



USAID | **WEST BANK/GAZA**
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STRENGTHENING MOH CAPACITY IN NUTRITIONAL AND DIETARY SERVICES

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

SHORT-TERM TECHNICAL ASSISTANCE REPORT- (**FINAL**)

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ACRONYMS

BCC	Behavior Change Communication
CHW	Community Health Worker
CVD	Cardiovascular Disease
IDP	Institutional Development Plan
GMP	Growth Monitoring and Promotion
MoH	Ministry of Health
NCD	Noncommunicable Disease
PNA	Palestinian National Authority
WHO	World Health Organization

SECTION I: INTRODUCTION

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

The consultant was requested by the Flagship Project to assist the Ministry of Health in analysis and planning for nutrition interventions based on the evidence base currently existing in Palestine. The focus areas for the three week consultancy were: to review the literature and summarize key nutrition-related health problems; to assist the MoH and the Flagship with development of standards of care for the most prevalent nutrition-related chronic diseases; assist the MoH develop job descriptions for newly created nutrition positions and a training plan for nutrition personnel and other health providers with nutrition responsibilities; and provide technical assistance for nutrition topics and messages for the Behavior Change Communications (BCC) strategy.

Specific tasks and deliverables included:

1. Review 2007 National Nutrition Survey and summarize key health problems attributable to nutritional etiology.
2. Draft at least three protocols/guidelines on nutritional issues as agreed between Flagship and the MoH, based on review of guidelines/protocols in neighboring countries and WHO/UNICEF recommendations.
3. Design a two-year training plan for developing cadres of nutritionists in the MoH, as well as for pre-service and in-service training for MoH personnel at the PHC clinic and hospital levels.
4. Assist the MoH in drafting a job description for MoH Nutritionists, as well as nutritional-related components of other job descriptions of MoH personnel.
5. Make recommendations based on review of health life styles nutritional components of behavior change communications activities.
6. A Final Report summarizing the above tasks.

This report contributes to Flagship Project Component 2: Clinical and Community Based Health, Objective 2.1: Improve the quality of essential clinical services and 2.2: Support delivery of quality package of community-based health promotion and disease/injury prevention services of the Flagship Project.

This consultancy also contributed to the MoH Institutional Development Plan (IDP) modules number 8, Strengthen service delivery and clinical guidelines, and module number 13, Improve health communications services.

SECTION II: ACTIVITIES CONDUCTED AND FINDINGS

During the period August 24-September 11, 2009, the consultant met with the MoH Nutrition Department Director and staff, the Director Planning, the Director of Health Education and Promotion, Primary Health Care staff of the Nablus Health Directorate, a UNICEF nutrition consultant, the Country Director for the Internews Network, and many members of the Flagship Project staff. Several Flagship Project staff gave the consultants briefings on project activities and priorities during the first week in country. One field trip to observe patients and clients in a clinic was conducted while in Nablus meeting key personnel involved in Diabetes control efforts. The list of persons contacted is in Annex B. The Flagship Year 2 Work Plan was being developed while the consultant was in country, and the components, objectives, tasks, and deliverables listed in the Gantt chart as well as the Year 1 Quarter 4 work plan, were used as a guide for understanding where nutrition elements of each module fits into project planning.

This section presents activities conducted, the findings, and activities underway per task of the consultant's scope of work.

A. Review 2007 National Nutrition Survey and summarize key health problems attributable to nutritional etiology.

The MoH Palestinian National Authority, Ministry of Health, Nutrition Department Operational Plan of Action for Nutrition 2008-2010 lays out eight priority areas for action. These are:

1. Identification of nutritional trends (nutritional surveillance) and underlying causes.
2. Prevention and treatment of micronutrient malnutrition.
3. Prevention and treatment of obesity and dietary-related NCDs.
4. Protection, promotion and support of exclusive breast feeding, appropriate complementary feeding of infants and diet diversity for children.
5. Growth monitoring and promotion among children under 5 years.
6. Management of severe and moderate malnutrition.
7. Promote and ensure appropriate nutrition among school children.
8. Improvement and protection of food quality and safety.

After reviewing relevant documents and discussing with nutrition experts and other professionals, 3 main nutrition challenges stand out in the West Bank: iron deficiency anemia among children and women of reproductive age, nutrition-related chronic diseases in adults, and some under nutrition among young children. The nutrition-related chronic diseases include diabetes, cardiovascular diseases – in particular hypertension, cancer and obesity, which are also a risk factor for other conditions.

MoH data show that anemia prevalence is 50% in children under one year and 23% among pregnant women. Although health professionals have been trying to address iron deficiency anemia in the high risk groups for decades, it is still taking its toll on children's physical well being and mental development and increasing the risk of mortality in pregnant women. The high level of iron deficiency anemia in infants under one year, points to the fact that these children are born with low iron stores as a result of their mothers' inadequate iron intake.

Other micronutrient deficiencies are common among young children and women of reproductive age within the Palestinian Territories. These include zinc, vitamin A, vitamin B12, and vitamin D

especially in women. Zinc, iron, vitamins A and B12 are found in animal source foods which food consumption studies show are minimal portions of the daily diet. In addition, many women are not routinely exposed to sunlight and so do not synthesize enough vitamin D to meet their requirements.

