



HANAN QUARTERLY REPORT

Reporting Period: April through June 2005



USAID | **WEST BANK/GAZA**
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Introduction

This section provides the Executive Summary of this report. More detail is provided in the subsequent sections. In addition to this report, a number of longer technical documents are mentioned in the text, most of which were either created by project staff, or were commissioned by the project. These are available upon request.

I. Overview of Progress and Accomplishments

Even more than during the first quarter of the Hanan Project, the major emphasis for this period was on strategic development. The end of this quarter signals the end of the project's almost exclusive focus on strategic thinking, generalized implementation planning, and the overall design of the monitoring function. The first quarter was also heavily pre-occupied with securing facilities, equipment, and staff. While some of these logistic arrangements are still underway, most are complete and have ceased to be the focus of staff attention.

Before this second quarter ended, the Hanan Project had already shifted into the pre-implementation mode, a mode which primarily involves the detailing of interventions, tools and methods, and the identification of human resource development arrangements. This pre-implementation period also involves finalizing the choice of participating communities, associated PHC clinics, and implementation partners. All of the above lays the groundwork for in-depth capacity assessments of participating clinics and communities, and the initiation of the capacity building process that will commence in the next quarter.

The highlights of this quarter are summarized below:

A. Strategic Framework and Work plan

As planned, the Hanan Project successfully completed its strategic framework, performance monitoring plan, first year work plan, and first year budget and submitted them to USAID as scheduled, on April 30, 2005.

A great number of disparate activities were carried out in order to create this set of strategic and managerial products. These documents, and the supporting materials on which they are based, now constitute the basic building blocks for Hanan's program of capacity building and the delivery of its basic package of essential services. The most important inputs into the strategic framework include the following:

- ❖ Conducting a series of fact-findings, assessments, and situation analyses needed to understand the unmet PHC needs of the most vulnerable Palestinians (MVPs), as well as information on current health services programs, including gaps, problems, and opportunities. The most important writings generated by these efforts included: the assessment of the four Maram Project maternity homes; a maternal / reproductive health situation analysis; a child health situation analysis; and, an assessment of the most significant community mobilization programs and best practices in WBG.
- ❖ These writings were then added to additional fact-finding done by Hanan staff. The results were carefully analyzed and used as the basis of the Maternal Health & Nutrition and the Child Health and Nutrition Technical briefs written by Hanan staff.
- ❖ These documents, together with additional material, formed crucial inputs at the Hanan Technical Workshop held in Amman, Jordan from 16-23 April, 2005. Based on these orienting and “problem framing” materials produced by Hanan, participating Palestinians included health professionals from the MOH, NGOs, UNRWA, and academic institutions. Hanan also invited several international experts. Participants discussed Hanan’s options and suggested a number of valuable ideas regarding the content of, and priorities for, the Project’s strategic approaches.
- ❖ Based on these written and verbal inputs, Hanan staff completed the project strategic framework and other deliverables, and submitted them to USAID on time.

B. Most Vulnerable Palestinians (MVPs)

This exercise began in the second month of the project, and was finished only towards the end of this quarter. The effort proceeded as follows:

- ❖ Identification of MVP selection criteria, which was quickly followed by a refinement of these criteria as the limitations of the data became evident.
- ❖ Completion of the quantitative research phase, which allowed the project to identify tentatively the districts (governorates) with the largest number of MVP communities.
- ❖ The qualitative research phase followed the quantitative one, through which knowledgeable respondents at the district level were

able to identify and agree upon the most vulnerable communities in each district, and in what way each was vulnerable.

- ❖ Based upon this dual evidence-based analysis, the tentative selection of MVP communities was subjected to GIS mapping and analysis. This step refined the tentative identification of clusters of communities and PHC facilities that could be candidates for Hanan intervention sites.
- ❖ In order to facilitate these tentative choices, staff developed a series of phasing and other selection guidelines to help ensure the cost-effective use of Hanan resources, and to maximize the number of beneficiaries and project impact.
- ❖ To validate these tentative findings and selections, the project developed a Field Visit Validation Instrument. This instrument has been used since late May to validate that the clusters with the greatest promise have the necessary characteristics to be part of the first year's cohort of clusters. Although enormously labor-intensive, these Field Validation Visits (FVVs) have generated information crucial to determining which approaches are the most feasible and under what conditions.
- ❖ These FVVs were completed at the end of June and the information gathered is in the process of being compiled and analyzed. It will be used to finalize the project's targeting strategy and beneficiary analysis.

The MVP, targeting, community, and cluster selection, beneficiary analysis, and phasing strategy will of course have implications for Hanan's capacity building and community mobilization approaches. Thus, the final results will likely result in some updating and revision of current approaches. None of these results, however, is expected to dramatically change the project's strategic approaches and beneficiary forecasts.

Despite the time and effort involved in this complex undertaking, the quantitative-qualitative-FVV process is certain to have a profound effect on the practicality and eventual success of the project's interventions.

It is, finally, important to point out that, despite the long-standing concern within the development community for the MVPs in WBG, Hanan appears to be breaking new ground here. We believe that Hanan's efforts in this area will constitute a contribution to many in the development community—including the MOH—who sincerely wish to address the needs of the most vulnerable.

