

# **Project Title**

## **Cystic Fibrosis Rehabilitation Clinic**

**Caritas Baby Hospital / Bethlehem**

**Medical Director:** Dr Hiyam Marzouqa

**Administrative director:** Mr. Edward Dabdoub

**Medical Laboratory Director:** Dr Musa Hindyeh

Palestinian Health Sector Reform and Development  
Project (" the Flagship Project")

**Reporting Period:** September 1<sup>st</sup> 2010 - September 30<sup>th</sup>, 2010

**Date Report is submitted:** October 4<sup>th</sup> 2010

**Organization Name:** Caritas Baby Hospital / Bethlehem

**Author of the report:** George Zoughbi, B.Sc. M.D. / Pediatrician & Project Manager

## Section I: Organization General Information

<b>Name of Organization</b>	<b>CARITAS BABY HOSPITAL</b>
<b>Mailing Address</b>	<b>P. O. BOX 11535. Jerusalem; ISRAEL - 91114</b>
<b>Physical Location</b>	<b>Bethlehem, West-Bank / Palestinian Territories</b>
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<b>Organization's Contact Person</b>	<b>Dr. George Zoughbi / Pediatrician &amp; Project Manager</b>
<b>Grants Tracking Number</b>	<b>SGA 10-10</b>
<b>Title of Activity</b>	<b>Cystic Fibrosis Rehabilitation Clinic</b>
<b>Start Date of Reporting Period</b>	<b>September 1<sup>st</sup>, 2010</b>
<b>End Date of Reporting Period</b>	<b>September 30<sup>th</sup>, 2010</b>
<b>Date Report is Submitted</b>	<b>October 4<sup>th</sup>, 2010</b>

## Section II: Reporting Period Background Summary

This period began on September 1<sup>st</sup>, 2010 with the establishment of a "Social Work" file with our social worker "Mrs. Wafa' Qumsieh" who is working on issuing special services cards for the 30-CF patients we have to date, so that they can receive all services at our hospital for free. Both Mrs. Wafa' and Ms. Amal are now calling the families of CF patients to update their information and pave the way for the future home visits. The number of beneficiaries during this period was 30-known CF patients who were registered to receive cards from Caritas hospital that entitle them for free treatment. Eleven patients were seen in the outpatient physiotherapy clinic during this period and underwent chest physical therapy as well as sputum culture screening for the (Pseudomonas) bacteria. Ms. Amal Nassar and Mrs. Asma Siman provided intensive chest physical therapy for these patients. Ms. Amal Nassar also provided yoga classes and dietary counseling. Six patients were seen by Dr. George for a general physical exam and dietary counseling; sputum cultures were obtained by Ms. Amal. Sputum cultures' analysis was performed by the Caritas Hospital Medical laboratory under the supervision of Dr. Musa Hindyeh. Five CF patients during this period, apart from the 7 patients identified during the previous period, were found to be infected with the (Pseudomonas) bacteria and were admitted to Caritas Hospital for inpatient treatment with antibiotics, vitamins, inhalation therapy as well as chest physiotherapy. Our pharmacist, Mrs. Hiyam, was phenomenal in securing a great deal of vitamins and antibiotics from external sources such as Italy and Germany that we could use for the treatment of our CF patients. She is also constantly asking for donations of necessary medications in order to ensure the continuity of care of our inpatient services. Inpatient treatment continues to be supervised by Dr George Zoughbi. Quality of life questionnaires continue to be administered to our CF patients by our physiotherapists especially Ms. Amal Nassar. The work on the CF database which was started during the previous period by our IT department continues as planned during this period under the supervision of Mr. Michael Sleibi and Mr. Atallah El-Araj.

### Section III: Outputs Achieved during this Reporting Period

*(Please provide a detailed account of each output achieved during this reporting period)*

- 11 dietary counseling sessions were provided during this period to 11-patients and their families during outpatient visits with Dr. George and Ms. Amal Siman
- 8 chest physiotherapy sessions plus 8 yoga classes were provided to 8-patients during outpatient physiotherapy sessions with Mrs. Asma and Ms. Amal
- 140 chest physiotherapy sessions were provided to 11-patients admitted to our hospital for inpatient care (Six of these patients were admitted during the previous period and discharged home during this period “September” after completion of their treatment).
- 7 quality of life questionnaires were administered during this period, which helped identify a group of CF patients in need for counseling and sputum culture screening. Five of these patients were found to be infected with the notorious *Pseudomonas* bacteria and were admitted for inpatient treatment.

### Section IV: Summary of Major Accomplishments / Unexpected outputs

Through the implementation of the “Quality of Life Questionnaire” it is becoming clear to us that poor health and poor psychosocial status in our CF population, as identified from analyzing the questionnaires, are directly related to poor compliance with therapy as well as infection with the *Pseudomonas* bacteria. The capability of our Medical Laboratory, under the supervision of Dr. Musa Hindiyeh, to identify the *Pseudomonas* bacteria and the antibiotics it is sensitive to is unrivaled in the Palestinian Territories and has helped our medical team implement the best treatment guidelines for our CF patients. Feedback from our patients will be obtained during the next reporting period.