Nutrition-related chronic diseases are the major cause of morbidity and mortality among adult men and women in Palestine. These diseases are preventable. An estimated 80% of premature heart disease, stroke, and type 2 diabetes, and 40% of cancer, could be avoided through healthy diet, regular physical activity, and avoidance of tobacco use.

The causes of the major chronic diseases are the same regardless of socioeconomic status or gender. The main risk factors contributing to the rising number of deaths from chronic diseases are:

- unhealthy diet;
- physical inactivity; and
- tobacco use

Prevention of the major chronic diseases is achievable through simple, inexpensive prevention of these known, modifiable risk factors.

For example, in The Lancet series on Health in the Occupied Palestinian Territory, March 5, 2009¹, A. Hussein, et al state that “The urbanization and continuing nutritional change from a healthy Mediterranean diet to an increasingly western-style diet is associated with reduced activity, obesity and a loss of the protective effect of the traditional diet.” Poor eating habits and obesity are risk factors that the Palestinian public should be informed about and encouraged to reverse.

The Flagship Project is committed to working with the MoH to improve the quality of health care services. This is especially needed with respect to management of non-communicable diseases. At one of the largest diabetic clinics in the country, the consultant was told the majority of their registered patients have uncontrolled diabetes. And these are the people who have been screened, know that they have the disease, and are reporting to the MoH diabetes clinic regularly for follow up and medications. No data could be found on the effectiveness of primary care in assisting patients to manage their conditions, but anecdotal evidence suggests a lack of counseling skills and healthy lifestyle promotion needed to motivate patients for optimal self-care. Although health providers may prescribe medications, some responsibility for care rests with the patients themselves and their families. In addition to improving provider skills and knowledge, a strategy is needed to more efficiently cope with large numbers of patients who come to the clinics. This is especially true for newly diagnosed diabetics and patients with multiple conditions who need more time and support from their doctors and nurses.

The third nutrition challenge is the other side of the nutrition transition that Palestine finds itself in: under nutrition in young children. Although the levels of acute and chronic under nutrition in the West Bank as reported in MoH clinics are fairly low – 5% stunting and 2.5 % wasting in infants under one year of age – the impact on the children affected can be a lifetime of poor cognitive development and poor health. It is likely that the levels of undernutrition in children between one and five years of age are higher since the most vulnerable period for starting the downward spiral of malnutrition is 6-14 months. Indeed, surveys conducted by the Palestinian Central Bureau of Statistics found rates of stunting in children under five years of 7.2% in 2004 and 10.2% in 2006. Stunting is chronic malnutrition and reflects both inadequate dietary intake as well as poor health.

¹ Accessed at www.thelancet.com

The PHC clinics in the West Bank are well able to prevent these cases of malnutrition through more regular and proactive growth monitoring and promotion (GMP). Palestine is proud to be the first country in the Eastern Mediterranean region to adopt the new WHO child growth standards. The Nutrition Department trains all new MoH nurses in the anthropometric processes and growth charting according to the WHO protocols. However, it seems that refresher training is in order for the many health providers, especially nurses and community health workers, who are responsible for GMP in the Districts. Once again, improvement in clinic management could make it more feasible for very harried health workers to counsel mothers when a child's growth has started to falter. This step is critical to prevent a downward spiral in growth and development and stop a child from becoming severely malnourished.

Activities underway. Discussion is underway for a qualitative study on meal planning methods for diabetics and their families in West Bank.

See task 2 for work on clinical guidelines with Module 8 focal group.

The MoH is currently preparing the 2008 Nutrition Surveillance Report. The Director of the Nutrition Department has requested that the consultant review the report and provide feedback to him.

B. Draft at least three protocols/guidelines on nutritional issues as agreed between Flagship and the MoH, based on review of guidelines/protocols in neighboring countries and WHO/UNICEF recommendations.

Activities under this task will contribute to deliverables under Component 2, Objective 2.1 Improve the Quality of Essential Clinical Services for Palestinians, and Task 2.1.1 to Strengthen the capacity of Palestinian health institutions to deliver a quality package of essential primary care services and in particular, adapt existing clinical standards, protocols, and guidelines for use in the Integrated Quality Improvement program.

There have been steep reductions in child mortality and undernutrition in the West Bank, unprecedented innovation in health technology and discoveries in medicine, and a steady decline in mortality. At the same time, a significant increase has occurred in premature deaths related to chronic diseases (diabetes, pulmonary diseases, hypertension, cancer) linked to tobacco addiction and obesity. The West Bank and Gaza are facing the same pattern of "nutrition transition" that the US and other high income nations already experienced.

Gains in identifying dietary risk factors for major non-communicable diseases including cardiovascular diseases (CVD), diabetes and cancer have shown that eating behaviors and other lifestyle factors play a crucial role in prevention and management of these illnesses. Rapid changes in diets and lifestyles that have occurred with urbanization, economic changes and market globalization have accelerated over the past decade. This is having a significant impact on the health and nutritional status of the population. , While standards of living have improved, food availability has expanded and become more diversified, and access to services has increased, there have also been significant negative consequences such as inappropriate dietary patterns and decreased physical activity, and a corresponding increase in diet-related chronic diseases. Changes in the

world food economy are reflected in shifting dietary patterns: for example, increased consumption of energy-dense diets high in fat, particularly saturated fat, and low in unrefined carbohydrates. Changes in geographic location and farming have brought changes in access to fresh produce which have been a healthy part of the traditional diet. These patterns are combined with a decline in energy expenditure that is associated with a sedentary lifestyle ---motorized transport, labor-saving devices in the home, phasing out of physically demanding manual tasks in the workplace, and leisure time that is predominately devoted to physically undemanding pastimes like watching television.

