HANAN QUARTERLY NARRATIVE REPORT

Reporting Period: April 1, 2006 to June 30, 2006

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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.

A. Program Highlights

Revising the Project Description

At the request of USAID, the Project did not undertake any major activities after March 15, 2006. On March 31, 2006 the Project received guidance to cease contact with the Palestinian government. At the end of April, in light of the outcome of the US government review of aid to West Bank and Gaza, USAID requested Hanan to prepare a revised Project Description, taking account of the new policy environment and humanitarian situation.

The overall design and approach of the Community Mobilization and Communications and Marketing components of the Project has remained the same under the revised Project Description. However, the Project will now lead with health education messages and then selectively introduce community mobilization within Project cluster areas, as needed. In the current humanitarian context, the Project community mobilization and clinical services components will thus be less strongly linked together, so as to give flexibility to respond to emerging needs of communities and women and children, and to facilitate more rapid scale-up of activities in both components.

Under its Clinical Services Strengthening component, the Project will:

- Select new non-government and private sector clinic partners;
- Introduce new components on emergency medical services, neonatal resuscitation and advanced life support in obstetrics training;
- Intensify infection prevention and control efforts;
- Procure first aid and delivery kits;
- Support four non-government hospitals, two in the West Bank and two in Gaza; and
- Make provision to respond to *ad-hoc* emergency funding requests.

Initially the Project will continue working with clinics in Jenin, Hebron, North Gaza and Gaza City cluster areas that were identified as having most vulnerable populations. Later this year it will roll out clinic selection to encompass other cluster areas across the West Bank and Gaza.

The Project will ensure that emergency-related project interventions and funds are operationalized at the cluster level, so that not only partner clinics and communities, but also other clinics and communities might benefit from them.

It will also coordinate closely with other USAID-funded health and humanitarian assistance projects, including Emergency Medical Assistance Program (EMAP) III, Tamkeen, Rafeed and Holy Family Hospital Bethlehem. For example, the Project will look to EMAP III to purchase needed medicines for Hanan partner clinics, and it is in discussions with Rafeed about including Maternal and Child Health and Nutrition (MCHN) related products in its emergency packages. Rafeed has the capacity to distribute these packages widely to women and children in the West Bank and Gaza. Hanan can identify MCHN-related products and provide health education and promotion materials to include in the packages.

Some planned clinical interventions were dropped from the Project Description, for different reasons. Some, such as family planning and sexually transmitted infection (STI) prevention and management, have less relevance in an emergency or humanitarian situation. Others, such as immunization and integrated management of childhood illness (IMCI), cannot be implemented without the Ministry of Health (MOH) as a partner. Within the Project, IMCI has been replaced with stand alone interventions on acute respiratory infection (ARI) and diarrheal disease (DD) management.

Resuming Project implementation

Work during this reporting period focused on reorienting the Clinical Services Strengthening component in accordance with the new Project Description. Site visits were conducted to 74 clinics in Jenin, Hebron, Gaza North and Gaza City, and 50 provisionally selected new non-government and private clinic partners were submitted to USAID for approval and vetting. A revised procurement system and a revised approach for providing in-kind assistance, training and follow-on support were put into place. Revised protocols, job aids, supervision checklists and other tools were prepared.

Several major Communications and Marketing and Community Mobilization program partnerships were finalized this quarter. Market research firms that will be invited to apply to carry out planned pre-and post-test analysis in association with Project health promotion and education campaigns were pre-qualified, in order to facilitate efficient implementation of this activity when it is needed. Radio and television stations that the Project is likely to use for the campaigns were profiled, for prior approval by USAID. The firms that will be doing the creative design for print materials, live performances, radio plays and clinic signage and information display were selected, and their subcontracts prepared. A timetable for associated local community events was also prepared.

A Project community program partner for Gaza was selected and its subcontract was prepared. Palestinian Medical Relief Society (PMRS), our previously selected West Bank community program partner, was able to resume work under its subcontract and 27 Community Mobilization Officers, Community Mobilizers, and Community Health Workers were recruited and began their orientation training. Sixteen community-based organizations (CBOs) that will also participate in the community program in the West Bank were selected and their needs and interests were identified.

The Monitoring and Evaluation team developed a prototype sub-database for field-based data collection using handheld computers, and it is currently testing the system for efficiency and ease of use. The Project Performance Management Plan (PMP) was revised to take account of the revised Project Description. Team members were trained to use data collection formats and also to run queries using the database. Initial preparations for carrying out the second annual household baseline survey, planned for next quarter, were undertaken.

In sum, during the slow down period in April, and since the Project's future direction became clearer in May, the Hanan team has been working hard to secure preparations and partnerships, so that we can move rapidly into full Project implementation as of July 1, 2006, when the new annual work plan period (July 2006-June 2007) begins.

B. Major Quarterly Accomplishments by Month

April

- Visited a total of 24 potential new non-government and private sector clinic partners.
- Conceptualized a revised MCHN intervention package that could be implemented as part of a health and humanitarian assistance response.
- Jointly with PMRS, finalized a comprehensive orientation training plan for health workers. The plan encompasses 4 training modules, covering topics related to MCHN, community education and community mobilization.
- Presented the findings of the West Bank Community Capacity Assessment to the Hanan team.
- Completed the Community Capacity Assessment for Gaza.
- As the outcome of a tendering process, provisionally selected the Center for the Development of Primary Health Care (CDPHC), Al-Quds University to carry out a research study on complementary feeding practices.
- Advertised a Request for Applications (RFA) to conduct a second research study on MCHN-related traditional home practices.
- Prepared the first monthly monitoring and evaluation report that captures Project progress and results.

- The Project Director attended a briefing meeting with the Consul General and the USAID Mission Director to discuss the new US government humanitarian assistance strategy and policy regarding contact with the Palestinian authority.
- The Project Director attended a USAID Health and Humanitarian Assistance Office partners meeting to discuss ways to identify and meet health and education humanitarian assistance needs.
- The Project Director met Dr Taroub Harb of the USAID Global Bureau Extending Service Delivery Project. Potential areas of future collaboration and coordination between Hanan and this project were discussed.
- The Deputy Project Director made a presentation to Care International in Gaza about Hanan's approach to identifying most vulnerable populations in West Bank and Gaza.
- The Director of Public Health met with the CHF Program Director to explore potential areas of cooperation.
- As part of emergency preparedness, trained the Hanan team on the Project's updated security manual.

