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Primary Health Care Performance Improvement

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT (THE FLAGSHIP PROJECT)**

SHORT-TERM TECHNICAL ASSISTANCE REPORT (FINAL)

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IntraHealth International**

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ACRONYMS

CBO	Community Based Organization
HRH	Human Resources for Health
MoH	Ministry of Health
PDQ	Partnership Defined Quality
PHC	Primary Health Care
PI	Performance Improvement
QA	Quality Assurance
QI	Quality Improvement
SHC	Secondary Health Care
STTA	Short Term Technical Assistance
TOT	Training of Trainers
TRG	Training Resources Group
USAID	United States Agency for International Development

ABSTRACT

This report presents the summary of activities and findings from the technical assistance provided by Sharon Arscott-Mills, Clinical Services Team Leader and Senior Technical Advisor, IntraHealth International, to the Flagship Project, April 8-20, 2010. The focus of the assistance was to provide support and move forward in the implementation of a quality assurance/quality improvement strategy for primary care services that had been outlined in October 2009 and updated in February 2010.

Based on the previous STTA, the Primary Care Quality Assurance and Quality Improvement implementation plan was modified to focus at the district level with supervisors, nurses, and community representatives to introduce performance improvement and its application to primary health care. A three part workshop design that integrates champion communities, quality improvement and supportive supervision was developed and successfully field tested in Nablus during February. That workshop was modified to a two day workshop focusing on enhancing the skills of supervisors at the district and central level to build their understanding of quality assurance and performance improvement and strengthen communication and supportive supervision skills. This workshop was conducted twice in the central region for district supervisors, both doctors and nurses, on March the 30th and 31st and on April 12th and 13th. The reception and feedback on the content and relevance of this workshop to their work was very positive.

The material from this workshop and the three-day workshop will be further developed into a modular trainer's manual which will include understanding the concept of quality, performance improvement, supportive supervision, and building communication skills. It is also envisaged that in coordination with TRG's leadership development activities, additional modules will be added in the future on the topics of team building, group dynamics, negotiation skills, coaching and mentoring skills, self awareness and self assessment, and adult learning methodologies for master trainers.

The overarching goal of this activity is to build capacity within the Ministry of Health to assess and promote quality of care at the primary care level.

SUMMARY OF RECOMMENDATIONS

Recommendations for the next steps in the primary care performance improvement (PI) strategy for the Flagship Project team are noted below.

Within next ten days:

- Revise Trainer’s manual on “Partnering for Better Health Care” to a modular format that can be tailored to the workshop time and topic.

Within next 3 months:

- Brief Dr. Assad Ramlawi, Director of Primary Health Care on key content areas of “Partnering for Better Health Care” workshop and importance of institutionalizing these activities for sustainability.
- Continue to roll-out training workshops on Performance Improvement and Supportive supervision in current and additional districts. (See table on page 15 for detailed plan)
- Coordinate with other training initiatives within the Flagship Project (e.g. Juzoor and TRG) on including performance improvement approach within training on clinical guidelines
- Coordinate with TRG on developing additional modules which overlap in content with the leadership development activity
- Meet with Director of Nursing for Health Primary Care to discuss performance improvement and supportive supervision concepts in depth and request advice on how to conduct follow up visits to primary care clinics since it is not possible for one person to do this.

Within the following three months (until September 30, 2010):

- Follow up implementation of PI and supportive supervision activities in Nablus district through mentoring visits to support implementing a localized work plan, meetings with district supervisors. Conduct these visits with one of the trained supervisors to model mentoring and coaching and build their skills.
- Identify local champions (e.g. central and district level supervisors, nurses and doctors from Level II, III and IV health centers) to support and strengthen implementation
- Expand modular training manual with topics to be developed in coordination with TRG leadership development plan.
- Begin process of training identified master trainers through their participation in the PI and Supportive Supervision workshops.
- In coordination with Flagship continuous health education team conduct Training of Trainers (TOT) for selected master trainers (supervisors, physicians, nurses) to carry out PI workshops in other districts.
- Develop follow up support for primary health center staff on PI and use of self assessment processes

SECTION I. INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency for 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 will support the MoH implement 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 Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

According to the MoH self assessment, quality of health care has been on the national agenda since 1994 and the MoH has established a central unit for quality improvement which has contributed to the development of outpatient clinic operation protocols, surgical department operation protocols and clinical protocols.

