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WEST BANK/GAZA

PREVENTION AND MANAGEMENT OF THE DIABETIC FOOT

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT**

SHORT-TERM TECHNICAL ASSISTANCE REPORT

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STANDARDS OF CARE CONSULTANT**

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Contract No. 294-C-00-08-00225-00

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ACRONYMS

AVH	Augusta Victoria Hospital
DM2	Diabetes Mellitus Type 2
IWGDF	International Working Group on the Diabetic Foot
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
OJC	On-the-Job Coaching
PEN	Package of Essential Non-Communicable Disease Interventions for Primary Health Care
PHC	Primary Health Care
SOC	Standards of Care
SOW	Scope of Work
STTA	Short-Term Technical Assistance
USAID	United States Agency for International Development

ABSTRACT

During the short-term technical assistance (STTA) period, the consultant:

- Assisted the primary health care (PHC) team with the introduction of the Standards of Care (SOC) on non-communicable diseases (NCDs) to Ministry of Health (MOH) officials. The consultant focused on one of the complications of Diabetes Mellitus, Diabetic Foot.
- Provided on-the-job coaching (OJC) for physicians on the prevention, diagnosis, and treatment of Diabetic Foot.
- Analyzed the current situation in MOH clinics:
 1. Are physicians and nurses knowledgeable about the complications of diabetes?
 2. Is the infrastructure ready for the implementation of the SOC? When necessary, how could this be improved?
- Developed teaching and education materials for doctors and nurses about foot care for diabetic patients. This educational material can be used during formal training sessions and OJC. In the future, it could also be used as a national guideline for the prevention and management of the diabetic foot.

SUMMARY OF RECOMMENDATIONS

Within the next month:

- Facilitate access for all MOH physicians to the SOC for NCDs.
 - The Project will provide each MOH clinic with a hard copy of the SOC.
 - Soft copies also can be sent to other health care providers that are involved in NCD patient care.
- Support training conducted by MOH trainers (trained by Al Najah University) in each district.
- Organize formal training on NCDs according to the SOC for all physicians and nurses involved in NCD care, including prevention, examination, and treatment of Diabetic Foot, that is based on the International Consensus for Prevention and Management of the Diabetic Foot made by the International Working Group on the Diabetic Foot (IWGDF).

Within the next six months:

- Facilitate the provision of formal training and OJC for all physicians on the prevention, diagnosis, and treatment of Diabetic Foot (this training could be provided either by Project consultants, long-term employees, or MOH supervisors).
- In cooperation with the directorates, strategize and create a plan to organize Supportive Supervision for doctors that will follow up on and replace the OJC sessions on the SOC.
- Further develop the national protocol for foot care in diabetic patients, in cooperation with other institutions such as Augusta Victoria Hospital (AVH), the NCDs center in Ramallah, and Al Najah University.
- Develop a document to prescribe the needed elements of a specialized foot care clinic (e.g., Which equipment is essential? How should personnel be trained?).

Within the next year:

- Open a referral center and/or clinic for diabetic foot patients in every directorate that is staffed by trained nurses and physicians and has adequate equipment.
- Continue provision of training on foot care for additional nurses and physicians.
- Organize special Diabetes Mellitus Type 2 (DM2) clinic hours.
- Establish an effective appointment system for patients with NCDs in targeted clinics.
- Organize ongoing education sessions for patients, family, and health care workers that are conducted in every MOH clinic to increase awareness about Diabetic Foot complications.

SECTION I: INTRODUCTION

The Palestinian Health Sector Reform and Development Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), designed and implemented in close collaboration with the Palestinian Ministry of Health (MOH). The Project's main objective is to support the MOH, selected non-governmental organizations (NGOs), 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.

This consultancy contributes to the second Project area, "strengthening clinical and community based health." Increasing knowledge and practical skills about NCDs and their complications enables physicians to provide a higher quality of care. The consultancy focused on one particular aspect of NCD: Diabetic Foot, a complication of DM2.