May

- Conducted visits to an additional 50 potential new non-government and private sector clinic partners.
- Using agreed selection criteria and a scoring method for applying them, selected 50 clinics (of the total of 74 visited during April and May) to be vetted by USAID.
- Prepared and shared with USAID a draft report on the site visits and new clinic partner selection process.
- As the outcome of a tendering process, Palestinian Coalition for Human Resource Development (PCHRD) was selected by the Tender Committee as the Project's partner candidate to implement the community program in Gaza. The Project's USAID CTO Dr Suzi Srouji attended the selection meeting.
- Conducted a first round of subcontract negotiations with PCHRD.
- Based on findings of the West Bank Community Capacity Assessment, finalized a short list of 16 CBOs and local Non-Government Organizations (NGOs) to participate in the Hanan community program in the West Bank, and receive technical and in-kind assistance from the Project.
- For each short-listed CBO/NGO, developed a comprehensive profile based on the Community Capacity Assessment reports, NGO validation reports, and internal knowledge of these organizations.
- Conducted an in-depth assessment of the training and basic equipment needs for each CBO/NGO, and of their potential to join local Community Coalitions and/or host Coalition meetings, as part of the West Bank community program.

- Developed screening criteria for short-listing market research firms in the West Bank and Gaza.
- Documented the capabilities of the 9 market research firms that submitted their profiles for pre-qualification against these criteria.
- Completed interviews with all Ramallah- and Gaza- based market research firms – 8 in total – to fill gaps and complete their profiles.
- Completed interviews with all West Bank and Gaza radio and television stations that potentially may be used to promote health messages.
- Delivered an in-house training to Hanan staff in Gaza, Ramallah, Jenin and Hebron on how to access and use the Project's monitoring and evaluation database.
- As part of the Project's updated security plan, PMRS (in Ramallah) and the Surgeon's Association (in Gaza) provided free-of-charge first aid training to the Hanan teams in the West Bank and Gaza, respectively.
- The Project Director, Director of Administration and Driver attended a meeting with the Israeli Defense Force (IDF) Head of the Jerusalem Periphery District Coordination and Liaison (DCL). USAID facilitated the meeting, which focused on how to support Project staff and vehicles when crossing checkpoints in the Jerusalem area. Similar meetings are planned with the IDF DCL Heads for Jenin and Hebron Districts, where our Satellite Offices are located.

June

- Submitted to USAID the completed vetting forms for the 50 provisionally selected new clinics partners.
- Prepared available protocols for reprinting and for dissemination.
- Under its Hanan subcontract, PMRS hired the 16 Community Health Workers, 9 Community Mobilizers and 2 Community Mobilization Officers that will implement the Project's community program activities in the West Bank.
- Finalized the 1st training module (*Introduction to Community Mobilization Concepts and Approaches*) for Community Health Workers.
- Conducted the first Community Health Worker training in Ramallah, prior to the workers going into the field.
- Finalized the PCHRD Gaza community program subcontract, including scope of work and budget.
- Obtained USAID approval for the Sama Productions subcontract.
- Finalized the subcontract, including work plan and budget, with Studio 1 and submitted the subcontract for approval to USAID.
- Finalized and submitted to USAID the profile report on radio and television stations that could potentially be used in promoting Hanan's health promotion and education messages.

- Developed a prototype sub-database for field-based data collection against Project performance indicators, and established it on a hand held computer.
- The questionnaire and RFA for the September 2006 Household Baseline Survey (HBLS) were drafted and submitted to the Hanan team for review prior to advertisement of the RFA.
- Continued negotiations with the CDPHC for the complementary feeding practices research study.
- In response to the operations research RFA on MCHN-related traditional home practices, 4 research bodies (2 from Gaza and 2 from the West Bank) submitted proposals.
- Began inviting individuals to join the newly comprised Project Coordinating Committee.
- Finalized the Project procurement manual and submitted it to USAID.
- As part of the updated security plan, received the emergency kits purchased for Proect offices and completed the installation of security systems such as fire extinguishers and steel doors.

II. Constraints

Several key factors, which adversely affected Project implementation during this reporting period, are presented in this section.

At USAID's request, the Project remained largely on hold for the first month of this reporting period. Additionally, because the required changes to the Project due to new USAID policies and regulations were negotiated and introduced progressively, the team was left with unanswered questions for a good part of the quarter. However, this situation is now substantially improved, with the recent finalization of the new Project Description, and guidance from the USAID legal counsel in response to the team's questions about how to apply the new policies and regulations. The Project team has also tried its best to keep its strategic focus on meeting program objectives in a humanitarian context, and this has given confidence that the delay will be less and less felt as Project implementation resumes.

Current Project strategy relies on the meaningful contribution of non-government and private sector clinics to the supply in quality MCHN services. The site visits conducted during this quarter have revealed that demand for these clinics' services has dropped significantly, and that financial barriers to access are a significant cause of this. Due to the recent drop in household revenue, families have difficulty in paying the fees for services offered at these clinics. On average the cost of an examination and associated laboratory work and medications is approximately NIS 40 ($ 8.80). The difficulty that clients' face in paying for non-government and private sector clinic services has displaced demand for services

to the public sector, where services are offered free of charge. In consultation with USAID, we are currently assessing ways to use Project resources to reduce this access barrier, but it is too early to know whether it can be addressed effectively in the current humanitarian and economic context.

The site visits have also clearly shown that non-government and private sector clinics do not offer a comprehensive package of MCHN services, and that they do not have in place organizational strategies or human resources to move in that direction. The Project is now looking to support, in a coordinated way, the diversified supply of MCHN-related services that the non-government and private sector have to offer. Support will be focused on improving what exists, and helping those organizations that are willing to establish new services to do so.

Future success of the Project's work to support MCHN clinical service delivery will depend on the outcome of the clinic vetting requests currently under review by USAID. If the vetting outcomes are unfavorable for a significant number of the clinics being considered, alternative strategies for reaching the target number of beneficiaries will need to be put in place quickly.

Attempts to support MCHN-related qualitative research studies have revealed a general lack of capacity in the West Bank and Gaza for carrying out rigorous qualitative data analysis. The two research studies that were initiated during the reporting period will require throughout careful management and a high level of support from the Project. Going forward the Project will focus on supporting fewer research studies, which aim to answer questions that are considered critical to the success of program activities.

The no-contact policy and new anti-terrorism regulations have had an adverse impact, both on the Hanan team and on the Project's relationships with partners. Team members had fears about being rejected by communities and previous and potential new partners. This was addressed by proper preparation of site visits and counseling. Due to this preparation, the site visits were well received and for the moment this has boosted team morale and confidence. However, any new and difficult policy and regulatory developments might stir these fears and renew hesitation to face communities and partners.