Strengthening and defining quality of care has been identified by the MoH, during its self assessment in 2008, as an important element of reform. To assure the clinical quality of health services, health systems must define, communicate, and monitor national evidence-based standards, which represent an ideal of how clinical care should be implemented and reviewed. The MoH, with support from the Flagship Project, has developed an institutional development plan (IDP) module and action plan to improve the quality aspects of care in the West Bank/Gaza. A first step of Quality Assurance (QA) is to develop a plan to support the establishment of a quality assurance approach and systems in both the primary and secondary health care facilities. Initial drafts, based on QA/QI situation analyses, have been developed by Flagship long-term staff.

During the initial STTA trip conducted in October 2009, IntraHealth Clinical Services Team Leader, Sharon Arscott-Mills, worked with the Flagship Project team to draft an Implementation Plan for Quality Assurance/Quality Improvement at the primary and secondary health care levels. As a continuation of this technical assistance, IntraHealth has developed a work plan to provide technical assistance to the Flagship Project Quality Assurance and Systems Specialist to support the Ministry of Health to institutionalize quality assurance and quality improvement systems within the Palestinian public sector primary health care system. The second STTA visit conducted by Beth Fischer in February 2010 and the goal was to move forward on the work plan for primary health care.

This third STTA trip builds on the work conducted to date and supports the Flagship Quality Assurance Specialist to move forward with the primary care quality assurance/performance improvement work plan.

SECTION II. ACTIVITIES CONDUCTED

Upon arrival, the consultant was updated on progress since the last STTA visit, in preparation for the activities for this visit. A two-day workshop on Performance Improvement and Supportive Supervision was conducted. Subsequent to the workshop, evaluations of the training were reviewed with Flagship Project staff, and the content of the workshop materials and trainer's manual on Supportive Supervision and Performance Improvement were revised and refined.

The consultant had the opportunity to meet with Maura Fulton from TRG, as well as Flagship Project staff, to gain an understanding of the objectives and progress of the leadership development activities and how these could be linked to the quality, performance improvement, and supportive supervision activities. In addition, the consultant reviewed draft and updated documents of the essential package of care, national standards, and health facility assessment tool.

Site visits were made to Rafidia Hospital and two clinics in Nablus. During the visit to Rafidia Hospital, the consultant met with the Hospital Director and the Director of Nursing, and toured the hospital. Visits were made to Level 2 and Level 3 clinics, accompanied by the Director of Nursing for Primary Care, the Clinic Supervisor for Nablus District and Flagship Project staff. The purpose of the clinic visits was to follow-up with staff who were trained in the initial Nablus workshop on quality, performance improvement and supportive supervision and determine their ability to create localized action plans to address issues relevant to their particular clinic and delivery of quality services.

Based on the site visits and further discussions regarding the training workshops with Flagship Project staff, the consultant planned next steps and ongoing STTA activities.

SECTION III. FINDINGS, RECOMMENDATIONS AND NEXT STEPS

Findings

A modified strategy to strengthen quality of services within primary care was developed in consultation with Flagship Project team members during the last STTA visit. The strategy builds on the Mutli-sectoral Integrated approach to quality that is guiding the Flagship Project's support to the Ministry of Health. This strategy for primary health care quality improvement takes advantage of several elements already underway within the Flagship Project – strengthening supportive supervision, formation of community-clinic committees, updating national standards and guidelines for primary care, addressing infrastructure, equipment and supply shortages within the system, and strengthening the health information system. In Nablus district the USAID/Flagship Project is active in promoting primary health care services through its champion community approach under the MoH leadership. The project has also carried out training in supportive supervision which is an essential element in a primary care quality improvement approach and had conducted trainings to enhance the capacity of supervisors in Nablus, and four central region districts.

The current strategy is to work at the district level with supervisors, nurses, and community representatives to introduce performance improvement, strengthen supportive supervision, and promote quality of care in primary health through this mechanism. A three part workshop design that integrates champion communities, quality improvement and supportive supervision was developed under the previous STTA. During this visit, a two day workshop focusing on supervisors, including both doctors and nurses was conducted. Due to the shortened time frame available, the workshop focused on supportive supervision, building communication skills of supervisors and understanding the performance improvement framework.

Feedback from participants was very positive about the content and conduct of the workshop. They highlighted (90% of respondents) the need for a longer training and more training to build skills in communication for supportive supervision and in applying the performance improvement framework. In the evaluations, all participants indicated the need for more time to work on and apply these concepts in very practical ways to their daily tasks. The two day format did not allow sufficient time to develop specific action plans and many of the planned adult learning activities had to be curtailed. An innovative aspect of this workshop was that it brought physicians and nurses together to discuss issues of mutual concern in their supervisory role. During the workshop there was good participation in the discussion and activities from both physicians and nurses so that combining them did not restrain the nurses which had been a concern. It was also evident from the discussion that the concept of “supportive” supervision was quite new to several of the participants and several were vocal about their reservations regarding whether this is a workable model.