At the request of USAID, Gaza staff has developed a revised phasing strategy for the clusters to be served during the first cohort. Due to the expected disruptions during the settler evacuation from southern Gaza in summer 2005, the Hanan Project will now focus on the middle and northern areas of the Gaza Strip during the first cohort, and will then over-resource the southern areas during the second cohort.

C. Clinic and Community Capacity Assessments

Immediately following the FVV process, Hanan staff will conduct a series of assessments, small-sample community health surveys, and baseline surveys in each participating cluster. Given the number and variety of the instruments needed to conduct these assessments and surveys, the complex interfacing and the timing of each, the human resources needed, and the logistics involved, Hanan has taken two steps to ensure efficiency, timeliness, and a successful conclusion for the overall exercise. These include:

- ❖ Establishing a fact-finding working group of all staff involved. Since a number of different staff were directly or indirectly involved in these efforts, it was essential to ensure that all fact-finding instruments were designed to gather what was needed, to coordinate activities, to eliminate overlap, and to take advantage of cost saving opportunities. This working group has been meeting successfully under the Chairmanship of Dr Bassam, the Hanan Deputy Director.
- ❖ Micro-planning was carried out to ensure the close coordination of the myriad activities to be carried out by different people in different places at different times. Initially performed to guide the field validation visits and the initial assessment activities, the process will be extended as needed to coordinate the sample health surveys, and the baseline surveys. Micro-planning provides a detailed outline of the activities to be conducted: identifying which team members are responsible for each task, noting all resources needed, specifying the expected product, and specifying when each task is to be completed. This exercise will serve to guide activities, while ensuring that details are covered and procedures are followed, as different teams proceed with the implementation of their respective tasks.

D. Hanan's Organizational and Staffing Designs

The project deliberately waited until its technical program was nearly complete before finalizing its staffing needs and determining how staff would be managed and relate to one another, in the WB and Gaza Strip, between WB and GS, and between these offices and the satellite teams. Senior staff have now been

recruited for WB and GS, except for the Nutrition Specialist position, which will be discussed below.

In addition, an organization and management overview has been drafted, and a process was completed by the end of the quarter to lay the groundwork for a one-day organization and management (O&M) retreat where all staff will go over their respective functions, offer recommendations, and discuss. By the end of the retreat, final O&M arrangements will have been identified and discussed. The Project Director and Deputy Director will then formalize these into a brief reference document which will guide new and existing staff. The staffing pattern for each of the four satellite offices has now been fixed, and recruitment is underway for the two-person clinic sub-teams and for the team leaders of each team.

E. Technical and Capacity Building Material

A large amount of technical materials of all kinds has been collected and reviewed by the maternal health, child health, capacity building, and BCC staff. Materials that can be used, with or without some adaptation, have been identified.

By the end of the quarter, plans to fill gaps were finalized. All materials will then be assembled, modified, or created—as needed—for the initiation of the capacity-building phase at the clinic and the community levels. By the time that the capacity building phase has begun, all final materials needed for the implementation phase will be ready.

F. Project Steering Committee

On 24 May, the first meeting of the PSC was held, simultaneously in MoH Gaza and MoH Ramallah. The main agenda items included the reading of the SOW of the meeting, followed by a presentation of the Hanan strategic framework by project staff. A number of astute questions were posed by members, and recommendations were made. The meeting was chaired by Dr Majed Abu Ramadan, and was well attended by several MoH staff, as well as representatives from USAID, MOP, UNFPA, UNRWA, and UPMRC.

II. Constraints

To date, the project has faced no major constraints. Of the constraints that Hanan has faced, some are solvable and can be moderated, while some are simply inherent to the WBG context.

A. Staff and Technical Backstopping

The constraints that are of most concern revolve around difficulty in locating qualified staff in several areas. The two vacant positions that have been hardest to fill include the full-time Nutrition Specialist and Community mobilization Director.

- ❖ *Nutrition:* After much searching for a local full-time senior nutrition expert, to obtain the needed technical input—at least for the short- to- medium-term—we have offered a 20% to 40% time position to Ms. Suha Khoury. Although Ms. Khoury is a clinical dietician, she has an outstanding grasp of the nutrition needs and problems of Palestinians across the broad socio-economic spectrum. We will use Ms. Khoury for now to help the project develop and refine its nutrition interventions, and perhaps more urgently, to do technical detailing. Since the project has been successful in recruiting a graduate nutritionist for its Gaza operations, we will seek to piece together the needed technical leadership from these 1.2 full-time equivalent positions.
- ❖ *Nutrition technical backstopping:* We have also been actively seeking a qualified nutritionist who can provide international technical support needed by the project, such as helping Hanan find consultants, conducting literature and tools/methods research, providing updates on state-of-the-art and best practices, and providing feedback on Hanan approaches and materials. This need arose when the Hanan sub-awardee, Manoff, left the project. Fortunately, we have now tentatively located two highly qualified candidates who would be willing to take on this role. We hope to retain the services of one of them—perhaps for a one-year trial period—by the end of the quarter.
- ❖ *Community Mobilization:* Fortunately, WBG is blessed with a larger pool of professionals experienced in community mobilization (CM) than in public health nutrition. Perhaps the major constraint to Hanan gaining access to leadership in CM was our reticence to retain a project guru in this field until we had become clearer on the kind of program we were likely to implement at the community level. This did not happen until we had the benefit of the (Palestinian and international) presentations and discussions at the Amman meeting. Immediately after, however, we began an assertive recruitment campaign (advertising and inter-personal) which generated several good candidates. As of mid June, Hanan was fortunate that Ms. Randa Odeh accepted this position.
- ❖ *Community mobilization backstopping:* This is a second area where the resignation of Manoff left Hanan seeking an international technical support person. As of the end of this reporting period, we have identified several promising candidates, and hope to make a decision soon.