A number of existing and potential new Project partners are exceedingly reluctant to sign the new mandatory clause and/or to provide the additional information required on the new vetting form, due to general disagreement with the no contact policy and to the specific language and implications of the new clause and vetting form. In some cases, the relevant Hanan team members have been able to address partners' concerns sufficiently for them to sign; in other cases, this effort has not been successful. An additional challenge faced is that some Project vendors are declining to submit for zero VAT because they are not getting their VAT reimbursements from the Palestinian Government. The Project

is now addressing this by seeking Israeli vendors, who can obtain their VAT reimbursements.

Accessing Jenin has been difficult at times during the reporting period, hampering Ramallah-based staff members' ability to travel there. The main Sheve Shamron checkpoint has been closed for three weeks. Currently the Drivers are using alternative routes to Jenin, but this involves longer routes along poorer and less secure roads.

III. Major Activities and Outputs

A. Programmatic & Technical Activities

1. Clinical Services Strengthening

This section summarizes the activities undertaken by the Public Health team during the reporting period:

New partner clinics selection

Introduction of the no-contact policy required that the Project identify new partners. Therefore during this quarter, the team started the process of replacing previous MOH clinic partners with new partners from the non-government and private sector. (Seventeen of the Project's initial 23 partners were MOH clinics. Work with the remaining original 6 non-government clinic partners continues.) A decision was taken to seek new partner clinics from the Districts - Hebron, Jenin, Gaza North and Gaza City – where the Project had already been working and as far as possible in cluster areas that had been identified as having significant vulnerable populations.

The site visits were conducted as a cross-team effort. Prior to the visits, Satellite Office teams mapped potential clinic partners, and this provided the basis for selecting sites to be visited, including sites from the former Cohort 1 clusters, as well as new sites where Hanan might like to work in subsequent expansion.

The first round of 24 NGO and private clinic visits (8 in Jenin; 8 in Hebron; 4 in Gaza City and 4 in Gaza North) established the validity of the interview methodology to be used. This methodology encompassed a number of topics, including:

- The clinics' willingness to work with Hanan;
- Their coverage and catchment areas;
- Services provided;
- Client load;
- Hours of operation;
- Needs and expectations;

- Partnerships with communities;
- What the Project could offer the clinics; and
- How Project support and join work could be provided and monitored in practice.

The public health team presented the first round visit findings and analysis to the Project team and USAID CTO. Based on learning from the first visits, the methodology was adjusted slightly to put more emphasis on quality issues, humanitarian assistance needs, and financial barriers to access to care.

Preparations for a second round of visits were then made. During this round the teams visited a total of 50 clinics (13 in Jenin; 12 in Hebron; 8 in North Gaza; and 17 in Gaza City). Of these only 3 clinics were from the private sector (1 in Jenin and 2 in Gaza City). The remaining clinics were from the non-government sector.

Following the site visits, the Public Health team developed partner clinic selection criteria and a scoring methodology for applying them. The satellite teams led the process of deciding which clinics were to be selected for further discussion and vetting. They used the scoring methodology to rank all clinics visited, in order to create a pool of candidates which could be selected as Project partners. A total of 50 clinics were selected for vetting. This includes 23 clinics in Gaza; 17 clinics in Jenin; and 10 clinics in Hebron.

A report of the site visits with detailed information on each clinic and a section on conclusions and recommendations was made and shared with USAID. The main conclusion is that the Public Health team will face a challenge in adequately responding to the different mix of clinics with distinct cultures, operating contexts, and needs and priorities. The Project will need to show understanding of the potential and limitations of each clinic, and flexibility in supporting them with tailored interventions.

Satellite teams proceeded with collecting the information required for vetting, and a request for vetting has been submitted to USAID. As soon as the results are available, hopefully by the end of this month, the Public Health team will make a final selection of clinics, marking the change from a Project with the MOH as the main partner to a Project that focuses on improving, in a humanitarian context, access and quality of MCHN services in the non-government and private sectors.

Adjusting tools and methodologies

As mentioned above, non-government and private clinics do not offer a standardized set of services as in the public sector. The services offered are not necessarily comprehensive. Clinic specific approaches in human resource management mean that the expertise and experience of staff members and styles and quality of supervision vary. This affects the quality of services offered.

The introduction of non-government and private sector partners has thus necessitated a change in the tools and methodologies used by the Project to support clinical service delivery and management. Additionally, the introduction of new emergency assistance interventions and a humanitarian assistance framework requires tools and methodologies that can be quickly developed and simply applied.

This quarter the Public Health team identified how each of its tools and methodologies would need to be adapted under the revised Project Description. For example, the way in which Project monitoring and evaluation data collection requirements are met within the supervision checklists was re-organized in order to make the tools simpler, more user-friendly and more efficient. Two new tools, namely ARI and DD supervision checklists (to replace the IMCI checklist), were developed. These tools and methodologies are now ready to be applied as soon as the clinic partners are determined.

The Project's former health facility assessment methodology has also been simplified. This methodology will be used to assess new partner clinics' technical and managerial needs and priorities. Specifically, it addresses issues such as adherence to protocols, training needs, availability of functioning equipment, the availability of supplies, and commodity management. Assessment findings will form the basis of a quality improvement plan for each clinic. The Project will organize its support to the clinic with reference to this plan. Overall the assessment findings will also provide timely information on the availability and coverage of MCHN and emergency health services and resources across clinic partners.

Printing protocols

Those protocols which had been approved before changes to the Project were introduced have been sent for printing with a new cover sheet, which does not show the MOH name or logo. Once ready, these will be disseminated to non-government and private sector clinics across the West Bank and Gaza, and they will continue to be used as an integral part of the Project's clinic training and technical support program.

Introducing new intervention areas

In response to emerging humanitarian and emergency response needs in the West Bank and Gaza, the project will implement pre-hospital emergency training and advanced life support in obstetrics and neonatal resuscitation training, at both the clinic and community levels.

Juzoor Foundation has an exclusive license from the American Academy of Family Physicians for the conduction of Advanced Life Support in Obstetrics

(ALSO) training. This quarter discussions with Juzoor were initiated, in order to assess its capabilities to contribute to the Project's new humanitarian assistance work in this area. In order to increase the efficiency of this training, the possibility of combining ALSO and neonatal resuscitation into a single training package is being considered as well.

Previously the Project had organized in-house all of its training courses. This developing partnership marks a new approach where the Project seeks to outsource MCHN training packages so that they can be delivered by qualified local organizations, and so that the Project can scale up its training program more quickly. Similar partnerships will be explored during the next quarter.

