



HANAN THIRD ANNUAL REPORT
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Introduction

This is the third and final annual report for the Hanan Project. It summarizes activities undertaken during 2007 and, looking ahead to 2008, efforts to measure and communicate Hanan's successes, and to support maternal and child health and nutrition program sustainability.

Section I provides a timeline and quarterly narrative analysis of major activities that were completed and any external events that influenced the Project during 2007. Section II looks ahead to key initiatives to measure results, share achievements, and institutionalize effective programs before the Project ends in June 2008.

I. Major activities timeline and narrative analysis

A. First quarter

The calendar year began with a participatory review of progress, achievements and challenges against Hanan's implementation plan for the period July 1, 2006 to June 30, 2007. Many of Hanan's partners and key stakeholders gave their input. The review looked at each area of Hanan's work, namely clinical services strengthening, community mobilization, and communications and marketing. It also looked at whether Hanan could do more to support hospital maternal and child health services. Adjustments to the program design were recommended.

A major recommendation was that Hanan should further intensify its focus on selected areas such as timely antenatal and postnatal care provision, early and exclusive breastfeeding, and anemia prevention and treatment, where demonstrable results could be achieved by the end of the Project. Further, it was recommended that Hanan find creative ways to extend clinical services to communities and where possible to foster linkages between communities and the clinics that serve them. Additional activities to focus on, for example extending to hospitals technical support in postnatal and newborn care and reprinting existing high-quality health education materials, were identified.

Throughout the year, Hanan has taken forward these and other review recommendations:

- Clinic-community linkages. In the West Bank, Hanan fostered linkages between communities and clinics in three sites: Idna and Al Dahryia in Hebron District, and Seilet Al Harthyia in Jenin District. Similar efforts have taken place in Tufah, Shejaia and Beit Hanoun in Gaza, amongst other sites.

In each site, with support from the Hanan team and the involvement of local clinics, the community selected and carried out interventions targeting identified health needs, such as anemia among pregnant and postpartum women in Al Dahryia, and postnatal care in Idna and Seilit Al Harthyia.

The postnatal care campaign in Idna, for example, reached 500 women through various activities, including: a clinic open day; health education sessions; home visits; distribution of information flyers and health education materials; listening to Hanan's songs and radio plays on CD; a theater play; and placement of educational flyers in electricity bills. Local resources were mobilized along the way and, following the interventions, each community assessed which desired outcomes were achieved and how activities could be continued.

- Hospital partnerships. During the second quarter of this year, Hanan began working with three hospitals in the West Bank -Shepherd's Field in Bethlehem District, and Al Itihad and Al Injili in Nablus District – to address selected interventions recommended during or immediately after delivery when women are still in hospital. Through supportive supervision and on-the-job training with relevant hospital staff, Hanan and these partners are working to ensure that women and newborns receive early postnatal care; that breastfeeding is initiated immediately following delivery; and that potential exposure to infection is minimized during and after delivery.
- Reprinting existing health education materials. Finally, Hanan assisted UNRWA/West Bank to update, reprint and distribute 30,000 copies of its educational pamphlet entitled *Ensuring a Healthy Life For Your Newborn*. The pamphlet provides essential information and guidance on the care of newborns in a user-friendly format. Similarly, Hanan assisted Ard El Insan in Gaza to reprint and distribute 8,000 copies of its booklet *Guidelines for Your Family's Nutrition*. The booklet provides guidelines for preparing healthy foods and offers a variety of recipes to meet the nutritional needs and ensure proper growth and development of children between the ages of 7 months and 5 years.

The program review and adjustment, conducted at the start of the year, gave Hanan's program activities new impetus and direction. Building on this, Hanan significantly intensified activity implementation. During the first quarter, for example, staff members of Hanan's first cohort of 34 clinics participated in 109 on-the-job training sessions and 10 formal training courses.