- ❖ *Technical Writer/Journalist*: Although we have approached several people to provide us with these important services, they have so far come to naught. However, we believe that this problem is solvable, and will continue to search for a competent, reliable, and affordable professional with the requisite skills.

B. Staff Mobility

The inability of Palestinian staff to travel freely between the West Bank and Gaza Strip, or to Jerusalem and Tel Aviv, will continue to inhibit the project's ability to make good use of its staff resources in general, especially in the areas of maintaining communications, providing technical guidance and supervision, and coordinating our efforts. Although there is improvement in this regard, even staff members who have permits are often turned away from checkpoints, resulting in missed opportunities—not to mention the negative impact on morale. To overcome the travel and communication constraints, project decision-making has been progressively decentralized. This process will continue to minimize avoidable delays, while maintaining the integrity and unity of command within the project.

C. Lack of Consistent Reliable and Valid Data and Information

The dearth of reliable data in the health care system exists at the local, district and national level. Although this problem constrains all development stakeholders, it places greater pressure on the Hanan Project, given its commitment to an evidence-based approach to decision-making.

III. Major Achievements of the Period

April

- 1) Completed the Maternity Homes Assessment report, presented it to USAID, and incorporated major findings into Hanan Maternal Health strategies.
- 2) Completed the Community Mobilization Assessment, presented the findings at the Hanan Technical Workshop in Amman, and incorporated the major findings into the Hanan Community Mobilization strategies.
- 3) Completed the Technical Briefs for MHN and CHN, including a situation analysis for each area, and used these as the principal technical background materials for the Hanan Technical Workshop in Amman.
- 4) Held the Hanan Technical Workshop in Amman from Saturday 16 April through Saturday 23 April.

- 5) Completed and submitted the Project's draft strategic framework, PMP, as well as the work plan and budget for July 2005 through June 2006 to USAID on Saturday 30 April.

May

- 1) Held the first Hanan partners meeting on Tuesday, 3 May, which included representatives of JSI Headquarters, ANERA, and EMG. Staff presented the draft strategic framework, PMP, work plan, and budget to the partner representatives and received useful feedback.
- 2) Presented, on Friday 6 May, the Project's draft strategic framework, PMP, work plan, and budget for July 2005 through June 2006 to USAID in Tel Aviv. Drs. Srouji and Drabant asked for clarification on a number of points and made a number of useful suggestions.
- 3) Presented the project's MVP strategy and targeting-cluster selection methodology and findings to USAID on 19 May. The presentation also presented the Project's implementation phasing strategy and forecasted the number of WRA and beneficiaries who the Project expects to serve during LOP.
- 4) Held the first Project Steering Committee meeting, chaired by Dr Majed Abu Ramadan of the MoH, on 24 May. The meeting was held simultaneously in Gaza City and Ramallah, and was well attended.

June

- 1) Developed and tested Field Visit Validation tools and instruments.
- 2) Carried out intensive data collection about the potential clusters for the 1st cohort using the Field Visit Validation tools that were developed by the project staff. Data gathered included information about the level of facilities in these clusters, NGOs, and donors' presence, leading CBOs, and community leaders. Data gathered also included information about the status of clinics, as well as the health seeking behavior of the members of these communities.
- 3) Completed the selection of potential clusters of communities and PHC clinics in WB and GS which Hanan will focus on during the 1st cohort.

IV. Programmatic and Technical Activities and Outputs

A. Strategic Planning Workshop - Amman Meeting

The major programmatic and technical activities of the project were the Technical Strategic Planning workshop held in Amman, from 16-23 April, and the technical fact-finding and analysis that preceded it. The purposes of the meeting were to discuss the main PHC needs of Palestinian women and under fives (U5), and to

help Hanan staff to identify the best package of MCHN services and strategies for delivery in collaboration with participating communities. Discussion began with a review of the information available about Maternal / Child health and nutrition, including national and international perspectives. Successful models and best practices, in WBG and internationally, were also discussed, based upon background work commissioned by the project.

The participants were able to reach a consensus regarding the main components and outlines of the Hanan Project's MCHN, and community mobilization strategic approaches. Participants included a broad cross-section of technical professionals and opinion leaders, including staff from MoH, UNRWA, local NGOs, universities, and international consultants.