Building strategic partnerships

While the site visits focused on developing clinic level partnerships, the Public Health team also paid attention this quarter to renewing contacts with large non-government and professional organizations with MCHN-related activities or interests. The purpose of the meetings was to coordinate more strategically with these organizations, which have national reach through networks of clinics and professionals, respectively. As partners, they could potentially help the Project to efficiently expand its coverage, at the same time as the Project could support aspects of their organizational plans and provide their clinic networks with needed assistance. These meetings also helped in testing the acceptability of new Project strategies to key stakeholders.

This quarter the Public Health team met with Holy Family Hospital Bethlehem, PMRS, the Palestinian Red Crescent Society (PRCS) and the Palestinian Family Planning and Protection Association in the West Bank; and with UNRWA and the Palestinian NGO network (PNGO) in Gaza.

2. Communications and Marketing/Community Mobilization

In this section the activities, outputs and deliverables completed by the Communications and Marketing/Community Mobilization team during the second quarter of 2006 are summarized

Sama Productions partnership

The Sama Productions subcontract was approved by USAID, and signed by JSI and Sama Productions managements. Sama productions will now begin its work to develop the designs for print materials, advertising campaigns and media plans for the Project. The company will also develop and install designs for improved signage and information provision at partner clinics.

Profiling radio and television stations

Due to increased oversight by the US Embassy on media usage in the West Bank and Gaza, Hanan submitted a detailed report to USAID on all radio and television stations that Hanan may potentially use to promote health messages in targeted communities. This report is intended for vetting and approval by USAID and provides essential contact information on each station as well as its geographic reach, nature of programming, audience profile and ownership. The Project has requested early vetting of radio and television stations based on this report, in order to facilitate planning for the launch of the planned communications and marketing campaign. Once the campaign is developed, the Project will send USAID the content of the campaign messages as well as the final media plan for approval, prior to launch.

Pre-qualifying market research firms

Based on a previously placed advertisement inviting market research firms to apply for prequalification to conduct pre- and post-testing of Hanan's proposed communications campaign, nine firms applied. Six are based in Ramallah; two in Gaza, and one in Nablus. The Communications and Marketing team developed criteria for assessing applicant firms' capabilities, and then documented each firm's capabilities based on their submissions. In-person interviews were conducted with the owner/manager of each firm in Ramallah and Gaza. Five firms have been short-listed on the basis of these interviews. These pre-qualified firms will be advised of their status and invited to submit proposals for pre-testing the campaign, once a draft is received by the advertising agency and the content is approved by USAID.

Recruiting community-based workers in the West Bank

The subcontract with PMRS was re-activated as of May 9, 2006. PMRS contacted all candidates who were previously short-listed during the recruitment process to determine their availability. Hire letters were issued by PMRS to 27 persons, filling all but two planned positions in Hebron and Jenin districts. In all, 16 Community Health Workers, 9 Community Mobilizers and 2 Community Mobilization Officers have been hired.

Training community-based workers

A training workshop on *Introduction to Community Mobilization Concepts and Approaches*, the first of four training modules for field health workers, was conducted centrally in Ramallah at the Best Eastern Hotel from June 12-15, 2006. This 3 ½ day training introduced the newly recruited Community Health Workers and Community Mobilizers to the PMRS-Hanan partnership; the role of the recruits within the PMRS organization structure; key concepts in community

mobilization; the model that will be applied in implementing the program in their communities; basic data gathering techniques; how to apply these in assessing on-the-ground impact of the program; reporting requirements; and time management. The training methodology was participatory and comprised of small group exercises and other methods for hands-on learning. At the end of the training participants worked in their community clusters to develop a draft plan for the first 3 months of the program's implementation.

Selecting a community program partner for Gaza

The Tender Review Committee for the community program in Gaza unanimously agreed to sign a subcontract with PCHRD for implementing this program in Gaza and North Gaza municipalities. PCHRD has extensive experience working with mothers and children and views the partnership with Hanan as a way to expand its strategic mandate and technical expertise into MCHN. The subcontract and attached scope of work, reporting relationships, and budget were finalized jointly by PCHRD and Hanan and submitted to USAID for approval.

Assessing CBOs/NGOs in the West Bank

As reported in the first quarter report for 2006, the Community Capacity Assessment conducted in the West Bank in December 2005 revealed that CBOs/NGOs have great potential to serve on a Community Coalition, to be convened by the Project, or else to work closely with the community program in some other capacity. This quarter Hanan team members conducted in-depth interviews with 16 CBOs/NGOs to gauge their interest in the community program; assessed their training and equipment needs; and identified how the Project can best tap into their capabilities. A presentation of the interview findings was made to the Hanan team in the West Bank and Gaza, and plans to extend this activity to Gaza were made.

B. Support Functions

1. Monitoring and Evaluation

During the second quarter of 2006, a number of activities to support Project monitoring and evaluation requirements were carried out, as follows:

Revising the Performance Management Plan

The PMP is designed to ensure that required inputs, processes and outputs of Project activities are efficiently and effectively translated into desired outcomes. A revised PMP has been prepared and submitted to USAID, in conjunction with the revised Project Description.

The revised PMP pays closer attention to the fulfillment of process and output indicators. While the intention remains to carry out activities that contribute to desired outcomes, the situation on the ground, marked by increased fragility and instability, encourages a more pragmatic approach to health service delivery and community health efforts. Additionally, progress against outcome indicators can be markedly influenced by external factors. The current situation thus introduces a higher level of risk in relying substantially on outcome indicators to measure and document Project progress and results.

The revised PMP is tighter than the previous one. Indicators related to the project interventions that were dropped have been taken out of the PMP. The measurements of many indicators have also been simplified and adjusted. For example, the revised PMP relies less on service statistics as a data source because the completeness and accuracy with which non-government and private sector clinics maintain service statistics varies widely and, in a more adverse operating environment, the keeping of such statistics may break down.

Expanded Database Capacity

Three advances have been made in expanding the Project's database capacity. First, in relation to the PMP, all relevant query settings have been established on the database system. The database holds data for all PMP indicators, each of which require specific computation fields. All relevant keys and fields have been made flexible to allow for easy revision of measurement requirements managed by the database, as needed to adjust to revised PMP indicators and data sources.

Second, a prototype sub-database has been developed to examine the measurement of four compliance indicators, each of which involve data collection of a number of checklists carried out on a monthly basis with partner clinic staff members. The relevant data collection forms will be applied to hand held computers, allowing for efficient and accurate reporting. This prototype has been tested on a hand held computer, illustrating user friendly data collection and fairly immediate transfer of data to the sub-database prototype. With the finalization of all of the checklists, we anticipate that the Hand Held PCs units will be in full use by the end of July 2006.