The Lancet series on Health in the Occupied Palestinian Territory, March 5, 2009², A. Husseini, et al summarizes the situation: “Palestinians are undergoing a rapid epidemiological transition. Non-communicable diseases, such as cardiovascular diseases, hypertension, diabetes, and cancer, have overtaken communicable diseases as the main causes of morbidity and mortality.”

For these reasons, the Flagship Project and the MoH intend to improve the prevention and care provided for non-communicable conditions. This is an integral part of both health systems strengthening and health sector reform. Much suffering and disability can be prevented by strengthening the capabilities of the primary health care sector to help patients improve their lifestyles and manage their chronic diseases. Reducing costs for expensive tertiary care, for example hospitalization needed by diabetics who have life-threatening complications and victims of strokes, will free up resources for other health sector needs.

The consultant researched evidence-based clinical practice guidelines on nutrition-related chronic diseases from several other countries, WHO, the Veterans Administration in the US and other sources. She provided a copy of those that were most relevant to Flagship staff and the MoH Department of Nutrition. (See Annex C: Bibliography of Documents Collected/ Reviewed) This task is part of Component 2: Improve the Quality of Essential Clinical Services for Palestinians, and Task 2.1.1: Strengthen the capacity of Palestinian health institutions to deliver a quality package of essential primary care services and in particular, adapt existing clinical standards, protocols, and guidelines for use in the Integrated Quality Improvement program.

The consultant also drafted the nutrition sections of 2 job aids: one for diabetes and one for hypertension. These have been incorporated into completed drafts and are with the MoH for review.

She drafted clinical practice guidelines for diagnosis, evaluation and lifestyle management of overweight in adults for primary prevention of related morbidity and mortality. These are with Flagship staff for review and action.

She also prepared the nutrition management segment of clinical practice guidelines for diabetes and cardiovascular disease, with particular emphasis on hypertension and hyperlipidemia, and nutrition advice to reduce the risk of breast cancer.

Activities underway: Receive comments and suggestions for improvement of the obesity practice guidelines and revise accordingly. Share with MoH responsible counterparts for their input as well.

Complete the medical nutrition therapy sections of clinical practice guidelines for cardiovascular disease with a focus on hypertension and dyslipidemia, and breast cancer. Circulate drafts within

² Accessed at www.thelancet.com

Flagship for review and comment; revise and provide to MoH CD and Nutrition Departments for review.

C. Design a two-year training plan for developing cadres of nutritionists in the MoH, as well as for pre-service and in-service training for MoH personnel at the PHC clinic and hospital levels.

Activities under this task will contribute to deliverables under Component 2, in particular, 2.1.1.5 Continuing Education Program for Primary Health Care Providers. As the MoH is in the process of hiring nutrition Specialists, preliminary work was completed for this task. A comprehensive training plan for nutritionists and health professionals will be completed once the nutritionists are hired.

The consultant discussed training needs for both nutritionists and other MoH PHC personnel and hospital staff with MoH counterparts and Flagship Staff. The consultant was not able to meet the new nutrition personnel to be assigned to secondary hospitals since the selection and hiring process for these staff is not yet complete.

It is clear that additional training is very much needed in counseling skills for all personnel, including doctors, nurses, and health educators. The consultant discussed patient counseling with health clinic staff, the District Health Educator in Nablus as well as the Director of the Nutrition Department. There was agreement that counseling skills is a ubiquitous deficiency that must be addressed by better training especially for non-communicable disease management as well as growth monitoring and promotion and anemia control. For example, successful reduction of iron deficiency anemia requires health providers to encourage compliance with iron supplements, help patients manage side effects, and provide effective dietary advice, all of which require competence in counseling.

Activities underway. The consultant is drafting a two-year training plan, to be presented to the Ministry of Health for review and acceptance during her next visit in December.

D. Assist the MoH in drafting a job description for MoH Nutritionists, as well as nutritional-related components of other job descriptions of MoH personnel.

Activities under this task will contribute to deliverables under Component 2, Deliverable 2.1.1.3 Package of “Essential Primary Care Services” for each level of MoH clinics. As the MoH is in the process of hiring nutrition Specialists, preliminary work was completed for the task. Drafting of job descriptions will take place when the nutrition specialists are on board.

The consultant reviewed the “Package of Essential Primary Care Services” compiled by the Flagship Project and the Primary Health Care and Public Health Directorate of the MoH. The norms and standards of care for clinical and community services defined by this document form the basis of identification of nutrition-related tasks to be carried out by nurses, doctors, community health workers and other health staff.

As a result of discussions held at the MoH, the consultant drafted a letter for the Acting Chief of Party to send to the Minister of Health conveying appreciation of the Nutrition Department and their collaboration as well as the hiring of new nutrition personnel for hospitals.