It is apparent that this level of supervisor would benefit from more in depth training in team building, group dynamics, negotiation skills, coaching and mentoring skills, and self awareness and self assessment. In addition, continuing to build concepts in adult learning methodologies and facilitation skills into all trainings as well as conducting specific trainings on these topics could build a cadre of master trainers within the MoH over time.

In discussion with the TRG consultants, Maura Fulton and Carol Wzorek, who were in-country conducting trainings in Leadership Development, it was learned that they will be introducing all of the above mentioned concepts in the leadership development trainings in a phased process over the next year. However, the individuals targeted to receive these trainings are a different cadre than those receiving the performance improvement and supportive supervision training. We discussed creating

modularized training manuals incorporating the above topics so that the MoH leadership could pull the relevant modules as needed and combine them into workshops tailored to the time available and needs of the participants.

It is recommended that the current three day trainers' manual on "Partnering for Better Health Care" be expanded and modified into a modular format incorporating communication skills and eventually incorporating team building, group dynamics, mentoring and coaching, negotiation skills, and adult learning methodologies modules. Each session should indicate the time needed to deliver that session as well as appropriate links to sessions before and after indicating how it builds skills and knowledge. We also recommend liaising with TRG and the continuous health education team - as these additional modules are developed - so as not to duplicate efforts.

The goal is to provide a tool that is modular in format and from which topics can be drawn based on the time available and purpose of the training. This will also enable the concepts of quality assurance, performance improvement and skills building in communication to be incorporated into other trainings.

During site visits to Level 2 and Level 3 health centers with the District Supervisor as well as the Director of Nursing for Primary Care, it was evident that they were modeling good supportive supervision as they reviewed records and registers and interacted with the staff. One of the Level 2 staff members at Deir al Hattab had attended the training in Nablus in February. It was not evident that this nurse or her supervisor had been able to apply learning from the workshop she attended but three problems affecting performance were identified during our site visit. One of these was a discrepancy in the number of infants/children receiving vaccinations and those having their growth monitored. Far fewer were having their growth monitored. As this was discussed, it was evident that the issue was related to patient flow as well as completing the bulky registers. The Nursing Supervisor discussed this with the nurses and together a number of possible solutions were discussed. In the end, the nurses agreed to revise their approach to client flow so that mothers would bring the child to the growth monitoring nurse first and then go to the adjacent room to receive vaccinations.

The second issue identified was location of the clinic and was also related to patient safety. The clinic is on the second floor of a building and the steps are uneven and slippery. The ceiling has several missing tiles that allow dirt and insects to drop into the clinic. A new building immediately next door was built to house the clinic and was handed over to the MoH 18 months ago. The goal is to upgrade this Level 2 clinic to a Level 3 however the equipment and furniture to do this has not been forthcoming. The nurses and supervisors discussed this and decided that the move could be made to the new building with the current furniture and equipment until the new equipment is forthcoming. This would alleviate the patient safety issue. The Director of Nursing also promised to raise this issue again with the MOH leadership.

The third issue related to access. The clinic was designed to serve two villages with a combined population of 8000. The second village of Salim is about 3 km distant but there is no direct public transportation between the two villages so mothers, children and the elderly have to walk in to the clinic. The nurses believe that this hinders access to services.

Organization of public transportation was beyond their purview. However, during further discussion it was recognized that there is an NGO clinic in the other village and the suggestion was made to request that a nurse from the MoH clinic be allowed to deliver certain key free maternal and child health services such as immunizations at the NGO clinic to enable free access to these services. While we were there, the Nursing Director called a member of the local village council to discuss these issues and involve him in resolving and moving solutions forward. He was also encouraged to write a letter to the

Ministry of Health on behalf of the community requesting that the new clinic building be opened as soon as possible.

Each of these issues highlighted the performance improvement approach where a gap or problem is identified and a joint problem solving approach is used to understand underlying causes, identify the level of the problem within the system and which stakeholders have the authority to address the issue. Where the problem can be resolved at the local clinic level, an action plan is created with a timeframe to resolve the issue. On the next visit, the supervisor should tactfully follow up on the issue to determine whether it has been addressed and if there are further outstanding issues. In this case, the Director was supportive but firm in her approach and insisted with the staff that the goal is to deliver quality health care services to the community. I was told that supervision checklists/tools are in place for visits but I did not observe their use during this visit.