In addition to reaching agreement on the outlines of the Hanan strategic framework at the Amman meeting, it was also recognized that the Project would need to have a common, standardized, overall plan, and approach at the "national" (i.e., overall WBG) level, based on the major unmet MCHN needs of the MVPs. However, given the important differences in needs and circumstances at the community level, Hanan would *also* need to develop program designs, based on these standardized approaches, but tailored to the situation of each participating clinic and community. Using this approach, Hanan will create evidence-based program designs from the bottom up.

B. Technical briefs

To guide and frame the deliberations in Amman, Hanan staff conducted an exhaustive situation analysis of maternal health conditions and child health conditions in WBG, and analyzed the implications of these for the Project. The background papers, referred to as technical briefs, were presented to technical experts during the Amman meeting, and were directly incorporated into the ultimate design of Hanan's strategic framework.

The two documents represent a systematic and thorough review of the evidence currently available to guide MCHN programmatic strategies, and identify possible areas for Hanan Project interventions. They were reviewed by Dr. Peter Winch from JHU and Janet Meyers from ORC Macro, both of whom participated in the Amman meeting. The briefs are currently being professionally edited and will be posted on Hanan's website. In addition to the briefs, the review of Palestinian experience and best practices in CM are also being edited and will be disseminated.

C. Maternal / Reproductive Health and Nutrition Strategies

The main achievement for this quarter is the completion and submission of a maternal / reproductive health / nutrition strategy as a part of the overall strategy for the Hanan project. Based on this, the project will implement central components of the safe-motherhood package among pregnant women, including antenatal, childbirth, and post-partum care.

The completed Maternity Homes Assessment Report was presented to USAID, and major findings were incorporated into Hanan MH strategies. The maternity homes assessment recommended a rethinking of the maternity home model according to the circumstances affecting access, as well as a number of important policy issues. The MH assessment revealed that the maternity homes could not solve access problems since the most vulnerable women cannot afford the cost and hence go elsewhere to receive the services. In addition, there is a widespread and deep-seated commitment to a “medical model” of maternity care in the country. Therefore, Hanan has conceptualized a two-part scenario revolving around the issue of physical access to hospital-based delivery.

Scenario one is for communities with access to public hospitals for deliveries. For these we will examine the feasibility of a quality safe-delivery facility for public hospitals where comprehensive EMOC services are being provided so as to fill the gaps identified. Improving the quality of childbirth services will be piloted in two referral maternity facilities (one each in the West Bank and Gaza Strip).

Scenario Two, by contrast, is for communities with poor or no access to public hospitals for deliveries and a high prevalence of home deliveries. For these we propose examining the feasibility of upgrading level 3 or 4 PHC facilities to allow them to provide basic EMOC, if needed. In addition, we will consider training health providers at the community level in EMOC. Finally, we will consider training mothers, family members, and appropriate community members in home-based life saving skills (HBLSS).

In addition, Hanan will provide a basic reproductive healthcare package to women of reproductive age (15-49 years) which includes child-spacing services and the management of sexually transmitted diseases (STDs). Moreover, we will promote awareness of nutritional problems affecting women during their reproductive years by integrating nutritional services into ANC and PNC services.

The maternity homes assessment report will be disseminated taking into consideration the potential sensitivity of the findings and conclusions, and the potential of the report to contribute to improved safe-delivery policies.

D. Child Health and Nutrition Strategies

Following a careful review and discussion in Amman, several U5 child health problems emerged as the most significant within the Hanan mandate. These included accidents, ARI, CDD, and other infectious diseases as the leading causes of child mortality and morbidity in WBG. The low quality of case management, as well as the inconsistent use of IMCI protocols, were identified as provider-focused CHN priorities for Hanan.

Overall, Hanan will focus on: improving the quality of newborn care, particularly neonatal infection prevention and control; on improving routine home-based neonatal care, including breast feeding; and on improved home hygiene during the prenatal and neonatal periods.

Another focal area will be the achievement of all IMCI health indicators, including the anthropometric indicators in the IMCI package.

In the area of nutrition, the main areas of intervention will include counseling and supplementation (iron, vitamin A/D) practices, exclusive breastfeeding, and improving the utilization of standardized growth monitoring and growth promotion.

As regards accident prevention, the project will conduct exploratory fact finding to improve our understanding of underlying factors, and to help identify potential intervention strategies for accident prevention

E. Community Mobilization Strategies

Consultant Mohammad Shaheen completed his review of, and report on, best community mobilization practices in WBG. The Hanan team, with international expert Lisa Howard-Grabman, provided feedback. The document was finalized shortly before the Amman meeting, where it was presented and discussed with participants.

The review provided valuable insights based upon a review of 12 case studies detailed in the appendices. These lessons were translated by the Hanan team and consultants into outcomes for the project's CM strategy, and key interventions. Based on the review and the discussions in Amman, Hanan will focus on different approaches, depending on local circumstances. These approaches will be identified through participatory, evidence-based discussions with members of each participating community in order to identify and obtain agreement on relevant health priorities, the degree and nature of self-help that is needed and can be expected, and the outlines of the overall plan of action.

In addition, Hanan will establish a process for fostering a dialogue between providers, community leaders, and beneficiaries in an effort to improve and sustain access to, and the quality of, services. To facilitate this, the project will

build capacity as needed at the community level to enhance the dialogue process, to conduct routine health education and motivation sessions, and (in some cases) to train local volunteers for BCC, and for clinic outreach and follow-up.