OJC forms an essential part of the Project's approach in strengthening clinical and community based health. OJC for Diabetic Foot-related problems forms part of the continuum for NCD OJC overall. NCD OJC was started during an earlier stage of the Project, but is still ongoing. OJC for Diabetic Foot, conducted by other Project consultants, includes theoretical training on NCDs and assistance with the implementation of the SOC in clinics.

Ideally, OJC for Diabetic Foot-related problems follows the general NCD training. Physicians and other health care staff should have a decent amount of general knowledge about NCDs and the implementation of the SOC before starting the OJC on Diabetic Foot.

SECTION II: ACTIVITIES CONDUCTED

During this STTA period, the consultant conducted OJC sessions with physicians in several clinics in different districts, including the following districts and clinics.

- Hebron District Clinics: Nuba, Kharas, Beit Ummar, Bani Naim, Raqa, Yatta, and Idna.
- Jenin District Clinics: Deir Abu De'if and Alayamoun.
- Qalqilya District Clinics: Qalqilya, Kafr Qadum, Kufr Thulth, and Azzoun.

OJC sessions focused on the prevention, examination, and management of Diabetic Foot. Special attention was paid to the management of non-ulcerative conditions and to referral procedures (i.e., when and where to refer a patient with Diabetic Foot).

The content of the training is based on the SOC that were developed by the MOH and the Project and on the International Consensus on Prevention and Management of Diabetic Foot (see *Annex D5: International Consensus on Prevention and Management of the Diabetic Foot*). The level of the training provided is dependent on the previous knowledge and practical skills of the physician.

As decided by the Project PHC team, two sessions are dedicated to OJC of Diabetic Foot and a third session is used as follow up. These sessions are structured as follows:

First session:

- Introduction of the Project. Brief evaluation of previous NCD OJC sessions.
- Introduction of Diabetic Foot. Exploration of the physician's level of knowledge:
 1. What does the physician know about complications of DM2 and Diabetic Foot?
 2. What does the physician tell patients about Diabetic Foot?
 3. What examination does the physician do? How often?
 4. To where does the physician refer Diabetic Foot patients? When does the physician make these referrals?
- Introduction of Prevention and Examination Pocket Card (see *Annex E1 and E2: Pocket Card Prevention and Pocket Card Examination*).
- Examine and/or educate patients together and report in the Diabetic Foot file.
- Hand out pocket cards on prevention and examination for study and practice.
- *Homework*:
 1. Examine two patients before next the meeting and report in the Diabetic Foot file.
 2. Study pocket cards.

Second session:

- Repeat information from the first session.
- Discuss questions or problems encountered since last training and the homework cases.
- Introduce the management of Diabetic Foot according to the job aid "Management of Diabetic Foot" developed by the Project.
- Examine patients together.

- *Homework:*
 - I. Examine patients before next the meeting and report in the Diabetic Foot file.

Third follow up session:

- Repeat information from previous sessions.
- Discuss questions or problems encountered since last training session.
- Examine patients together.

The consultant conducted meetings with medical directors from each district to talk about the current situation and stress the importance of comprehensive foot care. On July 24, 2012 the consultant met with the Medical Director of the Jenin district, and on August 14, 2012 the consultant met with the Medical Director of the Hebron district. The consultant also attended meetings with Project staff on the status of the consultancy. During these meetings, a strategy for the next quarter was developed and “Graduation Criteria” for the clinics were set.

The consultant produced written contributions including observations and recommendations about the current state of the consultancy. These contributions were shared with the supervisor:

- Introduction of the SOC in clinics and challenges to their implementation (see *Annex E5: Introduction of SOC in Clinics*).
- Challenges of current infrastructure (see *Annex E4: Challenges in Current Infrastructure*).