Third, a sub-database currently under development will have the capacity to track Hanan staff external visits with various partners and stakeholders. This database will be open to all staff so that if, for example, someone is planning a visit with UNICEF, they can check the database to review all recent visits with UNICEF and learn of current discussions and key issues.

Reporting of Results

In early April, a narrative and statistical summary report of all Project intervention results to date, and of HBLS results at cluster and district level, was presented to the Management Committee. The report illustrates general intervention areas that require increased focus and effort. In addition, the report helps team members to identify key intervention areas specific to individual Districts or clusters. As the Project moves back into full implementation, Project interventions results reports will be produced on a monthly basis as a means to make adjustments and decisions regarding activity implementation.

The 2005 HBLS results and secondary analysis were also presented to the whole team. The presentation illustrated district and regional level results as well as the benefits of using the Lot Quality Assurance Sampling (LQAS) method for measuring results at the cluster level. Once the HBLS report is approved, it is anticipated that the survey results will be shared more broadly with key stakeholders and other external audiences.

A number of queries were carried out during the second quarter, allowing staff to receive data analysis on issues of particular concern to them. Often times, other staff on the project benefit from these queries as well. Some of the queries carried out during the second quarter pertain to the influence of poverty, education and knowledge on selected MCHN indicators, client use of health facilities, complementary feeding and breastfeeding. Query results are also presented in an internal monthly monitoring and evaluation newsletter.

Research Activities

With the support of the Research Working Group, two research activities were initiated during the second quarter of 2006. An RFA for a first research activity focusing on complementary feeding practices went to tender toward the end of the first quarter. During April, a tender committee was formed to assess the nine proposals that were submitted. Of these, CDPHC was selected as the winning applicant. Although the Director of this Center has extensive experience in qualitative research, concern has since been raised about the capacity of the research team as a whole to carry out a rigorous qualitative study. At present, the Project is working with CDPHC to refine its proposal. The Hanan team recognizes the usefulness of this research and so every effort possible is being made to support CDPHC in undertaking this study.

An RFA was also developed for the second research activity, which was designed to examine traditional home practices that affect the health of mothers and neonates. This RFA was similarly advertised and four proposals were received. Initially these proposals will be screened by the Communications and Marketing/Community Mobilization team, which has particular interest in the

research topic. Depending on the overall quality of the proposals received, a decision will then be taken to convene a Tender Review Committee to formally score the proposals against set criteria.

In-House Instruction

Carrying on from the first quarter of 2006, the Monitoring and Evaluation team has continued to provide training for Hanan staff on how to fill out report forms used to measure results. As the revision of PMP indicators is underway, this training will continue in order to support staff in reporting on new and previous indicators. In addition, during the second quarter, the monitoring and evaluation team provided in-house training on how to access and use the Project's main database. As a means to increase staff capacity in carrying out queries particular to their individual information requirements, this instruction walked staff through the entire process of data queries, illustrating the ease with which they can be carried out.

Revision of the HBLS Questionnaire and LQAS Tabulations

Taking lessons learned into account, revision of the HBLS questionnaire has carefully identified measurement revisions that were required to analyze data from the first HBLS. All of these have been addressed and carefully labeled in the LQAS tabulations as well, which will result in clearly identified dummy tables previous to the onset of the survey activity. In accordance with changes to the Project Description, two questionnaire modules were dropped: one focusing on immunization and the other addressing family planning and counseling.

The HBLS will be carried out on two more occasions: in September/October of 2006 and September/October of 2007. To accelerate Project implementation in light of recent delays and setbacks, it is hoped that new clinic partners can join the Project on a rolling basis, rather than having to wait to be included formally in the next Cohort. Therefore the two planned HBLS surveys will collect data from all clusters in which Hanan is working at the time. For the second survey, for example, data will be collected from those clusters included in the first HBLS as well as from new clusters that Hanan has identified by the end of the summer 2006. The third and last survey will collect data from all clusters involved in the first and second HBLS as well as from all clusters that have been included in Hanan interventions since the second survey. The implication of carrying out the HBLS in this manner means that while some data for some clusters will indeed set a baseline, this will not be the case for all clusters, namely those clusters included in project interventions between the second and third survey. The primary benefit in carrying out the surveys pertains to the LQAS method, which will allow for the identification of targeted interventions at the cluster level. With targeted interventions based on cluster specific needs, there is an enhanced possibility for achieving Project impact.

To prepare for the upcoming HBLS an RFA has been developed and it will be advertised by the end of this quarter. It is anticipated that the winning applicant will be identified in the third quarter.

2. Policy and Advocacy

There have been no policy or advocacy activities during this reporting period. Work in this area will be taken forward during the next project year, at which time it is anticipated that a number of specific and clear policy and advocacy issues have emerged from project implementation.

3. External Relations

Due to the changes that the Project has undergone during the first and second quarters of this year, its previous external and public relations strategy, which included high profile media work and visible collaboration with the Palestinian Authority, is no longer appropriate. A new external relations plan, more suited to the current operating context and humanitarian environment, is now being finalized and implementation will begin during the next quarter.

The Project will convene a newly comprised Project Coordinating Committee (PCC) to replace the previous Project Steering Committee. The Committee will be chaired by USAID and include representatives from UNFPA, UNRWA, UNICEF, WHO, UN OCHA, Care, Rafeed, PNGO and two leading Palestinian NGOs (TBD). This quarter the Project Director and Deputy Project Director began inviting proposed members to join the Committee, and it is hoped that the first meeting will be held next quarter.

D. Finance

Budget vs. Expenditure: Summary and Analysis

The year-to-date Project expenditures for each line item are either on track or within a reasonable range/deviation of the original budgets for each line item, except for the *program costs* line item. Expenditure against this line item has been low due to delays in activity implementation and because of the USAID requested halt on activities and procurements. It is hoped that, given a relatively stable and secure operating environment, the Project can make up for this deviation once full implementation of activities resumes in July 2006.

Additionally, much of the work undertaken during the first 15 months of the Project was carried out in house, utilizing minimal financial resources. A revised Project strategy is to sign on several additional subcontractors to assist in carrying out program activities. Their assistance should help not only to

accelerate and scale up activity implementation, but also to expend program funds at a faster pace.

The total estimated project expenditures (actual expenditures as of May 31, 2006 are $4,652,427 and the estimated expenditures for June 2006 are $458,063) are well within the currently obligated amount of $10,825,800. The expected expenditures for June 2006 are higher than usual, because we anticipate receiving a quarterly invoice from ANERA for approximately $152,000.