Continuing the good momentum of community program implementation established during the second half of 2006, during the first quarter of 2007, 2,284 community knowledge promotion activities were carried out in the West Bank and Gaza, benefiting 10,342 women of reproductive age. By the end of the quarter, the cumulative achievement of knowledge promotion activities had already exceeded by 18 percent the end of project target of 4000 activities set for this indicator. Further, 21 additional communities prepared and submitted local plans of action, bringing the cumulative total to 54 communities with local plans of action. Thus, 83 percent of communities where Hanan works had approved local plans of action, exceeding the end of project target of 75 percent of communities with approved local plans of action.

Hanan and its community program partners conceptualized and launched several innovative program activities, such as a kindergartens initiative, which over the

course of the year proved to be very effective. Thirty-three workshops were held with kindergartens in communities where Hanan is working. Various topics - including anemia prevention, the importance of healthy nutrition and the prevention of acute respiratory infection and diarrhea in children under 5 – were addressed through the workshops. Kindergarten staff members were engaged in promoting these topics with the children through games, songs, drawings and plays.

As a result of these sessions most of the kindergartens now sell healthy snacks such as fresh fruit, corn and boiled chick peas, instead of potato chips and candy. Mothers and teachers are participating actively with the children to cook healthy meals and enjoy them together. Anecdotal evidence suggests that the children have taken the messages home to their mothers and have started asking for healthy foods to be cooked at home. Some of the more active kindergarten principals are lobbying to change national level policies regarding what foods are sold at the kindergartens.

Hanan's communications and marketing interventions were launched with 24 theatre performances Jenin and Hebron Districts in the West Bank. In conjunction with the theatre performances, Hanan children's activity book, produced with partner Heart to Heart International, was distributed widely.

Hanan emergency response was launched during the first quarter. Project partner Juzoor Foundation for Health and Social Development started implementation of its Advanced Life Support in Obstetrics (ALSO) and Neonatal Resuscitation (NPR) training program, which aims to train a total of 180 health providers in the West Bank and Gaza. Thirty health providers from across the West Bank attended the first training, held on March 1, 2007 in Jericho.

B. Second quarter

Intensive activity implementation continued throughout the second quarter. This was clearly reflected in end-of-quarter achievements, which showed that Hanan had already exceeded four of the Project's six primary program output targets. In particular, large increases were seen in implementation of maternal and child health training (+60%), clinic management training (+88%), communications activities (+100%), knowledge promotion activities (+265%), and community-based organization personnel trained (+81%). The two program areas where activity output targets had not yet been met, namely training of clinic personnel and media productions, were moving along well and poised to meet targets.

Also during the second quarter, Hanan Project interventions achieved national coverage for the first time, with the addition of 19 clinic and 5 hospital partners in new geographic areas in Middle and Southern Gaza, and in Ramallah, Jericho, Nablus, Tulkarem, Qalqilia and Bethlehem Districts in the West Bank. With an increased total of 63 partner clinics and hospitals, Hanan was much closer to its target of supporting 80 partner facilities by the end of the Project.

Expanded work with clinic and hospital partners was complemented by the scaling up of formal and on-the-job training in child health and nutrition. During the second quarter, Hanan carried out three formal training courses, on various child health and nutrition topics, in Gaza. A total of 77 health professionals benefited from these courses. In the West Bank, Hanan established a partnership with the School of Community Health to provide formal training courses in child health and nutrition. A course on *Child Nutrition and Growth Monitoring* launched this important training program. It is anticipated that 300 health providers will benefit from the program by the end of Hanan.

Further, 10 radio plays on maternal and child health and nutrition themes, produced by Hanan in association with its partners Al Kasaba and Studio 1, were broadcast on 12 radio stations throughout the West Bank and Gaza. All 12 stations promoted the plays extensively during the week prior to their debut, as well as during the week of broadcasting. Hanan community program partners also helped to promote the plays to kindergartens, community organizations, municipalities, supermarkets and other locations where people congregate. Community health workers distributed posters during health education sessions, home visits, open days and at community events. Additionally, posters promoting the plays were displayed in Hanan partner clinics and hospitals and distributed to these facilities' clients.

