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WEST BANK/GAZA



HANAN QUARTERLY NARRATIVE REPORT

Reporting Period: October 1, 2005 to December 31, 2005

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I. Overview of Progress and Accomplishments

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

A. Program Highlights

During this quarter, the focus was on several activities related to the initiation of implementation. Most efforts were devoted to a broad range of capacity building activities as well as to making the satellite offices fully functional and to several steps necessary to initiate the Community Mobilization (CM) and Communications & Marketing programs (C&M). Some activities of the quarter are highlighted and a summary of activities by month is also provided below.

Capacity Building

The Capacity Building (CB) team made substantial progress during this quarter on a range of programmatic activities. The principal focal areas were to finalize the Supervisory Tools & Methods, and to finalize other preparations for the Intensive Phase at the clinic level. Specifically, the preparations included:

- Concluding the Health Facility Assessments, including data analysis and writing of the final report;
- Working with clinic staff to develop a Quality Improvement Plan for each clinic;
- Reviewing the needs of each clinic for equipment and supplies; and
- Conducting a series of training courses for clinic staff and interested stakeholders as well as a number of orientation sessions for district level partners.

Satellite Teams

A second major Project effort was the further development of Satellite Teams. Activities in this area included training and orientation of satellite staff and clarifying the relationships between the Satellite Teams and the two Project Headquarters.

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Sustainability Strategy

The Project made excellent progress with its two-pronged sustainability strategy during the quarter. As readers of these reports will recall, the two focal areas for sustainability are:

- ➔ **Clinic and District Level Supervisory Systems:** Thanks to the cooperative leadership of the Ministry of Health (MoH), all four Satellite Teams are now staffed with Public Health Officers (PHOs) who are seconded from the MoH, or with PHOs jointly recruited by MoH and the Project, who will join the MoH at the end of the Project.

In an effort to improve the capacity to conduct clinic supervision at the district level, discussions are now underway between Project staff and senior staff of the MoH on the feasibility of a Project-assisted CB effort.

- ➔ **Community Mobilization:** Project staff worked intensively during the fourth quarter to identify and develop a partnership with two NGOs in order to outsource Hanan's CM programs in the WB and G via subcontracts. The necessary subcontract documents have been submitted to USAID for approval.

Research

The Project completed two major research undertakings during the fourth quarter. These included the Household Baseline Survey (HBLs), and a large set of Focus Groups which were conducted in WB and G.

The HBLs will provide an enormous amount of data which can be used to inform Project decision making, as well as facilitate the measurement of progress and impact from an established baseline. The principal uses for the Focus Group findings will be to guide the Project's communications and marketing activities.

B. Major Quarterly Accomplishments by Month

October

- Conducted preparatory meeting to implement the Community Capacity Assessment (CCA) in Hebron, Gaza City, and North Gaza.
- Met with potential NGOs for subcontracting the CM component.
- Completed 22 focus groups in selected clusters in Gaza, North Gaza, Hebron, and Jenin.

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- Advertised for firms to submit capabilities to pre-qualify for design, production and media services for the Project's C&M component.
- Reviewed and assessed submissions of all 13 advertising agencies responding to pre-qualification advertisement.
- Recruited C&M Specialist.
- Data collection for the HBLS focusing on maternal and child health status and behavior, was completed in 26 clusters throughout the West Bank and Gaza Strip. This survey used the Lot Quality Assurance Sampling (LQAS) methodology and included anthropometric measures and blood testing (for anemia of children under age five).
- Commenced reporting of Hanan activities to USAID after receipt of GIS training from USAID and completion of reporting forms.
- Completed an assessment of commodity security for medicines/drugs needed to provide quality maternal and child health and nutrition services in Hanan clinics in WB/G.

November

- Finalized subcontract with the Palestinian Medical Relief Society (PMRS) for CM activities in the West Bank and submitted subcontract to USAID for approval.
- Drafted subcontract with Rashad Shawa Cultural Center for CM activities in Gaza.
- Met with "contact persons" (designated liaison between Hanan and the community), key stakeholders and community-based organizations (CBOs) in selected WB/G communities to better understand the available human resources and programs implemented.
- Drafted Technical Brief on Community Mobilization, the first in a series to be produced by Hanan.
- Finalized focus group research report; circulated report internally.
- Conducted interviews with senior managers at all 13 advertising firms; short-listed five firms for final qualifying round for C&M activities.
- Hired private sector consultant to identify potential high-profile businesses with which Hanan could develop joint "cause related" marketing strategies to promote selected health interventions.
- Hired part-time External Relations Advisor

December

- Commenced data collection for the CCA in large communities in both West Bank and Gaza.
- Finalized subcontract with Rashad Shawa Cultural Center for conducting CM activities in Gaza.
- Drafted "graduation strategy" for CM.

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- Invited 5 short-listed advertising agencies to present proposals for a campaign based on a “brief” developed outlining Hanan’s requirements.
- Formed Marketing Committee, comprised of a cross-section of the Hanan team, its partners and key health organizations working in WB/G.
- Finalized the CM Technical Brief; circulated internally for review and comments.
- Received the HBLs report which provided both project area data that are statistically significant and cluster level data for monitoring and decision making. Using these data, the Hanan technical team has begun to identify project targets.
- Finalized four major technical papers and disseminated them at the 3rd Project Steering Committee Meeting.

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II. Constraints

Several key factors account for most of the delays experienced by the Project during this quarter, these factors are summarized below.

Restrictions on Staff Mobility

Although we had expected that these restrictions would ease (at least in Gaza, following the evacuation of the settlers), this has not been the case. In fact, there seem to be even more restrictions and closures than in the past. These restrictions also affect the movement of Project staff between Ramallah and Jenin.

Finding NGOs to Manage the Project's CM Program

In order to identify the most qualified NGOs for outsourcing the CM components of the Project, staff spent an enormous amount of time devoted to fact finding and discussions with all potential candidates. Significant time was devoted to defining the role of these subcontractors as well as negotiating mutually acceptable contracts for the best two partners; one in G and one in WB.

Since only two NGOs were judged competent, further effort was required to prepare a document justifying our need to award these two subcontracts on a sole source basis. The model subcontract and sole source justification and supporting documentation are now at USAID for review.

Securing Curricula and Arrangements for Training and Orientations

Despite assurances, CB staff learned during the quarter that certain essential curricula; Antenatal Care (ANC) and Postnatal Care (PNC), are not yet ready for the classroom. The Project is working with agencies and individuals who are finalizing these, but delays have already occurred.

In addition, it has proven difficult to get clinic staff released as needed to attend training sessions. Thus, Project staff have adjusted both their training schedules and approaches a number of times. The end result has been that trainings have been spread over a longer period than originally planned.

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III. Major Activities and Outputs

A. Programmatic & Technical Activities

1. Capacity Building

During this quarter, the capacity building team concentrated on the following tasks:

Health Facility Assessment (HFA)

The HFA findings were analyzed and the results are ready for all Hanan clinics in the West Bank and Gaza. The technical team is now in the process of finalizing the narrative report of the HFA findings. The report will be ready for dissemination by the end of December.

- An individual report for each of the 23 first cohort clinics was completed.
- The findings were distributed to Hanan's technical team as well as to the MoH and partner NGOs.
- The individual clinic reports were also distributed and discussed with the staff of the respective clinics.
- Based on the HFA results, the CB team began to conduct clinic start up orientation meetings in Gaza and the West Bank.

Based on the HFA findings, and on the follow-up discussions with each clinic, technical staff was able to identify the necessary equipment for each clinic. This equipment (as well as some expendable supplies) is essential to the ability of health care providers to deliver their services at a higher level of quality. The list of the needed equipment was developed for both the WB and G, and was submitted to the USAID and MoH for approval. Once approval is received the Project will initiate the procurement process.

Commodity Security Assessment

The CB team, together with input from a Deliver/JSI consultant, implemented an assessment of commodity security for medicines/drugs needed to provide quality maternal and child health and nutrition services in HANAN project clinics in West Bank and the Gaza Strip. The assessment tools were prepared by the Deliver Project and modified to suit the local Palestinian context. The team gathered data from 12 of Hanan's 23 clinics, a sample that included both MoH and NGO clinics, as well as the MoH central and district drug storage sites.

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The assessment findings were presented to MoH representatives in the WB and Gaza, as well as to other stakeholders. Based on the results of discussions and recommendations from stakeholders, the team will coordinate with other USAID projects on training in rational drug use and drug management.

The consultant's final report was disseminated to the USAID, partner NGOs and the MoH as well as to the Project Steering Committee members. In addition, Project staff presented the assessment findings to the Deputy Minister of Health, and discussed the recommendations with him and his staff.

Supervisory Checklists

The CB team developed and finalized a number of supervisory checklists.

Checklist Topic	Status	Notes
Clinic Management and Information Systems	Developed	Checklists were also developed for other service delivery areas at the clinic level.
ANC & PNC	Developed	These have been shared with the MoH Women's and Community Health Departments in WB/G as well as with the UNFPA in order to get their feedback. A series of meeting with key stakeholders were held, particularly with representatives from NGOs and UNRWA, in order to finalize the tools in a collaborative manner.
IMCI, Newborn Care, Neonatal Resuscitation, and Routine Newborn Physical Examinations	Finalized	Finalized in collaboration with the MoH.
Immunization, Growth Monitoring and Promotion, Infection Prevention & Control, and Nutritional Assessment	Developed	The first drafts of the checklists will be shared with various counterparts.
Family Planning and Sexually Transmitted (STIs)/Reproductive Tract (RTIs) Infections	Currently Developing	In the process of developing first drafts

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Job Aids

The CB team is also in the process of developing and finalizing a number of job aids.

- The seven IMCI wall charts have been finalized and shared with the MoH and UNICEF. [Normal newborn care and neonatal resuscitation desk calendars and wall charts](#) have also been [finalized and shared with the](#) MoH. The Project will have these printed and distributed in the near future.
- The Infection Prevention & Control (IPC) job aid is under development.
- The ANC Job aid has been developed and shared with the MoH and UNFPA. Their feedback is expected soon.

Clinic Start-Up Orientation

The technical staff and the satellite teams organized and implemented start-up workshops for three Hanan clinics: one in Gaza and one each in Jenin and Hebron. The workshops were attended by representatives from MoH HQ staff and Hanan clinics, local and international NGOs, donors, UNRWA, representatives of communities, and other district level health care providers. Participants received information about the Project, especially Hanan's interventions in the areas of improving quality of care, formal and informal training, and supervision.

Clinic Supervision

A clinic supervision module and accompanying curricula is in the process of development. A draft of the module will be submitted by the end of December for revision and finalization. Training on supervision will be conducted for Hanan satellite office teams and Hanan clinics supervisors in February 2006.

Quality Improvement

The CB team conducted two clinic-level sessions in WB (Hebron and Jenin) and Gaza in order to complete Quality Improvement (QI) plans for each of Hanan's 23 first cohort clinics. Follow up visits were made with each clinic to discuss possible interventions and improvement plans for their management systems, including: information systems, commodity management, supervision, training, availability of protocols, and needed equipment and supplies.

Training

Six training courses have been completed to date:

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- Five Infection Prevention and Control (IPC) training courses have been conducted in Gaza and WB through which 81 participants, mainly from Hanan clinics, have been trained.
- One IMCI physician's training course took place in Gaza for 12 participants, all of whom clearly benefited from this training.

IMCI training started in Gaza and the CB staff have continued to coordinate with the MoH regarding IMCI training and implementation in the West Bank. Hanan staff met with two of the national IMCI coordinators in the West Bank to discuss the program and to explain how it fits with Hanan's objectives. The national IMCI coordinators expressed a preference for conducting the IMCI training in the West Bank by March 2005. This would give the MoH trainers the chance to receive WHO facilitation training in Egypt, which they require to conduct the course, and to set up the appropriate monitoring and supervisory systems to support the program nationally.

Meeting with MoH District Directors

The CB team met with MoH Directors in Hebron and Jenin to review the CB approach, key intervention areas, and the training plan. During the meeting, several constraints were discussed along with potential ways to overcome them. One of the key constraints is the availability of MoH clinic staff to attend trainings in Ramallah, for more than a few days at a time. In response, Hanan will try to accommodate MoH needs by holding training regionally, and by enlarging the pool of invitees to include MoH staff from non-Hanan clinics, referral hospitals, NGOs, UNRWA, and the private sector.

Development of ANC Curriculum

A draft of the ANC curriculum was developed with the help of a consultant. The draft is a compilation of the MoH and UNFPA materials used to train health providers on various topics included in the National Unified Reproductive Health Guidelines and up-to-date WHO recommendations. The curriculum also includes notes for the trainer in the text to facilitate the learning process as well as exercises, and case studies.

To obtain the necessary endorsement for the curriculum, Hanan set up a Technical Advisory Committee to provide review and comment. This committee will also comment on the ANC Job Aid and Checklist. The committee is made up of staff from the MoH Women's Health Directorate in the West Bank and Gaza, UNFPA, MoH Community Health staff, and Hanan staff. The committee has already met twice in December 2005, and its feedback is now being integrated in the curriculum and the Project aims to have it finalized by the end of December.

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Satellite Office Orientation

A Project orientation for all Project Satellite Offices took place over three days via video conference between Hanan offices in Gaza and Ramallah. The agenda for the orientation focused on operations and on coordination arrangements between the different teams, offices, and components. Participants included satellite teams from Hebron, Jenin, Gaza, and Khan Younis, as well as Hanan staff from the Gaza and Ramallah HQ offices.

2. Communication & Marketing

Focus Groups

Twenty-two focus groups were conducted in selected clusters across WB/G:

- Fourteen groups were comprised of women who had delivered in the past 9 months and
- Eight groups were comprised of grandmothers/mothers-in-law.

The results were compiled by the C&M team and reported internally to the Hanan technical team in WB/G. The findings have implications for developing C&M strategies and efforts, as well as in designing interventions in the areas of CM and CB at health facilities.

Cause Related Marketing

With a focus on engaging the private commercial sector in Hanan's community program, a local consultant was hired to work with the C&M team to create a framework for approaching large national level firms operating in WB/G as part of developing a "cause related marketing" strategy. The consultant's final report is due end of December after which the C&M team will develop individual strategies with 3-5 firms to tie Hanan's key health messages to popular brands during the life of the Project. This activity will support and promote selected health interventions in Hanan's communities. Given the potential impact of "cause-related" marketing in communities, C&M will work closely with CM in formulating appropriate strategies and coordinating efforts.

Health Promotion and Marketing

Five advertising agencies have been short-listed and invited to present a campaign for promoting a selection of Hanan's key health interventions. The recently formed Marketing Committee which is comprised of a cross-section of the Hanan team as well as its partners and other key players in WB/G's health community, will select a firm/s that will work with Hanan in developing appropriate campaigns, health education materials, and other communications

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tools. All communications materials are intended to create demand for improved health practices in Hanan communities as well as to promote Hanan clinics.

In addition, HFA data as well as field visits by the C&M team show that clinic signage is inadequate and needs improvement. In coordination with the Clinic and CM teams, C&M will address the issue of improving signage both outside and inside the Hanan clinics.

Maternal Health and Nutrition C&M Focus Areas

The focus group findings have helped to identify the key areas that the C&M team must focus on in promoting healthy behaviors, as well as those that fall more naturally in the domain of CM and/or the clinical interventions. This data, combined with the results of the HBLS, will help to streamline the focus of the C&M efforts.

As part of the initial plan, all C&M activities will adopt a “life cycle” approach that begins with “early registration for ANC” and ends with “appropriate weaning practices.” In addition, issues such as the role of referral hospitals in promoting breastfeeding within the hour after birth and providing counseling on early postnatal care prior to discharge, while lying more in the area of Clinics, will be supported by C&M through the provision of educational materials, etc as needed.

The Maternal Health and Nutrition (MHN) reporting requirements for C&M were finalized and much of the data collection to monitor impact on key MHN interventions will be conducted either by the C&M team or the C&M Officer and other field staff assigned to Hanan’s Community program.

Child Health & Nutrition (CHN) C&M Focus Areas

Based on the focus group findings, the C&M team will promote the recognition of danger signs for Control of Diarrheal Disease (CDD) and Acute Respiratory Infection (ARI) as well as improved practices in the home prior to seeking facility-based care. Promotion of neonatal care will also be significant, especially through the availability of educational materials.

As with MHN, the reporting requirements for C&M, as they relate to Child Health and Nutrition (CHN), were finalized; much of the data collection to monitor impact on key CHN interventions will be conducted either by the C&M team or the C&M Officer and other field staff assigned to Hanan’s Community program.

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3. Community Mobilization

Since the submission of the 3rd quarterly report there has been a significant change in the organization of the Project's CM component between the West Bank and Gaza offices. The CM and C&M functions have been merged into a single unit in order to ensure the needed horizontal integration.

Community Mobilization Outsourcing

As previously planned, the staff of the Community Sub-Team in the West Bank will be outsourced to the Palestinian Medical Relief Society (PMRS), Hanan's proposed NGO partner for community mobilization in both cohorts. The subcontract has been finalized and joint recruitment will begin upon USAID approval.

A similar plan had been proposed to the Near East Council of Churches (NECC) in Gaza, but for internal reasons their Board decided against such a partnership. Instead, the Project is in the process of finalizing a subcontract with the Rashad Shawa Cultural Center (RSCC), an NGO based in Gaza City, under a different organizational structure. The Community staff, though recruited jointly by RSCC and Hanan, will work under the supervision of Hanan's Satellite Offices and report to the Team Leaders.

Regardless of the organizational model being adopted for the CM component, NGO and community-level capacity building will be integral to Hanan's strategy for achieving sustainability.

Focus Group Findings and CM

The findings of the focus groups and the HBLS point to broad areas of intervention that the CM team, along with its NGO partners, must undertake across all communities. These interventions include:

- Ensuring the use of correct techniques for breastfeeding.
- Supporting supplementation compliance.
- Promoting appropriate weaning practices.
- Providing ORS treatment of children (under 5) diagnosed with diarrhea.

Maternal Health & Nutrition CM Focus Areas

Based on the Community Capacity Assessment (CCAs) being conducted, the CM team will work with Community Coalitions, participants in the CCAs, Hanan's NGO partners and other key stakeholders, to identify and prioritize the key health behaviors for each community.

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The CM team will adopt a “life cycle” approach to reinforce messages being promoted through the communications campaign and other tools. In addition it will also promote behaviors that better lend themselves to face-to-face interactions (i.e. home visits, festivals, local events) and provide opportunities for direct and immediate feedback.

Child Health & Nutrition CM Focus Areas

Since there are wide variations in knowledge and practices at the community level when it comes to caring for newborns and children under 5, the CM team will rely heavily on the results of the CCAs to identify and prioritize the key health behaviors in each community.

Regardless, efforts will focus on ensuring that parents and other caregivers (such as grandmothers and mother in-laws) understand danger signs, practice appropriate home remedies, and know whether and when to take the child to a health facility.

4. Programmatic Subcontracts

In September, the Project hired a new Procurement and Contracting Manager who undertook a number of tasks to organize the procurement and subcontracting process, including:

- Organizing all the procurement files;
- Reviewing all previously made purchase requests;
- Preparing a vendor list for a variety of purchases;
- Completing a price list for the preliminary procurement list prepared by the Technical Team for Hanan’s first cohort of clinics in the WB/G;
- Procuring the needed equipment for the new satellite office in Jenin;
- Reviewing all local consultants’ contracts and preparing a list of all consultants who have worked with the project to date; and
- Contributing to the procurement and contracting guidelines that have been initiated by the home office.

CM Sub-Contracting

The Procurement and Subcontracting Manager has also been engaged in drafting the sub-contract with the Palestinian Medical Relief Society (PMRS) for the community mobilization component and has been involved in the negotiation of the contract together with the Technical Team. Moreover, she was assisted in drafting the sole source justification necessary for choosing the PMRS as the organization that will implement Hanan’s CM activities in the WB.

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Vetting Procedures

Hanan is following up on the vetting requests for its targeted clinics to obtain the necessary clearance from USAID. In addition, all potential organizations that the Project might work with like Rashad Shawa Cultural Center in Gaza, Alia Hospital in Hebron, Alshifa Hospital in Gaza, PMRS and others, have also been vetted

B. Support Functions

1. Policy and Advocacy

To move the policy and advocacy effort forward, the Project secured the part time services of Dr. Varsen Aghabekian. The consultant has developed a time-based plan of action which sets forth a program which will take place in six major stages. These are:

- Identify key stakeholders most likely to be aware of policy constraints or needs for delivering MCHN services in WB/G, and who are most likely to be interested in (or already active in) advocacy activities.
- Map the current MCHN policies, and the degree to which they have been implemented.
- Conduct fact-finding, especially with key stakeholders and Project staff.
 - Discussions with these entities and Project staff will reveal key areas of constraint at the national and at the operational levels.
 - Constraints could include: inappropriate policies, potentially good policies which are not fully or well implemented, or, the absence of a needed policy.
- In consultation with the above, prioritize needed policies, and select one or two key actionable priority constraints for a Hanan (and possibly joint) advocacy program.
- Create an advocacy strategy and action plan, including where possible, joint advocacy efforts with other stakeholders.
 - Detail the strategy via “political mapping,” wherein the Project will seek to identify political allies, constraining persons and other factors.
 - Articulate expected outcomes.
- Implement strategy and monitor. Maintain close contact and collaboration with stakeholders.

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2. External Relations

During the 4th quarter, the Project was finally able to secure the part-time services of an External Relations Advisor, as well as those of a part-time Writer/Editor. Thanks to the efforts of these staff, the Project has been able to complete the following products:

- Completed and began dissemination of the Project Brochure
- Completed the design for a Project Newsletter, and mocked up the first issue to be disseminated in January.
- Commenced updating of the Hanan website (www.hanan-mchn.org). These staff will work with other Project staff to complete the updating of the website within the next six weeks.
- Initiated the Project technical report series in two formats: Technical Briefs and Technical Paper.
 - **Technical Briefs:** These will generally be two page documents which summarize a significant strategy, innovation or product of the Project. A final draft of the first Technical Brief has been completed on the topic of Community Mobilization
 - **Technical Papers:** These will also focus on significant strategies and innovations of the Project but will provide more detail and depth on the topics. Technical Reports prepared for dissemination to date include:
 - ✓ Child Health and Nutrition in WB/G
 - ✓ Maternal and Reproductive Health and Nutrition in WB/G
 - ✓ Identifying Most Vulnerable Population: the Hanan Experience in WB/G
 - ✓ Assessing Commodity Security in Hanan Clinics for Maternal and Child Health and Nutrition Services (by Mr. David Sarley of JSI and two Project staff members).

The series of sub-strategies being prepared by the Project will also be issued either as Technical Briefs or Papers, these additional topics include: Community Marketing and Communication Strategies, Sustainability and Scaling Up, Gender Equity, and Quality Assurance. Other sub strategy papers will be issued as they are completed.

In addition to the products already being prepared for dissemination, the Project plans to disseminate the results of the Health Facility Assessment, the Household Baseline Survey, and the Focus Group series carried out by the Communications and Marketing team. Future research results will also be disseminated widely.

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C. Monitoring and Evaluation

During the fourth quarter, the Monitoring and Evaluation (M&E) Unit carried out several activities. Advances were made in the following areas:

- Refined PMP indicators so that these would be in line with USAID PMP indicators for SO 12.
- Completed the Household Baseline Survey (HBLs)
- Improved the database to allow for greater functionality and to link it to GIS.
- Expanded the M&E archival system.
- Reached completion or near completion of instruments for data collection at the clinic and community level.
- Developed a booklet as a means to introduce/orient satellite offices to M&E activities and supportive services.
- The Research Working Group (RWG), chaired by the M&E Director, oversaw the completion of several baseline studies and approved implementation of two operational research (OR) studies.

USAID and Hanan PMP Indicators

Although Hanan's PMP received official approval from USAID during the last project quarter, the PMP has undergone further refinement. With the collection and reporting of baseline data, it became apparent that some of the indicators required greater clarification, either in terms of their definitions and/or the process of data collection involved.

During this same period, with a new mission strategy, USAID was also in the process of revising/refining their PMP for SO 12. Together, Hanan and USAID have worked collaboratively to develop PMP indicators that are entirely relevant, of mutual interest, and which require the same measurement.

Completion of the Household Baseline Survey

The final report for the results of the HBLs, which covered 26 clusters in the West Bank and Gaza Strip, was submitted by Alpha International, the research group that carried out the survey, as agreed upon with the Hanan project. The final report provides Hanan with a solid baseline. Using LQAS sampling, this survey provides baseline data for the project as a whole as well as cluster-specific data that will enable Hanan staff to make program decisions, as may be required, at the cluster level.

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During December, a presentation of the HBLIS results concerning the PMP indicators, with an introduction to the LQAS method, was carried out by the M&E Unit for the technical team members of Hanan. Another presentation by Alpha International was carried out to discuss and clarify the survey results, methodology and lessons learned. Particular attention was paid, during this latter presentation, to examine the advantages and disadvantages of the LQAS methodology.

User-Friendly Online Database

The database structure has been modified and fine-tuned to reduce data entry, allow for more dynamic reporting (online), and to reflect the changes in the PMP indicators. Furthermore, the database is now GIS enabled so that indicators and various data can be linked easily to GIS features for further mapping and analysis.

M&E Archival System

The M&E Unit's archival system that contains several folders relevant to the monitoring and evaluation of the Project and MCHN in general is expanding. The archival system now contains a number of documents, reports and tools developed by Hanan or adopted from other international agencies that are concerned with monitoring and evaluation. The system is part of the Hanan database and is available online and can be accessed by Hanan staff.

Clinic and Community Level Monitoring Instruments

In addition to household surveys, data at the clinic and community level will also be collected. These data will help inform clinics and communities of their progress in relation to improvements made in maternal and child health and will serve as a warning signal, should performance drop, indicating the need for program adjustments. Clinic level monitoring will be carried out through a number of instruments developed by Hanan and its partners:

- patient intake data;
- exit interviews;
- supervisory checklists; and
- a balanced scorecard.

The scorecard captures clinic development over the lifetime of the project through qualitative components such as: clinical practices, supportive management systems, and appropriate management of human resources. The scorecard has been piloted and tested in and is now its final stages of development before implementation.

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Community level monitoring involves both quantitative and qualitative data collection instruments. These instruments, designed by the Project, involve checklists and focus group discussions. The checklists involve monthly data collection and focus primarily on process and output indicators such as:

- number of home visits made
- number of MCHN sessions carried out
- number of MCHN messages delivered
- number of women participating in events vis-à-vis men, etc.

The focus group discussions, held quarterly, examine more substantively the dynamics involved in enhanced community mobilization, such as the communities' ability to organize, to make health demands, to participate actively with health clinics, etc.

The Research Working Group (RWG)

The RWG, established during the last quarter, has provided overall support and guidance to research activities taken on by the Hanan project. The RWG is comprised of several senior technical and managerial staff:

- the Deputy Project Director;
- the Director of Operations and MHN;
- the Director of Communications and Marketing;
- the Associate Director of Capacity Building;
- the Community Mobilization Specialist;
- the Capacity Building/QA Specialist; and
- the Director of M&E.

Together the team has a significant level of quality experience in areas including research design, development of instruments, quantitative and qualitative research (including participatory rural appraisal methods), operations research, as well as data analysis and reporting.

During the fourth quarter, the primary focus on the RWG was on completion of the baseline studies, which included the HBLs, the Health Facility Assessment (HFA) and the Communications and Marketing focus group discussions (FGDs). While the Community Capacity Assessment, another baseline study of sorts, has yet to be carried out, this study also falls into programming and is based on results from the HBLs, the HFA and the FGDs.

Another focus of the RWG has been the review of possible operational research (OR) studies. It is anticipated that two such studies will begin during December or early January. The topics to be studied are concerned with: 1) Exclusive breastfeeding and, 2) Introduction and improvement of complementary feeding.

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While both studies were requested by the Capacity Building Unit and the Community Mobilization and Marketing Unit, these will be managed by the M&E Unit.

M&E Orientation for Satellite Offices

During mid-December, the Satellite Offices received an orientation to the Hanan Project. To prepare for this orientation, the M&E Unit developed a “booklet” providing an overview of Hanan’s approach to M&E. This booklet discusses:

- The purpose of M&E in the Hanan project;
- The link between M&E and the Strategic Plan;
- Services offered by the M&E unit;
- The database system;
- Reporting requirements of Hanan staff;
- M&E relationships with the satellite offices;
- The function of the and introduction to the RWG; and
- An introduction to the M&E staff.

D. Finance

Budget vs. Expenditure: Summary and Analysis

The year-to-date Project expenditures for all of its budget line items are well within the budgeted limitation for each line item. The total project expenditures so far are well within the currently obligated amount of \$10,825,800.

For further detail, please see Annex I: Fourth Quarter Financial Report (October – December 2005). Please note that the “Other Direct Costs” figure for the month of October is negative because a prior cost was coded incorrectly.

During the fourth quarter we estimate the Project’s expenditures to reach \$1,010,423. Year-to-date, the project has spent an estimated total of \$3,138,826 representing 15% of the total budget for 33% time passed.

The level of expenditure for the Hanan project during the fourth quarter represents an increase from the previous three quarters. Due to unexpected delays in implementation, the level of expenditures is lower than budgeted. However, we do expect a considerable increase in expenditures in the upcoming quarter.

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Level of Effort

The staffing update for the fourth quarter is as follows (complete staffing chart provided below).

West Bank Headquarters Updates:

- Ms. Nadira Shibly was appointed as the Procurement and Contracting Manager.
- Mr. Majed Bakri was appointed as the IT manager for the West Bank offices.
- Mr. Fuad Hudali was appointed as the Database Manager for the West Bank offices.
- Mr. Firas Khalaf was appointed as the Communication & Marketing Specialist for the West Bank offices.
- Ms. Rula Abu Nimreh was appointed as the Administrative Assistant/Receptionist for the Ramallah office.
- Ms. Thara'a Nasser was appointed as the bookkeeper for the West Bank

Hebron Satellite Office Updates:

- Ms. Diane Abraham was appointed as the Team Leader for the Hebron Office.
- Ms. Nihad Karajah was appointed as the Public Health Officer for the Hebron Satellite office.

Jenin Satellite Office Updates:

- Ms. Raja' Zyoud was appointed as the Team Leader for the Jenin Satellite office.
- Ms. Najah Hamarshi was appointed as the Public Health Officer for the Jenin Satellite office.
- Ms. Hanan Awartani was appointed as the Administrative Assistant/Receptionist for the Jenin Satellite office.

Gaza Headquarters Updates:

- Ms. Sahar Mukhaimar was appointed as the Communications, Marketing and Community Mobilization Coordinator for Gaza.
- Ms. Sahar Abu Samra was appointed as the Team Leader for the Gaza Satellite Team.

Khan Younis Satellite Office Updates:

- Mr. Atta Jazzar was appointed as the Team Leader for the Kahn Younis Satellite office.

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Current Staffing Overview

Name	Position	Status	Employer	Office	Start Date on Project	Effort Level
Abdallah Abu Dayyah	Capacity Building Specialist	FT	EMG	Gaza	June 6, 2005	100%
Atta Al Jazzar	Team Leader Khan Younis Satellite Office	FT	ANERA	Khan Younis	December 12, 2005	100%
Bassam Abu Hamad	Deputy Chief of Party	PT FT	ANERA	Gaza	January 18, 2005 March 1, 2005	80% 100%
Daoud Abdeen	Associate Director for Capacity Building	FT	EMG	Ramallah	July 18, 2005	100%
Diane Abraham	Team Leader	FT	ANERA	Hebron	August 18, 2005	100%
Emad Khoury	Driver	FT	JSI	Ramallah	February 1, 2005	100%
Eric Sarriot*	Director of Public Health	FT	JSI	Ramallah	February 28, 2005	100%
Firas Khalaf	Communication & Marketing Specialist	FT	JSI	Ramallah	November 6, 2005	100%
Fuad El Essawa	Public Health Officer	Seconded	MoH	Gaza	November 13, 2005	60%
Fuad Hudali	Database Manager	FT	JSI	Ramallah	November 7, 2005	100%
George Shoufani	Director of Finance	FT	JSI	Ramallah	January 17, 2005	100%
Hanan Awartani	Receptionist/ Admin Assistant	FT	JSI	Jenin	November 1, 2005	100 %
Hani El Wehaidi	Public Health Officer	Seconded	MoH	Gaza	November 13, 2005	80%
Hassna Dajani	Director of Admin.	FT	ANERA	Ramallah	January 25, 2005	100%
Haya Musleh	Administrative Assistant	FT	JSI	Ramallah	April 13, 2005	100%
Hisham Al Haj	Driver	FT	JSI	Gaza	February 6, 2005	100%
Jasem Hmeid	Training Specialist	FT	JSI	Gaza	August 8, 2005	100%
Joumana Nassereddin*	Procurement Officer Procurement/ Subcontracts Officer	PT PT	ANERA	Ramallah & Gaza	March 1, 2005 June 1, 2005	20% 87.5%

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Name	Position	Status	Employer	Office	Start Date on Project	Effort Level
Kumkum Amin	Director of Community Mobilization & Marketing	FT	JSI	Ramallah	July 15, 2005	100%
Maher Saqqa	Office Manager / Accountant	FT	JSI	Gaza	March 26, 2005	100%
Mahmoud Abu Radaha	Capacity Building Specialist	FT	EMG	Ramallah	January 28, 2005	100%
Majed Al Bakri	IT Manager	FT	JSI	Ramallah	August 1, 2006	100%
Manal Issa*	Office Manager	FT	JSI	Ramallah	March 20, 2005	100%
Muhannad Dodin*	Database Manager	FT	JSI	Ramallah	May 18, 2005	100%
Nadira Sansour	Training Specialist	FT	JSI	Ramallah	January 13, 2005	100%
Nadira Shibly	Procurement / Contracting Manager	FT	ANERA	Ramallah	September 12, 2005	100%
Najah Hamarshi	Public Health Officer	FT	JSI	Jenin	November 1, 2005	100 %
Nancy O'Rourke	Director of Monitoring and Evaluation	FT	JSI	Ramallah	March 7, 2005	100%
Nihad Karajeh	Public Health Officer	FT	JSI	Hebron	October 15, 2005	100 %
Nisreen Abu Middaine*	Public Health Specialist	FT	JSI	Gaza	June 8, 2005	100%
Nuha Judeh	Cleaner	FT	JSI	Ramallah	April 11, 2005	100%
Rabah El Bura'i	Public Health Officer	Seconded	MoH	Gaza	November 13, 2005	80%
Raja' Zyoud	Team Leader	FT	ANERA	Jenin	October 1, 2005	100 %
Rand Salman	Associate Director for Maternal & Reproductive Health and Director of Project Operations	FT	ANERA	Ramallah	January 18, 2005	100%
Randa Bani Odeh	Associate Director for Community Mobilization	FT	JSI	Ramallah	June 13, 2005	100%

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Name	Position	Status	Employer	Office	Start Date on Project	Effort Level
Rania Khayyat*	Receptionist	FT	JSI	Ramallah	April 11, 2005	100%
Richard Moore	Chief of Party	FT	JSI	Ramallah	January 2, 2005	100%
Riham Al Faqih	M&E Specialist	FT	JSI	Ramallah	July 11, 2005	100%
Rola Tahboub	Senior Accountant	FT	JSI	Ramallah	April 11, 2005	100%
Rula Abu Nimreh	Receptionist / Admin. Assistant	FT	JSI	Ramallah	September 15, 2005	100%
Saeda Abu Ramadan	Receptionist/ Admin. Assistant	FT	JSI	Gaza	June 13, 2005	100%
Sahar Abu Samra	Team Leader Gaza Satellite Team	FT	ANERA	Gaza	September 1, 2005	100%
Sahar Mukhaimer	CM & C&M Coordinator	FT	ANERA	Gaza	August 1, 2005	100%
Samar Sharif	Admin Assistant	PT	ANERA	Hebron	August 1, 2005	50%
Sana Abu Mazyad	Administrative Assistant	FT	JSI	Gaza	March 23, 2005	100%
Thara'a Nasser	Bookkeeper	FT	JSI	Ramallah	September 6, 2005	100%
Tom Neu		PT	ANERA	Ramallah & Gaza	January 2, 2005	20%
Wassef Al Wikheiri	Monitoring & Evaluation Specialist	FT	JSI	Gaza	May 2, 2005	100%
Ya'qoub Habash	Driver	FT	JSI	Ramallah	April 1, 2005	100%

Rows marked with an asterisk () indicate individuals that are no longer employed by the Hanan Project.
FT = Full Time Employee, PT = Part Time Employee*

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E. Administration

Facilities

In the last quarter, the Administration Department completed all the set up activities for the offices in Ramallah, Gaza, Hebron and Jenin.

- The four offices are fully functional and are able to accommodate the needs of the Project.
- A lease for the Jenin office has been signed for one year.
- All employees in the satellite offices have received laptops.

The IT manager has been engaged in building the IT network for the Ramallah office with router + secure access points so every employee can connect from his/her office through the LAN cable or through the access point. He has installed Windows XP for new computers along with the necessary software for each user and configured shared printers for each computer.

In addition, other software needed by the Project has been procured and the Project's website has been designed and put online after purchase of the domain name: www.hanan-mchn.org.

Equipment

Vehicles have been procured for the satellite offices to support fieldwork activities.

F. Major Deviations from Approved Workplan

Major deviations from the workplan occurred in three areas:

Delay in contracting with local NGOs for hiring the community sub-team and managing community interventions

This activity took longer than originally anticipated, however the Project has now identified potential NGOs partners who can fulfill the needed tasks. Contributing to the delay in selecting the NGOs was the longer than anticipated time necessary to identify the final most vulnerable intervention communities. The location of the communities was important in selecting the NGOs because of the relationship with the capabilities and "reach" of potential NGO partners.

PMRS in the WB has submitted their final proposal to Hanan (in WB) , and after extensive detailing and review of the SOW (i.e. the main components of interventions, methodology of implementation, monitoring plan , various levels of

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relationships and reporting as well as cost proposal) the subcontract has been finalized. Joint recruitment will begin upon USAID approval.

A similar plan had been proposed to the Near East Council of Churches (NECC) in Gaza, but for internal reasons their Board decided against such a partnership. Instead, the Project is in the process of finalizing a subcontract with the Rashad Shawwa Cultural Center (RSCC), an NGO based in Gaza City, under a different organizational structure.

Delay in submitting the Household Baseline Survey report for the 1st cohort

The HBLs were on target according to the proposed timeframe in terms of: tools development, training on LQAS, securing necessary equipment, finalization of the subcontract with Alpha and data collection. However, this process faced some delays because of the type of sampling and analysis methodology used for the survey (LQAS). This innovative sampling technique was introduced by Hanan into the country for the first time and thus required more intensive support and effort than anticipated, from Hanan's M&E Unit to mentor and guide Alpha group in implementing the analysis in an accurate way. Moreover, after presenting the preliminary findings, Hanan's technical staff asked for further clarifications of certain results which necessitated additional time for Alpha and the M&E team to go back and verify the requested information.

Delay in the implementation of on-job training and supervision

There was a delay in this activity because Hanan technical staff spent a considerable amount of time and effort in coordinating with MoH staff in the both the West Bank and Gaza. This was necessary to obtain their feedback and recommendations in the different technical areas in order to secure their approval and endorsement for the developed tools. Hanan believes that this approach is a long term investment which will maximize the potential for substantiality of the utilization of the supervisory tools at the district levels by MoH staff. Hanan's capacity building staff and the satellite teams in WB/G will begin implementation of this activity in early January among Hanan's designated clinics.

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IV. Cumulative List of Tools, Methods, and Publications

The Project has developed a number of tools, methods and publications/reports to date.

Tools	Methods	Publications/Reports
Community Profile	Community Mobilization Focus Group Guidelines (in Arabic)	Household Baseline Survey Draft Report
Community Based Organization (CBO) Profile	Hanan clinic criteria for essential MCHN services:	Child Health and Nutrition in WB/G Technical Paper
Community Coalition Checklist	<ul style="list-style-type: none"> • Health Facility Assessment finalized based on the clinic criteria 	Maternal and Reproductive Health and Nutrition in WB/G Technical Paper
Community Mobilizer Checklist	<ul style="list-style-type: none"> • Draft HFA results reported to Project 	Identifying Most Vulnerable Population: the Hanan Experience in WB/G Technical Paper
Community Mobilization Officer Checklist	Detailed programming of Hanan clinic implementation strategy completed.	Assessing Commodity Security in Hanan Clinics for Maternal and Child Health and Nutrition Services Technical Paper
Community Capacity Assessment	Clinic Scorecard Model completed.	Focus Group Findings Report
Supervisory Checklists and Tools: IMCI, ANC & PNC, IPC, Newborn care, Neonate resuscitation, Management, Routine newborn physical examination, Growth monitoring & promotion, Immunization, Nutritional Assessment	Hanan Clinical Quality Improvement Plan template (to be used during the clinic orientation and startup workshop) completed.	Community Mobilization Technical Brief (Final Draft)
M&E online database with GIS capabilities		Basic Hanan web page
M&E Orientation Booklet		Hanan Brochure
Online Hanan document archiving system		IMCI wall charts (in Arabic)
Online searchable Field Visit Database		

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Visitors and International Consultants

The Project hosted various visitors and received assistance from a number of international consultants in the Ramallah and Gaza offices during the last quarter:

Name	Period with Project	Scope of Work
David Sarley	October 04 – October 14	Provided Commodity Management and Security analysis & report
Ken Olivola	October 10 – October 19 December 5 – December 9	Conducted problem solving Oversaw Project activities
Anne Scott	October 4 – October 7 November 14 – November 24	Oversaw Project activities
Mellen Tanamly	November 13 – November 23	Provided TA on integrating and strengthening the Project nutrition component
Joel Lamstien (JSI)	December 4 – December 9	President of JSI
Mounia Msefer (JSI)	November 27 – December 07	Conducted financial review
Kelly Scarneas (JSI)	November 27 – December 13	Conducted financial and administrative review
Herman Willems	December 4 – December 17	Public Health Consultant backstopping Public Health Director functions on short-term basis

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V. Expected Highlights of the Next Reporting Period

A. January

- Sign subcontracts with CM NGO partners in WB and Gaza.
- Recruit CM and C&M Officers for each district in WB/G.
- Recruit Cluster Mobilizers for each cluster in WB/G.
- Receive CCA reports for large communities in WB/G.
- Identify and prioritize key Hanan health behaviors with communities and NGO partners.
- Translate CM Technical Papers and Brief for distribution to Hanan communities and partners.
- Identify appropriate signage, both external and internal, required for all first cohort clinics.
- Select advertising agency for Cohort I campaign.
- Approach targeted businesses for potential “cause related” marketing opportunities.
- Work (through M&E staff) with technical staff to finalize all monitoring instruments at the clinic and community levels.
- Follow up on the implementation of the administration and procurement manuals.
- Start procurement for the clinic expendable supplies and non-expendable equipment.
- Complete first Hanan Newsletter and disseminate.
- Finalize and distribute additional external relations products such as Hanan desk calendars, folders with PR materials, etc.
- Finalize and distribute HFA Report
- Implement management systems and training at the facility level per the individual facility QI plans
- Complete supervision model to be disseminated to facilities and district level supervisors
- Conduct ANC training

B. February

- Recruit Community Health Workers for all communities in WB/G.
- Orient and train Community Mobilizers and Community Health Workers.
- Form Community Coalitions in each community.
- Conduct CCA in the smaller remaining communities.
- Develop community action plans in all large communities.

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- Jointly review design of clinic signage and “suggestion box” to be located in Hanan health facilities.
- Launch first community event linked to Hanan key behaviors.
- Continue to identify and prioritize key Hanan health behaviors with communities and NGO partners.
- Circulate CM Technical Brief to local partners, NGOs, “contact person” in each community
- Select market research firm for pre-testing Cohort I campaign.
- Develop plan for “cause-related” marketing on pilot basis with selected businesses and NGO partner.
- Provide training for Project’s Database Manager in the US to learn how to apply various sub-databases (clinic and community level monitoring instruments) to handheld PC units.
- Complete additional Technical Briefs/Papers on various topics including: gender, sustainability, quality assurance, etc.
- Conduct training in New Born Resuscitation
- Conduct PNC training
- Conduct training in Supervision for facilities and central/district level staff
- Carry out on-the-job training and supervision using job aids and checklists

C. March

- Produce and install clinic signage.
- Produce and install “suggestion boxes” at health facilities.
- Develop community action plans for smaller communities.
- Monitor joint reviews with communities and health facilities.
- Implement community action plans for large communities.
- Launch second community event linked to Hanan key behaviors.
- Pre-test planned advertising campaign.
- Complete all clinic and community level monitoring instruments and make these accessible by hand held PC units, allowing for efficient and user-friendly data collection by Hanan staff and partners in the field.
- Conduct IMCI training
- Conduct Family Planning, STI/RTI, and Counseling training

Richard Moore
13 September 2005

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Annex I: Fourth Quarter Financial Report

QUARTERLY FINANCIAL REPORT								
JSI RESEARCH & TRAINING INSTITUTE, INC.								
THE HANAN PROJECT								
	USAID	4th	ACTUAL	Actual	Estimated	Total	Remaining	Percentage
	Contribution	Quarter	EXPENSES	EXPENSES	EXPENSES	Expenditures	Funds	Funds
LINE ITEM	Federal Funds	10/05-12/05	OCT'05	NOV'05	DEC'05	& Projections		Expended
SALARIES	2,918,022	270,633	97,688	70,678	102,267	823,836	2,094,186	28%
ALLOWANCES	1,161,521	77,063	34,846	26,657	15,560	377,011	784,510	32%
CONSULTANTS	122,400	0	0	0	0	8,908	113,493	7%
OTHER DIRECT COSTS / TRAVEL / EQUIPMENT	1,644,333	64,612	-5,651	30,608	39,656	669,983	974,350	41%
INDIRECT COSTS / OVERHEAD	1,311,926	128,725	50,127	28,472	50,127	469,736	842,190	36%
PROGRAM COSTS	8,825,000	147,991	33,216	93,536	21,239	272,328	8,552,672	3%
SUB-RECIPIENTS	4,923,104	321,398	31,496	258,406	31,496	517,025	4,406,079	11%
TOTAL	20,906,306	1,010,423	241,721	508,356	260,345	3,138,826	17,767,480	15%