The consultant met with the Department of Nutrition to understand their vision for nutrition personnel, described as follows (with slight edits by consultant):

17 Community Nutritionists each District

- Counseling for families of malnourished children
- Monitoring of GMP (by CHWs and nurses) according to WHO child growth standards
- Nutrition program planning and implementation based on PNA priorities and local situation
- Technical support for health education and BCC activities

12 Hospital Dietitians for each secondary hospital

- Therapeutic diets for inpatients and outpatients
- Counseling patients to encourage understanding and compliance on therapeutic diets
- Food Service Supervision

NCD Center(s)

Specialists in Clinical Nutrition, especially Diabetic Educators

Activities underway. The following are preliminary job descriptions to be discussed with the MoH Nutrition Department and the Primary Care Directorate:

- **Public Health Nutritionist:** An individual with graduate-level public health preparation in biostatistics, epidemiology, social-behavioral sciences, environmental sciences, health program planning, management and evaluation. The term is usually used for an individual with a Master's degree in Public Health Nutrition.
- **Hospital Dietitians:** A dietitian has completed a baccalaureate degree in dietetics or related area and completed a supervised clinical experience. In many countries, dietitians must pass a national examination administered by a Dietetic Registration Commission to become a Registered Dietitian (RD). To retain the RD status, continuing education activities are required. Dietitians are qualified to perform nutrition screening, assessment and treatment. Dietitians are involved with both food service supervision and therapeutic diet counseling with patients.
- **Community Nutritionists:** An individual with a baccalaureate degree in food and nutrition. The community nutritionist addresses the entire range of food and nutrition issues related to individuals, families, and special needs groups living in a defined geographic area. Community nutritionists oversee and provide technical support to programs that provide access to food resources, food and nutrition education and health related care in a culturally competent manner.

E. Make recommendations based on review of health life styles nutritional components of behavior change communications activities

Activities under this task contribute to deliverables under Component 2, Deliverable 2.2.2.3 Fifteen Behavior Change Communication Modules Targeting Key Health Knowledge and Behaviors for the Palestinian Population, a. Launch 4 BCC modules on diabetes, hypertension, cancer prevention, and healthy lifestyles.

The consultant reviewed the MoH Nutrition Department Action Plan and tabulated “The Nutrition Priority Topics for Behavior Change Communications Palestinian National Authority, Ministry of Health, Nutrition Department Operational Plan of Action for Nutrition 2008-2010”.

She met with the Director of Health Education and Promotion together with the BCC Program Coordinator to discuss the topics and strategize on planning with the Nutrition Department.

In October, November and December 2009 BCC modules on 4 key topics will be launched: all of them have nutrition at their foundation or as a key element: Hypertension, Diabetes, Healthy Lifestyles, and Cancer Prevention. Key messages were summarized for BCC prevention activities from the literature. Nutrition messages for cancer prevention have been shared with the Flagship Staff.

The consultant reviewed the first draft of a health education brochure and shared her comments with the appropriate Flagship project staff.

Activities underway. The BCC strategy development is underway and many nutrition topics are to be included. The consultant is involved in reviewing the technical details for the materials to be developed and decisions on media approaches to be employed.

SECTION III: RECOMMENDATIONS

This section presents recommendations per task of the consultant's scope of work.

A. Review 2007 National Nutrition Survey and summarize key health problems attributable to nutritional etiology.

The following are suggestions for integrated approaches to address the three key nutrition problems in collaboration with the MoH and within the framework/work plan of the Flagship Project:

For iron deficiency anemia:

- A well designed BCC strategy to a) improve compliance with iron supplements and promote dietary diversification and b) disseminate positive practices for feeding young children (identified through "Positive Deviance" interventions in West Bank villages) that result in adequate iron status. Iron deficiency anemia is a seemingly intractable problem that requires an in-depth look at what has worked and what hasn't in order to design an effective set of interventions. These efforts will complement the iron fortification of wheat flour that has begun.
- Strengthen health provider counseling skills to manage side effects and encourage compliance with iron supplements
- Review supply chain management to ensure steady supply of quality iron supplement product

For other micronutrient deficiencies:

- BCC messages to families to promote dietary diversity and in particular inclusion of animal food sources, e.g. eggs, for members of the household at risk of micronutrient deficiencies.
- Dialogue with health sector, women's groups and others on approaches to reduce vitamin D deficiency. Plan appropriate interventions based on these discussions. These might include BCC messages about the importance of 15 minute daily intervals in the sunlight for vitamin D synthesis by the skin and consequences of vitamin D deficiency for women and their children or radio/TV show discussions on the issue of increasing vitamin D deficiency and what can be done about it.