Radio station managers enthusiastically received the plays, which they viewed as being educational as well as entertaining. Many of the managers chose to promote the plays more frequently than their contracts required. Due to listener demand, two radio stations, in Tulkarem and Jenin Districts respectively, aired the plays at additional times at their own expense.

Hanan and its partner Studio 1 produced 10 original songs on maternal and child health themes. To link these songs to the success of the radio plays, Hanan gave managers of each of the 12 radio stations advance copies of the songs on CD. As with the plays, the songs were received enthusiastically. All station managers said that this is the first time they have heard songs of such high quality that also include messages of importance and value to their listeners. They expressed interest to help encourage healthy practices in Palestinian communities. Thus, they began broadcasting the songs at the end of each radio play episode. This provided increased exposure for the songs and helped popularize them in communities across the West Bank and Gaza. The station managers promised to continue broadcasting the songs as part of their regular programming schedule.

With the production and launch of the radio plays and original songs, Hanan had finished 6 of 10 products to be completed by the end of Project. These and other Hanan products successfully reflect current health concerns of women and children through traditional media and, at the same time, utilize existing channels of distribution in new and creative ways. Their purpose is to inspire health practice changes and greater demand for health and nutrition services.

Serious internal factional clashes escalated into an outright war in Gaza, which culminated in Hamas taking control there during June. During two separate weeks in May and June, the fighting was so serious that Gaza team members as well as

staff members of partner organizations were confined to their homes. Project work in Gaza was halted during these weeks. However, work resumed smoothly and quickly as soon as the fighting abated.

During the second quarter, Hanan continued to contribute to emergency responses in the West Bank and Gaza through the procurement of urgently needed hospital medical equipment and spare parts related to maternal and child health. Further, Hanan distributed 150 (90 in the West Bank and 60 in Gaza) Pre-Hospital Emergency Medical Services (PHEMS) kits to health professionals. To receive a kit, a recipient must be suitably qualified and work or reside in an area that is marginalized, lacks adequate health services, suffers from frequent military operations and/or has a high incidence of emergency cases. In addition, each recipient must indicate commitment to properly using the kit in his or her community, and to providing incident reports regarding use of the kits.

Within the ongoing community program, additional innovative ways to convey to women and children information and messages about nutrition were introduced. For example, in the course of interacting with thousands of Palestinian women, community health workers have collected a variety of nutritious and easy-to-prepare traditional recipes that use locally available and inexpensive ingredients. Hanan is making use of this resource by providing a local food technologist who can compile the recipes into a book. It will be one of precious few recipe books on traditional Palestinian cuisine, and the only such book containing recipes tailored to the nutritional needs of pregnant and lactating mothers. To complement the book and enhance its use, Hanan is training community program health workers on how to incorporate the recipes into education and counseling sessions on nutrition, anemia prevention and healthy eating.

C. Third quarter

On June 21, the US government policy of no contact with the Palestinian National Authority was lifted, and on July 9 Hanan was allowed to resume assistance to the Authority subject to the preexisting conditions of the Project cooperative agreement. Thus Hanan resumed its partnership with the Ministry of Health, early in the third quarter of this year, specifically to establish 16 new Level 1 clinics, serving extremely marginalized areas, and to upgrade 28 Level 1 and 2 clinics, so that they could provide more services to growing populations in their areas. Level 1 clinic sites in Tulkarem, Salfeet, Jericho, Jenin and Hebron Districts were chosen. Work to upgrade Level 1 and Level 2 clinics will also take place in the above districts, as well as in Jerusalem, Qalqilia, Nablus, Bethlehem and Ramallah Districts. The Ministry of Health is providing clinic premises and staffing. Hanan is providing relevant essential medical equipment, training and technical support to establish or upgrade the clinics. Additionally, Hanan agreed to assist the Ministry to reprint large quantities of existing health education materials, available from Hanan, the Ministry and other projects and partners. The availability of these materials will greatly facilitate the work of Ministry nurses, health educators and community health workers.

