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SUPPORT TO THE MINISTRY OF HEALTH PRIMARY HEALTHCARE CLINICS

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT

SHORT-TERM TECHNICAL ASSISTANCE REPORT

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Short-Term Local Professional Consultant
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CONTENTS

Acronyms 3
Abstract 4
Summary of Recommendations 5
Section I: Introduction 6
Section II: Activities Conducted 7
Section III: Findings, Challenges, Recommendations, and Next Steps 8
Annex A: Scope of Work 10
Annex B: Consultant CV 15
Annex C: Bibliography of Documents Collected and Reviewed 17

ACRONYMS

BCC	Behavior Change Communications
CBO	Community Based Organization
CCA	Champion Community Approach
DM	Diabetes Mellitus
HFA	Health Facility Assessment
HIS	Health Information System
HTN	Hypertension
GP	General Practitioner
IPC	Infection Prevention and Control
MOH	Ministry of Health
NCD	Non-Communicable Diseases
NGO	Non-governmental Organization
OJC	On-the- Job Coaching
SOW	Scope of Work
PHC	Primary Healthcare
SOC	Standards of Care
STTA	Short-Term Technical Assistance
USAID	United States Agency for International Development

ABSTRACT

Improving the quality of health services at the primary healthcare (PHC) level is fundamental to strengthening the health system as a whole. The Palestinian Health Sector Reform and Development Project (the Project) worked with the Ministry of Health (MOH) PHC network in Hebron and Southern Hebron directorates through an approach that is holistic, integrated, and comprehensive. In line with this approach, this consultancy aimed to strengthen, improve, and sustain the quality of essential PHC services.

This report presents the summary of activities and findings from the short term technical assistance (STTA) provided by Dr. Suheil Aqabneh, the PHC Field Coordinator for the Project.

This assignment has been achieved through a variety of interventions including training, introduction of protocols and guidelines, supportive supervision, behavior change communications (BCC),community mobilization, assistance in the procurement of equipment and supplies, and in the implementation of the health information system (HIS) in a select number of clinics.

The overarching goal of these activities was to build capacity within the MOH to promote quality of care at the PHC level.

SUMMARY OF RECOMMENDATIONS

- Brief Dr. Assad Ramlawi, MOH Director General of PHC and District Directors on key content areas of the PHC approach and on the importance of institutionalizing activities for sustainability.
- Continue to roll-out the Champion Community Approach (CCA) and the Project's PHC Approach to other clinics.
- Conduct of health facility assessments (HFA) by MOH supervisors and support the clinic teams in creating the quality improvement plans for each facility.
- Follow up on the implementation and the application of the standards of care (SOC) for non-communicable diseases (NCDs). A copy of the SOC is available in each clinic to all physicians and providers.
- Expand formal and non- formal training with topics to be developed in accordance to SOC content.
- Support the Director of Nursing for PHC to institute performance improvement and supportive supervision concepts within all nursing orientation sessions.
- Expand the community-clinic linkages and encouraging civil society support to improve PHC services.

SECTION I: INTRODUCTION

The Palestinian Health Sector Reform and Development Project (the Project) is a five-year initiative funded by the U.S. Agency for International Development (USAID), designed and implemented in close collaboration with the Palestinian Ministry of Health (MOH). The Project's main objective is to support the MOH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

In order to achieve results with the implementation of the Project's integrated approach in the Hebron directorate, the consultant focused on:

1. Supporting the creation of a model for non-communicable disease services at selected PHC clinics.

2. Raising the capacity of clinic staff in proper management of NCDs, especially diabetes mellitus (DM) and hypertension (HTN), through formal training or during on-the-job coaching (OJC) sessions.

3. Enhancing the skills of supervisors at the district level, strengthening the monitoring and supportive supervision component of all supervisors' work during their visits and introducing appropriate check lists.