For nutrition-related chronic diseases

I. Diabetes

Strengthening the Nutrition Aspect of Prevention and Management of Diabetes in the Community Objectives:

- A. Enhance clinical practice to help patients manage their diabetes and improve patient care outcomes
- B. Strengthen inter-personal counseling to improve patient ability to self-manage and prevent or slow-down diabetes complications
- C. Improve clinic management to enable sufficient provider-patient interaction time either in face-to-face counseling or through classes for diabetic patients and their families
- D. Promote healthy lifestyle practices in the community to prevent diabetes

Tools for prevention and management of diabetes to be developed with support from the Flagship Project:

1. Clinical Practice Guidelines that include a robust section on nutrition requirements and recommendations
2. Job Aids with specific dietary guidance
3. A tested and refined meal planning method that is feasible, acceptable and effective for Palestinian families.
4. Counseling Cards and Family Reminder Materials for use in inter-personal counseling sessions which incorporate the meal planning method tool.
5. Diabetes Education Classes to be offered to newly diagnosed patients by Diabetes Clinic Staff
6. Behavior Change (BCC) Messages for the public for diabetes prevention and awareness

Interventions: There are 20 Diabetes Clinics within the country, but they are functioning in different ways. It is suggested that the Flagship Project work with the NCD Department and other technical partners to select 2 or 3 clinics to serve as model clinics where new approaches can be developed and the new tools can be incorporated into clinic systems, and then disseminated to other clinics. Identify 2 or 3 clinics to serve as model clinics where new approaches can be developed and the new tools can be incorporated into clinic systems, and then disseminated to other clinics. The NCD Department and other technical partners will select the clinics, but this might fit within the Integrated Multi-sectoral Approach which is being tried out first in Nablus. .

For Other nutrition-related chronic diseases

Two other nutrition-related chronic diseases are targeted by the Flagship Project: cardiovascular disease with hypertension as the entry point and breast cancer for which obesity is a clear risk factor. The Module 8 focal group is working with the NCD Department and the NCD Thematic Group to strengthen the quality of care provided in primary health care facilities and within secondary care. It is important to ensure that specific evidence-based medical nutrition therapy be a part of the clinical practice guidelines and other management tools that Flagship is assisting in developing.

Further, an integrated approach to primary prevention of multiple NCDs is recommended by WHO and is a sensible strategy for the MoH BCC efforts. This will be addressed under task 5.

The MoH Nutrition Department has developed a National Nutrition Surveillance System utilizing data gathered from MoH clinics, MOE schools, and the Palestinian Central Bureau of Statistics (PCBS). The Nutrition Surveillance System incorporates data on a number of priority age groups, but is currently lacking information on chronic diseases. In discussions with the Director of the Nutrition Department, it was proposed that Flagship assist in strengthening the quality of data collected, collaborate on finding a feasible means of obtaining NCD information and analysis of the surveillance data for decision making.

For undernutrition among children birth to 24 months:

Refresher training in Growth Monitoring and Promotion (GMP) is recommended to improve the quality of monitoring and the counseling that should be an essential part of the monitoring process. Supportive supervision should include observations on the GMP process to make sure measurements are accurate and appropriate advice and follow up are provide to the mother.

New and more effective BCC approaches are required to address the timing, frequency and quality of complementary feeding that should begin at 6 months of age when breast milk alone is no longer sufficient for the nutritional needs of the growing child. The most critical period for growth faltering can start at 6-9 months when parents don't always know what and how to best feed their child. The damage that happens during these early months is essentially irreparable and puts an invisible brake on development. The National Infant and Young Child Feeding Strategy and Action Plan stresses the need for more emphasis on improving feeding of children in this vulnerable period along with promoting immediate and exclusive breastfeeding for 6 months.

Training needs have been identified to improve the quality of clinical care in MoH facilities. These will be addressed under task 3.

B. Draft at least three protocols/guidelines on nutritional issues as agreed between Flagship and the MoH, based on review of guidelines/protocols in neighboring countries and WHO/UNICEF recommendations.

Training for health providers on the medical nutrition therapy aspects of the clinical guidelines and job aids is important. In addition, enhancing counseling skills for primary health care practitioners is essential for patient education and self-management. Introduction of these new standards is important for strengthening the quality of care in NCD clinics for diabetes and hypertension. These training areas are covered under task 3.

The Quality Improvement element of the project will complement the introduction of improved standards of care by supporting supervisors to verify adherence and competence in implementing the guidelines. Close coordination with the Module 8 team to assure that checklists and other QI work support the integration of the new standards is needed.

C. Design a two-year training plan for developing cadres of nutritionists in the MoH, as well as for pre-service and in-service training for MoH personnel at the PHC clinic and hospital levels.

The consultant has discussed training needs for both nutritionists and other MoH PHC personnel and hospital staff with MoH counterparts and Flagship Staff. The MoH Nutrition Department in its recently revised Maternal and Child Nutrition Protocols document stresses the need for "competency based" training for health professionals. This is especially important in nutrition since at the present time there are few qualified nutritionists in the country.

It is clear that additional training is very much needed in counseling skills for all personnel, including doctors, nurses, community health workers and health educators. Health professionals who are in direct contact with patients with NCDs need significant training on nutrition related subjects, including nutrition assessment, medical nutrition therapy, and promotion of healthy lifestyles. Technical training for the medical nutrition therapy elements of job aids and new clinical practice guidelines is an important step towards improving chronic disease management at MoH facilities.

The training can be provided as pre-service training for newly hired personnel and in-service training. The Flagship can also explore incorporating the new clinical guidelines and counseling skills into medical and nursing school curricula. Certain elements of dietary advice for prevention of chronic disease and counseling should be added to the community health worker training course and the health educators' academic preparation.