To date, the project has spent an estimated total of $5,110,489 representing 24% of the total budget for 50% time passed.

The quarterly financial report (presented in Annex I) now features a comparison of the Project's total expenditures with its current obligated federal funds, to determine the remaining obligated federal funds available to the Project for spending, and to help the Project and the USAID Mission monitor when to request a new obligation. For further detail, please see Annex I: Second Quarter Financial Report (April – June 2006).

Cost Sharing

This quarter the Project has increased its efforts to track and meet its cost share obligation. In particular, the following activities have been completed:

- Hanan team members have been oriented to their roles and responsibilities in tracking and meeting cost share.
- Excel spreadsheet templates for logging all cost share contributions have been prepared.
- The relevant team members have started entering all of the contributions made to date into the templates and the Project and JSI accounting system.
- Meetings were held with subcontractors PCHRD, PMRS and Sama Productions to agree the cost share contributions that they each could make.
- A meeting was held with ANERA to agree working arrangements for determining its cost share contributions to the Project and for reporting these on a regular basis to JSI.

The total JSI cost share contribution registered so far is $42,000. It is anticipated that an additional contribution of approximately $115,000 will be registered next quarter.

In 2005, ANERA made an in-kind contribution of medical supplies to the Ministry of Health and PMRS. The total value of this in-kind contribution was $2,000,000. The relevant JSI and ANERA staff members are currently working out what proportion of this contribution can be counted as cost share under the Project. It is anticipated that, once it is worked out, the figure for this contribution will be registered in the JSI accounting system next quarter.

E. Administration

Facilities and Equipment

In association with the updated security plan, the Project procured new steel doors, electronic surveillance and alarm systems, fire extinguishers, and first aid kits for its offices. First aid kits were also purchased for the Project vehicles.

A new server and 6 laptop computers were procured for the Ramallah and Gaza offices. These replaced older servers and computers that were inherited from the Maram and that had worn out. 25 Pocket PCs were purchased for use by Project staff members for field-based data collection and reporting.

Program subcontracts

Table 1 below summarizes the current status of all Project sub-contracts.

Table 1: Status of Program subcontracts

Organization	Project Component	Type of contract	Current Status	Amount
PMRS	Community Mobilization	Sub-Contract	Being implemented	297,436
PCHRD	Community Mobilization	Sub-Contract	Prepared; Awaiting final Project approval	295,000*
Studio 1	Communications and Marketing	Sub-Contract	Sent to USAID for approval	261,195
Sama Productions	Communications and Marketing	Sub-Contract	Approved by USAID; Awaiting JSI Home Office approval waiting	220,000
CDPHC	Research/ Monitoring and Evaluation	Purchase Order	Awaiting final Scope of Work and Budget	63,892*
			Total	**1,137,523**

* Provisional budget figure. Contract not yet finalized.

Subcontractor procurement

The Project procured directly 5 laptops, 2 printers and 3 LCD projectors for use under the PMRS subcontract. Anemia and growth monitoring testing equipment were purchased for use by the household baseline survey subcontractor, which will be selected next quarter. The equipment is being procured well in advance because delivery takes up to 8 weeks.

Clinical equipment and supplies procurement

Procurement of equipment and supplies for Project clinic partners will resume once the vetting process has been completed. Based on the assessment to be conducted at that time, the Project team will agree with new clinic partners what equipment and supplies are needed. It is anticipated that procurement of these items will being in July and August of this year. The Project has planned for two subsequent large procurements of equipment and supplies later in 2006 and in early 2007, in order to meet the needs of additional clinic partners that join the Project later. Provision has also been made to purchase supplies as needed on an ongoing basis.

The Project will look to EMAP III to purchase needed medicines for clinic partners. Liaison between the two projects has been established, so that Hanan can routinely coordinate its clinics' requests for medicine with EMAP III. Where possible, Hanan will also look to EMAP III to purchase supplies for its clinic partners. If, due to budget constraints or prior workload demands, EMAP III is not able to meet requests to procure supplies on behalf of Hanan, then the Project may inform USAID of this and procure them directly.

Visitors and Consultants

Table 2 below summarizes the visitors and consultants to the Project during the reporting period, and the purpose of their visits.

Table 2: Visitors and consultants during the reporting period

Name	Period	SOW
Victoria Francis	April 10 - 20, 2006	Work with the Public Health/Capacity Building team on revising methodologies and tools.
Albena Godlove	April 10 - 20, 2006	Work with the Public Health/Capacity Building team on revising methodologies and tools.

Level of Effort

Table 3 below details the current level of effort on the Project.

Table 3: Level of Effort on the Project

Name	Position	Status	Employer	Office	Start Date on Project	Level of Effort
Anne Scott	Project Director	Full-time	JSI	Ramallah	January 9, 2006	100%
Nadira Sansour	Training Specialist	Full-time	JSI	Ramallah	January 13, 2005	100%
George Shoufani	Director of Finance	Full-time	JSI	Ramallah	January 17, 2005	100%
Bassam Abu Hamad	Deputy Chief of Party	Part-time	ANERA	Gaza	January 18, 2005	100%
Rand Salman	Deputy Director for Public Health	Full-time	ANERA	Ramallah	January 18, 2005	100%
Hassna Dajani	Director of Administration	Full-time	ANERA	Ramallah	January 25, 2005	100%
Mahmoud Abu Radaha	Management Specialist	Full-time	EMG	Ramallah	January 28, 2005	100%
Emad Khoury	Driver	Full-time	JSI	Ramallah	February 1, 2005	100%
Hisham Al Haj	Driver	Full-time	JSI	Gaza	February 6, 2005	100%
Peter Eerens	Director of Public Health	Full-time	JSI	Ramallah	February 22, 2006	100%
Nancy O'Rourke	Director of Monitoring and Evaluation	Full-time	JSI	Ramallah	March 7, 2005	100%
Sana Abu	Administrative	Full-time	JSI	Gaza	March 23, 2005	100%

Mazyad	Assistant					
Maher Saqqa	Finance and Administration Manager – Gaza	Full-time	JSI	Gaza	March 26, 2005	100%
Rola Tahboub	Senior Finance Advisor	Full-time	JSI	Ramallah	April 11, 2005	100%
Nuha Judeh	Cleaner/Hostess	Full-time	JSI	Ramallah	April 11, 2005	100%
Haya Mousleh	Administrative Assistant	Full-time	JSI	Ramallah	April 13, 2005	100%
Salwa Wishah	Cleaner/Hostess	Full-time	JSI	Gaza	June 1, 2006	100%
Essa Khoury	Driver	Full-time	JSI	Ramallah	June 1, 2006	100%
Abdallah Abu Dayyah	Capacity Building Specialist	Full-time	EMG	Gaza	June 6, 2005	100%
Saeda Abu Ramadan	Administrative Assistant	Full-time	JSI	Gaza	June 13, 2005	100%
Randa Bani Odeh	Associate Director for Community Mobilization	Full-time	JSI	Ramallah	June 13, 2005	100%
Kumkum Amin	Director of Community Mobilization/Communications and Marketing	Full-time	JSI	Ramallah	July 15, 2005	100%
Daoud Abdeen	Associate Director for Capacity Building	Full-time	EMG	Ramallah	July 18, 2005	100%
Majed Al Bakri	IT Manager	Full-time	JSI	Ramallah	August 1, 2006	100%
Sahar Mukhaimer	Community Mobilization/Communications and	Full-time	ANERA	Gaza	August 1, 2005	100%

	Marketing Coordinator					
Samar Sharif	Administrative Assistant	Part-time	ANERA	Hebron	August 1, 2005	50%
Diane Abraham	Team Leader	Full-time	ANERA	Hebron	August 18, 2005	100%
Sahar Abu Samra	Team Leader	Full-time	ANERA	Gaza	September 1, 2005	100%
Tharaa Nasser	Accountant	Full-time	JSI	Ramallah	September 6, 2005	100%
Nadira Shibly	Procurement / Contracting Manager	Full-time	ANERA	Ramallah	September 12, 2005	100%
Rula Abu Nimreh	Receptionist / Admin. Assistant	Full-time	JSI	Ramallah	September 15, 2005	100%
Raja' Zyoud	Team Leader	Full-time	ANERA	Jenin	October 1, 2005	100 %
Nihad Karajeh	Public Health Officer	Full-time	JSI	Hebron	October 15, 2005	100 %
Hanan Awartani	Receptionist/ Admin. Assistant	Full-time	JSI	Jenin	November 1, 2005	100 %
Najah Hamarshi	Public Health Officer	Full-time	JSI	Jenin	November 1, 2005	100 %
Firas Khalaf	Communication & Marketing Specialist	Full-time	JSI	Ramallah	November 6, 2005	100%
Fuad Hudali	Database Manager	Full-time	JSI	Ramallah	November 7, 2005	100%

Current Staffing Overview

The following employees and consultants left the Project during the reporting period:

- The three Public Health Officers in Gaza - Hani El Wheidi, Fuad El Essawi and Rabah El Burai – that were seconded from the MOH left the Project on March 31, 2006, when the US Government policy of no contact with the Palestinian government came into force.
- Jasem Humeid, Training Specialist in Gaza; Wassef Al Wakhairi, Monitoring and Evaluation Specialist in Gaza; and Atta Al Jazzar, Team Leader for the Khan Younis Satellite Office resigned from the Project in early April. This was also as a consequence of the no contact policy, as these employees were on a leave of absence from the MOH. After considering an offer to remain with the Project and resign from the MOH, they chose to remain as MOH employees.
- Kherieh Kharouf, External Relations Officer on a consultancy basis left, the Project in April. This was as a result of a review of the Project's external relations plan in light of the changed policy and operating environment.
- The Program Supervisor in Gaza, Nisreen Abu Middain, resigned from the Project in June. She has accepted an offer to be the Humanitarian Affairs Coordinator (National Program Officer) at UNFPA's Gaza office.
- Riham Al Faqih resigned from the Project in June, in order to join her fiancée in Dubai prior to their marriage next month.
- Yacoub Habash, a Driver in the Ramallah office, is on leave without pay for personal reasons for three months as of June 1, 2006.

The following employees and consultants joined the Project during this reporting period:

- Salwa Wishah, the Cleaner/Hostess in the Gaza office, joined the Project as a full-time employee in May. Previously Salwa had been working in this capacity for the Project on a consultant contract.
- Essa Khoury joined the Project in June, as Driver on a temporary basis for three months, to fill in during Yacoub Habash's leave of absence.
- In late June, Katy Sinka joined the Project as a Research Analyst/Technical Editor. Initially Katy will work for three days a week on a six-month consultant contract, which is renewable. Under the new Project external relations plan and a revised scope of work, Katy will assume the duties previously held by consultants Diane Sauders, the Writer/Editor, and Kherieh Kharouf, External Relations Officer, who left the Project in March and April, respectively. Katy will also provide assistance to the Monitoring and Evaluation team in data collection, analysis and interpretation and report writing.

During May and June, the Project advertised to fill current vacancies through an open recruitment process, as summarized in Table 4 below.

Table 4: Current status of recruitment for Project vacancies

Position	Number of Applicants	Status
(2) Public Health Officers-Gaza	13	Currently short-listing. Interviews to be held the week of 19 June.
Training Specialist-Gaza	21	Currently short-listing. Interviews to be held the week of 19 June.
Monitoring and Evaluation Specialist – Gaza	13	Currently short-listing. Interviews to be held the week of 19 June.
Khan Younis Satellite Office Team Leader – Gaza	11	Currently short-listing. Interviews to be held the week of 19 June.
Research Analyst/Technical Editor - Ramallah	7	Katy Sinka selected.
Monitoring and Evaluation Specialist - Ramallah	20	Currently short-listing. Interviews to be held the week of 19 June.
Temporary Driver – Ramallah	6	Essa Khoury selected.
Program Supervisor-Gaza	-	To be advertised in early July.

F. Major Deviations from Approved Workplan

Work under the PMRS subcontract was temporarily suspended from mid-March, when the new mandatory clause was released, until early May, while the Project determined with USAID whether or not PMRS was required to retroactively sign the new clause. When the new clause was presented to PMRS, it indicated its unwillingness to sign. A decision was taken in consultation with the USAID CTO and Contracts and Legal offices that the new mandatory clause would not be applied retroactively to the PMRS subcontract, which was signed and approved in January 2006. At the same time, from mid-March, USAID had requested that PMRS postpone hiring the 27 field staff members that will play a central role in implementing the subcontract, until the larger policy environment and the outcome of the US government aid review had become clearer. These two factors have meant that implementation of the 12-month PMRS subcontract was delayed by almost two months. Fortunately, a way forward for the PMRS subcontract was resolved and subcontract implementation is now fully underway. If required to make up for the delay, PMRS might request a no-cost extension when their subcontract nears its end date.