4. Working regularly with nurses, community health workers and other MOH clinical staff, in order to implement Infection Prevention and Control (IPC) protocols.

5. Help in the selection process, assessments and the planning phase for all targeted clinics and communities to implement the CCA.

6. Support in the coordination for meetings and dialogue between the MOH, non-governmental organizations (NGOs), community-based organizations (CBOs), and academic institutions, if needed.

SECTION II: ACTIVITIES CONDUCTED

The consultant conducted activities among targeted clinics in Hebron and South Hebron districts. Clinics in the Hebron Health Directorate included:

1. Ein Sara
2. Bani Neim
3. Beit Ummar
4. Nuba
5. Kharas
6. Tarqumia
7. Idna
8. Wadi Al-Rim

Clinics in the South Hebron Health Directorate included:

1. Ruq'a
2. Yatta
3. Deir Samit
4. Dura
5. Al-Thahrieh
6. Beit Awa
7. Al-Ghwieta
8. Humeidah Al-Najadah

Regular visits were made by the consultant with the purpose of implementing the SOC for NCD and IPC. Sessions included OJC, meetings, training and various types of coordination necessary to implement activities. Partners were physicians, nurses, community health workers, pharmacists and lab technicians in several clinics and also included MOH directors, supervisors and managers of various PHC units within the two directorates.

Activities conducted by the consultant included:

- Supported local MOH teams in conducting HFAs for all clinics.
- Met with the PHC and Secondary Health Care staff in Hebron and Bethlehem Directorates to follow up on the Project activities.
- Coordinated meetings between health centers and the clinic boards in targeted communities.
- Supported the selected CBOs in the recruitment of coordinators and community health workers for the implementation of the CCA.
- Supported the community team in the implementation and day to day observation of their activities.
- Conducted formal training in various topics (IPC, NCDs, Basic Life Support, etc.)
- Provided OJC to both doctors and nurses and other staff in the above mentioned topics.
- Provided weekly reports on the implementation of the activities.
- Attended all meetings with the Project's PHC team and planning sessions with the MOH.

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SECTION III: FINDINGS, CHALLENGES, RECOMMENDATIONS, AND NEXT STEPS

A. Findings

- The patient medical record does not support efforts towards improving the quality of services provided to patients with NCDs.
- Patient files lack necessary information relating to NCDs. These records contain only medicines prescribed and rarely include actions or findings for each visit.
- For most physicians, some theoretical knowledge is present, yet practical skills are lacking.
- Knowledge about prevention and examination is often not used in the clinics due to lack of time or priority.
- Most nurses' knowledge of prevention concepts are more up to date than the doctors.
- Physicians struggle with finding time to conduct physical examinations and deliver preventive messages.
- Most of the patients with NCDs visit the clinic to take the treatment (drugs) only. In many other cases, patients get drugs by sending one of their relatives to bring the medicine.

B. Challenges

- Clinics are overloaded with patients, especially in the morning
- Short working hours in some clinics for the doctors. PHC doctors' schedules are ever changing and not always consistent, as they work in various locations around the directorates. In turn, patients are unaware of when the doctor will be in the clinic.
- Lack of commitment or interest by some general practitioners (GP).
- Shortage of staff and the lack of alternatives
- Lack of continuity of care; patients are followed up by more than one GP.
- Medical records at the PHC clinics do not contain the necessary information related to NCDs (do not support NCDs protocols).

C. Recommendations

- Continue providing MOH physicians access to the SOC for NCDs. Provide each MOH clinic with a hard copy of the SOC and/or facilitate access to the soft copy.
- Continue to organize formal training on NCDs according to the SOC for all physicians and nurses involved in NCD care.
- Facilitate the provision of formal training for all physicians on the prevention, diagnosis, and treatment of the diabetic foot.
- Further develop the national protocol for foot care in diabetic patients, in cooperation with other institutions such as Augusta Victoria Hospital in Jerusalem, the Center for NCDs in Ramallah, and Al Najah University in Nablus.
- In cooperation with the directorates, strategize and create a plan to organize "supportive supervision" for doctors that will follow up on and replace the OJC sessions and support the implementation of the SOC.
- Establish an effective appointment system for patients with NCDs in targeted clinics.
- Organize ongoing education sessions for patients, family, and community health care workers that are conducted in every MOH clinic to increase awareness about NCDs

and their complications. Educational sessions should be introduced to patients during the waiting period.