At least 10 days of consultant time is needed to conduct a thorough assessment of (a) nutrition personnel (once they are assigned and onboard at MoH hospitals), educational background in relation to their job descriptions and other health worker knowledge and practices on nutrition topics; and (b) health personnel with nutrition related responsibilities such as dietary assessment as part of medical evaluation, diabetic patient counseling, growth monitoring, weight control promotion, prenatal clinics where iron supplementation is carried out, and other topics. Based on this two part assessment, (a) a training plan will be developed for nutrition personnel based on job descriptions and previous educational preparation; and (b) a training plan will be developed for nurses, doctors, community health workers and health educators to strengthen their capacity to counsel patients, and implement quality nutrition services for which they are responsible.

D. Assist the MoH in drafting a job description for MoH Nutritionists, as well as nutritional-related components of other job descriptions of MoH personnel.

The draft summary job descriptions for MoH nutrition personnel at different levels should be shared with the MoH for their review and use. Full job descriptions are needed for newly hired personnel to be assigned to hospitals. Full job descriptions will be developed for community nutritionists once approval has been obtained from the MoH for creating these positions.

The following preliminary job descriptions should be shared and discussed with the MoH Nutrition Department and the Primary Care Directorate:

Public Health Nutritionist: An individual with graduate-level public health preparation in biostatistics, epidemiology, social-behavioral sciences, environmental sciences, health program planning, management and evaluation. The term is usually used for an individual with a Master's degree in Public Health Nutrition. (There are at present no Public Health Nutritionists to provide this kind of leadership in the MoH. See note below on Fellowships.)

Hospital Dietitians: A dietitian has completed a baccalaureate degree in dietetics or related area and completed a supervised clinical experience. In many countries, dietitians must pass a national examination administered by a Dietetic Registration Commission to become a Registered Dietitian (RD). To retain the RD status, continuing education activities are required. Dietitians are qualified to perform nutrition screening, assessment and treatment. Dietitians are involved with both food service supervision and therapeutic diet counseling with patients.

Community Nutritionists: An individual with a baccalaureate degree in food and nutrition. The community nutritionist addresses the entire range of food and nutrition issues related to individuals, families, and special needs groups living in a defined geographic area. Community nutritionists oversee and provide technical support to programs that provide access to food resources, food and nutrition education and health related care in a culturally competent manner.

It is proposed that one of the Flagship fellowships be designated for a Department of Nutrition staff member (preferably the Director) to enroll in an online Masters of Public Health Nutrition Program. This will enhance the capacity of the Department for program planning, monitoring and evaluation.

E. Make recommendations based on review of health life styles nutritional components of behavior change communications activities

An integrated approach to primary prevention of NCDs is recommended by WHO and is a sensible strategy for the MoH BCC efforts. The consultant can assist with formulation of technical points to be incorporated into BCC activities.

The BCC Strategy should incorporate the priority nutrition topics as defined by the Nutrition Department and continue collaboration on development of the messages. The Nutrition Department's role is to provide the technical content of these messages, while communication experts should advise on media and approaches to promote target behavior changes.

F. Additional areas beyond 5 Tasks

Health Sector Reform includes using information for decision making, service improvement and advocacy. The National M& E Surveillance System on Nutrition is an opportunity for the Flagship Project to support a unit of the MoH that places priority on improving its information system. It has started the process and is producing an annual report with data; but, technical support would be helpful to strengthen analysis and use of the data for decision making, better management and advocacy.

Similarly, working with the Nutrition Thematic Group on planning, implementation and monitoring of nutrition programs can yield good results for the country. For example, costs of medical care can be reduced through effective NCD prevention. And the enhancing the effectiveness of counseling can add value to the PNA investments in primary health care.

SECTION IV: NEXT STEPS

The consultant will return to West Bank on or about December 2, 2009 for three weeks to continue work as described above. Emphasis will be on assessment of training needs and developing training plans. A training needs assessment will be drafted prior to arrival in country and sent to key Flagship staff for review and comments.

Feedback on non-communicable disease materials and job descriptions should be communicated to the consultant for amending these documents.

ANNEX A: TERMS OF REFERENCE

The Flagship Project Scope of Work ST Nutrition Advisor Ramallah

Background

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

The Flagship Project 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 to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

Technical Background and Purpose/Need for ST Consultancy

The Project seeks the services of a highly-qualified nutrition expert to assist the Ministry of Health in analysis and planning for nutrition interventions based on the evidence base currently existing in Palestine. The expert must have substantial experience in developing countries, especially with respect to guidelines and protocols and how to address key nutritional problems that lead to chronic diseases. Experience with Behavior Change Communications (BCC) also is desired, since a major output of Flagship's activities are messages and training on key Palestinian health problems, including healthy lifestyles.

Specific Tasks/Deliverables

1. Review 2007 National Nutrition Survey and summarize key health problems attributable to nutritional etiology.
2. Draft at least three protocols/guidelines on nutritional issues as agreed between Flagship and the MoH, based on review of guidelines/protocols in neighboring countries and WHO/UNICEF recommendations.
3. Design a two-year training plan for developing cadres of nutritionists in the MoH, as well as for pre-service and in-service training for MoH personnel at the PHC clinic and hospital levels.
4. Assist the MoH in drafting a job description for MoH Nutritionists, as well as

- nutritional-related components of other job descriptions of MoH personnel.
5. Make recommendations based on review of health life styles nutritional components of behavior change communications activities.
 6. A Final Report summarizing the above tasks.

Level of Effort

20 Working Days

ANNEX B: PERSONS CONTACTED DURING CONSULTANCY

Eng. Alaal I Abu Rub, Nutrition Department Director, MoH

Dr. Intisar Alem, Director of Planning, MoH

Dr. Khalid Khadry, Director of Primary Health, Nablus Directorate

Mrs. Lubna Salameh Sadder, Director of Health Education and Promotion

Dr. Rawia Lahseh, Director of Diabetes Clinic, Nablus

Nurse Mariam and Nurse Mona, Diabetes Clinic, Nablus

Dr. Umaiye Khammash, Chief of Field Health Program, UNRWA West Bank

Dr. Mohammed Jaber, Nutrition Consultant, UNICEF

Julia Pitner, Country Director, Internews Network

Flagship Staff with whom I worked:

Dr. Damianos Odeh, Deputy Chief of Party and Director of Health Reform

Dr. Jihad Mashal, Senior Technical Health Advisor

Dr. Salem Jaraiseh, Health Program Officer

Dr. Tasneem Atatarh, Monitoring and Evaluation Specialist

Ziad Abdallah, Senior Technical Advisor for Health Sector Reform

Dr. Daoud Abdeen, Primary Health Care Specialist

Ms. Fadiyah Oweis, BCC Program Coordinator

Dr. Maha El Saheb, Quality Assurance Advisor

Ms. Randa Bani Odeh, Community Program Coordinator

Ms. Nadira Sansour, Training Program Officer

Yasir Harb, Management Information Systems

John Shin, Operations Officer

ANNEX C: CONSULTANT CV

Mellen Duffy Tanamly

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22046**

**158 Rees Place
Falls Church, VA**

PUBLIC HEALTH AND NUTRITION CONSULTANT AREAS OF EXPERTISE

Health and Nutrition Design, Implementation and Evaluation Skills

- ◆ Led the design and implementation of a maternal and child health program targeting high-risk regions of Egypt with improved maternal health and neonatal health care.
- ◆ Conceptualized and supervised an innovative national project on emerging and infectious diseases in Egypt to reduce major public health threats and strengthen disease surveillance.
- ◆ Designed a Health Policy Support Program in Egypt focused on policy changes for sustained improvements in the health of women and children.
- ◆ Served as a member of a "Burden of Disease Analysis" team for the design of an expanded USAID West Bank/Gaza health and nutrition program.
- ◆ Evaluated a joint WHO/USAID 20 country health project in West and Central Africa.

Maternal and Child Health and Nutrition

- ◆ Developed and teaching courses on Maternal and Child Nutrition at George Washington University School of Public Health and Nutrition Programs at George Mason University.
- ◆ Provided technical leadership for the USAID/Egypt maternal and child health program, which resulted in sustained reductions in maternal and child mortality.
- ◆ Led a team to provide support for development of an Iraq National Infant and Young Child Feeding Strategy
- ◆ Led the design of a national breastfeeding program in Egypt and promoted the expansion of breastfeeding programs throughout Latin America.
- ◆ Developed a nutrition supplementation program as part of an overall maternal and child health service for families displaced by the civil war in El Salvador.

Program Management

- ◆ Served as Director for Population and Family Health Office in USAID/Jordan with a diverse portfolio of family planning and primary health care projects of more than \$100 million.
- ◆ Directed a \$230 million health program in Egypt consisting of maternal and child health projects, health policy reform and emerging infectious disease initiatives.
- ◆ Managed an NIH-funded research grant to evaluate an herbal remedy for treatment of hepatitis C in Egypt.
- ◆ Served in the Office of African Regional Affairs as the health officer on a project management team for several large regional health projects in Africa.

Team Leader

- ◆ Created and led a multidisciplinary team in achieving significant health and nutrition impact in Egypt in collaboration with host country organizations and other donors.

- ◆ Started up and led an office responsible for design and implementation of health, education, and non-governmental organization projects in a new USAID country program, Belize, CA.
- ◆ Led a team to evaluate a project in Sub Saharan Africa to reduce hunger in food insecure communities through gender informed nutrition and agriculture approaches.

Nutrition Planning and Food Security

- ◆ Reviewed Title II programs in India to recommend ways to enhance impact on child survival.
- ◆ Evaluated Food for Peace Title II programs in West and Central Africa.
- ◆ Started an innovative food and nutrition component as part of a large agricultural project; worked with multisectoral teams incorporating food security concerns in economic planning.
- ◆ Led initiative to utilize child nutrition status as a measure of poverty and household well-being.

Cross-cultural Experience

- ◆ Worked in a broad number of regions and countries and with many types of organizations, including non-governmental, governmental, private sector, universities, and donors.
- ◆ Teaching courses on Design, Monitoring and Evaluation of Nutrition Programs and the US Role in Global Health, Nutrition and Population at George Mason University
- ◆ Working level Spanish and French, Beginning Arabic

WORK EXPERIENCE

Health and Nutrition Consultant 2003 – present

Adjunct Assistant Professor, George Washington University, School of Public Health, Department of Prevention and Community Medicine and George Mason University, Department of Global and Community Health 2003 - present

Part-time Research Associate, University of Maryland School of Medicine, International Health Division, 1999 - 2003

Office Director, Population and Family Health, US Agency for International Development (USAID/Jordan), 2001-2002

Director, Health Office, USAID/Egypt, 1994-1998

Health Development Officer, USAID/Egypt, 1992-1994

Health Development Officer, Latin America Bureau, USAID/Washington, 1990-1992

General Development Officer, USAID/Belize, 1985-1990

Nutrition Advisor, USAID/El Salvador, 1984-1985

Health Development Officer, Africa Bureau, USAID/ Washington, 1983-1984

Health and Nutrition Officer, USAID/Regional Office for West and Central Africa, 1979- 1982

Health and Nutrition Intern, USAID/Africa Bureau, 1977-1978

US Virgin Islands Government, Nutritionist and Dietitian, School Lunch Program, Department of Education, 1972-1977

City of Boston, Nutritionist, Maternal and Child Health Department, 1970-1971

EDUCATION AND TRAINING

MS in Public Health Nutrition, Teacher's College, Columbia University, New York

BA in Food and Nutrition, Simmons College, Boston, Massachusetts

Epidemiological Intelligence Service Course, US Centers for Disease Prevention

Development Studies Program, American University, Washington, DC

PUBLICATIONS

I authored a chapter entitled: “The Nutrition Transition: Changes in Eating Patterns and the Relationship to Chronic Illness” for a new text called “Essentials of Public Health Biology: A Companion Guide for the Study of Pathophysiology” edited by C.U Battle, published in 2009.

ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED/ REVIEWED

1. Palestinian National Authority, Ministry of Health, Nutrition Department Operational Plan of Action for Nutrition 2008-2010
2. Positive Deviance Experience for Reducing Iron-deficiency Anemia in Children, Ard El Atfal, 2007.
3. The Lancet Series on Health in the Occupied Palestinian Territory, March 5, 2009, A. Husseini, et al. Accessed at www.thelancet.com.
4. Package of Essential Primary Care Services, Primary Health Care and Public Health Directorate, Ministry of Health, July 2009
5. Clinical guidelines for the management of hypertension/Edited by Oussama M.N. Khatib, Mohamed Sayed El-Guindy (EMRO Technical Publications Series ; 29)
6. Hypertension Guideline – Second Edition Professional Development & Quality Assurance, Department of Health, Hong Kong
7. Appel, L J et al Dietary Approaches to Prevent and Treat Hypertension: A Scientific Statement From the American Heart Association *Hypertension* 2006;47;296-308 Accessed <http://hyper.ahajournals.org/>
8. Adult Clinical Health Guidelines, Health Systems Strengthening, Jordan, 2006
9. Khatib, Oussama M.N. Guidelines for the prevention, management and care of diabetes mellitus / Edited by Oussama M.N. Khatib (EMRO Technical Publications Series ; 32)
10. VA/DOD Clinical Practice Guideline for the Management Of Diabetes Mellitus In Primary Care, Veterans Health Affairs Department Of Defense, October, 2003
11. Nutrition recommendations and interventions for diabetes: A position statement of the American Diabetes Association. *Diabetes Care* 2008 Jan; 31 Supplement 1:S61-78.
12. Managing Diabetes in Primary Health Care in the Caribbean, Caribbean Research Council and Pan American Health Organization, 2006
13. Clinical Guidelines on the Identification, Evaluation, and Treatment Of Overweight and Obesity in Adults The Evidence Report National Institutes of Health National Heart, Lung, and Blood Institute In Cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases NIH Publication No. 98-4083 September 1998

ANNEX E: LIST OF MATERIALS UTILIZED OR DEVELOPED DURING TDY AND MATERIALS DEVELOPED

Below is a list of materials developed by the consultant during the TDY. The pocket guides and job aids attached are in draft form and under review by the MoH. Once approved by the MoH, the job aids and guides will be submitted to USAID for approval. Copies of the materials listed below can be provided to USAID upon request.

Materials utilized:

- Nutrition Priority Topics for Behavior Change Communications, Palestinian National Authority, Ministry of Health, Nutrition Department Operational Plan of Action for Nutrition 2008-2010

Pocket references, guides, and other technical materials developed:

- Pocket Reference for the Evaluation and Management of Diabetes Mellitus - Nutritional Segments and BMI chart
- Pocket Quick Reference for Hypertension – Nutritional Segments and BMI Chart
- First Draft of Guideline for assessment and management of overweight and obesity in adults
- Nutrition Management of Diabetes (to be incorporated into full Diabetes Evaluation and Management Guidelines by Flagship staff)
- Patient Guide for Meals and Diabetes to accompany Medical Nutrition Therapy for Diabetes
- Nutrition messages on “Reduce your risk for cancer” (especially for breast cancer)
- Nutrition Management of Cardiovascular Disease- with particular emphasis on Hypertension and High Cholesterol. (To be incorporated into full Cardiovascular Evaluation and Management Guidelines by Flagship staff)