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International Science and Technology Institute, Inc.

REPORT ON
NEGOTIATION AND FACILITATION OF
TIHAMA PRIMARY HEALTH CARE PROJECT

A Joint
Yemen Arab Republic
and
U.S. Agency for International Development
(Contract No. PDC-1406-I-03-4068-00)

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By:
Co-Facilitators
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LIST OF ACRONYMS

CPO	Central Planning Organization
CRS	Catholic Relief Services
EOP	End of Project
EPI	Expanded Program of Immunization
GDO	General Development Office/USAID
HHO	Hodeidah Health Office
HIM	Health Manpower Institute
HPN	Health Population and Nutrition
ISTI	International Science and Technology Institute
LBA	Local Birth Attendant
LDA	Local Development Association
MOH	Ministry of Health
MSH	Management Sciences for Health
NE/TECH	Near East Office of Technical Support
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PHCW	Primary Health Care Worker
TBA	Traditional Birth Attendant
TPHCP	Tihama Primary Health Care Project
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YAR	Yemen Arab Republic
YARG	Yemen Arab Republic Government

EXECUTIVE SUMMARY

BACKGROUND AND SCOPE OF WORK

Pursuant to the recommendations made by the External Evaluation Team Report on the Tihama Primary Health Care Project, a Joint Yemen Arab Republic and USAID Project on April 30, 1985, Dr. Ahmed A. Moen, International Health Consultant, ISTI and Dr. Yassin Abdul-Wareth, Director General of Planning, Follow-Up and Statistics, MOH/YAR have been designated as Co-Facilitators in order to assist all participants in the project to discuss the findings and outstanding issues enumerated in the Joint Report by convening problem solving work sessions in the Yemen Arab Republic. The present report covers the negotiation and facilitation period from August 1 through September 30, 1985.

In view of the above background, two agendas covering the preliminary and final work sessions were developed in collaboration with the designated representatives of the Ministry of Health, YAR, USAID, MSH, and TPHCP Staff. These two meetings covered four major discussion areas:

1. Clarifying and defining project objectives, program priorities, strategies of implementation and direction of TPHCP within MOH national PHC plans and policies.
2. Clarifying and defining channels of communication related to TPHCP in particular and MOH and USAID in general.
3. Reviewing PHC health manpower development and training programs within TPHCP as well as MOH general training policies, rules and regulations, governing travel costs, nomination, selection, training and appropriate placement of USAID international participants on completion of training.
4. Reviewing utilization patterns of technical assistance; expatriate and national consultants; Yemeni counterparts (technical and administrative staff) for the remaining life of the project (1985-87).

Combined methods of nominal group process technique and group consensus approach have been used to develop position papers which served as basis for drawing subsequent letters of understanding and an agreement text. All parties involved in the project took active parts in the formulation of the final agreement. The team spirit and common professional commitment of the participants towards primary health were two of the most important ingredients responsible for the success of all work sessions.

The participants have agreed on those issues tabled for discussion in the work sessions held at the project, governorate and central levels. The enclosed text of agreement was used as a term of reference for developing work plans for the remaining life of the project, 1985-87, (see Section VI (6) and Appendix VII of this report).

Three technical committees have been designated by the participants of the final work session. Their tasks will be to draw up the project work plans and strategies of implementation by the first week of October, 1985.

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The Co-Facilitators, moreover, concur with the terms of agreement reached in the final session which recommends, inter alia, that these three committees work on a permanent basis to oversee the implementation and follow-up results of the project. The proposed periodical reports and meetings should serve as basis to monitor the accomplishments and directions of the project in the remaining life of the project.

The Co-Facilitators also recommend that the channels of communication established for TPHC project should serve as an example for future communications and decision making processes between the Central Planning Organization, Ministry of Health and USAID in general; and between USAID and MSH or other sub-contractors in health projects.

CO-FACILITATORS' OBSERVATIONS AND RECOMMENDATIONS

Our observations and recommendations are a synthesis of private conversations, formal and informal individual and collective discussions with the decision makers and minutes of the work sessions held in Hodeidah and Sana'a. These observations will put the negotiation and facilitation efforts into constructive perspectives. Furthermore, these recommendations will highlight the most important and salient points worked out in the agreement coupled with the necessary actions required to implement the stated terms.

1. In order to facilitate periodic monitoring of the TPHCP, and sustain involvement of the decision makers at the ministerial, governorate and project levels, it is recommended that:

- 1.1 The three technical committees established to formulate the work plan at project, governorate and ministerial levels become permanent technical and advisory committees in order to facilitate communication and monitor the project on a regular basis.
- 1.2 The TPHCP Director should be responsible for convening (arranging) periodic meetings as designated in the work session agreement as regularly as possible.
- 1.3 The meeting sites should be alternated between Hodeidah and Sana'a in order to ensure optimal involvement and participation of the decision makers in project planning, implementation, monitoring and follow-up.
- 1.4 The channels of communication established for the TPHCP should be adequately observed and, wherever applicable, should serve as examples for future communications and decision-making processes between the Central Planning Organization, the Ministry of Health, USAID and its subcontractors in health projects.

2. In order to ensure full participation of all concerned parties, promote efficiency and effectiveness, and delineate administrative responsibilities, it is recommended that:

- 2.1 The TPHCP Director, in collaboration with MSH Chief of Party, should be responsible for the preparation of reports to be submitted to MOH on: a) project progress; b) financial management; and c) implementation and assessment of the technical assistance activities.
- 2.2 The MSH technical assistance team actively prepare all Yemeni project staff to gradually and progressively assume administrative and technical responsibilities as soon as possible.
- 2.3 The new technical advisors for training and strengthening of PHC referral system should be adequately qualified and with relevant development experience to achieve the tasks and functions as stated in their job specifications and scopes of work and should be able to prepare the Yemenis to assume technical and administrative responsibilities during the remaining life of the project in accordance with the present agreement.

3. The conferees recognize that the success of the project in the remaining part of its life depends largely on the active participation and collaboration of the TPHCP Director, the Chief of Party of MSH, the Health Officer of USAID and the Director of the Primary Health Care Section of the Ministry of Health. Their availability and accessibility to each other on a formal and informal basis to discuss technical and administrative matters are necessary preventive measures against undue future misinformation, miscommunication and misunderstanding. It is, therefore, recommended that:

- 3.1 The Director of the Primary Health Care Section of the Ministry of Health should continue taking an active role in assisting the TPHCP by providing policy guidance and appropriate technical directions to the TPHCP through the established advisory committees and communication channels stated in this agreement.
- 3.2 The TPHCP Director and MSH Chief of Party should share information on the external and national funding of TPHCP in order to provide a valid basis for costs analysis.
- 3.3 As much as possible the selection and appointment of expatriate and national technical and administrative staff should be determined by: an appropriate matching of manpower resources with health services needs; the expatriate potentiality to transfer appropriate technology to the Yemenis; and the efficiency and effectiveness of the Yemenis in sustaining the technical and administrative viability of the project beyond its present life.
- 3.4 The TPHCP should produce realistic staff development and training programs thereby indicating the time and stages in which educationally and practically qualified Yemenis should interface with the expatriate staff.

4. The TPHCP is in the process of preparing a work plan for the remaining life of the project (1985-87). The conferees recognize that one of the primary objectives of the TPHCP is institution building and strengthening the primary health care support system at national, governorate and project levels. The External Evaluation Team and the Co-Facilitators sought clarification of the project strategies in terms of implementing national health care policies and service priorities. The conferees examined the primary health care support systems from the view points of the Ministry of Health in Sana'a and via its countrywide established health center systems. With this in mind, the conferees supported the establishment of PHC management training at the central, governorate and project levels using project resources and training capabilities available within the technical assistance program. Taking into consideration that efforts and time expended on strengthening the three-tier management training and administrative systems should be commensurate with the primary objectives of the project which is the improvement of the Tihama primary health care delivery services at community level. Thus, MSH will simultaneously attempt to achieve these twin objectives using the limited project resources. It is, therefore, recommended that:

- 4.1 The MSH management training efforts at the project, governorate and central levels should be proportionately distributed based on the project resource availability. Priority should be given to strengthening basic primary health care management at operational levels.

- 4.2 The Ministry of Health should make use of the training opportunities provided by TPHCP to develop and strengthen its management capabilities on primary health care.
- 4.3 The TPCHP should be viewed as a model for testing and implementing innovative approaches to institution building and development of management systems that support health care services at primary, secondary and tertiary levels whereby the periphery receives utmost priority in resource allocation and support.

I. BACKGROUND OF TIHAMA PRIMARY HEALTH CARE PROJECT (TPHCP)

The Tihama Primary Health Project (TPHCP) is a Ministry of Health (MOH) project implemented in cooperation with technical assistance from Management Sciences for Health (MSH) and funded by US Agency for International Development (USAID). The existing project finds its roots in work initiated by Catholic Relief Services (CRS). In the late 1970's, CRS formally submitted an unsolicited proposal to expand and strengthen CRS's initiatives with the MOH in primary health care. The CRS/MOH project operated through 1982 at which time USAID cancelled funding to CRS due to unsatisfactory performance by CRS in fulfilling MOH policy. After a period of negotiations, MSH (previously a subcontractor to CRS) was invited by USAID to assume a technical assistance contract to support MOH's efforts in primary health care in Tihama. While much progress had been made at the service delivery level, the MOH and USAID jointly agreed early in 1985 that there was need for an independent external evaluation of the TPHCP. The evaluation aimed to:

1. Determine progress to date and to assess the likelihood of accomplishing all objectives by the project's completion.
2. Identify key factors related to past, present and future progress of the project.
3. Propose specific recommendations, as appropriate, to improve, strengthen and/or redirect the project; and to recommend solutions to specific issues which have been viewed to be intractable.

II. RECOMMENDATIONS OF EXTERNAL EVALUATION TEAM

A Joint External Evaluation Team conducted an evaluation of TPHCP from March 25 to April 30, 1985. The team recommended that work sessions be held to discuss and exchange views on important outstanding issues and to reach appropriate and practical solutions which would satisfy major participants in the project. The purpose of the workshop would be to:

1. Clarify and reaffirm sector goals, purpose of project, objectives (i.e. achievements which would indicate that purposes have been accomplished), outputs of project, and to issue a statement reaffirming major areas of project emphasis.
2. Clarify role of long term expatriate staff, their relationship to Yemeni project staff, the type of professional expertise desired, and to clarify job descriptions.
3. Clarify role of project consultants; i.e. how areas of consultant needs are established, how consultants are selected, how consultants will be used, and their relationship to Yemeni Staff.
4. Examine the USAID/YARG contribution to overseas participant training costs and time tables as appropriate.
5. Examine the USAID/YARG contribution to special support of overseas participant trainees with unusual financial needs.