- Ensure the proper usage of equipment procured or the selected clinics such as electrocardiogram machines.
- Provide needed supportive services including necessary lab tests or medications within the Essential List of Drugs that make the implementation of the NCD SOC possible.

D. Next Steps

- Coordinate with other stakeholders through the NCD thematic group to organize the formal training on NCDs (i.e., schedule, content, and targets).
- Continue to work with CBOs and strengthen the linkages between clinics and community activists to overcome local challenges.

ANNEX A: SCOPE OF WORK

Short-Term Consultancy Agreement Scope of Work
SOW Title: PHC Field Coordinator
Work Plan No: Technical, C. 01. , 02
SOW Date: 3/6/2011
SOW Status: FINAL
Consultant Name: Dr. Suhail Aqabna
Job Classification: Short-Term Local Professional Consultant
Reporting to: Dr. Daoud Abdeen, Director of PHC

I. Flagship Project Objective

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project supports the MoH in implementing health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the MoH will strengthen its dual role as a regulator and main health service provider. The Flagship Project also focuses on improving the health status of Palestinians in priority areas to the MoH and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

II. Specific Challenges to Be Addressed by this Consultancy

The health services in West Bank are fragmented and lack proper follow up, in many places there is no coordination among various providers, weak quality in services especially in emergency and non- communicable diseases, no communication between different levels of MoH (primary-secondary) And absence of community participation.

Therefore the consultant will be involved in:

Improving the quality of health services at the primary healthcare level (PHC) is fundamental to strengthening the health system as a whole. The Flagship Project works with the MoH, NGO health service providers, educational institutions and communities to strengthen, improve, and sustain the quality of essential clinical services.

The Flagship Project's approach to health sector reform is holistic, integrated, and comprehensive. The Flagship Project adopts an approach to strengthen, improve, and sustain the quality of essential PHC services. Improving the quality of PHC does not happen within the clinic, without involving the surrounding community. On the contrary, the Flagship Project supports the dynamic and continuous interaction between health facilities and their communities in order to assure sustainable, relevant and responsive health programs that actively mobilize the participation and resources of the community and others involved.

The Flagship Project is starting the implementation of its integrated approach in the Hebron directorate. In order to achieve great results, the help of a consultant is needed to assist in the implementation. The consultant will represent the Flagship Project in Hebron, arrange meetings, coordinate and meet with the MoH, NGO's, community workers and academic institutions if needed. The need for continuous coordination and follow up to assure systematic approach to reform and development is essential to the success of the Flagship Projects' objectives.

III. Objective and Result of this Consultancy

This consultancy is expected to strengthen linkages between the clinic and MoH, hospitals, communities, schools, civil society, private sector, and other sectors (e.g. environment, water and sanitation, agriculture, etc) to actively mobilize participation and resources.

- It will strengthen capacity of health and non-health professionals working within the clinic and community in management, leadership, financial management, community involvement, and advocacy, in addition to essential technical health issues (e.g. guidelines and protocols).
- Conduct health facility assessments jointly with MoH supervisors and help the team in creating the quality improvement plans for each facility
- Improve quality of PHC services through a holistic composition of interventions including training, development and upgrading of protocols and guidelines, supportive supervision, behavior change communications, procurement of equipment, supplies, pharmaceuticals, health information systems.
- Provide on the job coaching at the facilities and at the directorate.
- Help our teams in monitoring the improvements in different areas.