Unfortunately, the delay in bids approval, the obtaining of the laboratory expendable supplies and the purchasing of the project’s proposed equipment has significantly delayed the implementation of our proposed activities such as the Genetic/DNA testing, educational workshops and home visits. We were unable to objectively test the improvement in lung status and respiratory function due to the delay in obtaining the Spirometry machine.

Reproduction of the Educational brochures for distribution to CF patients and their families has not yet been approved by USAID due to refusal of WHO to include USAID logo on the brochures.

## Section V: Comparison of Actual vs. Planned Activities

(Please compare actual work accomplish vs. planned activities, noting that any deviation between implementation and the agreement must be approved by Flagship Grants Manager)

Activity No.	Activity Title	Planned	Accomplished	Reason behind discrepancy
1.	CF Patient recruitment	Yes	Yes	N.A.
2.	Patients Home Visits	Yes	No	<b>Services not fully operational yet. Must have Spirometry and Genetic testing ready prior to home visits.</b>
3.	DNA and genetic testing	Yes	No	<b>Laboratory expendable supplies not yet available</b>
4.	Quality of Life Questionnaires	Yes	Yes	N.A.
5.	Dietary and psychosocial counseling	Yes	Yes	N.A.
6.	Inpatient treatment of CF patients	Yes	Yes	N.A.
7.	Pulmonary Function Testing	Yes	No	<b>Equipment not yet available</b>
8.	Educational workshops for health Care providers about our newly established services	Yes	No	<b>Cannot advertise for Services that do not yet exist in our Hospital. Services must be fully operational prior to the start of workshops.</b>
9.	CF Database creation	Yes	In progress	N.A.

## Section VI: Monitoring and Evaluation Tracker

<i>Objective</i>	<i>Result</i>	<i>Indicator</i>	<i>Output /Outcome</i>	<i>Data Source</i>	<i>Frequency</i>	<i>Responsible Person/Team</i>	<i>Baseline Value (7/8/10)</i>	<i>Target Value (7/8/11)</i>	<i>Actual Value (30/9/10)</i>
<b>Increasing Awareness</b>	Increased	# of counseling sessions	Output	CF Team	Monthly	Dr. George Z Wafa Qumsieh	Zero	100	26
		# of Brochures distributed	Output	CF Team	Monthly	Wafa Qumsieh	Zero	3000	0
		# of Physical therapy sessions	Output	Physical Therapy Dept.	Monthly	Asma Siman Amal Nassar	Zero	2800 (Total inpatient and outpatient sessions)	31 Outpatient  366 Inpatient sessions
<b>Provision of a new service</b>	Dietary counseling	# of patients counseled	Output	Dr. George Z	Monthly	Dr. George Z	Zero	100	22
	Quality of Life Questionnaire	# of Quality of life questionnaires done	Output	Analysis by Dr. George Z	Every 3 months	Amal Nassar Asma Siman Wafa Qumsieh	Zero	100	21
	Genetic Testing	Discovery of Mutations causing CF in the Palestinian population	Outcome	Medical Laboratory	Every 3 months	Dr. Musa H	Zero	100	0
	Pulmonary Function Testing	Improvement or Worsening	Outcome	Spirometer Results	Quarterly	Dr. George Z	Zero	100	0
<b>Engagement of MOH doctors and health professionals</b>	Establishment of linkage with regional healthcare workers	# of health professionals attending our <b><u>12-workshops</u></b>	Output	Workshops' Sign-in sheets	Every 3 months	Caritas Hospital CF team	Zero	200	0
		# of outside referral	Output	CF Team	Every 3 months	Caritas Hospital CF team	Zero	280	2

## Section VII: Outstanding Issues and Solutions

(Please indicate any outstanding issues and implementations problems faced during the implementation periods and options for resolving these issues and problems)

Activity	Challenges/Issues/Problems	Factors that contributed to challenges/issues/problems	Possible Solutions
1.	Services not fully operational yet (Cannot start home visits and educational workshops without having all services in place)	<ul style="list-style-type: none"> <li>• Delay on behalf of bidders and companies in responding to bids</li> <li>• Awaiting approval of Bids by the Flagship Project Management in order to purchase the proposed equipment</li> </ul>	<b>Approval of equipment bids and purchasing of necessary equipment and supplies as soon as possible</b>
2.	Pulmonary Function Testing not started yet	<ul style="list-style-type: none"> <li>• Spirometer machine not available yet</li> </ul>	<b>Prompt approval from USAID on the bid proposal in order for Caritas Hospital to purchase the equipment</b>
3.	DNA and genetic analysis not yet started by our medical laboratory	<ul style="list-style-type: none"> <li>• Expendable supplies and other laboratory equipment not purchased yet</li> <li>• Bids proposals not yet approved by USAID</li> </ul>	<b>Prompt approval from USAID on the bid proposal in order for Caritas Hospital to purchase what is necessary</b>
4.	Awareness brochures not printed yet	<ul style="list-style-type: none"> <li>• Awaiting approval to include USAID logo on WHO-copyrighted material</li> </ul>	<b><i>Permission from USAID to have the USAID logo attached to, rather than printed on WHO documents</i></b>
5.	Medical Professional Brochures not printed yet	<ul style="list-style-type: none"> <li>• Awaiting response from MOH and local health department to cooperate with establishing a national CF protocol</li> </ul>	<b>Printing the brochure based on the protocol adopted in the USA without MOH approval</b>