6. Identify satisfactory communication channels and decision-making procedures for MOH and USAID. Identify how to utilize these channels and to establish timeframes for the decision-making process.
7. Discuss extent to which full time Yemeni staff can be obtained, and a time table for accomplishing provisions of full time staff.
8. Define type of commitment required of project staff receiving overseas training. Plan roles, responsibilities and positions and remuneration of staff after training.
9. Clarify extent of use of Yemeni consultants in project.

III. TERMS OF REFERENCE FOR CO-FACILITATORS

In response to the recommendations of the Joint External Evaluation Team and the USAID mission, work sessions were planned to be held in Sana'a in September.

Drs. Ahmed A. Moen and Yassin Abdul-Wareth were selected to be Co-Facilitators for the sessions. Pre-departure planning meetings were held in Washington and resulted in the following modifications of the job description found in Appendix VI.

The Co-facilitators would:

1. Assist participants to prepare for work sessions.
2. Act as coordinators of work sessions.
3. Provide institutional memory of External Evaluation Team, especially by the Yemeni Co-Facilitator, wherever appropriate.
4. Determine the most appropriate settings for work sessions.
5. Assist participants to develop position papers and prepare agenda for discussions in work sessions.
6. Guide work sessions so as to arrive at consensus or agreement on all outstanding issues.
7. Prepare written summaries of all proceedings of work sessions.
8. Prepare background papers as basis for formulating letters of understanding.
9. Prepare guidelines from the proceedings of work sessions to serve as work plan for the remaining life of TPHCP (1985-87).
10. Report results of work sessions to MOH/YAR, USAID/Sana'a, AID/ Washington and MSH for proper implementation and follow-up.

IV. METHODS

The Co-Facilitators were Dr. Ahmed A. Moen, International Health Consultant, International Science and Technology Institute, Inc. (ISTI) and Dr. Yassin Abdul-Wareth, Director General of Planning, Statistics and Follow-Up, Ministry of Health, Yemen Arab Republic. Dr. Yasin also assumed the role of the Chairman of the Yemeni Work Session Team (See V and VI).

A. Stateside Planning Meeting

On August 1, 1985 a pre-departure planning meeting took place at ISTI, in Washington, D.C. During the meeting, those present reviewed the April 30, 1985 External Evaluation Team Report and its specific recommendations for a proposed work session. The aim of such a session would be to clarify the objectives of the TPHCP, to establish appropriate channels of communication, and to prepare the TPHCP Work Plan (1985-1987) for the remaining life of the project (See Appendix VII of External Evaluation Team Report).

Participants in the orientation were: Mr. Paul Hartenberger, Project Officer NE/TECH/HPN; Mr. David Levine, Planning Meeting Facilitator; Dr. Clayton Ajello, Chief of External Evaluation Team, TPHCP; Mr. Nihal Goonewardene, President, International Management Division, ISTI; and Dr. Ahmed A. Moen, Co-Facilitator, TPHCP. The form and substance of the meeting provided Dr. Moen with broad background knowledge of the TPHCP project and identified various individuals and organizations involved in the planning and execution of TPHCP since its inception in 1980. Mr. Hartenberger and Dr. Ajello presented relevant information on the current progress of the project and its prospects in light of the findings of the evaluation team and feedback from the Ministry of Health, YAR, USAID/W and MHS.

Mr. Levine provided the framework for discussion and explained the strategies necessary to bring about a successful work session in Yemen. In general, Dr. Moen expressed his satisfaction with the format of the meeting and praised the collaborative efforts of the participants.

The pre-departure planning meeting was very useful in putting the history and development of the project into proper perspective. It also familiarized the facilitator about expected negotiation strategies and desired outcomes. The approach followed in the State-side meeting was commendable and, with appropriate modifications, should be replicated prior to the assignment of individuals to similar project evaluation missions in the future.

B. In-Country Orientation

Upon his arrival in Sana'a, Dr. Ahmed A. Moen, Co-Facilitator and International Health Consultant, ISTI, contacted Dr. Yassin Abdul-Wareth, Co-Facilitator and Director General of Planning, Statistics and Follow-up, MOH, Sana'a, Ms. Lee Feller, Health Officer, USAID/Sana'a, and Dr. William Emmet, Chief of Party, MSH/Sana'a. As a matter of procedure, Dr. Moen shared with Dr. Yassin some relevant and appropriate information generated

from the discussions and briefings in Washington and suggested strategies for accomplishing the objectives of the mission. Thereafter, it was possible to expand on the proposed strategies by soliciting and incorporating Dr. Yassin's personal contributions, elaborations and observations in light of his dual role as a member of the External Evaluation Team and as a Co-Facilitator. This mutual trust resulted in several modifications to the original strategy. The time table and agenda of all work sessions were jointly developed and approved by all concerned parties. Moreover, the timing of the work sessions was planned based on the availability of key participants in the country.

Ms. Lee Feller, Health Officer, USAID/Sana'a was particularly helpful in organizing and providing all necessary logistics and communication support for the Co-Facilitators in Sana'a and Hodeidah. Dr. Abdul Karim Al-Juneid, Director of Hodeidah Health Office; Dr. Abdul Halim Hashim, Director of TPHCP, Dr. William Emmet, Dr. Don Chauls, Dr. Fred Hartman, Mr. Tim Irgens and other MSH Team members were also supportive in formulating the agendas of the preparatory session in Hodeidah and the final work session in Sana'a.

C. Official Contacts in Yemen

Dr. Yassin and Dr. Moen were able to establish official contact with officials of the Ministry of Health and USAID/Sana'a immediately after Dr. Moen's arrival to Yemen on August 6, 1985. The following officials of the Ministry of Health and USAID/Sana'a were always available and accessible to the Co-Facilitators, often on short notice, on a formal and informal level. Their heightened interest in accomplishing the objectives of the project as a model for collaborative technical assistance and as an innovative primary health care project within the Yemeni national strategy for Health For All By Year 2000 were obvious and became important ingredients for the success of all work sessions. Their wise direction, guidance, and moral support contributed to the success of the sessions. They were: H.E. Dr. Mohammed Al-Kebab, Minister of Health, H.E. Mr. Ali Ismail Al-Oleify, Deputy Minister of Health, Dr. Ahmed Al-Hammami, Director General, Division of Medical and Health Services, Dr. Mohammed Hagar, Director General, Division of Health Services Administration, Mr. Khalid Abdul Rahman Al-Sakkaff, Director, International Health Affairs, Dr. M.A. Barzagar, Acting WHO Representative, Mr. Fritz Weden, Jr., Director, USAID/Sana'a, Mr. Michael Lukomski, Deputy Director, USAID/Sana'a, Mr. Bobby Allen, Acting Deputy Director, USAID/Sana'a, Mr. Howard Thomas, GDO/Sana'a and Ms. Lee Feller, Health Officer, USAID/Sana'a. The presence of Dr. Fred Hartman, Vice President, International Health, MSH/Boston and Dr. Don Chauls, MSH/Boston during preliminary negotiations and subsequent work sessions was timely and exceptionally helpful.

The contributions of Dr. Abdul Karim Al-Juneid, Director, Hodeidah Health Office, Dr. Abdul Hafez Saleh, Deputy Director, Hodeidah Health Office, Dr. Abdul Halim Hashem, Director, TPHCP and MHS project staff certainly broadened our negotiating perspectives and provided the participants with detailed knowledge about TPHCP performance and communication patterns. Their participation and contributions to these sessions were extremely valuable in terms of determining the future directions of TPHCP.

D. Preparatory Work Session in Hodeidah

A preparatory work session including introductory discussions of the major recommendations of the External Evaluation Report (Appendix VII) was held in Hodeidah from August 12 to 14, 1985. This meeting involved all parties participating in the project implementation in Hodeidah. The Hodeidah Health Office Director and his Deputy, TPHCP Director, MSH staff, and USAID Health Officer took active parts in formulating most of the preliminary position papers, preparing outlines for letters of understanding, identifying project health priorities; providing guidelines for utilization of technical assistance and consultants, and developing a preliminary outline of the work plan for the remaining life of the project.

The Co-Facilitators used the nominal group process technique and group consensus approach in order to agree on issues affecting project direction, objectives, channels of communication, health priorities and training in Tihama. The success of these discussions reflected the personal commitments of all participants toward primary health care as a national strategy for Health for All By Year 2000. The participants agreed that specific programs should be developed giving priorities to the six childhood immunizable diseases, malnutrition, diarrheal diseases control (including oral rehydration), maternal health care and child spacing.

Taking into consideration the importance of controlling other infectious and communicable diseases, such as malaria and schistosomiasis, and of improving environmental health and sanitation, the participants agreed that the limited project resources would best be utilized if appropriate methods of health interventions were integrated into the training of PHC and not handled as separate and specific service programs in the remaining life of the project. The Hodeidah Health Office, TPHCP Director and MSH Team, moreover, agreed to develop job descriptions for all key technical assistance staff and Yemeni counterparts and to take into account the importance of a systematic transfer of technology to the national staff as a means to assure the sustainability and replicability of the project.

These preliminary position papers and agreements developed in Hodeidah served as basis for reaching an understanding on what should be discussed at MOH and USAID levels during the final work sessions in Sana'a.

E. Bilingual Facilitations

The Arabic and English languages were used as official media throughout the negotiation phases and the proceedings of the work sessions. Arabic was the primary language used to develop all Yemeni position papers. This approach enabled the Yemeni Team to define its understanding of technical terms, project objectives, communication patterns as well as its relative perceptions of US technical assistance in primary health care within YAR and the MSH role in implementing the bilateral agreement as private sub-contractor.

The Arabic Yemeni position papers and letters of understanding were then translated into English and served as reference points for all participants. Moreover, simultaneous oral translation from Arabic to English

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and vice versa during the negotiating sessions proved to be an advantageous modus operandi in understanding the technical terms embodied in the project agreement and subsequent contracts with MSH. As a result, the vague meanings of some of the outstanding issues were redefined and put into proper perspective. The bilingual proficiency of the co-facilitators and most of the participants in the work sessions produced harmonious understanding and an appreciation of the diversified position papers.

6. Final Work Session

Based on the sincere desire for continuation of the project by all participants, a work session to discuss the remaining life of the project 1985-87 was held in Sana'a from September 3 through 9, 1985. (See Appendix I list of participants and Appendix II work session agenda).