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IV. Specific Tasks of the Consultant

Under this Scope of Work, the Consultant shall perform, but not be limited to, the specific tasks specified under the following categories:

A. Background Reading Related to Understanding the Work and Its Context. The Consultant shall read, but is not limited to:

- Work Plans for year 1-3, highlight Y3.
- MoH Institutional Development Plan (IDP) (and any updates)
- Flagship Contract Section C
- Performance Management Plan

- Annual report from year 1, 2
- Most recent quarterly report

B. Background Interviews Related to Understanding the Work and Its Context. The Consultant shall interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:

- Kirk Ellis, Acting COP
- Dr. Jihad Mashal, Acting DCOP and Focus Area C Director
- Dr. Daoud Abdeen, Focus Area C Director
- Ms. Rebecca Sherwood, Focus Area A Director
- Yasir Harb, Focus Area B Director
- Nadera Shibley, Focus Area E Director
- Dr. Salem Jaraiseh, Manager Quality Assurance
- Ms. Wafa Shikaki, Program Officer PHC
- Ms. Randa Bani Odeh, Manager, CBH

C. Tasks Related to Accomplishing the Consultancy's Objectives. The Consultant shall use his/her education, considerable experience and additional understanding gleaned from the tasks specified in A. and B. above to:

- Assess the actual situation in the clinics through the HFA
- Develop in close collaboration with the team on quality improvement plans
- Meet with the Primary Health Care and Secondary Health Care staff in Hebron and Bethlehem Directorates to follow up on the Flagship Project activities.
- Strengthen the relationship between the health centers and the clinic boards in targeted communities and support recruited community health workers in implementing the community action plan and work with the selected CBOs to overcome challenges that arise during the implementation of the "Championship approach."
- Ensure the implementation of the Standards of Care.
- Ensure the dissemination of the BCC material in the most effective way.
- Ensure the proper usage of equipment procured to the selected hospitals and clinics in the district.
- Ensure follow ups on the quality improvement plans
- Conduct formal training in various topics (Infection Prevention and Control, NCDs, basic life support….etc)
- Provide on the job coaching (OJC) to both doctors and nurses and other staff in the above mentioned topics
- Provide weekly report on the implementation of the activities
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Flagship Project staff to revise the tasks and expected products to accommodate for the new priorities.
- In addition to the above-listed tasks, the Flagship Project welcomes additional contributions and creative ideas in support of the Flagship objectives.
- Consultant shall not provide advice or carry out activities that are, or could be construed as, the practice of medicine

V. Expected Products.

Day to day follow up on the implementation of the activities (arranges for meetings, conduct Health Facility assessment, develop quality improvement plans, conduct formal training and OJC

- Ensure and encourage the MoH supervisors to implement supportive supervision
- Ensure proper use of equipment
- Monthly schedule for work
- Weekly report on activities
- Meeting minutes
- Ensure proper and collaborative relationship with the community coordinators and other members of the team

VI. Timeframe for the Consultancy.

The timeframe for this consultancy is on or about 4/3/2011 and will conclude on or about 1/31/2013.

VII. LOE for the Consultancy.

The days of level of effort is a maximum of 160 days, working 5 days a week, during opening hours, say and responsible to attend meetings in Ramallah or any place requested by the team leader/ component director.

VIII. Consultant Qualifications.

The Consultant shall have the following minimum qualifications to be considered for this consultancy:

Educational Qualifications

- Graduate degree in nursing or a related healthcare field

Work Experience Qualifications

- A minimum of 5 years' experience working within the health sector, and dealing with protocols and guidelines.
- Training and On the Job Coaching skills, including the preparation of training materials and training aids
- Knowledge and experience in healthcare services, local communities, and social structure of Palestinian communities, in the West Bank and Gaza.
- Ability to work with and communicate with a wide variety of people.
- Excellent oral and written communication skills.

- Excellent writing and communication skills in English and Arabic, including windows programs.

