

# Quality Improvement and Issues Affecting Primary Health Care Service Delivery

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

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

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**Submitted on September 22, 2010**

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

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# Acronyms

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

## ABSTRACT

This report presents the summary of activities and findings from the technical assistance provided by Dr. Mary E. Segall, Independent Health Consultant for Chemonics International Inc. to the Flagship Project from May 26 - August 9, 2010. The focus of the assistance was to provide assistance and guidance concerning improving the quality of primary healthcare (PHC) services in three areas:

1. Build on the Flagship Project's achievement, ongoing initiatives, and recommendations of IntraHealth STTA consultants to expand and enrich the performance improvement model and framework that has been promoted by the Project and adopted by the MoH, by the integration of actual performance/level defining methodologies, performance improvement tools, checklists and indicators.
2. Support efforts with regard to accreditation of PHC facilities.
3. Review status of Community Health Workers (CHW) program and provide recommendations.

Based on the interrelatedness of the two first areas, they were merged and addressed together with more focus on building a quality assurance system through the utilization of a performance improvement model. In response to directions from the PHC General Director, the consultant's work was expanded to provide support and assistance in the development and introduction of quality standards for pharmacy, laboratory services, and nursing care as an entry point contributing to provision of quality patient care.

At the beginning of this assignment, it was decided that in addition to the above areas, the consultant would also finalize the Essential Services Packages of PHC services and review the Standards of Care (with special attention on Health Center Management Standards). These documents have been worked on by both Flagship Project and MoH staff and the consultant assisted in finalizing the documents by addressing comments recently received from USAID.

## **SUMMARY OF RECOMMENDATIONS**

**Within the next three months:**

### **Tasks related to Quality/Performance Improvement Program**

1. With the MoH, develop a strategy to introduce and create awareness, commitment, ownership, and realization of the Essential Package of Services including implementation of the related standards and clinical guidelines and the effective utilization of job aids and BCC materials at PHC facilities.
2. Finalize Health Center Management Standards of Care (including review of job descriptions in Arabic and forms used in PHCs).
3. Validate Reproductive Health Standards of Care (Antenatal Care, Postpartum Care, and Family Planning) and Nursing Standards and respond to comments provided by USAID.
4. Continue working with the concerned MoH PHC mid-level managers and supervisory staff in three areas (lab, pharmacy, and nurses) concerning the promotion of interdisciplinary teams with an emphasis on updating and communicating policies, procedures or regulations related to all duties and services carried out in those areas in order to foster comprehensive and integrated patient care.
5. Review and summarize findings from quality assessment of PHC centers that has been utilized by the PHC Flagship Project staff and report in chart form the status of responding to the identified input and process gaps by both the Flagship project and MoH.
6. Prepare a status report with the way forward towards more effective utilization of the performance improvement framework and performance improvement tools and indicators to identify and resolve performance gaps at facility and district levels to be carried out with the support of the IntraHealth STTA.
7. Support adaptation and implementation by MoH of Standards of Care for Pharmacists, Laboratory Technicians and Nursing Services, develop and conduct quality/performance monitoring and evaluation guide and plan. The rationale for the guide is to elaborate in further detail the root causes of performance challenges of these cadres and have a way forward to improve their performance.

**Within the next six months:**

1. Finalize training materials to conduct training of district level supervisors/Quality Coordinators and facility level healthcare providers and community representatives to implement performance improvement/quality training, to be completed by a specialized STTA.
2. Carry out integrative activities to prepare Quality Coordinators (District Supervisors) representing all 12 districts who then will work with and support prepare quality officers teams at selected facilities from all 12 districts.
3. Provide technical assistance to the concerned MoH teams to finalize the quality standards, policies and procedures for Pharmacy, Laboratory Services and Nursing Services at the PHC centers.
4. Implement quality\performance monitoring and evaluation guide and plan for strengthening of three cadres (nurses, pharmacists, laboratory technicians).
5. Conduct an introduction of the CHW program following approval of licensure and inclusion in the MoH system by stakeholders with MoH responsible for introduction.

**Within the next year:**

1. Continue supporting and monitoring of facility performance by District supervisors/Quality Coordinators.

## SECTION I: INTRODUCTION

The Flagship 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, 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 Flagship Project is supporting the MoH to 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 is also focusing 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.

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

Strengthening and defining quality of care has been identified by the MoH, during its self assessment in 2008, as an important element of reform. To assure the clinical quality of health services, health systems must define, communicate, and monitor national evidenced-based standards, which represent an ideal of how clinical care should be implemented and reviewed. The MoH, with support from the Flagship Project, developed an institutional development plan (IDP) module and action plan to improve the quality aspects of care in the West Bank/Gaza.

Establishing a quality performance improvement system within the health care sector will set the ground for an objective and externally validated, transparent accreditation process and represents a commitment to quality care by all stakeholders (MoH, management and staff of health facilities, including NGOs and private sector) and informs the community that quality care is provided at a particular facility. Furthermore implementation of quality performance improvement will sustain a process of continuous up scaling of the elements of affectivity, safety, efficiency, access, and sustainability of provided healthcare services.

A first step on this journey was the development of an implementation plan for performance improvement combining supportive supervision activities in both the primary and secondary health care facilities. The challenge remains in building a culture of quality for implementation that can be achieved with proper guidance. Likewise, the MoH, with support from the Flagship Project, developed an IDP module and action plan to develop a health facility accreditation program.

Another challenge to be addressed by the consultant is the issue of certification of the community health workers. Although standards for a training curriculum and certification have been developed; it is important to decide what the next steps are in terms of licensure and accreditation.

Dr. Segall's consultancy built on the prior work of IntraHealth consultants, Sharon Arscott-Mills and Beth Fischer who developed the Implementation Plan for Performance/Quality Improvement at the primary and secondary health care levels. The purpose of this STTA was to move forward on the work plan for primary health care and address the three objectives in this scope of work related to PI, Accreditation, and Community Health Workers.

This report contributes to Flagship Project Component 2, *Clinical and Community Based Health*, as follows:

**Objective 2.1** *Improve the Quality of Essential Clinical Services for Palestinians*

**Task 2.1.1** *Strengthen the Capacity of Palestinian Health Institutions to Deliver a Quality Package of Essential Primary Health Care Services*

**Deliverable 2.1.1.4** *Integrated Quality Improvement Program for Delivery of the Essential Package of Services; and*

**Objective 2.2** *Support Delivery of a Quality Package of Community-Based Health Promotion and Disease/Injury Prevention Services*

**Task 2.2.1** *Strengthen the Capacity of Palestinian Health Institutions to Provide Effective Outreach Services in Partnership with Local Communities for Improved Health and Safety Outcomes*

**Deliverable 2.2.1.3** *National Standards, Training, and Certification Program for Community Health Workers*

This consultancy also contributes to the following MoH IDP modules:

**Module 7** *Improve Performance Management*

**Module 8** *Strengthen Service Delivery and Clinical Guidelines*

**Module 11** *Improve Clinical MoH Primary Care System*

## SECTION II: ACTIVITIES CONDUCTED

The consultant worked closely with Flagship Project staff and received guidance, assistance in setting up meetings with MoH staff and other consultants working on standards of care, and arranging for workshop and trainings.

The consultant reviewed documents (prior trip reports, the Flagship Project Year 2 work plan, and work conducted by other consultants). A productive schedule of meetings was arranged with MoH staff (General Directorate of PHC, Director of Quality Planning, Nursing, Lab Services and Pharmacy) to review the consultant's terms of reference and to plan for a workshop with district level supervisors of pharmacy, laboratory services, and nursing to plan for developing/updating standards for each cadre.

One planning meeting was held with seven pharmacist supervisors to obtain a better understanding of the issues and challenges that they are facing. Two 2-day interdisciplinary workshops were held with pharmacists, lab technicians, and nursing supervisors to begin the process of drafting standards to guide each cadre in their daily work. The consultant observed an internal workshop conducted in Nablus for physicians and nurses to provide an update on new policies and issues of concern to administration. The new director of nursing was introduced and had an opportunity to share her views on mission and direction.

In addition, the consultant had a chance to participate in the finalization of the Package of Essential Services of Care for Primary Health Care Centers and to provide written feedback on the Clinical Standards of Care (hypertension, diabetes, and asthma) and to substantially revise the Health Center Standards. The standards from the Joint Commission International (JCI) for PHC were used as a framework for the Health Center Management Standards.

The consultant revised the performance indicators attached to each above mentioned standard and proposed them as quality/ performance toolkits. Regarding performance indicators for reproductive and child health in primary healthcare system, it was envisioned that they would be part of the draft standards to be validated by an IntraHealth remote STTA assistance.

The consultant met with staff from the Community Health Workers' Association (CHWA) to better understand the objectives of this association and the status of seeking approval for CHWs to be licensed by the MoH and thus be able to be employed by the MoH. The consultant at the request of Flagship staff supporting the CHWs activities advised the consultant that making changes in the training curriculum would be counterproductive at this point in time since the curriculum has already been approved. If recommendations for changes are made at this point, it will slow down the implementation of the program and training of CHWs once the licensure process is approved. The Flagship staff that a more productive approach would be to describe the methodology to evaluate the functionality of the CHWs while engaged in their work. The results of such an evaluation would then provide a basis for changes in the curriculum.

A list of meetings with persons outside the Flagship Project is included as Annex B. Meeting minutes, materials prepared for the two workshops, standards of care, the Essential Package of Services, and a discussion of issues and the way forward for the performance improvement program are included as separate attachments.

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

### **A. Findings**

The consultant had the advantage of being a part of the startup of the Flagship Project and witnessing the original expectations, both on the part of the Ministry of Health and of the contract. It appears to the consultant that there has been a maturity on the part of both partners in terms of understanding what can realistically be accomplished in a 5-year period of time, particularly in terms of accreditation. During this consultancy, a consensus was reached that the Flagship Project would focus on building the foundation to support a quality improvement effect within the MoH facilities. The Project will work closely with the MoH to develop, implement, and monitor the implementation of standards of care and to develop a culture of quality at the facility, district, and central level. If the MoH wishes particular assistance in establishing a system of accreditation of facilities, the Project will stress that they are working with the MoH in establishing the foundation for a performance/quality improvement system. In the event that further assistance in the area of accreditation is requested, it is suggested that one refer to the note prepared by this consultant with respect to the way forward concerning accreditation.

Tremendous progress has been made with establishing a process for licensing CHWs following the workshop organized by the Flagship project for all related parties, the MoH and Community Health Worker Association in March. During the consultant's visit, an important meeting was convened by the MoH of stakeholders to review all materials submitted by the CHWA with respect to the licensure of CHWs. This was one of the recommendations of the March workshop after materials had been revised. The materials were reviewed, changes made concerning the job description, and a recommendation that the legal authority review the materials and then be forwarded to the Cabinet for approval for licensure. This is a major accomplishment, as once, the CHWs are licensed, they can be employed by the MoH. The CHWs perform a major function in linking the health center with the community and involving the community in shaping the provision of care to the needs of the community.

It was recommended by the Flagship staff that the consultant change the focus of her SOW from reviewing the CHW curriculum to describing the methodology to evaluate the functionality of the CHWs once they are engaged in practice. The reason for this change in the SOW is that the curriculum has already been reviewed and modified by both the MoH, CHW Association and Palestine Medical Relief Society based on recommendations of the March workshop organized and facilitated by the Flagship project. If further changes were now to be recommended, this could slow the process of CHW preparation as the curriculum has already approved and the approval process is quite time consuming. The Flagship staff felt that evaluating how the CHWs are actually performing in relation to the job description would provide solid evidence for change in the curriculum. The consultant then focused her time on writing a report that summarizes the progress of the CHW in being recognized and certified and a methodology to evaluate their performance. Once the legislation is passed to approve licensure of CHWs, it is envisioned that at the time of the launch of the CHWs, the methodology guiding the evaluation of their performance be presented. By reviewing with all stakeholders, the expectations of the CHW, this will help in promoting understanding of what the CHWs can and should be doing.

## **B. Challenges**

There seems to be a reluctance to move from focusing on measuring the presence of inputs to measuring processes and outcomes in the quality/improvement process. There appears to be a feeling of security to focus on measuring the degree/amount to which inputs have been provided – how many trainings have been conducted, standards in place, equipment provided. Inputs are under the control of the project and can be assured that they will be put in place. Nevertheless, the Project is working on overcoming this challenge by identifying additional measurable indicators that will accurately reflect the processes and outcomes on health status by both the Project and the MoH. The consultant agrees with and support the Flagship Project’s initiatives in promoting the creation of quality improvement teams at the facility level and providing tools and guidance to district level officers to review and address performance gaps identified at the facility level. The Project is already providing ongoing supportive supervision training, both in a formal setting and in the form of on-the-job coaching.

## **C. Recommendations**

The recommendations are organized around three groupings of tasks:

### **Group I: Tasks related to Quality/Performance Improvement Program**

The immediate tasks focus on preparing a strategy to promote awareness and foster the use of the different documents being finalized with assistance from the Flagship project. These documents include the Essential Package of Services and the Standards of Care (clinical and management). It is important also to continue to provide close support for the adaptation and implementation by the MoH of Standards of Care for Pharmacists, Laboratory Technicians and Nursing Services and to develop skills in quality/performance monitoring and an evaluation plan for these three cadres. The rationale for this activity is to elaborate in further detail the root causes of performance challenges of these cadres and have a way forward to improve their performance. Once again, it is a way to avoid having the standards for these three cadres be used to improve staff practice and service.

It is important for the efforts made to respond to the deficits identified through the PHC clinic assessments to be summarized. Categories could be developed to organize the inputs provided by both the Flagship Project and the MoH (e.g., staff training, supervisory training, equipment provided, supervisory visits, etc), and then presented by district. It would help to have some bar or pie charts to show how much has been done and what remains to be done in terms of addressing the deficits identified through the clinic assessments.

Considerable discussion occurred during the consultant’s visit about the need to move beyond an emphasis on inputs and move to monitoring the processes and outcomes of the inputs in order to quantify progress made to improve quality of services provided. Each of the standards of care has a list of indicators (classified by inputs, processes, and outcomes); that is one source of indicators; another list (with definition for measurement) is provided below; one could select a few process or outcome indicator for selected areas of PHC. The consultant suggests that the issue is not the lack of indicators that could be measured, but the need for a commitment and strategy to move to the monitoring of process and outcome indicators as part of the performance improvement/quality program.

Table: Suggested process and outcome indicators for PHC Quality/Improvement Program

% ANC clients returning for PNC	<u>Number new registered PNC clients who received ANC care during a given month</u> X Number of new ANC clients registered at that HC during the same month
% Anemia in Pregnancy	<u>Number new ANC registered clients with a hemoglobin level &lt;11g/dl</u> X 100% Number of new ANC clients registered at that HC and tested for hemoglobin during the same month
% ANC tested for Anemia	<u>Number new registered ANC clients tested for Hb during a given month</u> X 100% Number of new ANC clients registered at that HC during the same month
% Controlled Diabetics	<u>Number of diabetic patients with fasting plasma glucose value &lt;130 mg/dl in a given month</u> X 100% Total number of diabetic patients tested for fasting plasma glucose in the same month
% Controlled Hypertensive Patients	<u>Number hypertensive patients with systolic BP &lt; 140 and/or diastolic &lt; 90 mmHg during a given month</u> X 100% Number hypertensive patients attending the HC in the same month
% Children <1 Tested for Anemia	<u>Number children &lt; 1 yr attending well baby clinic and tested for Hb for the first time in a given month</u> X 100% Number children < 1 yr registered in the well baby clinic and received Measles vaccination in the same month
% Anemia in Children <1	<u>Number children &lt;1 yr attending well baby clinic who have Hb level less than 11 g/dl in a given month</u> X 100% Number children < 1 yr registered in the well baby clinic and were tested for Hb in the same month

While supervisory support, training of supervisors, and involvement of “champion communities” has been conducted in two pilot districts, it is important to develop training materials and a strategy whereby training is rolled out to build PI/Quality facility teams equipped to identify and respond to performance gaps and to prepare the supervisors to support the facility teams in their PI efforts including a strong emphasis on monitoring the efforts of the facility teams. This effort needs to expand beyond the two pilot districts and encompass the remaining 10 districts. The effects of the work in the two pilot districts needs to be summarized and shared in an easily understood fashion so that the results can be used to help the remaining districts. The results and the way in which the results were obtained can serve as a model for the MoH as they scale up the Performance Improvement model in the remaining 10 districts, if properly disseminated.

## **Group 2: Tasks related to Accreditation**

Given that the project has decided to focus its efforts with the MoH on building a foundation for a performance improvement and not on developing a system that declares institutions are ready for accreditation, it will be useful to have a response ready when requested from the MoH for

assistance in accreditation. For instance, practical steps are being taken by adapting JCI standards for Health Center Management, Pharmacy, and Laboratory Services for use by PHC center staff in developing their own standards of practice. However, a logical sequence of events enhancing the capacity of the MoH QA department to perform the functions of improving quality as a prerequisite for accreditation should be planned with the MoH. The consultant has prepared a paper that describes the areas that need to be strengthened within the MoH QA department. These areas and suggested actions include:

- **Ensuring Sustainability and Ownership of QA Program** by enabling QA department to fulfill its functions of standards development, 2) communication and training, and 3) monitoring.
- **Determine costs** of sustaining a Performance Improvement/Quality program throughout the MoH.
- **Monitoring effects** of both effectiveness of training and Performance Improvement activities on health status outcomes.
- **Developing a reward and recognition system** that provides incentives (i.e. non-financial) for maintaining motivation of staff to review and improve their performance.
- **Capacity building** - should be focused on the following areas that from experience have been useful for such a program: 1) teambuilding techniques, 2) conflict resolution, 3) leadership skills, 4) principles of management, 5) performance improvement methods, 6) quantitative management, and 7) other quality tools (e.g. flowcharting, use of collaborative to problem solve and achieve indicators), prioritization, root cause analysis, trending and control charting).

### **Group 3: Tasks related to Community Health Worker**

Given the probability of having a process approved to license Community Health Workers, it is important for the Flagship Project to maintain continuous communication with both the MoH and CHWA to plan for next steps following such an important decision. It is suggested that the Flagship Project staff work closely with the CHWA and MoH to plan a launch of the licensed CHW. The launch would focus on the areas that need to be addressed to support the functionality of the CHW. The consultant has prepared a report that describes the methodology of assessing the functionality of the CHWs in practice.

#### **D. Next Steps:**

1. Arrange/ensure that expert STTA participate in preparing for mid-term evaluation with a focus on quality
2. Develop and process scope of work to enable return of Dr. Segall to return and prepare self-assessment tools based on standards for use by PHC facility staff and other training materials related to performance improvement/quality and revision of Nursing Standards. Focus of assignment to support the operationalization of the Performance Improvement/Quality model with an emphasis on the tracking of performance indicators (process and outcome) at PHCs.

## **ANNEX A: Scope of Work**

### **Short-Term Consultancy Agreement Scope of Work**

SOW Title: Performance Improvement and Accreditation Preparedness at PHC STTA

SOW Date: May 16 - September 1, 2010 (excluding July 15 through July 29, 2010)

SOW Status: Final

Consultant Name: Dr. Mary Segall

Job Classification: Short-Term (US Expatriate) Consultant

Reporting to: Dr. Jihad Mashal, Component 2 Director

#### **I. Flagship Project Objective**

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

The Flagship Project will support the MoH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas 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.

#### **II. Specific Challenges to Be Addressed by this Consultancy**

Establishing a quality performance improvement system within the health care sector that would set the ground for an objective, externally validated, transparent accreditation process represents a commitment to quality care by all stakeholders (MoH, management and staff of health facilities, including NGOs and private sector) and informs the community that quality care is provided at a particular facility. Furthermore implementation of quality performance improvement will sustain a process of continuous up scaling of the elements of affectivity, safety, efficiency, access, and sustainability of provided healthcare services.

Improving the quality of healthcare services was identified as a priority by the MoH during its self-assessment conducted in late 2008. The MoH, with support from the Flagship Project, then developed an institutional development plan (IDP) module and action plan to address this priority. A first step to this was the development of an implementation plan for performance improvement combining supportive supervision activities. The challenge remains in building such a culture for implementation that can be achieved with proper guidance. Likewise, the MoH, with support from the Flagship Project, developed an IDP module and action plan to develop a health facility accreditation program. A first step to this is to develop/ refine a Project Accreditation Readiness Tool as part of the plan to support building a Palestinian accreditation system.

Another challenge to be addressed by the consultant is the issue of certification of the community health workers. Although standards training curriculum and certification have been developed; however, there is still an opportunity for revision and refining to support their integration into the National policy and accreditation program.

### III. Objective of this Consultancy

To assess performance improvement and accreditation preparedness at PHC in collaboration with the Flagship concerned technical team.

### 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:
1. Palestinian National Strategic Health Plan
  2. Ministry of Health, Health System Assessment Report
  3. MoH organizational structure
  4. Strengthening Quality Assurance: Overview and Strategy
  5. The finalized PHC performance improvement implementation plan.
  6. IntraHealth STTA consultant for planning and executing a series of workshops for performance improvement for PHC.
- B. **Background Interviews Related to Understanding the Work and Its Context.** The Consultant shall meet and interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:
1. The Flagship team leaders and focal persons of the cross cutting modules
  2. Concerned key persons from health sector.
- 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:

**Task (1)** Assist the quality assurance specialist to build and support establishment of a quality program and culture in PHC facilities, linked to an accreditation program. (30 days, Direct Supervisor Dr. Maha Alsaheb).

- Develop quality toolkits for MoH updated guidelines (HTN, DM, Bronchial asthma and others).
- Follow up on the results and recommendations of IntraHealth STTA consultant for planning and executing a series of workshops for performance improvement at the primary healthcare level.
- Develop performance indicators for reproductive and child health in primary healthcare system.
- Review the quality improvement system that is being proposed to be established in the PHC and determine if any changes needed to maximize effectiveness.
- Prepare a report describing the feasibility and resources required to support this initiative, i.e. developing a QI and accreditation program for PHC facilities in the public sector.

**Task (2)** Develop plan of action to initiate accreditation programs for PHC health facilities. (20 days, Direct Supervisor Dr. Amal Bandak).

- Prepare and design draft accreditation program process for PHC health facilities in coordination with task 1 (including the Project Accreditation Readiness Tool)
- Conduct workshop to introduce the draft design and explore available options for a national accreditation body.

**Task (3)** Review existing standards, training curriculum and certification of the **community health workers (CHW)**, in order to integrate that into the National policy and accreditation program. (10 days, supervised by Mrs. Randa Odeh).

- This will involve meeting with the MoH and other stakeholders working on the CHW issue,

- reviewing the curriculum so as to adapt new needs and certification requirements.
- Set job descriptions and standards of care for CHW.
- Advise on by-laws to enforce integration of CHW role.
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Flagship project staff to revise the tasks and expected products to accommodate for the new priorities.
- In addition to the above-listed tasks, the Flagship Project welcomes additional contributions and creative ideas in support of the Flagship objectives.
- The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Flagship goals and objective where possible.

## **V. Expected Products.**

Within three days of the consultant's arrival (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 tasks shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using Annex II: the Flagship-provided STTA report template). A draft of this report/s is/are due no later than 3 business days prior to the consultant's departure (unless otherwise specified) and final no later than 10 business days after the consultant's departure.

### **Including the above, the Specific Technical Reports should focus on:**

1. Description of process and feasibility that leads to a policy for accreditation of PHC facility.
2. Description of process for establishing performance improvement in PHC facilities.
3. Revised curricula and updated report on standards and certification of CHW, policy paper on integrating into National Strategy.

## **VI. Timeframe for the Consultancy.**

The timeframe for this consultancy is on May 16 - September 1, 2010 (excluding July 15 through July 29, 2010) and will include up to 60 days.

## **VII. LOE for the Consultancy.**

The days of level of effort are estimated to be 2 days for travel; **58** 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 in West Bank to complete the assignment.

## ANNEX B: ASSIGNMENT SCHEDULE

- **June 2:** Met with Eng Alaa L Abu Rub and Mr. Abed Salem, Director and staff member of Quality Planning Directorate, to review terms of reference and how consultant can be helpful to the Quality Planning Directorate. Eng Alaa requested feedback on documents (QA Manual and Action Plan) that the Quality Directorate had recently prepared.
- **June 9:** Met with Dr. Asad Ramlawi, General Director of Primary Health Care Directorate, to review terms of reference and agree upon how consultant can be most helpful to the PHC GD. The consultant received clear direction and request to work with three cadres (pharmacists, laboratory technicians, and nurses) to develop/update standards of care for each discipline.
- **June 10:** Field visit to Nablus PHC Directorate and tour of clinic. Met with Director of PHC clinics (Dr. Amira Al Hindi) – reviewed in brief clinic activities, effects of training on infection prevention, focused on pharmacy and processes for ordering, storage and distribution of drugs.
- **June 14:** Field visit to Ramallah Level IV PHC clinic with a focus on laboratory processes and procedures. Issues with reliability of HgA1c test results throughout the West Bank MoH facilities discussed in detail.
- **June 15:** Visit to Beit Reemah, Level II PHC clinic, met and reviewed patient flow and issues with service provision with Nurse in Charge and procedures for improving quality and perception of role of forming a quality team at this clinic.
- **June 16:** Meeting with Pharmacy Supervisory representatives from six districts to begin process of developing standards to guide pharmacists in their daily work and identifying challenges and issues affecting their productivity and quality of pharmaceutical services provided.
- **June 17:** Met with Mrs. Um Naji, Nursing Director, PHC, to review terms of reference and how to work with nurses to update and expand nursing standards.
- **June 17:** Met with Mohamed Shawan, Director of Supportive Supervision for Laboratories to discuss Flagship Project support to updating standards and issue with reliability of hgA1c results.
- **June 23:** Participated and observed workshop for Nablus Directorate of physicians and nurses. Purpose of workshop was to bring staff together to update them on policies and issues of concern.
- **June 28:** Met with staff of CHW association to review status of process of applying for licensure of CHWs and ways that the Flagship project can be of assistance to the CHW Association.
- **July 12/13 and July 28/29:** Two 2-day workshops with approximately 25 participants/workshop of district level supervisors representing pharmacists, laboratory technicians, and nurses. Purpose was to help develop/update current standards of care for each discipline.
- **August 6:** Debrief with Flagship Project Director and USAID concerning findings and recommendations to improve performance of PHCs, accreditation and CHWs.

## ANNEX C: CONSULTANT CV

**MARY E. SEGALL**

**Quality Improvement Specialist**

**7201 W 34<sup>th</sup> Avenue NW, Seattle, WA 98117**

**Telephone: 206-390-7854; email: mesegall@yahoo.com**

### KEY QUALIFICATIONS

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Dr. Segall is a public health specialist with a PhD in research methods, public health and nursing and over 25 years' experience in global health with a focus on strengthening health systems, improving quality of service delivery with emphasis on primary health care, curriculum development and training in a number of diverse content and process areas. She specializes in developing systems to improve the quality of care in both the public and private sectors through developing quality assessment tools and processes in order to identify performance gaps and develop strategies with in-country teams to resolve the gaps. Special skills include performance assessment, use of indicators to measure program outcomes, strong team building skills, program design, implementation and evaluation of training programs, curriculum development, clinical and training needs assessment, and connecting health center and hospital infra-structural rehabilitation with community needs and training and service delivery. During the past 25 years her international work has focused mainly on the Near East (chiefly in the West Bank, Jordan, Yemen, Turkey and Egypt) and sub-Saharan Africa (Zambia, Uganda, Ethiopia, Malawi, Tanzania, Democratic Republic of Congo, and Nigeria). Dr. Segall also has programmatic management and training experience in Asia and the Pacific regions (Pakistan, Bangladesh, India, Nepal, Philippines and Papua New Guinea) and Armenia.

Her experience and approach to strengthening health systems addresses three levels (facility, district/provincial and central):

- working with **practitioners and professional associations** to review and strengthen professional licensure and re-licensure systems;
- at the **facility and system level** by: a) reviewing initial facility licensure standards, b) establishing quality assurance and performance improvement and supportive supervision systems and teams at facility, district and central levels; c) monitoring practitioner performance and compliance with standards; and d) developing a process for facility accreditation;
- conducting program/system assessments using qualitative and quantitative methods; and
- facilitating **policy change** and cooperation through **public-private partnerships**.

### EDUCATIONAL BACKGROUND

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- Health Care Quality Specialist certified by Health Care Quality Certification Board (2003).
- Postdoctoral Fellowship (research and gerontology), Case Western Reserve University. 1985-1986.
- PhD, Research Methods and Nursing. New York University, New York, NY, 1966-1970.
- MS, Public Health, International Development and Epidemiology, University of North Carolina, 1963-1965.
- BSc, Nursing, Skidmore College, 1958-1962.

### LANGUAGES

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- Arabic: basic conversational; French, Spanish, and Swahili: basic conversational, reading & writing
- Word processing skills: word, excel, power-point,

### WORK EXPERIENCE

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- **Short term technical assistance consultancies with URC** to develop a framework and strategy for accelerating the achievement of maternal, newborn, and child health goals through quality

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improvement. Addressed the challenges in achieving millennium development goals by developing a strategy to address those countries with acceptable service coverage yet low impact (e.g. a high percentage of deliveries at facilities yet still have maternal mortality rates). The second challenge addressed was that of promoting the spread of known interventions (e.g. quick wins) as applied to MNCH using the Improvement Collaborative along with other effective methods of quality improvement (July 2009 – March 2010).

- **Quality Assurance and Systems Specialist**, Flagship Project (\$57 million bilateral USAID-funded contract); Ramallah, West Bank/Israel; October 2008–February 2009. (*Employer*: IntraHealth International).
  - *Responsibilities*: participated in project start up including health systems assessment and report preparation; developed Implementation Development Plan (IDP) for 19 key areas (including relicensure, continuous medical/health education for 4 health cadres, and institutional accreditation); and major contributor to project monitoring plan (PMP). Plan accepted by stakeholders.
- **Director of Quality Improvement**, Private Sector Partnership-One (PSP-One) Project, (USAID centrally funded contract) Bethesda, MD; December 2004–October 2008. (*Employer*: IntraHealth International). Contract successfully completed. (Changed contracts to join a new initiative to launch major health reform project for the Palestinians).

*Results*: designed a 3-phase process to improve access and the quality of health care services provided by the private sector, including general practitioners, nurses, midwives, and pharmacists. The three phases include:

- 1) Development of an assessment tool for use at country level of structures and processes in place to ensure quality care;
- 2) Development and implementation of a self-assessment tool kit and process for use by private practitioners and professional associations and franchises to identify and solve performance gaps including involvement of the public sector. Adapted the self-assessment quality assurance tool and approach for use by both the private sector and public sectors in 7 countries: Uganda, Jordan, Senegal, Armenia, India, Ethiopia, and Dominican Republic. Participated with Dr. Sohail Agha, School of Public Health, Tulane University, in a research study with midwives in private practice in Uganda to determine the efficacy of a quality self-assessment tool with and without supervision.

In Armenia, through STTA provided to Project NOVA worked with 5 marz-level hospitals and their staff to design interventions to improve maternal, newborn, and child health indicators. The process was initiated by facility self-assessments and development of action plans to address root causes. Specific attention was given to birth preparedness by establishing Schools of Motherhood for pregnant women and family members in each of the marz hospitals. The Schools of Motherhood were a priority intervention by the facility teams, marz supervisory staff, and Project NOVA staff and enthusiastically used by pregnant women. The increased knowledge and skills of staff in conjunction with the focus on effective birth preparedness led to a decrease in maternal mortality in the targeted facilities. Client satisfaction with antenatal care increased significantly.

- 3) Development of a certification and accreditation regulatory process to ensure that a sustainable process is in place for provision of quality health services.

- **Health Advisor**, Iraq Rehabilitation & Reconstruction project, (USAID centrally funded contract), June – November, 2004 (*Employer*: International Resources Group).

*Responsibilities*: Coordinated with health officer in Iraq with designing training programs to strengthen nursing education and brokered donations and outpouring of interest to help by Americans to rebuild Iraq.

- **Quality Assurance Advisor**, Primary Health Care Initiatives (PHCI) project, (\$40 million USAID bilateral-funded contract) Amman, Jordan; August 1999-June 2004 (*Employer: Initiatives Inc*). Contract successfully completed.

*Results: Over a period of 5 years in partnership with the Ministry of Health designed, implemented, and evaluated a quality improvement system for 200 health centers. Specific results included:*

- 1) development of a national set of management and clinical standards for primary health care;
- 2) initiation of a quality improvement process (QIP) in 200 Ministry of Health primary health care centers distributed throughout the Hashemite Kingdom of Jordan;
- 3) participated in forming a Quality Directorate and training staff at the central level of the MOH and strengthening a system of quality improvement at the central, health directorate, and health center level;
- 4) strengthened capacity of 5 Quality Assurance (QA) counterparts and 67 QA coordinators to implement a QIP process at health centers;
- 5) development of a monitoring process to assess the changes in health status indicators related to clinical and reproductive health;
- 6) revised a two-year Associate Nursing curriculum to prepare nurses for both hospitals and health care centers and prepared faculty to use the new curriculum;
- 7) developed a strengthened supervisory system for nurses to monitor clinical standards of care; and
- 8) worked closely with the project engineers to design improvements in health center functioning. Specific contributions to the design of improved health center functioning included:
  - review of efficient and effective client flow;
  - attention to carrying out infection prevention procedures; and
  - participation in developing specifications for medical equipment and furniture for health centers.

- **Training Advisor**, Zambia Integrated Planning Services (ZIP) Project, Lusaka, Zambia (bilateral USAID-bilateral funded contract); Zambia; August 1995- March 1999. (*Employer: Initiatives Inc*) Contract successfully completed.

*Results: Working with the Central Board of Health,*

- 1) facilitated the development of a national curriculum in the general area of Reproductive Health that included the areas of Safe Motherhood, Family Planning, STDs and HIV/AIDS and Tuberculosis;
- 2) coordinated the development of a national curriculum to prepare a new cadre - the Public Health Practitioner (PHP) that combined three areas of technical competencies (medicine, nursing, and environment health)
- 3) with the General Nursing Council and the Central Board of Health, strengthened the training system and forged links between training and service delivery.
- 4) Initially led the Project's activities in rehabilitating 60 health centers and first level referral centers for the purpose of providing improved reproductive and child health services. This effort included working with the country's decentralized approach to health care delivery and the rehabilitation of buildings, re-equipping and refurbishing the 60 designated sites in 10 districts in Zambia through establishing close working relationships with Regional Offices and District Health Management Teams (DHMTs) and various training institutions.

- **Regional Clinical Officer**, Family Health Training Project for Paramedical, Auxiliary and Community Personnel (FHTP/PACIIb), Near East/North Africa Region based in Istanbul, Turkey, January 1993-February 1995 (*Employer: Pathfinder International*). Contract successfully completed.

*Results: responsible for program activities in Yemen,*

- 1) developed and implemented pre and in-service training for schools of nursing,
- 2) strengthened capacity of 4 urban clinics to provide quality family planning services & developed an evaluation plan to measure impact of program activities on provision of family planning services.

- **Assistant Director for Asia/Europe/Near East Program**, John Hopkins Program for International Education in Reproductive Health. (USAID-funded cooperating agreement) Baltimore, Maryland, January 1991–December 1992. (Employer: Jhpiego). Career move to obtain a field assignment.

*Results:* Philippines and Papua New Guinea program activities:

- 1) Designed three projects to train and evaluate preparation of physicians, nurses, and midwives for community-based distribution of contraceptives and to strengthen VSC programs. Managed budgets totaling over \$1.5 million.

- **Primary Health Care Specialist for Primary Health Care Nursing Curriculum Development**, (USAID funded bilateral contract). Amman, Jordan, March–December 1990. (Employer: John Short Associates) Evacuated due to Gulf War and expatriates were not allowed to return other than the Chief of Party).

*Results:* Designed, implemented and evaluated 9-month post-basic PHC program for Ministry of Health nurses.

- **Health Advisor**, Global Missions Program, Presbyterian Church (USA). July, 1989–February 1990; (Employer: Presbyterian Church (USA)). Interested in obtaining a long-term substantive health position.

*Results:* conducted short term consultancies in three countries: Ethiopia, Egypt, and Zaire.

- 1) *Ethiopia:* Developed recommendations for Ethiopia's Presbyterian-led health program based on health assessments, structured interviews, and document review.
- 2) *Egypt:* Opened a geriatric care center in Cairo, Egypt and prepared budget and recommendations for next steps in operations.
- 3) *Zaire:* Conducted assessments of 8 primary health centers in the east and west Kasai and prepared recommendations for the Presbyterian Church (USA).

#### **Short-term Technical Consultancies:**

- **Chemonics.** Strengthened quality improvement system for primary health care in West Bank, Palestine with Ministry of Health through the Flagship Project (May 26 through August 10, 2010).
- **IntraHealth Inc:** Review of quality of care system for Primary Health Care in Armenia through PHCR project (May 17–25, 2010).
- **Abt Associates:** Review of quality of care program for physicians in private practice in Jordan through PSP for Women's Health project (May 5–13, 2010).
- **University Research Corp:** Participated in new business development – proposal for Iraq PHC program (April 19–30, 2010).
- **University Research Corp:** Development of paper to increase effectiveness and spread of maternal, newborn, and childhealth interventions (Feb 15 – March 30, 2010).
- **Population Services Inc:** Review of service quality provided by the Greenstar Franchise in Pakistan (February 1–10, 2010).
- **Chemonics:** Review of Smiling Sun Franchise in Bangladesh (January 6–29, 2010).
- **University Research Corp:** Review of Quality Improvement Models (July–Dec 2009).
- **Grassroots Jerusalem:** Proposal development and training of interns (April–June 2009).
- **Rockefeller Foundation:** Assessment of preservice nursing programs in areas of maternal and child health in Malawi and Zimbabwe. (March 1989).
- **Presbyterian Church USA:** Strengthening nursing education and community health service programs at Miraj Medical Center, Miraj, India. (Summer, 1988)
- **Nigerian Christian Hospital:** Strengthening community outreach program and training of community health outreach workers, Aba, Nigeria. (Summer, 1987).

- **World Health Organization**, Geneva, Switzerland and Mahe, Seychelles. Developed protocols for Nurse Practitioners and assessed PHC program. (Summer, 1986).
- **CARE**, Developed curriculum and implemented training program in basic health for fishermen on the High Dam Lake, Upper Egypt. (Summers 1982 & 1984).
- **Project HOPE**. Developed curriculum for new baccalaureate program to be launched at University of Assiut, Egypt. (Summer, 1981).

## **ACADEMIC CAREER and Clinical Work**

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**Associate Professor/Coordinator of Community Health**, School of Nursing Case Western Reserve University (1983-1984, 1986-1989), Cleveland, OH.

**Postdoctoral Fellow, Geriatrics**, Case Western Reserve University (1985-86), Cleveland, OH.

**Associate Professor/Director of Program in Community Health Nursing and International Health**. University of Colorado, 1976-1983.

**Systems Health Planner**, Western Interstate Commission of Higher Education. 1975-1976.

**Chairperson, Baccalaureate Programs**, Arizona State University, Undergraduate School of Nursing, 1971-75

**Assistant Professor and Instructor**, New York University, New York, NY, 1966-1971.

**Peace Corps Volunteer**, Dar es Salaam, Tanzania, 1962-1963.

## **PUBLICATIONS**

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Kirakosyan, M., Segall, M. et al. (2009). Armenia: Policy and Quality Training Curriculum for Coordinators and Facility Providers. Primary Health Care Reform Project.

Segall, M. & Levin, L. (2007). Quality Improvement Package for Midwives and Supervisors in the private sector. PSP-One project, Bethesda, MD.

Averbug, D. & Segall, M. Best Practices in Training Private Providers. (2008). PSP-One project. Bethesda, MD.

Segall, M. Best Practices in Primary Health Care Center (Jordan, 2003).

Segall, M. & Muzio, L. (January 1997). "New Approaches for Continuing Education for Health Service Providers." Zambia Health Bulletin.

Segall, M. Kamel, M. & Kalla, K. (October 31, 1994). A Culturally Sensitive Approach for Training Female Primary Health Care Workers in Yemen. Paper Presented at American Public Health Association Meeting, Washington, DC.

Norplant Guidelines for Family Planning Service Programs. (1993). Baltimore: Jhpiego.

Reproductive Health Training Skills for Health Workers. (1993). Baltimore: Jhpiego.

Wykle, M.H., Segall, M. & Nagley, S. (1992). Mental Health and Aging: Hospital Care: A Nursing Perspective. In J. Birren, (ed), Handbook of Aging. New York: Academic Press, 816-831.

Glittenberg, J. & Segall, M. (1990). International Consultation: A Partnership in Shared Goals. Journal of Professional Nursing, 6(5): 252.

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- Segall, M. & Wykle, M., (1988). Black family caregivers and caring for relatives with dementia: Aging Network News, 5(3), 7.
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- Kahana, E. & Segall, M. (1986). Deinstitutionalization. Encyclopedia of Aging. NY: Springer Pub. pp.163-64.
- Segall, M., Wince, D., & Constant, B. (1985). Church nursing: A new community health resource. Journal of Community Health Nursing, 2(3), 125-128.
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- Segall, M. (1985). Return to Aswan: Planning the Course. International Nursing Review, 32(4), 109-118.
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- Segall, M. & McKay, R. (1984). Evolution of aggregate-based community health curriculum. Nursing Outlook, 32(6), 308-312.
- Segall, M. & McKay, R. (1983). Methods and models for the aggregate. Nursing Outlook, 31 (6), 382-334.
- Segall, M. & McKay, R. (1978). A case in point. Professional practice at risk. Colorado Nurse.
- Segall, M. & Sauer, K. (1977). Nurse staffing in the context of institutional and state-level planning. Nursing Administration Quarterly, 2(1), 39-50.
- Segall, M. & Murphy, J. (1975). A curriculum experiment: Some implications for change. In C. Lenberg (ed), Open Learning and Career Mobility in Nursing, St. Louis: CV Mosby, 247-63.
- Segall, M. (1972). Cardiac responsivity to auditory stimulation in premature infants, Nursing Research, 212 (1), 15-19.
- Segall, M. (1963). Blood pressure and culture change, Nursing Science, 3, 373-381.

## **ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED**

1. JCI - Standards for PHC
2. Health Care Accreditation Council (HCAC) Primary Health Care Accreditation Standards
3. Standards: Laboratory Services (2)
4. Standards: Pharmacy
5. Results of Collaborative Improvement: Effects on Health Outcomes and Compliance with Evidence-based Standards in 27 Applications in 12 countries (URC-Collaborative Evaluation Series)
6. IntraHealth Trip Reports (Sharon Ascott Mills and Beth Fischer)
7. Palestinian National Strategic Health Plan
8. Ministry of Health, Health System Assessment Report
9. MoH organizational structure
10. Strengthening Quality Assurance: Overview and Strategy
11. The finalized PHC performance improvement implementation plan.
12. IntraHealth STTA consultant for planning and executing a series of workshops for performance improvement for PHC.

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

1. Essential Packages of Services for Primary Health Care
2. Standards of Care:
  - Diabetes including job aid
  - Hypertension including job aid
  - Health Center Management
3. Preparation of Workshop materials for Pharmacists, Laboratory Technicians, and Nurses
4. Meeting minutes: Eng. Alla, Dr. Ramlawi, Community Health Workers Association, pharmacist district supervisors
5. Report: Issues and the Way Forward to Establishing a Performance Improvement/Quality Program within MoH/West Bank
6. Progress Report: Update on Community Health Workers: Standards, Training and Certification and Program Evaluation
7. PowerPoint presentation prepared to debrief COP and USAID
8. Trip Report

\*ON FILE AT FLAGSHIP PROJECT