The work session was convened under the auspices of Deputy Minister of Health, H.E. Ali Ismail Al-Oleify and in the presence of Mr. Fritz Weden, Director, USAID/Yemen. Weden opened the sessions with general remarks on existing YAR/USAID collaborative activities in Yemen. He pointed out the importance of continuing TPHCP since this project would be followed by other health projects (e.g. Child Survival including ORT, Family Health and Child Spacing) which and could serve as the basis for improving the quality of health services in Yemen. He expressed his sincere desire to support the TPHCP for the life of the project.

H.E. Mr. Ali Ismail Al-Oleify, Deputy Minister of Health addressed the session by reiterating MOH's adoption of Primary Health Care (PHC) as a national strategy to achieve Health for All By Year 2000 (HFA). He also emphasized MOH's sincere desire to support TPHCP by exerting its maximum effort to learn from past mistakes and to avoid similar mistakes in the future. He urged all participants to work hard to ensure maximum benefits from the project. He concluded his remarks by thanking USAID for providing technical assistance to the Ministry of Health.

Dr. Yassin Abdul-Wareth, Chairman of the Yemeni Team and Co-Facilitator, reviewed the recommendations of the External Evaluation Team.

Dr. Ahmed A. Moen, Co-Facilitator and International Health Consultant, ISTI, explained the agenda and objectives of the work session. He urged the participants to discuss all outstanding issues frankly and to reach an agreement which would result in developing an appropriate framework for continuation of the project.

V. AGREEMENT

After three days of extensive deliberation (September 3 through 5, 1985), the conferees produced agreements on the major issues recommended for discussion by the External Evaluation Team. The text of agreement (See Appendix VII) was written in Arabic and follows in its English translation:

The parties involved in the final work session have agreed to the following.

A. Major Goals, Objectives and Priorities of the Project

1. Project Goal:

To improve the health status and health services of Tihama within the PHC policies and guidelines of the MOH as a means to assist the YARG and the Yemeni people.

2. General Purpose:

To establish a functioning PHC system in the Tihama with adequate support by the MOH and the community, conforming to MOH/PHC policies and guidelines.

3. General Objectives:

3.1. To provide integrated, and clearly specified, PHC services in the Tihama area based on identification of health problems which can be realistically solved by the limited personnel of the project; to specify the nature and scope of PHC activities for each health problem; to integrate systems of financial management, training of trainer/supervisors, in-service training, supervision and technical guidance; and to improve logistics and information systems.

3.2. To use TPCHP as a pilot site for training purposes, field implementation for trainer/supervisors, and the transfer of appropriate training and practical technology in collaboration and coordination with Health Manpower Institute (HMI).

3.3. To prepare and qualify an adequate pool of Yemeni expertise capable of managing and monitoring the project and improving PHC in Yemen, thus assuring project sustainability.

3.4. To achieve a significantly expanded pool of expertise within the MOH for primary health care policy development, central and mid-level management and administration, and training of trainers; and to establish preliminary estimates (based on actual experience) of the costs to sustain and expand this capability.

4. Project Health Priorities

In view of the limited existing health manpower, the TPCHP should focus on addressing the following health problems and/or identifying appropriate methods of health intervention. These project priorities include:

4.1. The six immunizable diseases; tetanus, diphtheria, whooping cough, polio, measles and tuberculosis.

4.2. Malnutrition: protein deficiency, breastfeeding, weaning.

4.3. Diarrheal diseases control including ORT.

4.4. Maternal health and child spacing.

4.5. Other health problems such as malaria, tuberculosis and respiratory diseases.

Taking into consideration that health awareness in the field of environmental sanitation is a major factor influencing solutions of these problems, it is possible to seek remedies in collaboration with other health related sectors.

B. Appropriate Channels of Communications

1. The TPHCP will be responsible to the Hodeidah Health Office through which all communications to the Deputy Minister will be directed. Beyond this, the Deputy Minister will direct all communications to the appropriate divisions in the Ministry as follows:
 - a) Directorate General for Medical and Health Services - for coordination of all technical activities.
 - b) Directorate General for Health Administration Affairs - for coordination of training activities, logistics, consultants and new proposal initiation.
2. Although all formal contacts must be consistent with above established procedures, it is possible, nevertheless, for the TPHCP to establish informal contacts with the PHC Division as well as with other technical divisions of the Ministry in order to facilitate activities and promote initiatives.
3. Official TPHCP activity reports will be translated into Arabic and co-signed by the Project Director and Chief of Party and thereafter will be submitted to the Ministry through the Hodeidah Office using the established formal channels.
4. USAID correspondence to the Ministry will be routed through the Central Planning Organization (CPO)/YARG with copies to the MOH. For follow-up purposes, USAID can contact the Directorate General of Health Administration Affairs.
5. Similarly, MOH correspondence will be routed through the CPO/YARG with copies to the USAID Health Office. For follow-up purposes, USAID can contact the Directorate General of Health Administration Affairs and vice versa.
6. Submission of TPHCP reports by MSH must be in accordance with the terms of agreement. The Arabic translation of TPHCP reports, which are jointly developed and co-signed by the Director of TPHCP, should be made available to the Ministry of Health. The official distribution of project reports to the Ministry of Health will be made through USAID Health Officer.
7. To improve management and mutual understanding of the project among the parties participating in the project, regular periodic meetings will be necessary. These include:

- Monthly meetings held in the presence of the TPHCP Director, MSH Chief of Party, Director of Hodeidah Health Office, Representative of PHC Division of MOH and Health Officer of USAID.
- Quarterly meetings held by the above-mentioned individuals and including the Director General of Health and Medical Services and the Director General of Health Administration Affairs. The purpose of the meetings will be to discuss the project progress and to determine appropriate direction of the project. The site of these meetings must alternate between Sana'a and Hodeidah. The TPHCP Director will be responsible for arranging these meetings.

C. Training

To sustain continuation of the project beyond the current level of American technical assistance, training must concentrate on qualifying Yemenis to operate the project, and on improving PHC services not only in the project area but also at the levels of Hodeidah Health Office and the Ministry of Health. This can be achieved by utilizing available resources for participant training. If training needs are beyond available project resources, USAID would be willing to consider further participation in training, contingent on resource availability. The candidates for such participant training can be selected from the Ministry or from other educational institutions.

It is agreed that training must be applicable to public health disciplines and be replicable:

1. Types of Training

1.1 Local Training

1.2 External Training (Participant Training)

1.1. Local Training

1.1.1 On the Job Training

1.1.2 Workshops, Seminars and Conferences

1.1.3 Field Observations of Applicable Projects

1.2 External Training

1.2.1 Short-Term Training in Third Country or USA (more than one month and less than one year).

1.2.2 Long-Term Training at Masters Level in USA.

1.2.3 Field Observations to Third Country or Attendance of Conference (less than one month).

Selection of candidates for external training must be made from among individuals who already have undergone on-the-job training or have successfully completed local training. The selection of these candidates will be determined by their productivity and leadership capabilities. If a candidate for overseas training has already obtained long-term training, he/she cannot be eligible for overseas short-term training, and vice versa.

2. Manpower Development

2.1. Local Training for TPHCP

2.1.1 Technical Staff:

- 2.1.1.1 PHCW - Pre- and In-service Training
- 2.1.1.2 LBA - In-service Training
- 2.1.1.3 Trainer/Supervisor - In-service Training

2.2. Supportive Staff:

- 2.2.1 Logistics - Workshop
- 2.2.2 Pharmacy Assistants - Workshop
- 2.2.3 PHC Managers - Workshop

2.3. TPHCP Directorate Level

- 2.3.1 Project Director - Long-Term Training
- 2.3.2 Section Chiefs - Short- or Long-Term Training

Moreover, the TPHCP staff who successfully attend and pass local training programs can also be eligible for external short-term training.

2.4. Hodeidah Health Office Level

Priority for training of HHO staff will be given to individuals performing PHC support activities. The selection of eligible candidates will be the responsibility of the Director of Hodeidah Health Office. The HHO Training Program will include:

- 2.4.1 Local Workshops
- 2.4.2 Short-Term Training
- 2.4.3 Long-Term Training

2.5. MOH Level

Priority for training of MOH staff will be given to individuals performing PHC support activities. The MOH training program will include:

- 2.5.1 Local Workshops
- 2.5.2 Short/Long Term Training

The nomination of candidates from the MOH or other educational institutions will be made by the Ministry based on its needs in the following areas:

- 2.6. General Management
- 2.7. Health Manpower Development
- 2.8. Health Information System
- 2.9. Logistics
- 2.10. Costs Analysis

D. Technical Assistance

Five expatriate technical assistants will be assigned by MSH:

- 1) Chief of Party
- 2) General Manager
- 3) Training Manager
- 4) PHC Manager
- 5) Health Services System Manager - responsible for referral service development.

Each expatriate technical assistant has to meet these general requirements:

- 1) Advanced graduate degree in public health (preferably PHC).
- 2) Satisfactory experience in this work.
- 3) Experience in countries with conditions similar to Yemen.
- 4) Working knowledge of Arabic language preferred.
- 5) Capability to transfer technology to the national counterpart.
- 6) Capability to adapt to the culture and conditions of the country.

The expatriate health system expert, who will be responsible for organizing referral services, must have the following additional capabilities:

- ability to conduct applicable cost analyses of referral health services.
- ability to manage, supervise, and develop financial systems for 2-3 PHC stations before the end of the project.

The expatriate training TA, must have the following additional qualifications:

- Prior competency in training in similar projects
- Competency in curriculum review, development, implementation, and evaluation
- Capability to train mid-level health staff as well as staff who will conduct village level health education programs

E. Short Term Consultants

The selection of the Short Term consultant will be determined by the needs of the project. He/she should meet prerequisite academic and field experience similar to Long-Term TA and must be competent in transferring technology to the Yemeni staff. In order to maximize benefits from that knowledge and expertise, a Yemeni co-consultant must be appointed. The selection of a Yemeni co-consultant will make possible the development of a core of in-country Yemeni consultants.

The candidates for the position of Short Term consultant will be recruited from the Ministry of Health, and other public and/or private sectors. Each nominee for Short-Term consultation must be available on a full-time basis, must be able to complete the required assignment and will be compensated for the full-time consultation service. There must be sufficient time built into the consultancy for the team to undergo pre-consultancy briefings as well as to prepare and review end-of-assignment results and recommendations. See attached flow chart (Appendix III).