At the Level 3 clinic in Beit Forik, we met a team of nine health workers including the medical director. One of the nurses had been part of the February quality and performance improvement training but she had not been able to implement anything specific from her training. She did not have enough support within the clinic to affect this type of change. The laboratory staff member mentioned that she does not have a CBC machine so she cannot perform basic complete blood counts and hemoglobin measurements which should be available at a Level 3 clinic. The Nursing Director found that the clinic was cluttered with old and disused equipment as well as unnecessary furniture. One possible solution identified was to remove the non functioning equipment and move the excess furniture to the clinic we had just visited which needed more furniture.

One of the conclusions from the site visits was that it is more effective to train a minimum of two nurses from each site when introducing the quality concepts and performance improvement as they need the support of each other to be able to actually implement change on their return. They also need the ongoing support of their supervisor after training to actually identify gaps and solutions and create action plans. In order to support this process, the Flagship Project team will develop a personal plan to conduct joint follow up visits with supervisors for each health center in Nablus district between now and September 30th. One of the challenges in doing this is the fact that there are supervisors for each service at the central and district level such as nursing, support services, human resources, pharmacy, and medicine. Training this number of supervisors in each district and providing mentoring to ensure that each of them is conducting supportive supervision and promoting performance improvement and quality services is challenging.

During discussion with the Director of Nursing it became evident that there are complex gender issues within the system both between health workers and between health providers and their patients. This could be an area for IntraHealth to address in more depth as IntraHealth has organizational expertise in this area. A detailed scope of work would have to be developed to address this.

The Flagship Project team made the following requests of IntraHealth.

- 1) IntraHealth should expand its pool of consultants available to the Project, particularly in the areas of laboratory quality assurance and secondary care quality assurance. The challenges inherent in identifying consultants with the relevant skills who are willing to work in the current situation in the West Bank were discussed. Just this week, two strong candidates withdrew their candidacy based on the security situation.
- 2) IntraHealth review drafts of technical documents produced by MoH technical working groups with the support of the Project for compliance with the latest WHO or other international guidelines and state-of-the-art approaches.

- 3) IntraHealth provide guidance on the best approach for presentation and use of these documents, guidelines and standard operating procedures. It was agreed that this is definitely an area in which IntraHealth has the technical expertise and that the IntraHealth team would discuss this upon the consultant's return to Chapel Hill.
- 4) IntraHealth provide support to the Project in the area of gender issues both within the health workforce and in patient care. It was agreed that this is definitely an area in which IntraHealth has the technical expertise and that the IntraHealth team would discuss this upon the consultant's return to Chapel Hill, including the need to ascertain availability of key staff.

Recommendations and Next Steps:

General recommendations:

It is recommended that in addition to the supervisors, at least two individuals from each health center are trained in the performance improvement and supportive supervision approach. Without the support of another staff member and the supervisor who has also learned the concepts, it is very difficult to implement change or introduce new ideas at the facility level.

In order to achieve a comprehensive understanding of and support for quality and performance improvement approach within the MoH, recommend that each of the supervisors at the district level from each department be included in the trainings as feasible. It is difficult to implement an innovation when some key stakeholders are either negative or do not understand the change that is envisaged.

It is recommended that project Quality Assurance specialist conduct supportive site visits with the supervisory cadre to each health center in Nablus district to follow up on the training and model supportive supervision, gap identification, problem solving and creation of action plans.

Gender issues and inequalities were raised as a problem both by MoH staff, nurses at the hospital and the Flagship Project team. It is recommended that additional STTA be brought in through IntraHealth International to assess and develop an overall approach to addressing this issue within the health workforce, including recommendations on how to incorporate a gender sensitive approach to all continuing health education activities as well as other project activities.

It is important to ensure ongoing coordination with the Flagship Project with regard to continuing health education to maximize efforts and reduce duplication in training content. Some of this can be addressed by creating modular training content where the content is applicable to several areas within the project so that it can be used by more than one cadre of worker.

While there are ongoing challenges with key stakeholders and leadership within the Primary Healthcare Directorate, there are others, such as the Director of Nursing, Primary Care Directorate, who are "champions" for a performance improvement approach. It is recommended that work continue with those who are supportive while sensitively advocating for support with senior leadership in the MoH. It is possible to achieve improved health care delivery at the facility level using this approach.

