the BCC, capacity building, QA, sustainability, and gender functions of the project. These will be used to design cross cutting functions into the three core technical intervention areas of Hanan (MHN, CHN, and Community Mobilization). Use these as supporting inputs into the Hanan Technical Workshops in Amman.
- 7) Preliminary M&E program laid out and PMP submitted to USAID.\*
- 8) Training Capacity Assessment completed. This will include the identification (local and international) of available tools and methods for HR development, as well as potential organizations where training could be outsourced. A preliminary assessment will be made of which tools are available and ready for use, available but need adaptation or upgrading, and tools which are needed but not available, and will need to be developed.

- 9) Available facility and community assessment tools reviewed, selection made, and adaptation completed (as needed).
- 10) The outputs from the Amman Technical Workshops completed, and incorporated into an overall Hanan Strategic Framework. Submitted to USAID\*\*
- 11) Work plan and budget for first year completed and submitted to USAID.\*\*
- 12) Complete the PMP
- 13) Move in and set up a permanent office in Ramallah
- 14) Administrative and financial systems are in place, administrative & finance personnel were trained.
- 15) Finalized sub agreement of subcontractors
- 16) Procure furniture, computers and vehicles.
- 17) Admin & financial personnel hired on board.

## May

- 1) Presentation and discussion held at USAID on Strategic Framework, PMP, work plan, and budget.
- 2) Staff and set up three satellite offices.
- 3) Visit short-listed MVP-clinic clusters to confirm eligibility. Conduct facility and community assessments using tools developed. Create detailed intervention plan for each cluster based on needs and local situation.
- 4) Negotiate working relationship between project and each clinic-community. Draft agreement setting forth mutual obligations.
- 5) Based on each facility and community assessments and intervention plan, finalize the HR development plan for each cluster.
- 6) Compile, adapt, or create technical "software," needed for technical interventions, MIS, training, supervision.
- 7) Finalize plan for providing project monitoring, problem solving and technical support to each cluster. Organize and train staff, and provide with protocols and supervisory links to Ramallah and Gaza offices.
- 8) Create preliminary procurement list for equipment needs identified in the assessments and agreements with clinics and communities.

## June

- 1) Finalize the facility-community assessments, as needed. Also finalize agreements setting forth mutual obligations, as needed.
- 2) Select key training sites, set up range of in-service training programs for appropriate categories of staff and community agents. Conduct TOT.
- 3) Finalize equipment procurement list, submit to USAID for approval. ASAP seek bids to purchase equipment.
- 4) Identify NGO, other, partners for potential outsourcing of some project TA and implementation support activities.
- 5) Establish project data bases and GIS

- 6) Implement an innovative approach to field implementation management and monitoring using Palm Pilots.
- 7) Identify additional required data gathering, appropriate methodologies, and select a potential consultant to carry out this (these) surveys.

Richard Moore  
18 March 2005

Annexes:

1. Quarterly Financial Report
2. Inventory log for West Bank & Gaza.