F. Expenses for International Trainees

The Ministry of Health will request within its FY 1986 and 87 Budgets the round-trip cost of travel for all nominated international trainees to the furthest point served by Yemenia toward the participants' final destinations. Pending availability (appropriation of) of the travel costs in the Ministry's budgets for FY 1986 and 87, USAID/Sana'a will issue an exceptional waiver for the cost of travel. Prior to that, USAID/Sana'a will bear the cost of travel from the project funds for all nominated international trainees during FY 1985-86 (see Appendix IV).

The Ministry of Health will continue to pay salaries to the employees of the project who attend international training, in accordance with rules and regulations of the Ministry of Health.

The TPHCP budget has a salary subsidy fund for Ministry of Health employees who work with the project and who are in long-term participant training. The availability or inavailability of this subsidy is contingent upon securing written information on the financial status of the employee which will be provided by the Ministry of Health. Approval of the subsidy will be made on a case-by-case basis.

G. Work Plan for the Remaining Life of TPHCP 1985-87

It was agreed to formulate three committees to be responsible for preparing a work plan for the remaining life of TPHCP.

- 1) The first committee will be responsible for the preparation of the TPHCP work plan and will include:
 - Project Director
 - Section Chiefs
 - Hodeidah Health Office Representative
 - USAID Representative
 - MSH Team

- 2) The second committee will be responsible for preparing a training work plan for the Hodeidah Health Office and will include:
 - Director of HHO
 - Project Director
 - MSH Team
 - USAID Representative
 - MHO Representative

- 3) The third committee will be responsible for preparing a detailed work plan and TPHCP management training in coordination with the HHO. The detailed work plan will be discussed by the Ministry of Health within the shortest possible period and thereafter be approved within the first week of October 1985. The membership of the committee will include:
 - Director General of Medical and Health Services
 - Director General of Health Administration Affairs
 - Director of Primary Health Care
 - USAID Representative
 - MSH Team

H. Strengthening of Referral System

For the purposes of strengthening, expanding, and assuring sustainability of the PHC program, instituting viable referral, supervisory and logistic systems, 2-3 Health centers will be designated as pilot sites for the purpose of training appropriate staff in the management of the PHC referral system, provision of supervision and logistic support activities.

I. Staff Pattern of TPHCP

To benefit from the external technical assistance available in the project, the Project Director and Section Chiefs will act as counterparts to the expatriate technical staff during their service in the TPHCP. One additional counterpart will also be designated by HHO immediately before the new MSH Health System Advisor arrives in the country.

VI. IMPLEMENTATION OF AGREEMENT:

On September 7, 1985, the draft of the Arabic proceedings of the September 3-5 work session (Appendix VII) was formally presented to the Deputy Minister of Health for review and concurrence. After discussing the results with the Co-Facilitators and the Director General of Health Services Administration, MOH, the Deputy Minister of Health, on behalf of the MOH, sent to the Central Planning Organization (CPO) a memorandum of understanding endorsing the Arabic text of the work session proceedings and terms of agreement concluded among all participants. Beyond this, CPO will formally notify USAID/Sana'a of its approval in accordance with its standard procedures. Consistent with the newly established formal channels of communication, USAID/Sana'a will also receive a copy of the MOH memorandum to CPO for appropriate follow-up.

The informal English translation of the work session proceedings and the agreement (including the original Arabic text) were presented to USAID/Sana'a and MSH for their review and concurrence. A revised draft agreement incorporating relevant comments and observations made by all concerned parties is presented in the final report of the Co-Facilitators.

Meantime, a planning committee composed of representatives from TPHCP, Hodeidah Health Office, PHC Division, MOH, USAID/Sana'a and MSH is being assembled in Hodeidah to prepare a detailed work plan for the remaining life of TPHCP (1985-87). The committee is expected to begin its work on September 11, 1985. Consequently, the proposed work plan will be discussed by the Ministry of Health, USAID/Sana'a and MSH in Sana'a and is expected to be approved within the first week of October, 1985.

VII. FOLLOW-UP ACTIONS

There are several steps required to formalize documentation of the negotiated agreement by all parties:

1. Ministry of Health's Responsibilities

- Ensure support and participation of the Directorate General of Health Administration Affairs and the Primary Health Care Section of the Division of Medical and Health Services in the Ministry in planning, implementation and monitoring of the TPHCP.
- Ensure regular participation of TPHCP Director in the three technical and advisory committees which will be convened by the Director regularly and roate (alternate) between Sana'a and Hodeidah.
- Ensure formal documentation and transmission of the text of agreement to USAID/YAR through the Central Planning Organization in accordance with the established procedures in this agreement.
- Exchange letters of understanding pertinent to the travel expenses for international trainees and other related subsidies with USAID/YARG through the Central Planning Organization in accordance with the established channels of communications indicated in the agreement.

2. USAID's Responsibilities

- Ensure formal documentation and transmission of the agreement through the Central Planning Organization.
- Prepare formal letters of understanding (PIL) pertinent to the travel expenses for international trainees to the furthest point of destination served by the Yemenis and obtain formal agreement of Central Planning Organization and Ministry of Health.
- Prepare necessary letters of understanding incorporating relevant changes and amendments to the work plan for the remaining life of the project (1985-87).
- Institutionalize the channels of communication established in the text of the agreement in its dealing with the Central Planning Organization and Ministry of Health in relation to the TPHCP.
- Formlly designate its representative to the three technical and advisory committees established by the agreement.
- Provide internal and external mechanisms for monitoring, assessing and evaluating project progress through its HPN office in Sana'a.

3. MSH's Responsibilities

- Prepare appropriate documents incorporating negotiated terms of agreement in its work plan for the remaining life of the project (1985-87).
- Provide project progress reports to all concerned parties designated in its agreement with USAID/YAR and the agreement worked out in the final work session (9/3 - 9/5/85) using appropriate channels of communications established in the text of agreement.

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- ° Ensure continuous presence of a Deputy Chief of Party in Hodeidah while stationing the Chief of Party in Sana'a as agreed in the final work session.
- ° Ensure regular participation of MSH Team in the technical and advisory committees as well as planning, implementation and evaluation of the work plan for the remaining life of the project (1985-97).

VIII. ACKNOWLEDGEMENT

The Co-Facilitators wish to express their thanks to their Excellencies the Minister and Deputy Minister of Health, Director General of Medical and Health Services Division, Director General of Health Services Administration Affairs, Director and Deputy Director of Hodeidah Health Office, Director of the Central Medical Laboratory, MOH, Director of USAID/YAR, Deputy Director of USAID/YAR and Officers and Staff of GDO and HPN Offices, Secretaries and Drivers of USAID, Director and Staff of TPHCP and Chief of Party, Staff and Secretaries of MSH/YAR and Officers of MSH/Boston, Project Officer, NE/TECH/HPN/USAID/Washington, President of International Management Division and Administrative Staff of International Science and Technology Institute, Inc., Washington, D.C. for their support and patience throughout this assignment. There are also many other individuals and organizations who have not been named here who have contributed to the process of negotiation and facilitations and for whom we are thankful.

Appendix I

LIST OF PARTICIPANTS WORKING SESSION TPHCP/YAR

CENTRAL HEALTH LABORATORY

SEPTEMBER 3 - 5, 1985

SANA'A, Y.A.R.

1. H.E. Ali Ismail Al-Oleify, Deputy Minister of Health, YAR
2. Mr. Charles F. Weden, Director, USAID, YAR
3. Dr. Yassin Abdul-Wareth, Director General, Health Planning, Statistics and Follow-up, MOH, YAR
4. Dr. Mohammed Mohammed Hagar, Director General, Health Administration Affairs, MOH, YAR
5. Dr. Abdul Hafez Saleh, Deputy Director, Hodeidah Health Office, MOH, YAR
6. Dr. Abdul Halim Hashem, Director, TPHCP, YAR
7. Ms. Lee Feller, Health Officer, USAID, YAR
8. Ms. Rasheida Al-Hamdani, Health Project Assistant, USAID, YAR
9. Mr. Howard Thomas, Chief, General Development Office, USAID, YAR
10. Mr. Gerry Donnelly, Program Director, USAID, YAR*
11. Dr. Fred Hartmen, MSH, Boston, USA
12. Mr. Tim Irgens, Acting Chief of Party, TPHCP, YAR
13. Dr. Don Chauls, MSH, Boston, USA
14. Dr. Ahmed A. Moen, Facilitator, ISTI, USA

*Did not attend

Appendix II

In The Name of Allah The Magnificent, The Merciful

Discussion Agenda for TPHCP Work Session, Sana'a, YAR

Tuesday, September 3, 1985

9:00 - 10:00 a.m.
Opening Remarks

Mr. Fritz Weden, Director, USAID
Ali Ismail Al-Oleify, Deputy
Minister of Health

Review of TPHCP Evaluation Recommendations Dr. Yassin Abdul-Wareth

The Purpose of the Work Session Dr. Ahmed A. Moen

10:00 - 11:00 a.m. Discussion of TPHCP Objectives
11:30 - 13:30 Discussion of Channel of Communication
13:30 - 17:30 Break
17:30 - 19:30 Continuation of Working Session