One of the essential steps at the community level will be building the capacity of local NGOs to strengthen their complementary CM efforts and to make them more sustainable

The above approaches are detailed in Hanan's strategic framework. As noted, the review of CM practices is currently being edited and will be made available to partners on the Hanan website. Further detailing of the CM strategy has already begun.

F. Nutrition Activities

Hanan's senior technical staff members have participated in a number of technical discussions held by the MoH, international agencies, and other stakeholders. In this way, Hanan seeks to ensure effective coordination of its efforts with other players in MCHN, and to build visibility and support for the project. We also seek to ensure that Hanan's technical strategy is fully integrated with overall efforts at developing the Palestinian MCHN Primary Care system.

In addition, Drs. Salman and Sarriot participated in a two-day micronutrient meeting held by the American Academy of Science, with counterparts from WBG, Israel, and Jordan. Another important development was that Hanan staff members were invited by the MoH to participate in the Nutrition Thematic Group chaired by the MoH.

The project has successfully hired a qualified nutritionist for the staff in the Gaza office, and has secured the part time services of Ms. Suha Khoury in the WB. Ms. Khoury will be assigned the initial task of compiling, reviewing, and commenting on the extant standards, protocols, and guidelines for possible adoption or adaptation by the project. We have also developed a short list of international experts, one of whom will be selected to provide the international backstopping for the project on a part time basis.

V. Cross-cutting Intervention and Support Areas

A. Communications and Marketing¹

Hanan staff met with the Chief Nurse and the Public Health Specialist at the Ramallah Health Directorate, followed by a joint visit to three additional MoH facilities. Of these, two were Level 3 MCH centers in Al-Bireh and Ramallah, and the third was a Level 2 facility in Beitunia. Staff met with a range of providers to discuss issues pertaining to communications and marketing, clients served, and other topics. The information generated will be of great use in designing strategies, tools, and methods needed for the effective implementation of communications and marketing efforts

In the same context, three clinics in Sinjel, Tamasayya, and Alimghaiyeh of PMRS were visited. The purpose of these visits was to gain first hand knowledge of the provider's perspectives on communications and marketing, clients served, and other topics of importance.

The team compiled educational materials that were gathered from MOH, NGOs and different providers. The materials obtained exceeded 100 items of health educational materials developed by the MoH, UNRWA, UNICEF, MARAM, PMRS, and others. These materials include posters, booklets, brochures, charts, newsletters, video cassettes, audio cassettes, books, and pamphlets. The topics focus on issues of particular importance to Hanan, i.e., maternal health, reproductive health, child health, nutrition, breastfeeding, safe- delivery, antenatal care, postnatal care, newborn care, accident prevention, delivery during emergency, early marriage, school health, birth cycle and water safety. Moreover, limited testing was conducted at MoH and PMRS clinics in order to assess women's use of the above materials.

Partly as a result of these contacts, the National Committee for Health Education, headed by the MoH, invited Hanan to join as its newest member.

In addition, a number of meetings took place with representatives of advertising agencies and market research firms to determine their capability and potential for future collaboration. All firms are based in Ramallah.

¹ Ms. Amin, the Director of Communications and Marketing, will not join the project on a full-time basis until July. Accordingly, her inputs have been largely confined to visits to the project, including her attendance at the Amman meeting, and in compiling the Strategic Framework. Please note that we propose to change the name of this function from Behavior Change Communications, to simply Communications and Marketing. The latter terminology better reflects the rather unusual approach that Hanan intends to follow.

Finally, interviews with candidates for a mid-level Communications and Marketing staff member located in Gaza were conducted. A short-list of candidates was prepared.

B. Quality Assurance

Hanan has developed a two-part operational definition of Quality Assurance (QA).

- ❖ QA, part one: quality of care is achieved to the degree that healthcare providers at Hanan's designated localities implement Hanan's essential package of MCHN services according to MoH/ internationally accepted standards and procedures which Hanan will make available to all, and in which each provider will be trained.
- ❖ QA, part two: quality of care is achieved to the degree that a Hanan-sponsored system of internal clinic quality improvement (also referred to as CQI) functions well enough to result in self-motivated measurable improvements in QA.

In an effort to implement the goal of quality MCHN services, the Hanan team reviewed the Palestinian healthcare system's experience in quality assurance, including the lessons learned to date. Hanan will build on this experience. In addition, Hanan reviewed the available MCHN standards, protocols, and guidelines, and identified the major gaps in the content and use of these.

In the same context, Hanan will continue to refine the Hanan operational definition for the QA function. Our working assumption is that the presence or absence of certain services and information (including counseling and educational information), and how they are provided to intended beneficiaries, will play a major role in determining the acceptability and effectiveness, and the eventual impact, of our health and information services program.

Hanan QA strategy will focus on ensuring high standards of technical performance through ensuring the availability and proper use of appropriate MCHN standards/protocols, and institutionalizing mechanisms and procedures to maximize compliance with standards/protocols.