Hanan continued to work intensively with partner clinics and hospitals throughout the quarter. 224 supportive supervision visits and 107 supervision checklists were

completed on topics including management of childhood illnesses; growth monitoring and nutrition; antenatal and postnatal care; delivery; neonatal resuscitation and newborn care; and infection prevention and control. On site technical support was complemented by formal training courses on child health and infection prevention and control.

The Project's emergency response continued with a second training course on ALSO/NPR, and it gained new momentum with the launch of a PHEMS training program, to be carried out by partner Center for Development of Primary Health Care. It is anticipated that 300 professional and lay health providers will receive training through this program by the end of the Project.

Broadcasting of Hanan's radio plays and original songs continued, although stations Al Houriah and Al Shabab, both of which were popular in Gaza, ceased to function following the June clashes. Preliminary information suggested that the plays are highly appreciated. Women listeners found the use of radio to broadcast plays to be a "new and different way" of communicating messages that "stayed" with them. They found the plays to be "very real" and the topics to be "close to their hearts and minds." They confirmed their feeling that they had "personally benefited" from listening to the plays.

The August 2007 issue of "You & Your Baby", a high quality magazine targeting pregnant women and parents of babies and young children, carried a selection of Hanan's messages as 'footer bars' in question and answer format. Topics addressed include the importance and timing of antenatal and post natal care; danger signs during pregnancy and the postnatal period; and anemia prevention during pregnancy and in children under 5 years of age, amongst others. The magazine also presented the story, entitled *Greatest of Them All*, about the most nutritious liquids for young children. This story first appeared in Hanan's Children's Activity Book. The magazine's publisher provided Hanan with 125 free copies of the August issue for distribution among community health workers. Hanan trained the health workers on how the materials could be used as an educational tool during home visits and health education sessions. Feedback received so far on this latest innovative communication product has been very positive.

As intensive implementation continued, two important transitions occurred during the third quarter. First, five West Bank and Gaza partner clinics with observed and documented improvements in service quality 'graduated' from Hanan's full program of assistance. These clinics will now receive discrete, focused support in order to consolidate service quality improvements. 'Graduation' of additional partner clinics will continue through the end of the Project. Second, the first phase of community program implementation was completed in the West Bank. Prior to this, a sustainability plan – outlining needs and priorities, available resources, how activities will be carried out and who will take the lead - was made with each community. Successes and learning were shared among the participating communities at end-of-program ceremonies.

To build on the successful first phase of the community program in the West Bank and to further expand program coverage, a new partnership was formed with Center for Development of Primary Health Care to implement a second phase of

the program in 18 communities in Nablus, Salfeet, Ramallah and Jerusalem Districts. As part of program start-up, an in-depth profile of each community was prepared and meetings with key community leaders were held. The partnership with Palestinian Medical Relief Society continued into the new phase as well. Hanan is providing support for the organization to replicate its community program activities in 12 additional communities in Jenin and Hebron Districts.

D. Fourth quarter

This quarter, Hanan and the Ministry began training the community health workers needed to staff selected Level 1 clinics. The aim is to ensure their proficiency in community mobilization and in all aspects of basic maternal, child health and nutrition service provision. The formal part of this intensive training consists of five modules, which incorporate nationally and internationally endorsed protocols, along with best practices as tried in Hanan's community program. Practical training will complement formal training modules. Assigned Ministry supervisors and Hanan technical team members jointly support and guide the health workers as they apply concepts and information gained in formal training to real clinical situations.

Of the 28 Ministry of Health clinics selected to be upgraded to Level 2 or above, 26 were assessed this quarter. Based on the findings, Hanan and the Ministry agreed a training and technical support plan for staff members of these clinics. Implementation of the plan will begin early next year. Activities to be undertaken include formal training courses on a number of management topics, as requested by clinic staff and District supervisors, and on-site supportive supervision focused on specific areas of need, such as antenatal care counseling, postnatal care and infection prevention and control.