Wednesday, September 4, 1985

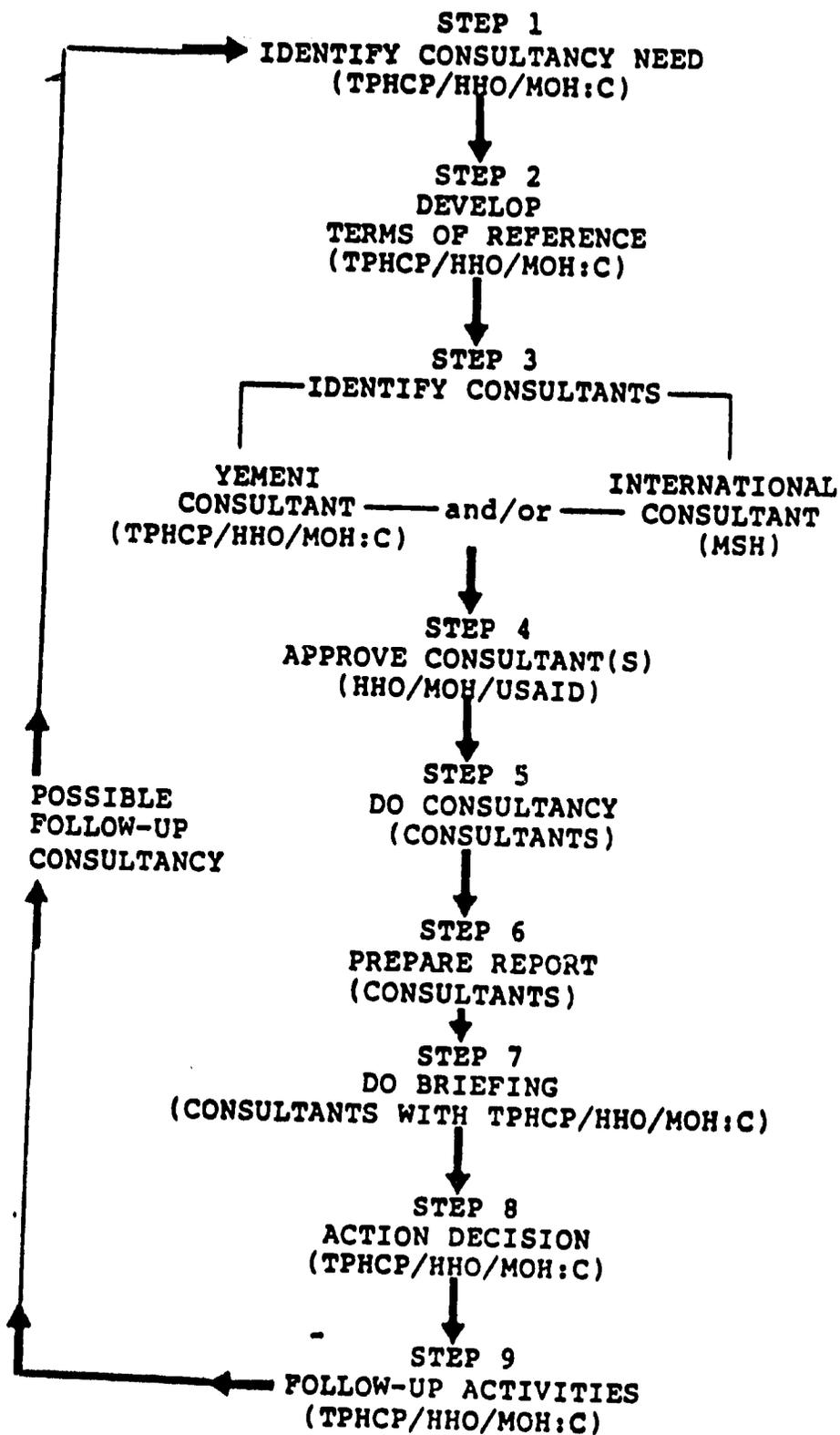
8:30 - 9:30 a.m. Review Session/Questions Dr. Ahmed A. Moen
9:30 - 10:30 Discussion of Training
10:30 - 11:00 Break
11:00 - 13:30 Discussion of Technical Assistance
13:30 - 17:30 Break
17:30 - 19:00 Continuation of Working Session

Thursday, September 5, 1985

8:30 - 9:30 a.m. Review Session/Questions Dr. Ahmed A. Moen
9:30 - 10:30 Discussion of Counterparts
10:30 - 11:00 Break
1:00 - 13:30 Discussion of Letter of Understandings and Broadlines of
Work Plan
13:30 - 14:00 Closing Session

TIHAMA PRIMARY HEALTH CARE PROJECT
SHORT TERM CONSULTANCIES (STCs)

PROPOSED DEVELOPMENT PROCESS



Appendix IV

Amended Line Item Budget

1. Salaries & Wages	1,622,185
2. Indirect Costs (Overhead)	669,566
3. Consultants	79,878
4. Differential & Allowance	660,045
5. Travel & Transportation	944,724
6. Training	1,144,118
7. Equipment & Materials	250,167
8. Other Direct Costs	492,481
9. Fixed Fee	<u>120,117</u>
TOTAL	5,983,370
4. Other items funded under Grant Agreement, but outside MSH contract.	
External Project Evaluation	72,500
MPH Training - Mohammed Ali Al-Khodr	<u>23,888</u>
	96,388
5. Total Actual and Planned Expenditures through March, 1986 (including funds not spent under Catholic Relief Services Grant) = \$U.S. 8,942,058	

APPENDIX V

IN THE NAME OF ALLAH, THE BENEFICIENT THE MERCIFUL

YEMEN ARAB REPUBLIC
MINISTRY OF HEALTH
OFFICE OF DEPUTY MINISTER

A team constituting of:

Dr. Yassin Abdul-Wareth
Director General, Planning & Follow-up Chairman,

Dr. Mohammed Mohammed Hagar
Director General, Health Service Administration

Dr. Abdul Halim Hashem
Director, TPHCP, Hodeidah

Dr. Abdul Hafez Saleh
Deputy Director, Hodeidah Health Office, Hodeidah

are, hereby, fully authorized to discuss Tiham Primary Health Care Project with USAID during the period of September 3 through 5, 1985.

Compliance with this authorization is requested.

Ali Ismail Al-Oleify

Signed

Deputy Minister of Health

9/2/1985

English Translation of the Letter of Appointment of MOH's Team

الجمهورية العربية السورية
وزارة الصحة
مكتب التوكيد
٢٠٨٥

الجمهورية العربية السورية
وزارة الصحة
مكتب التوكيد

بمكاف الأختصاصات

- ١ - / بلخون عبد الوارث
- ٢ - / محمد محمد مجتهد
- ٣ - / عبد الحلیم هاشم
- ٤ - / عبد الحافظ صالح

- ١ - / بلخون عبد الوارث
- ٢ - / محمد محمد مجتهد
- ٣ - / عبد الحلیم هاشم
- ٤ - / عبد الحافظ صالح

للتباحث مع الوكالات الاقليمية حول مشروع كتابة للترجمة للصحة الاولية بمكتبنا

مطلع خلال الفترة ٣ - ٥ سبتمبر ٢٠١٤

وهذا للمعتدل بمكتبنا

طه اساميل الحلبي

١٥



July 2, 1985

Mr. Fatehy Salem Ali
Deputy Chairman
Central Planning Organization
Sana'a, Yemen Arab Republic

Dear Mr. Ali:

We are pleased to submit the name of Dr. Ahmed Abdul Moen for the position of short-term consultant to the Tihama Primary Health Care Project. This consultant will assist the Ministry of Health and USAID in developing specific plans for the next two years of project operations based on the recommendations contained in the April, 1985 project evaluation report. He will be expected to work closely with a counterpart in the Central Ministry of Health in Sana'a for a period of about six weeks beginning August 1, 1985.

Dr. Moen has an impressive public health background as a professor of public health, administrator, technical consultant and evaluation specialist. He has had experience in high level negotiations, and health care planning as an official of the Ethiopian Ministry of Health, and as a health service consultant in Yemen, Kuwait, Liberia, Indonesia, the United States, and several other countries. Dr. Moen is currently a professor at Howard University in the United States.

Sincerely yours,

Michael Lukomski
Acting Director

Drafted by: GDO:LFeller:sa:7/1/85

APPENDIX VI

المحترم

الاستاذ/ فتحي سالم فلسي
وكيل الجهاز المركزي للتخطيط
الجهاز المركزي للتخطيط - صنعاء

تحية طيبة وبعد ...

بعدنا ان نقدم اسم الدكتور احمد عبدالمطيلين لمركز استشاري قصيرة المدى
لمشروع تهامة للرعاية الصحية الاولى . وهذا الاستشاري سول بحامسند
وزارة الصحة والوكالة الامريكية للتنمية الدولية على تطوير خطط معينة
للصحتين القادمتين من عمليات المشروع تكون على اساس الخصوصيات الذي
تضمنها تقرير تقييم المشروع الذي تم في شهر ابريل ١٩٨٥ م . ويختص
ان يعمل عن قرب مع احد نظراء ديوان وزارة الصحة بصنعاء لفترة ٦ اشهر
تقريبا اعتبارا من ١ المظي ١٩٨٥ م .

ان لدى الدكتور معين خلفية مشيرة للاعجاب في مجال الصحة العامة
كاستاذ جامعي للصحة العامة وكاداري واستشاري فني والخاص في اعمال
التليم . ولديه الخبرة العملية في المفاوضات التي تتم على اعلى
المستويات وفي تخطيط الرعاية الصحية كاحد المسئولين في وزارة الصحة
الاشيوبية وكاستشاري للخدمات الصحية في اليمن والكويت وليبيريا واندونيسيا
والولايات المتحدة الامريكية وفي عدة بلدان اخرى . ويحمل الدكتور
معين حاليا وظيفة استاذ جامعي في جامعة هوارد بالولايات المتحدة .

وتقبلوا خالص تحياتنا وتقديرنا .

المنظر

مايكل لوكوني
نائب المدير العام

APPENDIX VII

ARABIC TEXT OF WORK SESSION PROCEEDINGS AND AGREEMENT

خلفية مشروع تهاة للرعاية الصحية الالوية : يعتبر مشروع الرعاية الصحية الالوية في تهاة من المشاريع الهامة التي تتولى وزارة الصحة تنفيذها في الجمهورية العربية السورية المنبجبالعمسان الفنى مع مؤسسة العلوم الالوية الصحية المقدم من قبل الوكالة الالوية للتمتية الالوية وتمديد حذور المشروع الحالي في الاصل الى العمل الذي استقبلته في الالوية . هيئة الالافة الكاثوليكية فنى أواخر السبعينات تقدمت هيئة الالافة الكاثوليكية رسميا بأسم الوكالة الالوية للتمتية الالوية طواحة بمقترح للمشروع في توسيع وتقوية مبادرتها مع وزارة الصحة في ميدان الرعاية الصحية الالوية ، وقد واصل المشروع المشترك بين كل من وزارة الصحة وهيئة الالافة الكاثوليكية العمل خلال عام ١٩٨٣ م ، في الوقت الذي أوقفت الوكالة الالوية للتمتية الالوية تمويل هيئة الالافة الكاثوليكيةبالا موال اللازمة وذلك نتيجة الالوية غير المرضي لهيئة الالافة الكاثوليكية في انجاز سياسة الوزارة .

بعد مرحلة من التفاوض كلفت مؤسسة العلوم الالوية الصحية (وهي نفس الشركة المنفذ التي كانت متعاقدة مع هيئة الالافة الكاثوليكية) كلفت هذه الشركة قبل الوكالة الالوية للتمتية الالوية بتولى تنفيذ عقد فنى للمساعدة والدمم لجهود وزارة الصحة في مجال الرعاية الصحية الالوية في منطقة تهاة ، وفي الوقت الذي تحقق فيه الكثير من التقدم على مستوى توفير الرعاية الصحية الالوية ، فقد انطق الجانبان - وزارة الصحة والوكالة الالوية للتمتية الالوية - طس أن هناك حاجة للقيام بحمطية تنظيم خارجي مستقل للمشروع بكامله وذلك بغرض الوصول طس الالوية الثالثة :-

— تحديد مدى التقدم الذي تحقق للمشروع حتى الوقت الحاضر - صر التنظيم الفعلى للمحمطية نفسها - ومدى احتمالات وتوقعات لتحقيق كامل أهداف المشروع بنهاية المدة الرئيسية المحددة له .