### Section VIII: Sustainability of Efforts

Caritas Hospital is already planning to include the CF clinic in our budget for 2011/2012. Our administration and the Continuing education department is already planning to send a team of doctors and physical therapists from our hospital to other places such as Israel and Europe in order to help them gain more experience in the field of CF treatment. We are awaiting the return of our US trained Caritas Pediatric Pulmonologist in 2011 to take over operations of the newly established clinic. Medications for inpatient care of CF patients continue to be sponsored by Caritas Hospital and supplemented by donations from Europe through direct soliciting from our chief pharmacist (Mrs. Hiyam).

### Section IX: Beneficiaries -

<i>Activity Title</i>	<i>Number of beneficiaries according to gender &amp; Name of town, village, or refugee camp</i>
<b>Outpatient Physical Exams by <u>Pediatrician</u></b>	<b>**6 outpatient visits: 3 Females:</b> 2 From Hebron; 1 from Thahiriyeh) <b>3 Males:</b> 1 from Hebron; 2 from El-Doha)
<b>Outpatient <u>Physical Therapy</u> sessions</b>	16 sessions for 8 patients: <b>4 females:</b> ( 1 from Bethlehem; 1 from Hebron; and 2 from Thahiriyeh) <b>4 males:</b> 1 from Fawwar Camp; 2 from Hebron; 1 from El-Doha.
<b>Inpatient Treatment (including counseling, physical therapy and medications)</b>	<b>** 5 patients: 3 Females</b> (1 from Shioukh; 2 from Hebron) <b>2 Males</b> (1 from Shioukh; 1 from Hebron)
<b>Dietary and Genetic Counseling "Quality of Life Questionnaires"</b>	<b>**</b> The 11 patients seen outpatient and the 5 patients admitted to the hospital were provided with dietary counseling. "Quality of Life Questionnaire" continues to be administered to all patients in order to identify health and psychosocial deficits.
<b>Pulmonary Function Testing (Spirometry)</b>	<i>Service not yet available</i>
<b>Genetic Testing (DNA analysis)</b>	<i>Service not yet available</i>
<b>Educational Workshops</b>	<i>Not started yet</i>

**Section X: Impact on participants/beneficiaries**

*(Please assess the impact these implemented activities have had on the participants/beneficiaries and the tools used for their measurement.)*

As soon as we started using the Quality of Life Questionnaire, we unraveled a lot of health and psychosocial problems that our CF patients were suffering with. Following the eradication of the Pseudomonas bacteria from the lungs of the admitted patients, they reported significant improvement in their mood and appetite. They became more playful and more energetic. As a result of the counseling provided to the patients, they became more compliant with regular chest physiotherapy sessions and they became more aware of the importance of good diet and regular physiotherapy sessions.

**Section XI: Beneficiaries Reaction** → Exit interviews upon discharge are being conducted by our team to assess the impact of the program and will be reported in the next period.

Quote 1:

Name:

Quote 2:

Name:

*[insert a quote from a beneficiary and their picture]*

*[insert a quote from a beneficiary and their picture]*

**Section XIII: Impact Story Tracker** → Not yet available

*(This tracker is to be used by the grantee staff to track potential written, video and multimedia impact stories that will show the positive affect that project interventions are having on our beneficiaries. This tracker should be submitted to the Flagship Project)*

<i>Project Activity</i>	<i>Story Description</i>	<i>Key Messages</i>	<i>Key Interviews/Contact information</i>	<i>Communication Tools (e.g. written success story, video, radio, press release, etc)</i>

**Section XIII: Media Coverage**

*(Please include a summary of any press articles, radio, or TV interviews)*

None during this period

**Annexes**

*(Please note that a minimum of five copies of any publication must be included, publications constitute books, brochures, newsletters, bulletins, video cassettes,; and single copies must be included for other products such as newspaper clippings, project announcement, and audited financial statements)*

- 1. Trainer Reports**
- 2. Training Manuals**
- 3. Printed Material (ex: brochures, posters, flyers)**
- 4. Pictures**
- 5. News Paper Articles**
- 6. Other : questionnaires, tools, etc**