Hanan has already procured the equipment needed to establish or upgrade the 44 selected Ministry of Health clinics. Additional office equipment items are being procured for the central Primary Health Care Directorate. Reprinting of materials to support the Ministry's health education work is underway. Hanan and the Ministry Health Education Department are also jointly developing a poster on danger signs during pregnancy, as few high quality materials on this important topic are available.

Also during the quarter the Hanan team attended the launch of the new Ministry of Health maternal and child health handbook, supported by JICA. Hanan ensured that its own training program is consistent with the handbook's content, and incorporates new child growth charts approved by the World Health Organization.

Meanwhile, intensive interventions with Hanan's non-government clinic and hospital partners continued, with 174 supportive supervision visits, 384 supervision checklists and over 100 on-the-job training sessions completed. Partner clinic and hospital staff members attended Hanan's formal training courses on antenatal care, postnatal care, newborn care, normal child birth, management of childhood illnesses, client centered service delivery and infection prevention and control. Job aides on antenatal care and infection prevention and control were produced and distributed to all partners. Clinics also received

signage, health education material display cases, client suggestion boxes, medical records and essential equipment procured by Hanan. Clinic staff members were trained on how to use these items to improve service quality. Seven more clinics in Gaza and 2 in the West Bank were graduated to receive selected focused interventions. Graduation of partner clinics and hospitals will accelerate during the next three months before activity implementation ends on March 31, 2008.

The Center for Development of Primary Health Care held the first PHEMS training course in Gaza, in which 60 professional and lay health providers completed the first module on basic principles for handling emergencies and general emergencies. In the West Bank, 90 health professionals and 90 lay health providers completed the first module and began the second module on trauma and surgical emergencies. It is anticipated that all participants, including 60 additional health providers in Gaza, will complete the third module, on medical, pediatric and obstetric emergencies, next quarter.

The production of Hanan's four health education booklets - on the topics of early care for pregnant women and new mothers; newborn care and breastfeeding; complementary feeding and growth monitoring; and care and prevention of children with acute respiratory infections and diarrheal disease – was completed this quarter.

One hundred thousand copies of each booklet, along with 300 booklet holders, were delivered to Hanan for onward distribution to Hanan's clinic, hospital and community partners. According to their client load, each partner will receive approximately five months' supply of booklets. Dr. Khalid Dhaydel, manager of a partner clinic in Aboud, Ramallah district recently informed Hanan that the booklets are the "best ever produced by any organization", as the information provided is "complete, comprehensive, and answers frequently asked questions."

Hanan is printing an additional 50,000 copies of each booklet for the Ministry of Health. The Ministry will also receive 220 of the booklet holders so that the booklets can be well displayed in each of its maternal and child health clinics. The Health Education Department of the Ministry of Health expressed its appreciation for the booklets and confirmed that their staff members would use them as a reference when counseling clients and in preparing for lectures.

This quarter Hanan's radio plays were broadcast for the fourth and final round on 10 radio stations across the West Bank and Gaza. Health workers continued to use CDs of the radio plays and original songs during health education sessions and home visits. Such CDs were also distributed widely to community organizations, kindergartens and women's organizations in areas where Hanan works.

The first phase of Hanan's successful Gaza community program ended as scheduled on 31 October. Closing ceremonies, entitled *Our Community Talks*, were held in Gaza City and North Gaza. A wide range of community representatives, from kindergartens, community organizations, *dewans* and eligible municipalities, attended. A kindergarten principal said that the program

succeeded in linking kindergartens with the local community: “Whereas mothers did not visit the school but one day a year, now they visit regularly and are engaged with their children’s education. Mothers have worked hard to introduce healthy canteens, an initiative that has ultimately improved the standing of these kindergartens in the community.”

A *dewan* owner acknowledged that typically such halls are used for large family functions or by men who gather to meet and drink coffee. After his initial surprise at being asked to open up the facility for health education sessions on pregnancy and breast feeding, he is pleased to be supporting the women in his community, and receptive to hear additional ideas on how the hall could be used to benefit the community.