— تحديد أهم العوامل المتعلقة بصير وتقدم المشروع فأغيا وحاضرا ومستقبلا .
— الخروج بمقترحات وتوصيات محددة ومطوية لتنسيق وتلبية و / أو اعادة توجيه وترشيد المشروع اذا لزم الامر - وكذلك تقديم مقترحات وتوصيات محددة لحل القضايا والمخالف التي تبين انها من القضايا المستعمية التي تتطلب العلاج السريع .

وقد أقام فريق التنظيم المشترك بمطه خلال الفترة ١ - ٣٠ أبريل ١٩٨٥ م ، ومن خلال النتائج التي توصل اليها أوصى بأن يتم عقد جلسة عمل بهدف لمناقشة وتبادل وجهات النظر حول أهم القضايا للتوصل الى حلول مناسبة ومطوية من قبل الالويات الرئيسية المساهمة في المشروع وهذه القضايا كالاتي :-

١ - توضيح وتأكيد هدف قطاع الرعاية الصحية الالوية - الغرض الاساسي من المشروع - أهداف المشروع العامة والخاصة - المنجزات التي طس فونها بمعدل طس أن الغرض المراد قد تم تحقيقه والوصول اليه - المحملات / النتائج المتوقعة للمشروع - بيان بالجوانب والمجالات الرئيسية التي تؤكد ويركز عليها المشروع أكثر من غيرها (الصرح في الالويات)

- ٢ - دور وسهام الكوادر الأجنبية بمفهوم طويلة المدى / علاقتهم بالكوادر الوطنية بالمشروع / الخبراء والاختصاصيين المطلعين / ومواصفات عملهم وسهامهم ومسئولياتهم .
- ٣ - دور وسهام الخبراء الاستشاريين في المشروع / كيفية تحديد الجوانب أو المجالات التي تحتاج إلى استشارة الفنية / كيفية واسلوب انتقاء الخبراء الاستشاريين / كيفية الاستفادة من هؤلاء الخبراء / علاقة هؤلاء بالكوادر الوطنية بالمشروع .
- ٤ - حدود ودور مساهمة كل من الحكومة والوكالة الأمريكية للتنمية الدولية في تحمل نفقات التدريب في الخارج / اعداد جدول زمني بما ترويه مناسبا .
- ٥ - حدود ودور مساهمة كل من الحكومة والوكالة الأمريكية للتنمية الدولية في ما يختص بالمصروفات الخاصة للمدرسين في الخارج لوائحها والفئات المالية الطارئة .
- ٦ - تحديد الجهات والقنوات الصحيحة للاتصال لكل من وزارة الصحة والوكالة الأمريكية للتنمية الدولية وكذا بالنسبة لاتخاذ القرارات والاجراءات المتبعة للتعامل مع تلك الجهات والقنوات كيف ومتى يمكن أن تتميز عملية اتخاذ القرارات .
- ٧ - امكانية الحصول على موظفين يمتحنون من اعداد جدول زمني لانجاز توفير الموظفين المتفرجين عرضا كاملا للمشروع .
- ٨ - نوع الالتزامات المطلوب الوفاء بها من قبل موظفي المشروع الذين يطلقون التدريب في الخارج التخطيط والتعهد لا دأراهم - مساهمهم ومسئولياتهم / موقع الموظف في العلم الوظيفي بعد العودة من التدريب ونوع ونسبة العلاوة أو الحافز الذي يمكن للمدرّب الحصول عليه بعد انبائه بنجاح دوره التدريسية .
- ٩ - مدى امكانية الاستفادة من خبراء واستشاريين يمتحنون في المشروع .

وانطلاقا من الرغبة العارفة من جميع الاطراف المساهمة في المشروع لاستمراره عند حلة العمل لمناقشة المرحلة المتبقية من المشروع ٨٥ / ١٩٨٢ م في الفترة ٣ - ٥ / ٩ / ١٩٨٥ م .
الطحق رقم (١) اسما المشتركين .
الطحق رقم (٢) جدول الاعمال .

وافتمت الحلقة برعاية الاخ / وكيل الوزارة وحضور السيد / ويدن - مدير الوكالة الأمريكية باليمن الذي اشار في كلمته الى أهمية استمرارية المشروع وخاصة وأنه ليس أول مشروع وانما سطره مشاريع أخرى كسعادة ولتحمسين الخدمات الصحية والذات انقاذ الطفل واهمها الارواء وصحة الاسرة والنجاة في فترات الحمل كما أكد على الرغبة العارفة في انجاح المشروع في الفترة المتبقية .

وتلا ذلك كلمة السيد / وكيل الوزارة الذي أكد على تبنى الوزارة استراتيجية الصحة للجميع بحلول عام ٢٠٠٠ م من خلال الرعاية الصحية الوطنية مشيرا الى الرغبة العارفة في انجاح المشروع وقادى الاخطاء السابقة وحث على العمل الجاد من اجل الاستفادة القصوى من الفترة المتبقية من حياة المشروع شاكرًا دعم وساهمة الوكالة لوزارة الصحة .

واستعرضت توصيات فريق التقييم من قبل الدكتور / ياسين عبد الوارث وأوضح المنسق د / أحمد عبد الحنين الهدف من الحلقة وأهمية وضرورة التوصل الى اطلاق من شأنه استمرارية المشروع .

واطلق الجانبان على الاتي :-

- أ - بالنسبة لاهداف المشروع والغاية منه والاولويات التي يجب التركيز عليها :
غاية المشروع تحسين المستوى الصحي والخدمات الصحية في منطقة تبهامة ضمن توجهات وزارة الصحة وبعث الرعاية الصحية الالوية كسعادة للحكومة والشعب اليمني .
الغرض العام ايجاد نسط فعال للرعاية الصحية الالوية في تبهامة بمشاركة فعالة بدعم كافي من وزارة الصحة والمجتمع ويتطابق مع سياسة الرعاية الصحية الالوية في وزارة الصحة وتوجهاتها .
الهدف العام :-

١ - تقديم رعاية صحية أولوية مركزة ومحددة بوضوح في منطقة تبهامة على أساس معرفة المشاكل الصحية المحددة والتي يمكن حلها بصورة واقعية من قبل الكادر المحدد المتاح حالياً للمشروع مع التحديد الواضح لطبيعة وافاق فعاليات الرعاية الصحية الالوية لكل مشكلة صحية على حدة من خلال بلورة ودعم النظم الخاصة بالادارة الحالية وتدريج التدريسين والشرفيين والتدريب اثناء الخدمة والاشراف والتوجيه الفني وكذا تحسين نظام الاطباء ونظام جمع المعلومات .

٢ - استخدام مشروع تبهامة للرعاية الصحية الالوية كمركز تدريبي وتطبيقي ميداني للتدريسين والشرفيين وتحمل التقنية التطبيقية والتدريبية حسب الحاجة بالتعاون والتنسيق مع المعهد الصحي .

٣ - اعداد وتأهيل عدد كاف من الخبرات المحلية قادرين على ادارة وتسيير المشروع وطى تحسين الرعاية الصحية الالوية في اليمن لغسان استمرارية المشروع .

٤ - العمل على زيادة طحوطة الكوادر المؤهلة على مستوى الوزارة لتطوير سياسة الرعاية الصحية الالوية وتحسين الكفاءة الالهادية والمتوسطة وتدريج التدريسين وتأهيل كفاءات قادرة على اعداد تدريبات أولوية للتكاليف العالية .

اولويات المشروع :-

نظرا للمحدود المحدود من الكادر المتاح حالما لمشروع تبهامة للرعاية الصحية الالوية يجب التركيز على المشاكل الصحية الالوية كأولويات اساسية للمشروع بأنتاج الوسائل الصحية المناسبة :-

- ١ - الامراض السفة القابلة للتطعيم : انكزاز/الحنانق/الشلل/الحصبة/الحمل/السعال .
- ٢ - سوء التغذية : نقص البروتين / الارضاع / الفطم .
- ٣ - الاسهالات : الاربوا من طريق الفم .
- ٤ - صحة الام وفتحات الانحاب .
- ٥ - المشاكل الصحية الاخرى : مثل الملاريا - الصدري - امراض الجهاز الهضمي .

الأخذ بحسب الاعتبار بأن الوضوح الصحي في مجال اصحاب البيعة يحقير من المواطن الرئيسية التي من شأنها حل هذه المشكلة والتي يمكن حلها بالتعاون مع القطاعات المعنية الاخرى .

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ب- بالنسبة لجبات وفتوات الاتصال :

شروع الرعاية الصحية الوطنية في تهاة يتبع مكتب

الشئون الصحية بلواء الحد بدة ومن خلاله يتم الاتصال بوكيل الوزارة ومن خلاله يتم الاتصال بالجهات المعنية داخل الوزارة كالاتي :-

- ١ - فيما يتعلق بالنشطة الفنية - الادارة العامة للخدمات الصحية والطبية .
- ٢ - فيما يتعلق بالتدريب الخارجى والاداء والخبراء والفعاليات الحد بدة - الادارة العامة لشئون الادارة الصحية .
- ٣ - مع مراعاة امكانية الاتصال الغير رسمى والمباشر لمدبر المشروع أو من يتكفله مسن المشروع بأقسام الرعاية الصحية والجهات المختصة الفنية الاخرى بالوزارة لتسهيل تنفيذ الانشطة المنطق عليها وتبادل وجهات النظر حول المقترحات .
- ٤ - التقارير الرسمية عن نشاط المشروع تترجم وتوقع من قبل المدير المبنى ونظيره وترفع الى مدير عام مكتب الشئون الصحية بالحضرة ومنها الى انوزارة بحسب التسويات الرسمية .
- ٥ - اتصالات الوكالة الاصرىكية الرسمية تتم عن طريق الجهاز المركزى للتخطيط مسن صورة منها للوزارة ، للتابعة يمكن الاتصال بالادارة العامة لشئون الادارة الصحية رد الوزارة يتم عن طريق الجهاز المركزى للتخطيط مع صورة للوكالة الاصرىكية، للتابعة يمكن الاتصال بغاية الصحة فى الوكالة .
- ٦ - تقارير الشركة المنفذة للوكالة الاصرىكية تتم بحسب الاتفاقية المبرمة ويتم اعدادها بصورة مشتركة مع مدير المشروع من خلال قنوات الاتصال المنطق عليها .
- ٧ - لتأمين الاداء وضمانا للتضاهم المشترك بين جميع الأطراف الساهمة فى المشروع تجرى لقاءات شهرية يحضرها :-
 مدير المشروع ونظيره .
 مدير عام مكتب الشئون الصحية / الحد بدة .
 ادارة الرعاية بالوزارة .
 فاهطة الصحة بالوكالة .
- كذلك لقاءات ربعية (كل ثلاثة أشهر) تحضرها المجموعة المذكورة اضافة الى مدير عام شئون الادارة الصحية ومدير عام الخدمات الصحية والطبية بالوزارة لتناقشة انجازات المشروع واعطاء التوجيهات اللازمة وتجري هذه اللقاءات بالتعاون بمسكن صناعا والحد بدة ، ومدير المشروع مسؤول عن التحضير لمثل هذه اللقاءات .