VII. Other Provisions.

This Scope of Work document may be revised prior to or during the course of the assignment to reflect current project needs and strategies.

ANNEX B: CONSULTANT CV

Suhail M. A .AL-Salam Aqabna, MD
Kharass -Hebron
Palestine

Phone#: 972-2-2586046
Mobile: 970-599-870-175 Marital Status: Married
Email: suheil_05@yahoo.com

Education:

- Medical Doctor/General Practitioner Degree. Russian People Friendship University, Moscow, Russia. 1991-1999
- High school Diploma (Tawjehe), Tarqumia, Hebron, 1990.

Continuing Education:

- Diabetes management training course Mid-Hudson Family Health Institute January 03 – February 25 2006, Kingston Hospital, USA
- Primary Health Care Training, (3 months) Ramallah, March -May 2004 (PMRS) Ramallah
- Pre-hospital Advanced Life Support, Protocols, procedures, and Policies Training Course Feb. - May 2003
- Attended the 6th Annual Congress Palestine Derma 12 -13 – April 2007.
- Certificate in Effective Communication (Effective Communication for changing – 24 credit hours 17-22 Feb \2007
- Implementing Work Protocols in Women & Children Health Care, Community Mobilization – 92 credit hours
- "HANAN" Project – Mother & Child Health Care & Nutrition
- Training of Trainers at Hanan Project Ramallah; Palestine
- Mental health course for one year Juzoor Foundation for Health and Social Development July 2007- June 2008.
- Project Management course Ritaj for Managerial Solutions 100 hours January 2010- July 2010.
- Attending of 46th EASD (European Association for the Study of Diabetes) annual meeting 19-24 September 2010 in Stockholm

Work Experience:
April 2008- Nov.2010 Supervisor for chronic disease program in PMRS
- Monitoring and Evaluation
- Reporting
- Coordination

June 2006 – April 2008 PMRS Community Mobilization Project Hebron, Palestine

- HANAN Community Mobilization Project Officer/Supervisor for the District of Hebron
  - Monitoring and Evaluation
  - Reporting
  - Coordination
  - Overall management of the project at the district level.

Nov. 2003 May 2006 Palestinian Medical Relief Ithna Clinic Hebron, Palestine

- Leader of all Diabetes Care programs at PMRS in the district of Hebron in the West Bank
- Trainer: Training of GPs, Nurses, and Community Health Workers in ARI, CDD, and Diabetes prevention and management.
- Lifestyle Management of Chronic Disease Conditions
- Lifestyle management for the prevention of Chronic Diseases
- Treatment of Diabetes Patients

Jan.2000- Nov.2003 Palestinian Medical Relief Society Hebron, Palestine

Supervising Physician of Mobile Clinic

- Mobile Clinics Team Leader and activities coordinator in various villages
- Chronic Disease Screening (Diabetes, Hypertension, & Cardiovascular Diseases)
- Health Educator: Chronic Disease Health Education and awareness raising to local communities

Languages:

- Arabic: Mother Language
- English: Fluent
- Russian: Fluent

Other Activities:

- Regular Participation in health seminars, health conferences, and raising awareness campaigns in Chronic Diseases especially Diabetes.

1. A member at Healing Across the Divides Healing Across the Divide (an American not for profit organization) assists Israeli/ Palestinian health care organizations
   - To improve the health of Israelis and Palestinians,
   - document that health has, in fact, improved and/or the barriers to improvement from a health and human rights perspective have been removed
   - bring the barriers to improvement to the attention of policymakers in the US and Europe

References: Available upon request

Norbert Goldfield, M.D.
Executive Director Healing Across the Divides, Inc
203-314-5621

ANNEX C: BIBLIOGRAPHY OF DOCUMENTS COLLECTED ANDREVIEWED

C1. Project Implementation Plans
C2. PHC Approach
C3. Health Facility Assessments
C4. Standards of Care