Community leaders, influential people and beneficiaries also shared their perceptions of the program. A mother-in law reported that “The program changed many aspects of my life. I thought anemia only happened to children, but I’ve learnt that this is not so. I used to throw away supplements, but I know better now”. A mother explained how her local community health worker provided close guidance during her pregnancy, especially on how to take iron supplements and on the importance of continuing to take them after delivery.

Hanan partner, Palestinian Center for Human Resource Development, is now taking the community program to 18 new communities in middle and southern Gaza. Capacity assessments and action plans for responding to selected maternal and child health issues have been completed. In their first month, the health workers have already visited 250 homes and 60 community organizations to present the program and register new participants.

The second phase of Hanan’s community program in the West Bank and Gaza must be carried out in less than 6 months. Our partners are coming up with innovative ways to fast-track program implementation whilst maximizing coverage and impact. While specific initiatives vary according to the partner organization and the communities where they work, the general emphasis is on tightening the timeframe for implementation based on learning and experience gained through the first phase of the program. For example, during the first phase community program, Palestinian Medical Relief Society’s community health workers learned that community organizations can play a critical role in quickly mobilizing and then later sustaining activities. Therefore, early on in the second phase community program, the health workers are recruiting active and capable local organizations to be centrally involved in developing, carrying out and sustaining community action plans.

Since the June clashes in Gaza took place, most of Gaza’s border crossings have been sealed. Access through the few, open crossings has been gradually tightened. Currently the Israeli authorities are not issuing permits for Palestinian staff members located in the West Bank to travel in to Gaza. Staff members in Gaza can pass to Israel or the West Bank only with 5 days prior coordination and a strong rationale. This has made it very difficult for Hanan teams to work together in person. Hanan is also facing challenges in facilitating entry into Gaza of our training partners’ instructors, most of whom are located in the West Bank. This

has caused logistical challenges to holding emergency training courses in Gaza, as planned. Finally, the Israeli authorities are currently only allowing international organizations to bring food and pharmaceuticals into Gaza. Thus Hanan has a large quantity of essential and emergency medical equipment, health education booklets and other items awaiting entry into Gaza, for onward distribution to our clinic, hospital and community partners. Hanan and its partners are working to overcome these challenges, with some success. International team members continue to visit Gaza each week. Any other staff member who can cross into Gaza or from Gaza to the West Bank is doing so. In addition to continuing to work closely with USAID and the Israeli Defense Forces to secure transport of equipment and items into Gaza, Hanan has secured additional help in this regard from International Committee of Red Cross/Red Crescent Societies and the World Health Organization.

II. Looking ahead to 2008

A. Measuring results

As the Project moves into its final three months of program implementation, followed by another three months of close out, measuring results is a priority. Hanan captures results in three ways, namely total beneficiaries reached, activities undertaken, and outcomes achieved to date.

As of November 30, 2007 there have been a total of 352,714 beneficiary participants in Hanan's program activities. This figure is comprised of 190,329 women of reproductive age and 168,846 children under 5 years of age. Currently, the Hanan Project is providing comprehensive technical assistance to 122 clinics and hospitals, exceeding the project target of 80. Through the end of August 2007, a total of 263,142 beneficiaries were indirectly reached with improved quality services provided by clinic staff members who had received training and technical assistance from Hanan.

A cumulative total of 1965 clinic professionals have received formal and on-the-job training on maternal and child health and management topics. Hanan still hopes to reach its target of training 3298 professionals by the end of the Project. Over 29,000 knowledge promotion activities, exceeding the target of 4,000 activities by six-fold, have reached 83,826 women of reproductive age; 17,062 children under 5 years of age; and 52,866 family members. The Project has launched 20 media products, exceeding the target of 10 products. Additionally 622 staff members of non-government and community-based organizations have been trained on how to influence positive behavior change at community level.

To date, the Project has procured approximately \$1,731,000 in medical and non-medical equipment to support maternal and child health service provision in clinics, hospitals and communities throughout the West Bank and Gaza. Additionally, Hanan has delivered urgently needed maternal and child health related medical equipment and spare parts, valued at approximately \$1,278,000, to non-government hospitals in both the West Bank and Gaza.