التدريب :- ضامنا لاستمرارية المشروع بعد انتهاء الدعم الفني الأمريكي يجب التركيز على التدريب لتأهيل كفاءات بخدمة تادرة على تسيير المشروع وتحسين الرعاية الصحية الأولية ليس فقط في منطقة المشروع بل وفي مستوى محافظة الجديدة والوزارة ، على أن يتم الانتفاع بالتمويل قبل انتهاء فترة المشروع وإذا كانت حاجة التدريب تفوق إمكانية المشروع فالوكالة الأمريكية تستطيع اعتمادها للمساهمة حسب إمكانياتها ، ويتم الترخيص من قبل الوزارة، العرضين من الوزارة أو من المؤسسات التدريبية الأخرى .

يجب أن يكون التدريب تطبيقي وفي مجال الصحة العامة وقابل للتعميم .

أنواع التدريب :- أ - تدريب محلي .
ب - تدريب خارجي .

التدريب المحلي :- أ - قبل وأثناء العمل .

ب - طرد دورات تدريبية .

ج - زيارات ميدانية لمشاريع سابقة .

التدريب الخارجي :- أ - تصوير الندي - في قطر ثالث أو في الولايات المتحدة - أكثر من شهر وأقل من سنة .

ب - طوبل الندي (للحصول على الماجستير) في الولايات المتحدة

ج - زيارة ميدانية لقطر ثالث أو لقطر مؤتمرات (أقل من شهر) .

يجب اختيار العرضين للتدريب الخارجي من العناصر التي جعلت على تدريب أثناء العمل أو من العناصر التي حضرت الدورات التدريبية المحلية بنجاح انطلاقا من نتائجهم وقدراهم القيادية ، وإذا حمل العرض على تدريب طويل الندي لا يحق له الحصول على دورة تصوير الندي خارج الوطن والعكس صحيح .

أولا :- على مستوى مشروع نهاية للرعاية الصحية الأولية :-

أ - الكادر الفني :- ١ - مجال الرعاية الصحية الأولية - قبل وأثناء الخدمة .

٢ - الخدمات المجتمعات - أثناء الخدمة .

٣ - المدربين المشرفين - أثناء الخدمة .

٤ - القابلات المؤهلات - أثناء الخدمة .

ب - الفئات المساعدة ١ - الأعداد والتجهيز

٢ - مساعدى صناديق

٣ - اداريين رعاية صحية أولية

ج - ادارة المشروع ١ - مدير المشروع - تدريب طويل الندي .

٢ - رؤساء الاقسام - تدريب قصير أو طويل الندي .

علوة على أن الفئات العاملة بالمشروع التي حضرت الدورات المحلية بنجاح يمكنها الحصول على تدريب خارجي قصير الندي .

ثانيا :- على مستوى مكتب الشؤون الصحية بالجديدة :-

أطباء التدريب تعطى لاشخاص يقومون بأعمال تقدم أنشطة الرعاية الصحية الأولية ويتم ترشيح

المدربين من قبل مدير عام مكتب الشؤون الصحية بالجديدة ويختص التدريب :

- أ - دورات محلية .
- ب - تدريب قصر المدى .
- ج - تدريب طويل المدى .

ثالثا :- على مستوى الوزارة :

تعطى الولاية لاشخاص مسئولين عن أنشطة الرقابة الصحية الولاية ويفضّل التدريب :

- ١ - دورات محلية .
 - ٢ - تدريب خارجي قصير وطويل المدى .
- ويتم الترشح سواء من الوزارة أو من مراكز التدريب الأخرى وفقا لحاجة وخطة الوزارة في الحالات الآتية :
- ١ - الإدارة العامة .
 - ٢ - تطهير وتنمية الطاقة البشرية .
 - ٣ - نظام جمع المعلومات والاحصاء .
 - ٤ - الامداد والتكوين .
 - ٥ - دورات التكاليف .

المسئون الفني :-

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سيتم تعيين خمسة خبراء طويلة المدى في الوظائف التالية :-

- ١ - رئيس فرسب .
- ٢ - اداري عام .
- ٣ - خبير ^{الاداري} تدريب .
- ٤ - خبير رقابة صحية .
- ٥ - خبير لتعزيز نظم الاحالة وتشغيل المراكز الصحية .

على أن يتوافر في كل خبير الصفات التالية :

- شهادة طبيا في الصحة العامة (الرقابة الصحية الولاية) .
- خبرة كافية في مجال العمل المطلوب منه .
- خبرة في بلد لها ظروف نمبية كظروف اليمن .
- يستحسن أن تكون لديه معرفة باللغة العربية .
- قادر على نقل معلوماته لنظيره .
- قادر للتكيف مع ظروف وعادة البلد .

اما بالنسبة لخبير تعزيز نظم الاحالة وتشغيل المراكز بالاضافة لما ذكر اعلاه يجب أن يكون قادرا

على :-

- اعداد دراسة تطبيقية شاملة عن تكاليف تشغيل مراكز الاحالة وادارتها ونظمها
- الاشراف والتحويل آخذا بالاعتبار أن يتم تشغيل مركزين أو ثلاثة مراكز قبل انهاء المشروع .

وبالنسبة لخبير التدريب يجب أن يتوافر فيه التالي :-

- سبق وأن درب في مشروع مماثل .
- قادر على مراحمة تطوير وتقييم مبادئ التدريب .
- يتحمل مسئولية تدريب الكادر الوسيط في ذلك ^{في ذلك} وضع برنامج لتقييم صحي على مستوى ^{ساد} الشريفة

الخبراء قصيرة المدى :-

بالنسبة لاختيار هذه الفئة يتم على أساس الحاجة ابطلا من اولية المشروع ، ويجب أن تتوفر فيه الشروط المذكورة لخبراء طويل المدى بالنسبة للمؤهلات والخبرة ونقل المعلومات للكادر الفني

ومن أجل الاستفادة من الخبر (المستشار) يجب تعيين خبر يعني قادر على اكتساب المعارف والمهارات من الخبر الاجنبى لتكون كنواة لخبر^١ يعنى وطنى أن يختار الخبر اليمنى من قادر وزارة الصحة أو من قادر حكوى آخر أو من القطاع الخاص ويكون كذلك متفرقا ظرفا تاما لا يجاز المهمة الحلف بها ، آخذنا بعين الاعتبار أن يدفع له مقابل طرفه . وأن يكون هناك وقت كاف للخبرين لدراسة الاوضاع قبل الاستشارة ويقت كاف للقيام بالمهمة وكتابة التقارير ومناقشتهم قبل الانتباه من المهمة .

وتم الموافقة على الخبر الاجنبى وتحدد به سباه والفترة الزمنية من قبل الاطراف المعنية بذلك حسب الطحل رقم (٣) .

بالنسبة لتكاليف ونفقات المرشحين للدراسة بالخارج :

ستطلب وزارة الصحة ضمن ميزانيتها ١٩٨٢/٨٦ م اعتمادات التغطية لتكاليف الحفر للمرشحين للدراسة فى الخارج من المين الى أقصى نقطة تصب اليها الخابوط الحوية اليمينية الى أن يتم وضع نفقات التذاكر ضمن ميزانية الوزارة لعام ٨٦ / ١٩٨٢ م ، فإن الوكالة الامركية بمنعها ستقوم بصيرة استثنائية لتحمل تكاليف الحفر للمرشحين من وزارة الصحة للتدريب خارج الوطن خلال عام ١٩٨٦/٨٥ حسب الملحق رقم (٤) .

ستواصل الوزارة دفع رواتب الموظف من للتدريب فى الخارج من قادر المشروع طيلة فترة التدريب حسب قوانين ووافج الوزارة .

يوجد دعم مالى فى ميزانية المشروع لموظفى الوزارة المعاملين بالمشروع خلال فترة التدريب بواسطة الدى فى الخارج والموافقة على توفير هذا الدعم من حده تتوقف على توضيح الوضع المالى للمرشح من قبل الوزارة كتابيا كل على حده .

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خطة العمل للمرحلة المتبقية من حياة المشروع ٨٥ - ١٩٨٧ م ، تم الاتفاق لتكوين ثلاثة لجان لوضع خطة للمرحلة المتبقية من حياة المشروع :-
اللجنة الاولى مهتمة بوضع خطة للمشروع وتتكون من :-

- مدير المشروع .
- رؤساء الاقسام بالمشروع .
- ممثل مكتب الصحة بالحد يدة .
- ممثل من الرعاية الصحية الاولية بالوزارة .
- ممثل من الوكالة الامريكية .
- فريق مؤسسة العلوم الادارية الصحية .

اللجنة الثانية مهتمة بوضع خطة تدريسية لكادر مكتب الصحة بالحد يدة وتتكون من :-
- مدير عام مكتب الشؤون الصحية بالحد يدة .
- مدير المشروع بالحد يدة .
- فريق مؤسسة العلوم الادارية الصحية .
- ممثل عن الوكالة الامريكية .
- ممثل من وزارة الصحة .

الجنة الثالثة تقوم بوضع الخطة التفصيلية لخطة العمل والتدريب بالتنسيق مع الشؤون الصحية بالحد يدة خلال اقص فترة ، ويتم مناقشتها بدويان الوزارة واتخاذها في الاسبوع الاول من اكتوبر ١٩٨٧ بحضرها :- مدير المشروع .

- مدير عام الخدمات الصحية والطبية .
- مدير عام الادارة العامة لشؤون الادارة الصحية .
- مدير الرعاية الصحية الاولية .
- ممثل الوكالة الامريكية .
- فريق مؤسسة العلوم الادارية الصحية .