It is also important to continue to advocate for sustainability of a performance improvement and quality approach by obtaining approval to identify staff with the potential to be master trainers from each region of the country (ideally four persons from each region) and providing professional development opportunities to build their skills to become trainers over the next two years.

Next steps:

Within next ten days:

Revise Trainer's manual on "Partnering for Better Health Care" to a modular format that can be tailored to the workshop time and topic. Strengthen section of above trainer's manual on communication skills

Within next 3 months:

- Brief Dr. Assad Ramlawi, Director of Primary Health Care on key content areas of "Partnering for Better Health Care" workshop and importance of institutionalizing these activities for sustainability.
 - Obtain his support and approval for continuation and expansion of this activity.
 - Obtain his support and approval to identify master trainers within the Primary Care Directorate to be trained in quality assurance, performance improvement, adult learning methodologies and facilitation skills.
 - Ideally, there should be one training team per region.
 - Training teams should be composed of four supervisory level staff, including two nurses, one doctor and one from another support area such as laboratory or pharmacy or administration.
 - Share concept of "Quality" champions to promote and encourage implementation
- Continue to roll-out training workshops on Performance Improvement and Supportive supervision in current and additional districts. (See table below for detailed plan)
- Coordinate with other training initiatives within Flagship (e.g. Juzoor and TRG) on including performance improvement approach within training on clinical guidelines
- Coordinate with TRG on developing additional modules which overlap in content with the leadership development activity
- Meet with Director of Nursing for Primary Health Care to discuss performance improvement and supportive supervision concepts in depth and request advice on how to conduct follow up visits to primary care clinics since it is not possible for one person to do this.

Within the following three months (until September 30, 2010):

- Follow up implementation of PI and supportive supervision activities in Nablus district through mentoring visits to support implementing a localized work plan, meetings with district supervisors. Conduct these visits with one of the trained supervisors to model mentoring and coaching and build their skills.
- Identify local champions (central and district supervisors, nurses and doctors from Level II, III and IV health centers) to support and strengthen implementation
- Suggested additional topics to be developed in coordination with TRG leadership development training plan are:
 - Team building skills
 - Understanding group dynamics
 - Negotiation skills
 - Coaching and mentoring skills
 - Self awareness and self assessment for supervisors
 - Adult learning methodologies and facilitation skills

- Begin process of training identified master trainers through their participation in the PI and Supportive Supervision workshops.
- In coordination with Flagship continuous health education team conduct Training of Trainers (TOT) for selected master trainers (supervisors, physicians, nurses) to carry out PI workshops in other districts.
- After master trainers have received the TOT, gradually shift training responsibility to them through a process of co-training and then full delivery of the training content over the next two years.
- Develop follow up support for primary health center staff on PI and use of self assessment processes
- Ensure these tasks are coordinated with the scope of work for the “Performance Improvement and Accreditation Preparedness at Primary Health Centers” short term consultancy.

Suggested District Training Plan for Performance Improvement and Supportive Supervision workshops.

Date	Location	Trainer/s
April (completed)	4 districts from central region	Flagship Project staff
May (first week)	Nablus district	Flagship Project staff
May (second week)	Hebron region	Flagship Project staff and one MoH master trainer
June (first week)	Northern region	Flagship Project staff and one MoH master trainer
July (first week)	Northern region	Flagship Project staff and one MH master trainer

Deliverables under separate cover

Updated modular trainer’s manual on “Partnering for Better Health Care.”

ANNEX A. SCOPE OF WORK FOR SHARON ARSCOTT-MILLS APRIL 8-20, 2010

Ongoing technical support to the Flagship Quality Assurance and Systems Specialist to promote implementation of the primary health care quality assurance and quality improvement plan

Support Flagship Quality Assurance specialist to conduct a 2-day workshop to train MOH staff on QA/QI principles.

SOW and Deliverables

- 1) Attend the 2 day training workshop on “Partnering for Better Health care” to be held in Ramallah on April 12 and 13th. Observe and incorporate feedback for strengthening training content and methodology into the training manual.
- 2) Review follow-up action plan from the Nablus workshop and assist with problem-solving and moving this forward, as needed.
- 3) Review additional/related curriculum needs for assuring quality in the primary care system building on the trainers’ manual, “Partnering for Better Healthcare Workshop”.
- 4) Determine next steps and draft activities for August TA visit.
- 5) Field visit with Director of Nursing to one of the champion communities who were included in the first training (conducted during Beth Fischer’s visit) and to Nablus Health Directorate to follow up with district supervisors and clinic staff who participated in the initial workshop.