The intensification of Hanan activity implementation throughout the year is reflected in an acceleration of program expenditure. At the beginning of the year, 34% of the budget had been expended for 57% of Project time passed. As of 30 November 2007, 69% of the budget had been expended for 86% of Project time passed. These figures reflect actual expenditures. With existing budget commitments, Hanan is now well placed to spend its obligated funds by the end of the Project.

Data gathered through Hanan's 2005 and 2006 household surveys, carried out in Hanan intervention sites, provide outcome measurements for five months of community program implementation in the West Bank. Mothers' ability to identify five danger signs of pregnancy increased from 2.2 to 26.7%. Their knowledge of anemia prevention methods increased from 8.3% to 25.8%. Their knowledge regarding the symptoms of both diarrhea and acute respiratory infections increased from 6.6% to 15.2%.

Almost 50% more mothers testified to exclusively breastfeeding their infants under six months of age, and the proportion of mothers exclusively breastfeeding their 5 month-old infants jumped to 43% from just 5%, implying that after the intervention mothers were much more likely to breastfeed exclusively through the sixth month. A similar change is evident in the 44% drop in diarrhea cases among children in the two weeks preceding the survey.

Further analysis of the data suggests that provision of counseling is associated with improvements in knowledge. In the case of breastfeeding, for example, large increases in the number of respondents receiving counseling on the subject are paralleled by substantial improvements in the number of respondents correctly identifying the age at which to introduce fluids and foods to infants. Among all survey respondents, children of mothers that had not received counseling or information regarding diarrhea suffered from the disease 50% more than children of mothers that had received information.

During the second half of the year, Hanan supported a post-test study of 2,000 pregnant and postpartum women and mothers of children under 5 years of age, living in 58 West Bank and Gaza communities where the Project carried out communications interventions, including broadcasting of radio plays, theater productions and distribution of a children's activity book. The study provided an opportunity to better understand respondents' media use habits, and to measure their exposure to Hanan's communications activities. Respondents' recall and comprehension of key messages conveyed through the activities, and their perceived usefulness and application of the messages, were also captured.

The data show that Hanan's radio plays reached an estimated 14% of the population, corresponding to approximately 12,115 women of reproductive age. Of these women, two-thirds (or an estimated 8,020) recalled at least one message promoted in the plays. Of those who recalled at least one message, 62% (or an estimated 4,991 women) actually adopted a new practice as a result of the radio plays. It was estimated that 8,830 households in the target population received Hanan's children's activity book, and 40% (or an estimated 3,532) of mothers or their children in these households adopted a new practice related to the book's

content. Overall, an estimated 2,901 women or their children were exposed to a theatre performance. Two-thirds (1,934) of these respondents said that they or their children adopted new health practices as a result. Overall, respondents exposed to communications interventions demonstrated higher levels of knowledge related to antenatal care, postnatal care and breastfeeding than those not exposed to the interventions did.

The Project is looking forward to completing a final household survey early in 2008, in order to determine if similar positive outcomes have been achieved from Hanan's broader program of interventions throughout the West Bank and Gaza.

B. Documenting and sharing Hanan's achievements

Implementing Hanan's communications plan is another priority to be carried forward in 2008. During the second half of this year, five success stories on Hanan's work with clinic partners in the West Bank and Gaza have been produced and shared with target audiences. These stories were posted on the USAID Mission, JSI and ANERA websites. Pictures from the Project were also shared with the Mission for posting on their website. The work of Hanan team member Tasneem Atarah was profiled on the JSI website.

A representative of USAID's *Frontlines* magazine visited Hanan's partner clinic in Jiftlik in order to interview providers and clients and learn about the contribution of Hanan and other USAID Project partners to the clinic. The Project is currently working with BBC correspondent Tim Franks to develop a story on the maternal and child health situation in the West Bank and Gaza, and how Hanan and other partners are responding to it.

Recently JSI assumed responsibility for the construction and maintenance of the Hanan Project website. Updated content is being finalized and will be posted on the newly constructed site by early next year. This new platform will allow for the website to remain open beyond the life of the Project, so that professionals and the public can continue to access Project resources, results and information.

A second Project meeting was held on 29 October 2007. Approximately 190 partners and stakeholders attended in the West Bank and Gaza. The meeting provided an important opportunity for Hanan and its partners to share and receive feedback on their activities, outcomes and accomplishments, and technical approaches. In general feedback was very positive and also useful to our continuous efforts to strengthen our activities and approaches. In the West Bank, His Excellency Minister of Health Dr Fathi Abu Mugli opened the meeting, and the Director General of Primary Health Care, Dr As'ad Ramlawi, presented on the Ministry's current work with Hanan.

A third and final Project meeting is planned for the spring of 2008. Hanan's final results and lessons learned will be presented. Participants will have the opportunity to discuss how Hanan has made a difference and how future activities could build upon this legacy. A special publication, summarizing Hanan's results and program approaches, is being prepared for distribution at the meeting.

C. Institutionalizing and sustaining interventions

A third priority for 2008 is to continue to think through with partners how they can institutionalize and sustain successful Project activities and approaches. To this end, Hanan is meeting regularly with the organizations that operate partner clinics, including Palestinian Medical Relief Society, UNRWA, Patient Friends Benevolent Society, Near East Council of Churches and Lutheran World Federation. Decision makers from these organizations have expressed interest to adopt Hanan's approaches and tools within their own systems, in order to strengthen clinic management and build client satisfaction into the future.

At partners' request, Hanan undertook a number of initiatives to help them to address institutional challenges or strategic challenges to clinical service provision. One partner, UNRWA, is challenged by severe overcrowding in many of its clinics. Hanan helped UNRWA in the West Bank to analyze data collected as part of a client flow study and to present the data, along with findings and recommendations, to UNRWA senior and district health officers. As a next step, Hanan will assist UNRWA by training clinic staff on how to conduct a client flow study and how to analysis the data. UNRWA intends to conduct such studies in a number of its clinics across the West Bank and present the findings and recommendations, as a basis for making any needed operational or policy changes to address overcrowding in clinics.

Another partner, Caritas Baby Hospital, requested that Hanan conduct an independent assessment of its Rural Health Preventive Medical Center. Since 1990, the Center has provided a comprehensive package of maternal and child health and social work services to the people of Nahhalin village, near Bethlehem. The assessment documented the Center's successes, achievements and lessons learned, and gave recommendations regarding Caritas' future provision of primary curative and preventive services.

Hanan's community program partners would like to continue program activities after the Project ends. Each partner has unique capacities and structures. Each envisions differently how it will incorporate community program activities into its ongoing work. PMRS, for example, would like to develop community mobilization as an integral part of its ongoing activities and will address this in its next organizational strategic plan. In Gaza, PCHRD would like to build a maternal and child health 'center of excellence', which incorporates community program activities and learning. Hanan is working closely with each partner to help it realize its particular vision.

Finally, with USAID concurrence, Hanan would like to distribute widely 'master copies' of its communications products, and to facilitate further discussion with partners as to how these products could be used in their ongoing or planned activities.

Conclusion

In sum, 2007 has been a year of intensive implementation for Hanan and its partners. The fruits of this effort can be seen in our increased levels of program activity, increased program coverage, innovative initiatives and accelerated budget expenditure. Most importantly, preliminary maternal and child health outcomes are encouraging.

For 2008, we hope to measure additional outcomes from all aspects of our program. As the Project comes to an end, we look forward to sharing widely our results and achievements. We stand ready to share our experience, insights and lessons learned in order to facilitate any future responses to the health and nutrition needs of Palestinian women and children. In the meantime we will be doing all that we can to consolidate Hanan's unique and effective program approaches into our Palestinian partners' important and ongoing work.

Dr Anne Scott
7 December 2007