EMG, the Hanan partner which provides technical support in QA, has recruited the services of a senior international QA consultant, who will be visiting the project to provide technical support and advice on QA issues. Mr. Davies, arrived in late June, and will focus on building a common understanding and common approach among the Hanan team members about QA. He will be also acquainting the team with the range of best practice tools and methods that can help the Hanan team to implement its QA approach.

C. Capacity Building

The capacity building team completed the capacity building strategy and work plan based on the priorities and outcomes of the technical workshop conducted

in Amman. The capacity building strategy will ensure that essential technical, management, information, leadership, decision-making procedures and staff skills are in place and part of the ongoing activities. The strategy applies equally to the performance of Hanan participating facilities, communities, and NGO partners in implementing Hanan's program.

The team continued gathering information, and conducted an assessment of existing tools, curricula, protocols, and resources (managerial as well as clinical) that can be utilized to implement the capacity building strategy. Included in this activity is the training capacity assessment which was finalized at the end of this reporting period. This assessment tool was established by collecting and reviewing information and materials related to previous training conducted in the West Bank and Gaza Strip. The scope included the full range of essential MCHN services, and included identification of training curricula, technical protocols, implementing agencies, and trainers. The team is reviewing and adapting a health facility audit tool and will combine it and an organizational capacity assessment tool into a single instrument.

D. Programmatic sub-contracts

Hanan expects to use a series of agreement instruments to formalize its understandings and mutual commitments between the project and the numerous PHC clinics and communities with which it will participate. The precise nature of those agreements, and the appropriate contractual instrument, will depend greatly on the ownership and management of the clinics, and the person or entity which will officially represent the communities.

We have recently recruited Ms. Joumana Nassereddin, an ANERA employee with years of procurement experience, to manage the contracting and procurement functions of the project. Ms. Nassereddin, the Project Director, and possibly other staff, will seek a meeting with managers at USAID to get their guidance.

VI. Support Functions

A. Policy and Advocacy

As noted in the first Quarterly Report, the advocacy program of Hanan will not be able to begin in earnest until staff members have begun their capacity building work and the implementation of services, in at least a sample of clinics and communities. Only then will they be able to identify the areas where inadequate or missing policies are constraining improved access to quality MCHN services.

The project will establish an internal procedure for capturing this information and converting it into a prioritized list as the basis for an action plan.

The project has begun seeking candidates who can act as part of a small (2-3 person) policy advisory group. We have tentatively identified one such candidate and are working to identify others. Before the middle of the next quarter, we expect to have established this advisory group, and will use it to brief project senior staff on the intricacies of the policy change process. Simultaneously, we will also carry out a simple process for obtaining feedback from certain key stakeholders on their current perceptions of the state of enabling policies in areas affecting MCHN services.

B. External Relations

To disseminate the project vision and scope of activities, and to gain support and share information about other programs, project staff have had many meetings with the principal stakeholders during the quarter. Through these meetings, we seek to identify potential areas for cooperation with other providers or, at a minimum, to avoid duplication of effort.

To keep this section reasonably brief, we will list below the meetings held between project staff during the quarter. For ease of reference, meetings and counterparts are organized into categories. A sub-section lists other notable external-relations activities for the period.

Coordination Meetings

❖ Ministry of Health

Hanan staff met with the following on a regular (often weekly) basis: The Director General of International Cooperation (G); The Directors of Primary Health Care (WB and GS); The Director of IMCI; The Director of the MIS Department; The Director of the Women's Health Department; and the Director of the Quality Improvement Department.

❖ Donors

Hanan staff met with representatives of WHO, UNFPA, Spanish Aid, and JICA where areas of coordination and collaboration were discussed.

❖ Other Development and technical agencies

These included meetings with the Director of Health Programs at UNRWA and the senior staff; meetings at OCHA; at PMRS; and with the Palestinian Family Planning Association; and with the Coordinator of Police Medical Services. In

each meeting, Hanan staff presented the strategic framework and sought areas for coordination.

Hanan staff also met with the Director of the Near East Council of Churches; the Director of Family Planning Association; the first Palestinian Minister of Health, Dr. Riyad El Zanoun (health consultant to the Palestinian presidency). Staff also attended meetings and workshops organized by the MoH, international donors, and local NGOs.

Special Events

- ❖ Presented the Hanan Strategic Framework to the Partners Roundtable meeting, which was attended by many senior officials, including representatives of UNRWA, WHO, UNFPA, CARE, MAP, USAID, Red Cross, Palestinian NGOs, ANERA, and others.
- ❖ Organized a successful ceremony for World Health Day, April 7 at Sinjel Community in the WB. The event was attended by Dr. Anan Masri, Deputy Minister of Health; Mr. Jim Bever, USAID Mission Director; Dr. Jihad Mash'al, Director of PMRS; as well as representatives from the local community. A similar event was organized in Gaza, jointly with the Culture and Free Thoughts Association of Khan Younis. The event included some theater sketches, a BCC materials exhibition, and an interesting dialogue between mothers/children and health providers in the area.
- ❖ Successfully conducted the first meeting with the Project Steering Committee on May 24. The agenda included discussion of the SOW, and the presentation by project staff of the Hanan strategic framework. The meeting was conducted simultaneously from the MoH offices in Gaza and Ramallah, and was attended by staff from the MoH, USAID, MOP, PMRS, UNFPA, and UNRWA.