تقوية نظام الاحالة :-
للتقوية نظام الاحالة وتوسيع نطاق استمرارية الرعاية الصحية الاولية ونظام التحويل والاشراف والتحويل والاداء سيتم اختيار ٢ - ٣ مراكز صحية كتجربة الفرض منها تدرب الكادر المناسب لها لتطبيق نظام الاحالة والاشراف ودعم أنشطة الرعاية الصحية الاولية .

النمط الوظيفي للمشروع :-
حرصا للاستفادة من الخبرات الفنية الخارجية في المشروع تم تعهد مدير المشروع ورؤساء الاقسام بالمشروع كخبراء للخبراء اثناء مناقشة المشروع وسيتم توفير نظير من مكتب الصحة بالحد يدة لخبير تعزيز نظام الاحالة حين وصوله .

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طريق رقم

- ١ -

- ١ - وكيل وزارة الصحة السيد / طن اساميل الملقى .
- ٢ - مدير الوكالة الأمريكية بمصر السيد / فريد ويدن .
- ٣ - د / ياسين عبد الوارث - مدير عام التخطيط والاحماء والمتابعة .
- ٤ - د / محمد محمد حجير - مدير عام الادارة العامة لشئون الادارة الصحية .
- ٥ - د / عبد الحافظ صالح - نائب مدير عام مكتب الصحة بالحدودة .
- ٦ - د / عبد الحلیم هاشم - مدير مشروع تهيئة للرعاية الصحية الوطنية .
- ٧ - الانسة لي نيلر - مديرة صحة / الوكالة الأمريكية .
- ٨ - السيدة / رشيدة الهيداني - نائبة مديرة صحة - الوكالة الأمريكية .
- ٩ - هارود توماس - مدير مكتب التطوير بالوكالة .
- ١٠ - جيمس د وولف - مدير البرامج بالوكالة .
- ١١ - فريد هارتمان - مؤسسة العلوم الادارية الصحية - بوسطن .
- ١٢ - دون شسول - مؤسسة العلوم الادارية الصحية - بوسطن .
- ١٣ - السيد / تم ارجينس - رئيس فريق الخبراء بالشروع .
- ١٤ - د / أحمد عبد المصين - المنسق .

بسم الله الرحمن الرحيم

ملحق رقم ٢

البرنامج المقترح للتباحث للمرحلة المتبقية لمشروع
تثاقف للرعاية الصحية الاوليه

الثلاثاء ١٠ - ٩ صباحا

- ١- كلمة السيد ويدن
- ٢- = = وكيل الوزارة .
- ٣- = = الدكتور ياسين عبد الوارث - النتائج الاساسيه للتقيم للبرنامج .
- ٤- = = الدكتور احمد عبد المعين .

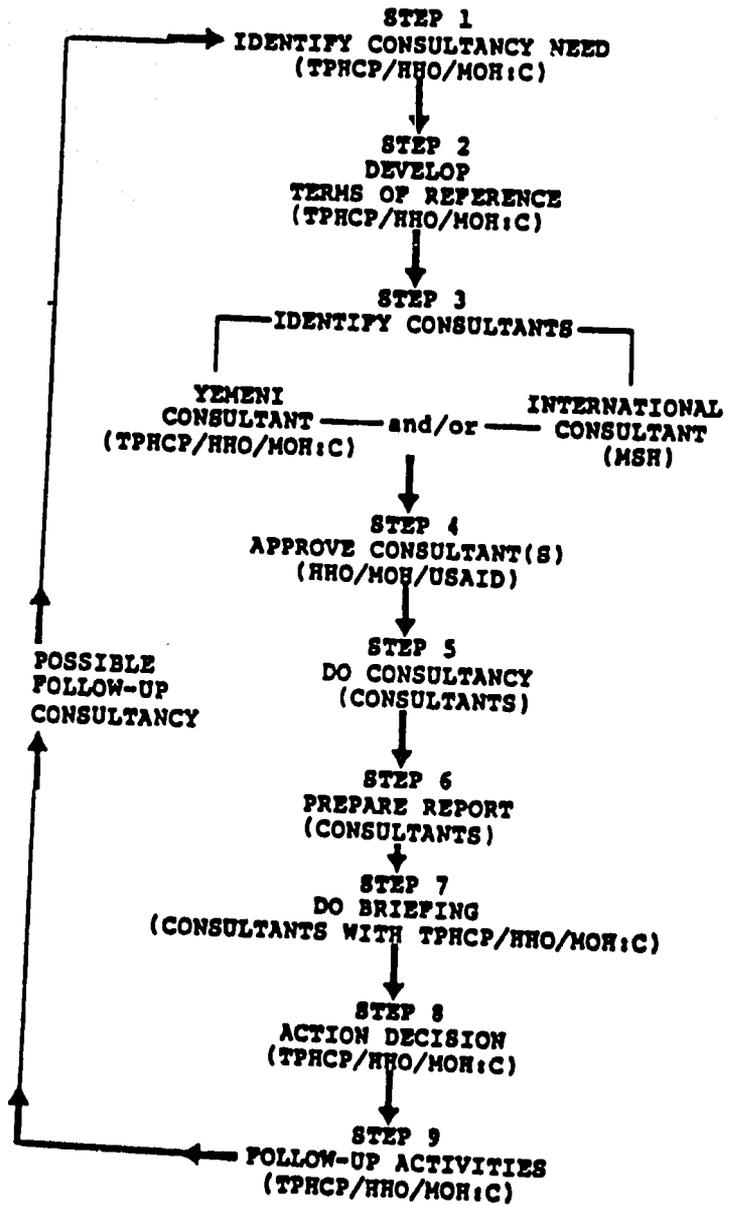
جدول اعمال اللجنة الفنية

الاستمرار لاهداف البرنامج .	١١ ١/٢ - ١٠
قنوات الاتصال .	١٣ ١/٢ - ١١ ١/٢
جلسة عمل .	١٩ - ١٧ ١/٢
الاربعاء	
استمرار تقرير الجلسات السابقه .	٩ ١/٢ - ٨ ١/٢
التدريب .	١٠ ١/٢ - ٩ ١/٢
العود الفني طويل وتصير المدى .	١٣ ١/٢ - ١١
جلسة عمل .	١٩ - ١٧ ١/٢
الخميس	
استمرار التقرير للمهم السابق .	٩ ١/٢ - ٨ ١/٢
النضراء المبتدئين .	١٠ ١/٢ - ٩ ١/٢
الوثيقه للتعامل المشترك	١٣ ١/٢ - ١١
الجلسة الختاميه .	١٩ -

TIHAMA PRIMARY HEALTH CARE PROJECT
SHORT TERM CONSULTANCIES (STCs)

ملحق رقم ٣

PROPOSED DEVELOPMENT PROCESS



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لمحقق رقم

- ٤ -

الاصناف

١٨٥١٢٢٢ر	١ - رواتب وما في حكمها
٦٦٩٥٦٦	٢ - تكلفة لمجانسة
٢٩٨٢٨	٣ - الخبز
٦٦٠ر٠٤٥	٤ - ملاوات
٩٤٤٧٢١	٥ - نفقات سفر ومواصلات
١٨١٤٤ر	٦ - كرسب
٢٥٠ر١٦٧	٧ - معدات ومظرمات
٧٩٢٤٨١	٨ - نفقات مائسة
١٢٠ر١١٧	٩ - ضرائب ثابتة
<u>٥٩٨٣٣٧٠</u>	الاجمالي

٢٢٥٠٠

٢٣٨٨٨

٠ ٨٩٤٢٠٥٨ دولارا

التقييم الخارجى للمشروع

كريم ماجستير / محقق الخسر

اجمالي النفقات الفعلية والمخطط لها

خلال مارس ١٩٨٦ م

جمهورية العراق
 وزارة الصحة
 ادارة الشؤون الصحية
 بغداد
 ٢٠١٨

الجمهورية العراقية
 وزارة الصحة
 مكتب الوكلاء

بكاليف الاخوة :-

- ١ - د / بلال عبد الوارث / ادارة الشؤون الصحية والوقاية
- ٢ - د / محمد محمد جعفر / ادارة الشؤون الصحية
- ٣ - د / عبد الخليم هاشم / ادارة الشؤون الصحية
- ٤ - د / عبد الحافظ صالح / ادارة الشؤون الصحية

للتباحث مع الوكالات الاقليمية حول مشروع كتابة للزامية الصحة الاولية بمكتبنا

مضغ خلال الفترة ٣ - ٥ من تموز ٢٠١٨ .

وهذا للمرجع عليه

على اتمام التلويح

١٤ / ١٢ / ٢٠١٨



BEST AVAILABLE DOCUMENT

APPENDIX VIII

Persons Contacted

MINISTRY OF HEALTH

H.E. Ali Ismail Al-Oleify,	Deputy Minister of Health
Dr. Ahmed Ali Hammami	Director General of Health Medical Services
Dr. Abbas Zabara	Director of PHC
Dr. Mohammed Hagar	Director of Health Administration Affairs
Dr. Abdul Karim Al-Juneid	Director of Hodeidah Health Office
Dr. Abdul Hafez Saleh	Deputy Director of Hodeidah Health Office
Dr. Abdul Karim Al Rase	Deputy Director of MCH/ORT
Mr. Khaled A. Al-Sakaff	Director, International Health Affairs

USAID/YAR

Mr. Fritz Weden, Jr.	Director
Mr. Michael Lukomski	Deputy Director
Mr. Bobby Allen	Acting Deputy Director
Mr. Howard Thomas	General Development Office
Ms. Lee Feller	IDA/HPN
Ms. Rasheda Al-Hamdani	HPN Program Assistant

USAID/WASHINGTON

Mr. Paul Hartenberger	Project Officer, NE/TECH/HPN
-----------------------	------------------------------

MSH/TPHCP/YAR

Dr. William Emmet	Chief of Party/KMSH/TPHCP
Dr. Abdul Haleem Hashem	Director, TPHCP/Hodeidah
Dr. Arsalan Ahmed Abdo	Director of Training (MPH/JHU)
Dr. Claude Letarte	PHC Advisor, TPHCP
Ms. Rachel Feildeh	Health System Analyst/TPHCP
Tim Irgens	Community Development Spec./TPHCP

MSH/BOSTON

Dr. Don Chauls	TPHCP Project Officer
Dr. Fred Hartman	Vice President, International Health

WHO/YAR

Dr. Mohammed Barzagar	Acting WHO Representative
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TEAM PLANNING MEETING

Mr. David Levine	Planning Meeting Facilitator
Dr. Clayton Ajello	Leader, External Evaluation Team
Mr. Nihal Goonewardene	President, International Management Division, ISTI