Al-Kasaba Theatre Company, a key subcontractor for the Project Communications and Marketing component, is unwilling to sign the new

mandatory clause and provision on names. Al-Kasaba's subcontract had been prepared, but it had not yet been finally approved and signed. Al-Kasaba proposed an alternate solution, which is to have Studio 1, an affiliate organization, sign the subcontract instead. This proposal is currently being considered by USAID. If USAID should approve the proposal, the subcontract will proceed, but at a later date than originally envisioned.

In response to a US Embassy request, USAID now requires that all content and media to be used in Project communication campaigns be approved prior to being launched. We anticipate that this will slow the pace at which the planned campaigns can be rolled out.

Of late the security situation in the West Bank and Gaza has been less stable, due both to internal fighting and violent demonstrations and to incursions and counter-responses. Team members' restricted movement due to closures or for security reasons slows the pace of Project implementation.

IV. Cumulative List of Tools, Methods, and Publications

Tools and methodologies	Publications/Reports
• Vulnerability assessment methodology • Health Facility Assessment methodology • Training Manual for Community Mobilizers and Community Health Workers • Guidelines for forming Community Coalitions • Job Aids: Neonatal resuscitation desk calendar, infection prevention and control job aid, ARI and DD job aids (reprints from UNICEF, PMRS and WHO) • Checklists for: ARI, DD, Management, Infection Prevention and Control, Growth Monitoring, Antenatal Care, Postnatal Care, Emergency Preparedness • Clinic Management Menu • HBLS questionnaire and LQAS tabulations • Reporting forms for combined USAID and Hanan data collection of PMP indicators • Monitoring and Evaluation query forms • Prototype database for measuring compliance indicators • Stakeholders meetings log	**Technical Papers and Reports:** Hanan Household Baseline Survey: Maternal and Child Health and Nutrition Indicators at the Household Level in the West Bank and Gaza *(final draft)* Hanan Baseline Health Facility Assessment for Maternal and Child Health and Nutrition Services: First Cohort Clinics in the West Bank and Gaza. *(final draft submitted to USAID)* Women's Perspectives on Maternal and Child Health and Nutrition: Findings from Hanan Focus Groups *(final draft)* Community Capacity Assessments: West Bank & Gaza *(draft)* **Technical Tools:** Supervisory Checklists: Standardizing High Quality Maternal and Child Health and Nutrition Services in Primary Care Settings *(final draft)* The Hanan Model Clinic: Criteria for the Organization and Delivery of Essential Maternal and Child, Health and Nutrition Services *(final draft)* **Technical Briefs:** Empowering Communities, Sustaining Social Change: Community Mobilization in the West Bank and Gaza. *(final draft)* **Other:** Hanan Brochure *(final draft sent to USAID)* Hanan Newsletter *(final draft)*

V. Expected Activities of the Next Reporting Period

An annual work plan for July 2006-June 2007 was submitted to USAID this quarter. The Hanan team's intention is to resume full Project implementation in accordance with this work plan, beginning in the next quarter. Some highlights of the work plan for July, August and September are as follows.

For the Public Health team:

- Finalize selection of new partner clinics that have passed vetting.
- Conduct a first round of procurement for partner clinics.
- Establish a new procurement system for purchasing small equipment and supplies for partner clinics on an ongoing basis.
- Procure emergency and delivery kits for medical professionals.
- Conduct the first ALSO and neonatal resuscitation training and begin providing follow-on support to trainees.
- Conduct the first emergency medical services training.
- Conduct one training each in antenatal, postnatal and newborn care; infection prevention and control; and childhood illnesses and ARI/DD.
- Conduct a nutrition training and follow-up support visit.
- Conduct a skills-building training in on-the-job training provision.
- Conduct management trainings in clinic level health information systems, communication skills, supervision skills, and facilities management.
- Conduct a training-of-trainers for providers.
- Support two clinic or clinic network initiatives for improving service quality.

For the Communications and Marketing team:

- With Sama Productions, develop the designs for the health promotion and education print materials.
- Produce the print materials and give away items.
- With Sama Productions, design and install improved clinic signage and display.
- With Sama Productions, develop the advertising campaign and media plan to Project cluster areas, to be approved in advance by USAID.
- With Studio 1 (pending finalization of their subcontract), develop production of 10 radio plays.
- With Studio 1 (pending finalization of their subcontract), write scripts of 3 plays for live performance in communities.
- Conduct advertising campaign pre-test research
- Develop protocol for conducting clinic exit interviews in association with the advertising campaign.

For the Community Mobilization team:

- Sign the PCHRD subcontract.
- Conduct the 1st training module for Community Mobilizers and Community Health Workers in Gaza.
- Conduct the 2nd training module for Community Mobilizers and Community Health Workers in the West Bank.
- Begin CBO/NGO interviews in Gaza.
- Conduct two CBO trainings (one in the West Bank and one in Gaza).
- Hold one community meeting each in Jenin District and Hebron District.
- Mobilize cleaning days in communities.

For the Monitoring and Evaluation team:

- Select subcontractor for conducting the second annual household baseline survey.
- Initiate the survey.
- With Al-Quds University, conduct research study on complementary feeding practices.
- Review proposals and select partner institution to carry out research study on traditional home practices.
- Continue monthly progress and results reporting and GIS analysis and reporting to USAID.

Anne Scott
Hanan Project Director
June 20, 2006

Annex I: Second Quarter Financial Report (April-June 2006)

LINE ITEM	USAID Contribution Federal Funds	2nd Quarter 4/06 - 6/06	ACTUAL EXPENSES Apr '06	Actual EXPENSES May '06	Estimated EXPENSES June '06	Total Expenditures & Projections	Remaining Funds	Percentage Funds Expended
SALARIES	2,918,022	298,820	96,848	92,970	109,002	1,378,778	1,539,244	47%
ALLOWANCES	1,161,521	82,856	14,693	48,005	20,157	554,689	606,832	48%
CONSULTANTS	122,400	0	0	0	0	13,558	108,843	11%
OTHER DIRECT COSTS / TRAVEL / EQUIPMENT	1,644,333	103,414	34,333	27,170	41,911	901,312	743,021	55%
INDIRECT COSTS / OVERHEAD	1,311,926	131,360	*44,971*	*44,454*	*41,935*	704,309	607,617	54%
PROGRAM COSTS	8,825,000	93,811	42,626	34,732	16,453	469,238	8,355,762	5%
SUB-RECIPIENTS	4,923,104	326,286	27,610	70,072	228,604	1,088,606	3,834,498	22%
TOTAL	**20,906,306**	**1,036,546**	**261,080**	**317,403**	**458,063**	**5,110,489**	**15,795,817**	**24%**
Current Amount of Obligated Federal Funds						**10,825,800**		
Estimated Remaining Obligated Federal Funds						**5,715,311**		