Strategic development-targeting meetings

Arrangements for a series of qualitative research meetings were held with knowledgeable local respondents in order to facilitate the tentative selection of MVP communities in the Jenin, Hebron, and Ramallah districts in the WB. These respondents represented a range of agencies and perspectives, including the MoH, local government, social welfare, and local and international NGOs.

This process was repeated in Gaza, where an equal number of successful qualitative research meetings were conducted.

Dissemination

- ❖ The project is now implementing a strategy for disseminating the technical briefs, the review paper on community mobilization, and the strategic framework.
- ❖ Technical staff completed the editing of the MH assessment report, which will be disseminated when the report has been reviewed by USAID.
- ❖ The written content for the Hanan website has been completed. This will now be reviewed by USAID and, when approved, will be posted on the internet.
- ❖ Staff generated three alternative designs for the Hanan brochure. These will be tested by Hanan and will be reviewed with USAID as the basis for the final decision.

VII. Monitoring and Evaluation (M&E)

A. Outcomes and Supporting Indicators

During the second quarter, a number of M&E activities were carried out. Initially, there was some delay in completing the PMP as finalization of the Strategic Plan, which was dependent upon the identification of Hanan's performance indicators, had to be submitted on the same day as the PMP. Before this could take place, the basic building block for the PMP, the outcomes, had to be elicited from staff for each major technical-performance area of the project.

To facilitate the identification of outcomes, and subsequently of indicators, M&E staff identified a panel of potential outcome targets and performance indicators that could be used to create the overall architecture of the Hanan monitoring system. The follow-up to this was to define and detail what the overall Hanan M&E system would look like, in terms of source of data, frequency of data collection, and those responsible for collection, reporting, and analysis.

Once the outcomes had been agreed upon, which took place at the meeting in Amman; these indicators were then circulated for review by Hanan technical staff. In early June, staff met to review all indicators, to adapt the wording, delete unnecessary indicators, and to change the focus of a few indicators. After receiving additional comments from technical staff, the PMP was submitted to USAID on June 10, 2005.

B. GIS Indicators:

While preparing performance indicators for the PMP, consideration was given to complementary performance indicators to be captured in USAID's GIS web application. Using the performance indicators mentioned above, GIS indicators were selected for reporting to USAID. These GIS indicators were similarly revised and reduced in size to complement the indicators selected for the PMP. In addition, three of Hanan's M&E staff undertook USAID-provided GIS training in Ramallah, allowing for GIS data-entry as soon as the indicators receive approval from USAID.

C. Database Construction

Since Hanan had previously hired a consultant to carry out preliminary GIS mapping of the most vulnerable populations (MVPs), the Hanan project will develop its database using the same ARC GIS system (in addition to MS Access) used by USAID. Hanan's Database Manager is currently undertaking GIS training to learn about the construction of a GIS database. At the same time, the Database Manager is constructing the project database, which will be completed by the end of the month and which will have GIS capacity by the end of July.

D. Establishment of Servers and Archival System

Hanan now has an operational DNS and mail server. An operating system was established on two servers (the primary and back-up server), with full security applied to each to prevent network intrusion. In addition, an archival system has been established, enabling all employees to log-in to the Hanan site to save documents and reports on the server. This will allow for easy tracking and retrieval of documents by employees. The archive system has also been set up for specific M&E filing, meaning that a system has been established for the filing of M&E instruments, methods, and reports on assessment, study, and survey findings.

E. Fact-finding Instrument Development

The effort to collect, collate and analyze many types of information needed for cluster selection, capacity building, community-level program design, and M&E, has necessarily involved virtually all technical staff. To facilitate and coordinate the process, a fact-finding working group was established, chaired by the project Deputy Director. This group reviewed and agreed upon the amount and types of information that the project would need over the coming months. The group then reviewed and agreed upon the methodologies and the numerous information

collection instruments then under development, to ensure that these would best serve the needs of the project. Fact-finding areas that are paramount at this time include: the FVV information collection instrument; the tools for conducting the facility and community assessments; a simple health status and needs survey, and a household baseline survey.

F. M&E Staff Recruitment

Three M&E staff members were hired during the second quarter. Mr. Muhannad Dodin was hired in late May to work in the M&E section as Hanan's Database Manager, but is also responsible for providing IT support to the Ramallah office. The M&E section hired an M&E Specialist for the Gaza Office, Mr. Wassef Al-Wkhairi, who began work on May 2. An M&E Specialist, Ms. Rihan Faqih, was hired for the Ramallah Office. Ms. Faqih will begin working on July 1.

VIII. Finance and Administration

A. Budget vs. Expenditure

The project is well within budget limitations for all of its budget line items. The total project expenditures so far are well within the obligated amount for the 11-month period ending November 30, 2005 (\$7,108,625).