ANNEX B. CONSULTANT CV

SHARON ARSCOTT-MILLS

Mailing Address: [REDACTED]

Phone: Home: [REDACTED] Office: 919-433-5718

Email: sarscott-mills@intrahealth.org

Citizenship: United States

I was born and grew up in rural Zambia where I was exposed to public health and development issues. This exposure shaped my desire to pursue nursing as a career and later, international public health. I also have experience as a computer programmer/systems analyst and have combined this background with my international public health training and nursing experience in the area of health information systems development, injury surveillance, health research, program monitoring and evaluation, performance improvement and program management. During my tenure in the Ministry of Health, Jamaica, I implemented a national injury surveillance system, conducted injury surveillance data analysis and reporting, strengthened the national health information system and initiated the national HIV and AIDS monitoring and evaluation system. For the last seven years, prior to joining IntraHealth International, I worked within the United States Agency for International Development as a Senior Technical Advisor for maternal and child health and family planning programs as well as HIV and AIDS both in Washington D.C. and Nepal. As Senior Public Health Advisor and HIV and AIDS Team Leader, USAID/Nepal, I was responsible for technical oversight of a broad range of research projects, and HIV and AIDS, maternal and child health, and family planning programs. I have experience in a multi-sectoral approach to problem solving and in coordinating with multiple donor agencies, government, non government and implementing partners. I have also had broad project management experience and bring cross-cultural sensitivity, versatility, attention to detail, excellent communication skills, commitment and maturity to my work.

Professional Experience:

Senior Technical Advisor and Team Leader for Clinical Services

May 09 to present

IntraHealth International, Chapel Hill, NC

- Ensures technical quality and clinical excellence of IntraHealth's program design and implementation in maternal, newborn, and child health, malaria and family planning
- Builds staff and organizational capacity in high quality clinical care and service delivery
- Leads IntraHealth International's quality assurance and performance improvement initiatives
- Increases the visibility of IntraHealth's clinical services work in global health community

Senior Public Health Advisor, Office of Health and Family Planning

May 07 to April 09

U. S. Agency for International Development (USAID), Nepal

- Ensured technical quality of implementing partners' programs in maternal and child health, family planning and reproductive health, and HIV and AIDS
- Used quality assurance and performance improvement approaches to monitor key clinical components of USAID funded maternal, child and HIV/AIDS programs
- Provided technical oversight to health research projects implemented with USAID funding such as the Nepal Demographic and Health Survey (2006), the National HIV and AIDS Integrated Bio-behavioral Surveillance and the Nepal Maternal Mortality and Morbidity study, 2008.
- Ensured quality and timely reporting of strategic information for the US government HIV and AIDS, maternal and child health and family planning program in Nepal
- Continued all roles and responsibilities identified below

Senior Technical Advisor for HIV and AIDS (04/05)

April 2005 to May 2007

& Team Leader (11/06), Office of Health and Family Planning,

USAID, Nepal

- Assumed role of team leader for HIV/AIDS in November 2006 and mentor and supervise 5 team members
- Ensure technical quality and state of the art of implementing partners' programs in HIV and AIDS
- Serve as USAID representative for donor coordination for HIV and AIDS and Global Fund implementation
- Provide technical leadership on a range of national technical task forces, including the National HIV/AIDS Strategic Information Technical Working Group
- Ensure quality and timely reporting of HIV and AIDS strategic information
- Led and coordinated the application of sustainability measurement tool to USAID supported health programming

Senior Technical Advisor to the Child Survival

October 1, 2002-April 2005

and Health Grants Program (CSHGP), Bureau for Global Health,

USAID, Washington, DC

- Provided technical leadership and oversight for the quality and direction of the CSHGP
- Monitored and advised on implementation of over 35 child and maternal health and nutrition, HIV and AIDS and Tuberculosis projects internationally in resource poor settings implemented by international non government organizations
- Provided technical review of a wide range of program guidelines and tools
- Provided technical leadership in technical working groups and task forces including: HIV/AIDS, Safe Motherhood/Reproductive Health, Monitoring and Evaluation technical working groups of

the Collaborations and Resources (CORE) Group and the Knowledge Practices and Coverage Survey Task Force, and Orphans and Vulnerable Children Task Force

- Functioned as Jamaica Country Coordinator for Global Health Bureau, USAID, Washington.

HIV/AIDS Monitoring & Evaluation and

September 2001- September 2002

Health Information System Consultant,

World Bank, Washington, D.C. and

Ministry of Health, Jamaica

- Played a key role in developing health information systems and monitoring and evaluation component of National HIV and AIDS Prevention and Control Program for Jamaica.
- Provided expert advice for the development and implementation of the national Prevention of Mother to Child Transmission Program (PMTCT)
- Developed Obstetric and peri-natal surveillance system to enable improved monitoring of PMTCT of HIV/AIDS and causes of maternal mortality and morbidity

Project Director and Health Information Systems

September 2000 – September 2001

Development Specialist, Academy for Educational

Development (AED), Washington, D.C. and Ministry of Health,

Jamaica contracted by USAID.

- Provided overall management of health information systems strengthening project including financial and technical reports
- Provided technical assistance to the Jamaican Ministry of Health to strengthen the existing Management Information System through a computer-based Patient Administration system in 11 hospitals and 2 clinics island-wide.
- Provided technical assistance to key units within the Ministry of Health to re-organize and streamline data collection processes
- Trained various levels of staff in data management, data quality assessment, data interpretation and report generation
- Developed training tools, information system procedure manuals and database user manuals
- Represented the contractor in relations with donors and stakeholders

Project Director for Injury Surveillance System,
U.S. Centers for Disease Control and Ministry of
Health, Jamaica contracted by the Inter-American
Development Bank

June 1, 1999 - February 27, 2000

- Provided technical support from Division of Violence Prevention, U.S. Centers for Disease Control to Ministry of Health, Jamaica for project implementation
- Led numerous stakeholders in finalizing the design and full implementation, quality assurance and evaluation of computer-based injury surveillance system in five hospitals
- Developed an all-injury surveillance training manual and conducted training workshops for 140 staff members at five hospitals

- Directed an 8 member team in an evaluation of emergency room data collection systems in 13 hospitals across Jamaica
- Initiated and maintained a reliable financial accounting system for project
- Designed an interpersonal injury survey instrument and conducted original research at the Women's Crisis Centre in Kingston, Jamaica on intimate partner violence

Cross-cultural Program Director, Reciprocal Ministries

January 1991-January 1998

International, Jamaica.

- Designed and implemented a cross-cultural community-based cooperative exchange program between Jamaica and the United States for Reciprocal Ministries International (RMI)
- Developed cross-cultural negotiation skills
- Developed an orientation program and training materials for international visitors and local groups
- Trained and supervised staff
- Developed administrative and accounting systems for managing and implementing the exchange program
- Collaborated in the development of several micro-enterprises and community-based projects in rural and urban Jamaica

Staff nurse, Intermediate Intensive Care,
High Point Regional Hospital, High Point, NC

May 1987-December 1990

Senior Computer Programmer, Agathos
Systems Ltd., Reading, England

April 1983-December 1986

PRESENTATIONS:

- "Beyond the Borders: Innovations for international excellence in nurse education" June 13, 2009, keynote address, Royal College of Nursing Joint Education Forums' 2nd International Conference, Glasgow, Scotland.
- Public-Private Partnerships and Collaborative Approaches for Supply Chain Management in a Concentrated Epidemic: oral presentation at the HIV Implementer's Conference, Kigali, Rwanda, June 2007.
- Injury Surveillance in Jamaica: February 2000, presentation to the Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, Atlanta, GA and at the Rollins School of Public Health, Emory University, Atlanta, GA, March 2000.
- Intimate Partner Violence in Jamaica: Presentation to the Caribbean Health Research Council Conference, April 27, 2001. Abstract published in the West Indian Medical Journal Supplement, 2001: 50 (Suppl. 2): 32.
- Comparative evaluation of different modes of a national accident and emergency department-based injury surveillance system-Jamaican experience: Poster presentation at the Caribbean Health Research Council Conference, April 25-28, 2001. Abstract published in the West Indian Medical Journal Supplement, 2001:50 (Suppl. 2): 63.
- Injury Surveillance in Jamaica: Analysis of data from December 1999 through May 2000,

- University of the West Indies Medical Alumni Conference, St. Kitts, W.I., November 9, 2001.
- Use of Volunteer Community-based Health Workers: Lessons learned. Presentation to the National Refugee Program Consultation, October 10, 2003, Washington, DC.
- Childhood Injury Prevention: September 13, 2004, Presentation to the FY 2005 Child Survival and Health Grants Program RFA Conference, Ronald Reagan Building, Washington, DC.

PUBLICATIONS:

1. Arscott-Mills S. Intimate Partner Violence in Jamaica: A descriptive study of women who access the Women's Crisis Centre. *Violence Against Women*, November 2001.
2. Arscott-Mills S, Holder Y, Gordon G, McDonald A. A profile of injuries in Jamaica. *Injury Control and Safety Promotion*, 2002. Vol.9, No.4, pp. 227-234
3. Arscott-Mills S, Holder Y, Gordon G, Ashley D. A comparative evaluation of different modes of the Jamaican accident and emergency department based injury surveillance system. *Injury Control and Safety Promotion*, 2002. Vol.9, No.4, pp. 235-239
4. Ward E, Arscott-Mills S, Gordon G, Ashley D and the JISS working group. The establishment of the Jamaica Injury Surveillance System. *Injury Control and Safety Promotion*, 2002. Vol.9, No.4, pp. 219-225
5. Sarriot E, Ricca J, Ryan L, Basnet J, Arscott-Mills S. Measuring sustainability as a programming tool for health sector investments—report from a pilot sustainability assessment in five Nepalese health districts. *Int J Health Plann Mgmt* 23:1-25. Published online in Wiley InterScience (www.interscience.wiley.com) DOI: 10.1002/hpm.932.2008

TRAINING, EDUCATION, HONORS and AWARDS:

- Global HIV/AIDS Surveillance meeting, Bangkok, Thailand, March 2009
- Certificate of Appreciation, U.S Embassy, Kathmandu, Nepal, June 2008
- Certificate of Appreciation, U.S Embassy, Kathmandu, Nepal, May 2007
- Joint UNAIDS/PEPFAR Strategic Information training, Bangkok, Thailand, July 2006
- PEPFAR Country Operational Plan training, Bangkok, Thailand, July 2006
- Population Leadership Program, Leadership Retreat and training, June 2006
- Acquisition Management for Cognizant Technical Officers (CTOs), USAID Learning and Support Division, Bureau for Management, May 2006
- Routine Health Information Systems (RHINO) workshop, Chiang Rai, Thailand, January 2006
- 2004 Superior Service to the Field Award for assistance to the USAID Jamaica Mission.
- Assistance Management for CTO's, USAID Learning and Support Division, Bureau for Management, November 2004
- Standard Days Method Training of Trainers, Washington, DC. September 2004
- Knowledge, Practices and Coverage Survey Training of Survey Trainers, Kampala, Uganda, August 2004
- Meritorious Group Award, Child Survival and Health Grants Team, Bureau for Global Health, US Agency for International Development, November 2003
- Role and Function of NGOs in Public Health Programs, Johns Hopkins University, January 2003
- MPH, Rollins School of Public Health, Emory University, Atlanta, May 2000
- Delta Omega Honorary Society in Public Health membership, April 2000
- American Schools of Public Health internship program, June-August, 1999

- B.Sc., Nursing, magna cum laude, Rutgers, The State University of New Jersey, College of Nursing, and Ella V. Stonsby Award for outstanding academic achievement, May 1971

VOLUNTEER ACTIVITIES:

- Member, Christian Connections for International Health (CCIH), current.
- Volunteer in local children's home, Kathmandu, Nepal
- Board member, Woman Inc., Women's Crisis Centre, Kingston, Jamaica, 1999-2002
- Collaborated in establishing a community-based vocational training center and clinic in Devon, Manchester, Jamaica (1992-1993)
- Board member of the Devon Community Vocational Training Center and Clinic, Jamaica (1992-1997)
- Collaborated in the development of youth sports and recreational centers in inner-city Kingston and rural Jamaica (1992-1997)

LANGUAGES:

French, Portuguese and Spanish understood but refresher needed to regain fluency.

LICENSURE:

Current licensure as a registered professional nurse in Georgia (inactive status), North Carolina (inactive status)

REFERENCES:

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Glenn Strachan, formerly with Academy for Educational Development, 1875 Connecticut Ave., NW, Washington, DC. Currently freelance consultant. Phone: 202-884-8108

Email: glenn@glennstrachan.com

Dr. Deanna Ashley, formerly Director of Health Promotion, Ministry of Health, 2 King St., Kingston, Jamaica (now retired) Phone: 876-924-2781 Email: deanna_ashley@hotmail.com

ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED

Please see *Quality Assurance and Improvement in Primary and Secondary Health Care Trip Report*, submitted November 19, 2009 for a list of documents collected and reviewed.

Annex E: List of Materials Developed

Trainer's Manual: Partnering for Better Health Care (*see attachment 1 for copy of the manual*)