The consultant conducted meetings with the manager of the AVH Diabetes Center on the development of a national protocol for Diabetic Foot and about AVH’s “screening bus” initiative for complications of diabetes. The consultant developed the following educational materials:

- Job Aid: Pocket Card Prevention (draft version – see *Annex E1: Pocket Card Prevention*).
- Job Aid: Pocket Card Examination (draft version – see *Annex E2: Pocket Card Examination*).
- Form to Report Foot Examination: Diabetic Foot Form (draft version – see *Annex E3: Diabetic Foot Form*).

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

A. Findings

See *Annex E4: Challenges in Current Infrastructure* and *E5: Introduction of SOC in Clinics*.

Please note: when the word “physicians” is used, this is a generalization used to describe the visited physicians.

Standards of Care (SOC)

The SOC were launched in July 2012. The SOC contain a paragraph on the Prevention and Examination of Diabetic Foot. Through the SOC, the prevention and management of diabetic foot becomes an obligatory part in the management of diabetic patients. The inclusion of Diabetic Foot in the SOC marks a critical improvement in the quality of foot care in the Palestinian Territories.

During the time of this consultancy, the SOC were not available in the clinics. When OJC began, physicians and nurses were not familiar with the contents of the SOC concerning foot care and had not received formal training. The physicians did receive several OJC sessions on the treatment of NCDs by Project staff members.

Knowledge of Diabetic Foot and Current Practices

- For most physicians: some theoretical knowledge is present, yet practical skills are lacking.
- Knowledge about prevention and examination is often not used in the clinics due to lack of time or priority.
- For most nurses: the nurses’ knowledge of foot care is more up-to-date than that of physicians. This is the result of the Project’s interventions in this field through OJC.
- The focus of foot care currently provided is on treatment or referral of patients with existing ulcers.
- Physicians do not routinely examine the feet of diabetic patients. Only when a patient presents with a foot problem does the physician examine the feet of a diabetic patient.
- The importance of non-ulcerative conditions in the prevention of Diabetic Foot is underestimated.
- Foot examination is often not reported in patient files.
- There are no sufficient referral centers for diabetic patients with ulcers.
- Sufficient equipment is not available in the clinics to do the required physical examination (i.e., monofilament, mirror box, tuning forks, biothesiometer etc.).
- Physicians are eager to learn more about Diabetic Foot.
- Physicians struggle with having time to do physical examinations and deliver preventive messages.

Success Stories

- Nurses in Qalqilya clinics have benefitted from earlier training and OJC on Diabetic Foot, conducted by Project staff. Their knowledge is up-to-date, though cooperation with physicians on the treatment of non-ulcerative and ulcerative conditions and increasing awareness are still points of attention
- Medical directors in Hebron, Qalqilya, and Jenin seem to be aware of the scope of Diabetic Foot problems. They express the intention to invest more in foot care by training more specialized personnel and by establishing new foot care clinics.
- Raqa clinic staff in Hebron demonstrated that it is possible to have a good quality NCD clinic for DM2 that implements an individualized approach to each patient. This was possible due to a number of factors, such as having a motivated team and a knowledgeable physician who is eager to learn and improve his skills. This experience showed that it is possible to have such systems in clinics within the current MOH structure.

B. Challenges

MOH Commitment to the SOC

The SOC represent a new system that MOH physicians and clinics must adopt. In order to work according to this new system and institutionalize reform and development, MOH physicians, nurses, and clinics must commit to and be enthusiastic about the SOC. Introducing the SOC is not always a top priority for clinics. It is therefore the task of MOH directorates, in coordination with Project staff, to prioritize the rollout of the SOC in all clinics. This requires facilitating other changes to the health care system that may be necessary in order to implement the new system.

Some practical hurdles that need to be addressed include:

- High patient load for physicians and the lack of an appointment system.
- Lack of staff, especially nurses, who are forced to perform several tasks at the same time.
- Lack of equipment (e.g. monofilament, tuning forks, etc.).
- Rotation of physicians, preventing the formation of a stable and committed team of health care providers.

Solving these issues is not feasible for this consultancy, but these issues are important to keep in mind and eventually address in order to achieve success.

Communication between Different Stakeholders in the Health Sector

In the Palestinian Territories, multiple health care providers are active. A variety of organizations cooperate with the MOH and health-related projects are funded by different donors. As a consequence, overlap may occur and communication between different health care providers is essential. Examples of this include:

- Formal training on NCDs is coordinated between the Project, the MOH, and other stakeholders. The MOH has trainers who were trained by Al Najah University and will conduct trainings in all districts. In cooperation with the MOH and Juzoor, the

Project has already organized one formal training on NCDs and the Project's PHC team has started to facilitate OJC in all targeted clinics. The WHO is planning to conduct training on the Pen approach and to start a pilot implementation in one district; good communication here will maximize the chances for better outcomes.

- When the SOC were launched, the WHO introduced the Package of Essential Non-Communicable Disease Interventions for Primary Health Care (PEN) approach (the PEN approach was also taken into consideration during the finalization of the SOC). This gives an opportunity for the MOH to plan for comprehensive services related to NCD care.
- In concert with the Project's current foot care strategy, the MOH is cooperating with the AVH foot care screening and management program. Such communication and alignment of programs is of utmost importance.

C. Recommendations

Within the next month:

- Facilitate access for all MOH physicians to the SOC for NCDs.
 - The Project will provide each MOH clinic with a hard copy of the SOC.
 - Soft copies also can be sent to other health care providers that are involved in NCD patient care.
 - During the final days of this consultancy, the MOH directorates had started distributing the SOC to all clinics.
- Support training conducted by MOH trainers (trained by Al Najah University) in each district.
- Organize formal training on NCDs according to the SOC for all physicians and nurses involved in NCD care, including prevention, examination, and treatment of Diabetic Foot, that is based on the International Consensus for Prevention and Management of the Diabetic Foot made by the International Working Group on the Diabetic Foot (IWGDF).
 - Project staff is advised to continue to communicate with MOH counterparts about the importance of organizing the formal training as soon as possible.
 - Project staff is advised to ensure that the prevention and management of Diabetic Foot is covered properly during this training.

Within the next six months:

- Facilitate the provision of formal training for all physicians on the prevention, diagnosis, and treatment of Diabetic Foot (this training could be provided either by Project consultants, long-term employees, or MOH supervisors).
 - After the formal training, all physicians should receive OJC to assist them with the implementation of appropriate foot care in their clinics.
- In cooperation with the directorates, strategize and create a plan to organize Supportive Supervision for doctors that will follow up on and replace the OJC sessions and support the implementation of the SOC.
 - When a physician has received the general NCD OJC sessions and three OJC sessions on Diabetic Foot, a MOH supervisor should be available for all remaining questions about management, organization, and follow up of NCDs and foot care.

- This supervisor could be a physician and/or specialist in NCDs that works in one of the referral clinics. The supervisor could also organize training sessions on NCDs for the physicians in his or her referral area.
- Further develop the national protocol for foot care in diabetic patients, in cooperation with other institutions such as AVH, the NCDs center in Ramallah, and Al Najah University.
 - Coordination between the different actors should take place.
 - The Pocket Cards on prevention and examination could be used as an example.
- Develop a document to prescribe the needed elements of a specialized foot care clinic (e.g., What are the minimum standards? Which equipment is essential? How should personnel be trained?).
 - This should be done in coordination with existing referral centers, for example, the Dura Center and AVH.

Within the next year:

- Open a referral center and/or clinic for diabetic foot patients in every directorate that is staffed by trained nurses and physicians and has adequate equipment.
- Continue provision of training on foot care for additional nurses and physicians.
- Organize special Diabetes Mellitus Type 2 (DM2) clinic hours. During these hours:
 - There should be time for full examinations and opening files for new patients.
 - There should be time to update and/or complete patient files.
 - Educational sessions should be offered during patients' waiting time via health educational videos played in the waiting area that cover all aspects of DM2. Videos should be played on a loop so that the messages are kept playing and repeating all day.
 - Laboratory services should be available.
 - DM2 medication should be available.
- Establish an effective appointment system for patients with NCDs in targeted clinics.
- Organize ongoing education sessions for patients, family, and health care workers that are conducted in every MOH clinic to increase awareness about Diabetic Foot complications.

D. Next Steps

- Ensure that the SOC for NCDs are available in each MOH PHC center.
- Conduct formal training on NCDs according to the newly developed and adopted SOC for personnel working in MOH PHC centers.
- Coordinate with other stakeholders through the NCDs thematic group to:
 - Organize the formal training on NCDs (i.e., schedule, content, and targets).
 - Produce the national foot care protocols.

ANNEX A: SCOPE OF WORK

Short-Term Consultancy Agreement Scope of Work

SOW Title: Clinical Standards Consultant

Work Plan No: Technical , C. 03.

SOW Date: 5/22/2012

SOW Status: DRAFT

Consultant Name: Dr. Myrte Damming

Job Classification: Short-Term Local TCN Consultant (STTA)

Reporting to: Dr. Salem Jaraiseh

I. Palestinian Health Sector Reform and Development Project Objective

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

II. Specific Challenges to Be Addressed by this Consultancy

With the release of 2011 funding, the Project will continue its work in the districts of Nablus, Qalqilya, Hebron and South Hebron and will scale up its implementation on three more communities in the Salfit, Toubas and South Hebron Primary Healthcare (PHC) directorates. The Project will also be rolling out to an additional 23 communities in four new health directorates: Jenin, Tulkarem, Jerusalem and Jericho. In total the Project expects to have rolled out to 32 new communities across the West Bank.

The Project developed and updated a number of protocols and guidelines, in Year 2, focusing on non-communicable diseases (NCDs), mother and child health, infection prevention, nursing care, as well as Standards of Care (SOC) for health centers' management that would ensure the unification of health services provision process and that the health center staff have the up-to-date and essential clinical guidance.

The SOC were produced to serve as a reference, a guide for service delivery and a tool to support the performance improvement. When following the criteria set in the standards of care, members of the health staff are assured that the services meet the required and accepted standards of care, so as to improve the quality of health service delivery at the PHC level.

III. Objective and Result of this Consultancy

Training on the use and implementation of these tools and products requires individuals with sufficient background and knowledge of the current system to assure the needed proper implementation. The training will target doctors, nurses, and health facility managers to assure consistency in service delivery and proper future monitoring.

IV. Specific Tasks of the Consultant

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

A. Background Reading Related to Understanding the Work and Its Context.

The Consultant shall read, but is not limited to, the following materials related to fully understanding the work specified under this consultancy:

- MOH Institutional Development Plan (IDP) (and any updates)
- Flagship Project Contract Section C
- Year 4 Implementation Plan
- Most recent quarterly report
- Essential Package of Services and Standards of Care developed by the Project.

B. Background Interviews Related to Understanding the Work and Its Context.

The Consultant shall interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:

- Dr. Jihad Mashal, Deputy Chief of Party – Technical Programs
- Dr. Daoud Abdeen, Director of Primary Healthcare
- Dr. Salem Jariaseh, Manager, Quality Assurance

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

- Supporting the Project's PHC Team in preparing for and conducting formal training on the implementation of the NCDs SoC for MOH PHC clinical staffs in three geographic areas (North, Middle, and South West Bank).
- The consultant will focus on the Diabetes Mellitus complications (mainly the Diabetic Foot)
- Train targeted doctors and nurses in MOH PHC clinics supported and covered by the Project's activities.
- Develop related documents to the formal training such as pre and post-tests, and training evaluation forms.

- The consultant will also provide on the job coaching in selected clinics and directorates as a follow up of the formal trainings.
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Project staff to revise the tasks and expected products to accommodate for the new priorities.
- In addition to the above-listed tasks, the Project welcomes additional contributions and creative ideas in support of the Project objectives.
- The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Project goals and objective where possible.

V. Expected Products.

Within three days of the consultant's first day of work (unless otherwise specified), the consultant should provide the methodology for successfully completing the work (using Annex I: STTA Methodology). The substance of, findings on and recommendations with respect to the above-mentioned task shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using Project-provided STTA report template provided in the Welcome Packet). A draft of this report is due no later than 3 business days prior to the consultant's last day of work (unless otherwise specified) and final no later than 7 business days after the consultant's last day of work.

1. Training on the diabetic foot management conducted for staff working in the MOH clinics covered by the Project's activities in three areas (North, Middle, and South).
2. Tools and forms developed for the formal training on diabetic foot management.

VI. Timeframe for the Consultancy.

The timeframe for this consultancy is on or about 7/1/2012 and will conclude on or about 8/31/2012.

VII. LOE for the Consultancy.

The days of level of effort are estimated to be **up to 20** days for work in West Bank. Unless otherwise specified, up to two (2) days may be allocated for preparation of the work and up to two (2) days upon conclusion of work.

VIII. Consultant Qualifications.

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

Educational Qualifications

- Graduate degree in medicine or a related field.

Work Experience Qualifications

- At least 8 years of experience in the field of health services delivery
- Experience with international standards development, protocols and guidelines.
- Familiarity with USAID and international experience

- Extensive knowledge and experience in health services and systems in the West Bank and Gaza
- Ability to work with and communicate with a wide variety of people, with adult teaching approaches for conducting trainings and workshops.
- Excellent writing and communication skills in English and Arabic, with ability to translate documents as needed.

VII. Other Provisions.

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

ANNEX B: ASSIGNMENT SCHEDULE

Project Consultancy				
Day	Date	Hours	Where	Activity
Monday	7/16/2012	8	Nuba, Kharas	OJC
Tuesday	7/17/2012	8	Der Abu Daif, Sanour, Alayamoun	OJC
Wednesday	7/18/2012	8	Office	Launch SOC, meeting AVH
Thursday	7/19/2012	8	Office	Preparation: reading, interviews, vitsiting clinics
Monday	7/23/2012	8	Office	Meeting dr. Jihad Mashal, Meeting AVH, reporting
Tuesday	7/24/2012	8	Der Abu Daif, Jenin Directorate	OJC
Wednesday	7/25/2012	8	Tayasir	OJC with dr. Nadim
Thursday	7/26/2012	8	Office/home	Preparation: reading, interviews, visiting clinics
Monday	7/30/2012	8	Nuba, Kharas	OJC
Tuesday	7/31/2012	8	Office meetings	
Wednesday	8/1/2012	8	Nuba, Kharas	OJC
Thursday	8/2/2012	8	Raqa, Yatta	OJC
Monday	8/6/2012	8	Kufr kadum, Qalquilya	OJC
Tuesday	8/7/2012	8	Iddna	OJC
Wednesday	8/8/2012	8	Der Abu Daif, Alayamoun	OJC
Thursday	8/9/2012	8	Der Naim	OJC
Monday	8/13/2012	8	Azoun, Hableh	OJC
Wednesday	8/15/2012	8	Meetings	Meeting AVH, meeting office
Friday	9/7/2012	8	Home	Final report

ANNEX C: CONSULTANT CV

Personal data

Work experience

- July 2012 - ongoing Consultant Primary Health Care at Flagship Project, USAID, Ramallah
Assisting in the introduction of the Standards of Care (on NCD and Diabetic Foot in particular) in MOH clinics. OJC of physicians on Diabetic Foot care.
- Jan 2011 - ongoing Volunteer at Augusta Victoria Hospital Jerusalem
Diabetes Care Centre of Excellence.
Responsible for the development of the protocol 'Foot care in the Diabetic patient'.
Assisting the team in improving quality of care and working according to JCI accreditation.
- Jan 2011 - April 2012 Volunteer at Red Crescent Hospital, Al Bireh
Obstetrics Department
Assisting in Antenatal Care Clinic
- Mar 2010 - Sep 2011 Family Medicine Residency Program
University of Leiden, The Netherlands
Residency program including internships in Family Medicine, ER medicine, Geriatrics, Psychiatry. Weekly workshops on communication skills, ethics, quality improvement and management.
- Feb 2009 - Feb 2010 Resident doctor Emergency Medicine Department

Bronovo Hospital, The Hague, The Netherlands *Responsible for emergency cases in fields of Internal Medicine, Pulmonology, Cardiology, Surgery, Neurology.*
Responsible for the development of continuous training program for residents.

Jan 2008 - Jan 2009

Resident doctor Gynaecology and Obstetrics Department
HAGA Hospital, The Hague, The Netherlands
Responsible for patients in labour ward and OPD.
Development and supervision of monthly Obstetric Emergency Drills.

Public Health projects

Jul 2007 - Sep 2007

Zidim Mission Hospital, Zidim, Cameroon
Introduction of ultrasound screening in antenatal care, including training and coaching of midwives and doctors.

Apr 2007 - Jun 2007

Female Cancer Program, Leiden University, the Netherlands
Study on increasing awareness and achieving behaviour changes concerning cervical cancer and STDs in Indonesia.

Aug 2005 - Sep 2005

St. Lukes Hospital, Malosa, Malawi
Introduction of Kangaroo Mother Care and education of health care workers.

Publications

2008

Nellen, J., Damming, M., et al (2008), Steady-state nevirapine plasma concentrations are influenced by pregnancy. *HIV Medicine*, 9: 234–238.

May 2007

Oral presentation at the European Congress on Tropical Medicine and International Health, Amsterdam

Education

2002 - 2007

Medicine, Utrecht University, The Netherlands
Medical Doctor degree: October 4th 2007

1999 - 2002

Bachelor of Science, Major in Life Sciences
University College Utrecht

1998 - 1999

Cambridge Proficiency Exam
EF Language School, London, UK

1992 - 1998

Pre-University Education
Regionale Scholengemeenschap Stad en Esch
Meppel, The Netherlands

Skills

Languages

Dutch	Native speaker
English	Near native speaker
French	Moderate
German	Moderate
Arabic	Written Beginner, Spoken level 4
Microsoft Office	

Computer skills

Personal interests

Sports (tennis, squash, running, skiing), photography

ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED

- D1. Project Year 4 Implementation Plan
- D2. Most recent quarterly report
- D3. Essential Package of Services
- D4. Standards of Care
- D5. International Consensus on Prevention and Management of the Diabetic Foot, developed by the International Working Group for the Diabetic Foot
- D6. Standards of Medical Care in Diabetes, 2012
http://care.diabetesjournals.org/content/35/Supplement_1/S11.full.pdf+html
- D7. Comprehensive Foot Examination and Risk Assessment, A report of the Task Force of the Foot Care Interest Group of the American Diabetes Association, with endorsement by the American Association of Clinical Endocrinologists
doi: 10.2337/dc08-9021Diabetes Care August 2008 vol. 31 no. 8
- D8. Richtlijn Diabetische voet, 2006 (Dutch Guideline for the Diabetic Foot, 2006)

ANNEX E: LIST AND COPY OF MATERIALS DEVELOPED AND/OR UTILIZED DURING ASSIGNMENT

- E1. Pocket Card Prevention (based on International Consensus of the Prevention and Management of the Diabetic Foot)*
- E2. Pocket Card Examination (based on International Consensus of the Prevention and Management of the Diabetic Foot)*
- E3. Diabetic Foot Form*
- E4. Challenges in Current Infrastructure*
- E5. Introduction of SOC in Clinics*

*All materials are on Project server.