B. Level of Effort

Name	Position	Status	Employer	Office	Start Date on Project	Effort Level
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 and 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 Technical Operations	FT Employee	ANERA	Ramallah	January 18, 2005	100%
Hassna 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%
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 11, 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%
Joumana Nassereddin	Procurement Officer	PT Employee	ANERA	Ramallah & Gaza	March 1, 2005	20%
Joumana Nassereddin	Procurement Subcontracts Officer	PT Employee	ANERA	Ramallah & Gaza	June 1, 2005	87.5%
Haya Musleh	Administrative Assistant	FT Employee	JSI	Ramallah	April 13, 2005	100%
Nuha Judeh	Cleaner	FT Employee	JSI	Ramallah	April 11, 2005	100%
Rania Khayyat	Receptionist	FT Employee	JSI	Ramallah	April 11, 2005	100%
Muhannad Dodin	Database Manager	FT Employee	JSI	Ramallah	May 18, 2005	100%
Kumkum Amin	BCC / Marketing Specialist	STTA	JSI	Ramallah	April 1, 2005	50%
Kumkum Amin	BCC / Marketing Specialist	FT Employee	JSI	Ramallah	June 14, 2005	100%
Wassef Al Wikheiri		FT Employee	JSI	Gaza	May 2, 2005	100%
Nisreen Abu Middaine	Director of Technical Operations	FT Employee	JSI	Gaza	June 8, 2005	100%
Randa Bani Odeh	Community Mobilization specialist	FT Employee	JSI	Ramallah	June 13, 2005	100%
Saeda Abu Ramadan	Receptionist	FT Employee	JSI	Gaza	June 15, 2005	100%

C. Facilities, Furniture and Equipment

The Project's headquarters in Ramallah were completed and project staff relocated there in April. Now, the main offices of the Project in Ramallah and Gaza are fully functional and operating.

We applied for, and received, a waiver to purchase furniture for both offices. Following that, we ordered and received all of the furniture that we need for both offices. We also applied for, and received, a waiver for laptops and desktop computers for both offices. These have been ordered, and we expect to receive these items by the end of the quarter. In addition, we procured servers, printers, copiers, scanners, faxes, telephones, a PBX system, TVs, VCRs, DVDs, appliances, and a variety of computer software to meet the needs of both offices.

We received three vehicles from the Maram project. In addition, the Project ordered, and paid for, three new vehicles made in, and shipped from, the USA. These vehicles are needed by the Project for its operations in Gaza, Nablus, Hebron, and Khan Younis. The vehicles are still undergoing the customs and duties exemption process of the PA. We expect delivery within the next couple of weeks.

The Project has acquired furniture and equipment from the Maram Project. In addition, please see Annex 1 for a complete list of the equipment and furniture Hanan Project currently has in its Ramallah. As for Gaza, please see Annex 2 for a complete list of the equipment and furniture.

The Project's satellite offices in Hebron and Nablus have been identified and leased by ANERA. Office space for the Khan Younis satellite office will not be secured until just before the initiation of the second cohort of clusters, about one year from now. Hanan project will share the use and expenses of these offices.

IX. Cumulative List of Tools, Methods and Publications

1. Strategic Framework and Work Plan
2. Technical Brief on Maternal Health and Nutrition
3. Technical Brief on Child Health and Nutrition
4. Review of Community Mobilization
5. Maternity Homes Assessment Report
6. Targeting Strategy and Phasing Strategy with Projected Numbers of Beneficiaries
7. Facility Assessment Tool
8. Community Assessment Tool
9. NGO Assessment Tool
10. Cluster Profile
11. Gaza Disengagement Plan
12. Field Validation Visit (FVV) Protocol

X. Visitors

1. Kelly Scarmeas
 - Period of visit: March 21- April 24

- SOW: Trained office manager and accountant, completed file systems, finalized personnel and financial manuals.

2. Ken Olivola

- Period of visit: April 30 - May 6
- SOW: Attended the partners' meeting, met with USAID on relational issues, and attended the presentation of the Project's Strategic Framework, PMP, Work Plan, and Budget at USAID.

3. Victoria Francis

- Period of visit: April 30- May 10
- SOW: Attended the partner's meeting and met with EMG staff.

XI. Expected Highlights of the Next Reporting Period

Following is a list of the major highlights expected for the next reporting period:

July

- 1) Health facility and NGO capacity assessments continue.
- 2) Database integrated with the project's GIS applications.
- 3) Second PSC meeting will be held, with a focus on the project's MVP targeting methodology.
- 4) Arrange dissemination meetings for the MH assessment report.
- 5) Complete review of standards and protocols, and create plan to revise and improve as needed.
- 6) Capacity building plans will be completed for PHC clinics.
- 7) Begin discussion with stakeholders to identify major policy constraints.
- 8) Website on-line and updated periodically.
- 9) STTA QA consultant will help in identifying the QA interventions and approaches for Hanan project.

August

- 1) Staff for the four satellite teams recruited and oriented, and offices set up in Nablus, Hebron, and as part of the Gaza office.
- 2) Use of Pocket PCs for field data collection assessed, and integration of database with the Pocket PC platform assessed.
- 3) Household baseline surveys will be completed.
- 4) First quarterly newsletter will be issued.

September

- 1) STTA from the Delivery Project conducts an assessment of commodity management, and possibly, an informational presentation to the MoH and USAID (and possibly others) on commodity security options for WBG.
- 2) Community capacity assessments completed.

Annexes: