



USAID | **WEST BANK/GAZA**
FROM THE AMERICAN PEOPLE

ENHANCING NUTRITIONAL POLICIES AT MINISTRY OF HEALTH FACILITIES

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

SHORT-TERM TECHNICAL ASSISTANCE REPORT (FINAL)

**Prepared by:
Mellen Duffy Tanamly
Nutrition Consultant
Chemonics**

Submitted on OCTOBER 13, 2010

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

CONTENTS

Acronyms	3
Abstract	4
Summary of Recommendations.....	5
Section I: Introduction.....	6
Section II: Activities Conducted.....	7
Section III: Findings, Challenges, Recommendations, and Next Steps.....	10
Annex A: Scope of Work.....	14
Annex B: Assignment Schedule	16
Annex C: Consultant CV.....	18
Annex D: Bibliography of Documents Collected and Reviewed	20
Annex E: List and Copy of Materials Utilized During Assignment.....	21

ACRONYMS

ANC	Antenatal Care
BCC	Behavior Change Communications
BFHI	Baby Friendly Hospital Initiative
COTR	Contracting Officer's Technical Representative
FDBG	Food Based Dietary Guidelines
HHA	Health and Humanitarian Assistance
LT	Long Term
MCH	Mother Child Health
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NCDs	Non Communicable Diseases
ND	Nutrition Department
NNPS	National Nutrition Policy Statement
NNSS	National Nutrition Surveillance System
PNC	Postnatal Care
PHC	Primary Health Care
SHC	Secondary Health Care
STTA	Short Term Technical Assistance
TA	Technical Assistance
UNICEF	United Nations Children's Fund
UNRWA	United Nations Reliefs and Works Agency
USAID	United States Agency for International Development
WBG	West Bank and Gaza
WFP	World Food Programme (United Nations)

ABSTRACT

The consultant was asked to assist USAID/WBG and the Flagship Project to plan an expansion of current nutrition activities that will respond to nutrition needs of the population and fit within the human and financial resources of the Flagship Project. Several options for expanded nutrition interventions were considered and a decision was reached to include three sets of nutrition activities within the year three work plan. The activities will be integrated into both the Institutional Strengthening aspects and also be part of the Integrated Approach to strengthening health services. The proposed interventions respond to priorities of the MoH Nutrition Department and complement other donor programs, particularly UNICEF, which is the major partner in the nutrition sector. Technical assistance will be needed for planning and implementation of these new or expanded initiatives.

SUMMARY OF RECOMMENDATIONS

Within the next month:

- The Flagship Project to provide support to the MoH for the finalization of the draft evidence-based guidelines for management of obesity/overweight, diabetes and cardiovascular diseases. This step will be the foundation for improvement of NCD nutrition services at PHC level.

Within the next six months:

- The Flagship Project to provide support to the MoH to strengthen the capacity of the existing staff to
 - Improve quality of nutrition services in antenatal care, postnatal care, well child services, and nutrition for NCDs.
 - Improve clinical nutrition and adequate and safe food services for patients at Secondary health care level

Points to be raised:

- Nutrition personnel are needed to implement the National Nutrition Policy, strategies for maternal and child nutrition and chronic disease control as well as annual Nutrition Action Plans which the PNA has officially approved.
- Integrated health services require teams with diverse skills in order to have maximum benefits.
- While the PNA has limited resources, it can save money on costly treatment of complications from chronic illnesses by investing in simple prevention including nutrition management of diabetes and hypertension in particular.
- The Flagship Project to provide the MoH/ND with logistical support and technical support to hire needed staff if possible.

Within the next year:

- Build on high coverage of facility-based delivery care, ANC, PNC, well child services, and adult NCD services by improvement of the quality of nutrition services. This recommendation includes emphasizing evidence-based policies and care through the use of protocols, targeted training, supportive supervision, and follow-up.

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.

Until recently, nutrition has played a small part in the Project's NCD and BCC activities. At the request of USAID/WBG, the Flagship Project prepared a brief paper entitled "Options for Nutrition Programming within the Flagship Project" and discussed the options with the COTR and TDY Health Advisor. Nutrition interventions are to be explicitly defined within future work plans and reported on to USAID/WBG through the Flagship Project's Monitoring and Evaluation system. This will enable the Mission to report to USAID on nutrition activities within the Agency's new Nutrition Element.

This report contributes to Flagship Project Components 1 and 2, Objectives of the Flagship Project: 1.1.1.3. Health Administration and Management Program for the MoH, including policies, procedures, standards, training and oversight; and 2.1 Improve the quality of essential clinical services for the Palestinians and 2.1.1 Strengthen the capacity of Palestinian health institutions to deliver a quality package of essential primary care services, Work plan year 2. This consultancy also contributed to the MoH IDP module number 8: Strengthen Service Delivery and Clinical Guidelines.

SECTION II: ACTIVITIES CONDUCTED

Task 1: Advise USAID and the Flagship Project concerning whether adequate data exists to justify nutrition programming priorities, or if more surveys or studies are required to determine the most vulnerable members of society depending on the analysis of already existing data.

The consultant reviewed USAID guidance on the **Nutrition Element** under Investing in People/Health which began in FY10. The Agency nutrition programming document sets out three nutrition sub-elements:

- 3.1.9.1 Individual Prevention Programs
- 3.1.9.2 Population-based Nutrition Service Delivery
- 3.1.9.3 Nutrition Enabling Environment and Capacity

Each of these sub-elements gives priority to infants, young children, and mothers and to the very poor, especially for food security-related interventions. These factors were taken into consideration when outlining proposed nutrition options for USAID and the Flagship Project to consider.

Task 2: Identify the most vulnerable population segments in terms of nutrition status, including age groups, gender, socioeconomic group and geographic location.

Globally, infants and young children under 24 months, pregnant and lactating women, and adolescents are the most at vulnerable members of a population due to the nutrient needs of growth and reproduction. Older adults are also at risk of chronic conditions in which nutrition habits play a large role. Several available studies and surveys were analyzed to identify which socioeconomic groups and geographic locations within the WBG are the most at risk of malnutrition. (Annex D)

Task 3: Propose evidence-based approaches to improving nutritional well-being of vulnerable populations based on available nutrition status data and the MoH strategic plans that fit within the Flagship objectives. Nutrition should be an integral part of all aspects of the Integrated Approach.

1. A document entitled "Options for Nutrition Programming within the Flagship Project" (see Annex E) was prepared by the consultant for presentation to the Flagship Project and USAID/WBG. Four options for sets of interventions were proposed for consideration that would expand nutrition activities within the Flagship Project components, respond to MoH Nutrition Policy priorities, and complement other donor activities.

On July 23 the USAID COTR met with the Flagship Project and the consultant to review and discuss these options. Feedback was received from USAID/WBG on activities to be included within the annual work plan for 2011 based on MoH priorities and Flagship Project resources.

2. Based on the review of possible options presented for nutrition programming, and taking into consideration MoH priorities and Flagship Project resources, USAID/WBG HHA Office supported the following activities for inclusion within the Flagship Project's annual work plan for 2011 (year three):

1. Strengthen Diabetes and Hypertension Nutrition Management at Multiple Levels
2. Support Nutrition Enabling Environment and Capacity of the Nutrition Department, MoH (MoH/ND)
3. Promote Immediate and Exclusive Breastfeeding within Hospitals and PHC facilities supported by the Flagship Project
4. The consultant then prepared a scaled-down nutrition expansion plan based on USAID guidance for:
 - Nutrition management for NCDs
 - MoH/ND capacity building
 - Strengthening optimal breastfeeding practices in selected MoH hospitals and breastfeeding promotion and support in ANC and PNC

These proposed plans were discussed with the MoH Director of the Nutrition Department (ND) and the response was enthusiastic on the three proposed intervention areas. The consultant and other Flagship Project staff visited selected PHC and hospital facilities to assess the state of nutrition services for detailed planning of nutrition activities. The proposed interventions were then discussed with relevant Flagship Project staff and adjustments were made based on feedback received. The consultant facilitated a meeting with the Flagship Project HIS Director and the MoH Director of ND to discuss HIS support for the National Nutrition Surveillance System. This was a very productive session.

The consultant and Flagship Project staff met with UNICEF representatives to discuss collaborative support to MoH/ND for Baby Friendly Hospital Initiative (BFHI) activities and the National Nutrition Surveillance System (NNSS).

5. Taking into consideration MoH priorities and Flagship resources, the following activities keyed to the MoH/ND National Nutrition Policy Statement (NNPS), have been integrated within the draft Flagship Project Annual Work plan for the third project year:

1. **Strengthen Diabetes and Hypertension Nutrition Management at Multiple Levels**

- a. Encourage healthy diets and prevent and treat obesity and dietary-related non-communicable diseases (Priority 3, National Nutrition Policy Statement (NNPS))

2. **Support Nutrition Enabling Environment and Capacity of the Nutrition Department, MoH (MoH/ND)**

- a. Support MoH/ND in assessing nutritional situation and monitor trends through a national nutritional surveillance system (Priority 1, NNPS)
 - b. Encourage healthy diets and prevent and treat obesity and dietary-related non-communicable diseases. (Priority 3, NPSS)

3. **Promote Immediate and Exclusive Breastfeeding within Hospitals and PHC facilities and community**

- a. Protection, promotion and support for immediate and exclusive breastfeeding (up to 6 months), appropriate complementary feeding of infants and diet diversity for children (Priority 5, NPSS)
- b. Promote good nutrition among women of reproductive age by strengthening adolescent girls' education, and nutrition element of antenatal care, and postnatal care services. (Priority 4, NPSS)

Task 4: Prepare the necessary documentation, including the SOW for local subcontractors, for those interventions that will go forward within the current and future work plans. Technical support will be provided on an ongoing basis to key implementers. Selected activities may include:

- Provide Support to the Nutrition Department, MoH (MoH/ND):
 - Recommend a draft for a National Dietary Guidelines for West Bank/Gaza.
 - Support for the National Nutrition Surveillance System as appropriate within the Flagship Project.
- Assist the MoH/ND in Improving Prevention and Management of Nutrition-related Non-Communicable Diseases:
 - Finalize evidence-based guidelines for management of obesity/overweight, diabetes and cardiovascular diseases.
 - Finalize six job aids related to guidelines
 - Draft seven new job aids on topics recommended by the MoH/ND that provide convenient reference for daily clinic work.
 - Support the training for nutrition personnel in Health Directorates on the use of nutrition guidelines and counseling.
 - Support the training of other health providers in PHC facilities on the use of nutrition guidelines and counseling.

The three nutrition intervention areas agreed on for incorporation into the year three work plan are being further developed. The consultant drafted scopes of work for five STTAs, which are now in process; these STTAs will provide specialized technical assistance for different aspects of the work plan. (see Annex E)

Flagship Project staff and the Director of the MoH/ND discussed moving ahead with review and finalization and acceptance of draft guidelines for nutrition management of NCDs, which is a key step to work in this area. The consultant prepared these draft guidelines in previous visits.

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

1. Findings

1. Within USAID, the Nutrition Element that begins in FY10 under “Investing in People/Health” will be programmed as part the Global Health Initiative and Feed the Future. The Nutrition sub-elements are:

3.1.9.1 Individual Prevention Programs

3.1.9.2 Population-based Nutrition Service Delivery

3.1.9.3 Nutrition Enabling Environment and Capacity

The USAID guidance calls for: “Increase availability and use of proven nutrition interventions to reduce mortality, morbidity, and food insecurity, including nutrition education to improve maternal diets, nutrition during pregnancy, exclusive breastfeeding, and infant and young child feeding practices; fortified or biofortified staple foods, specialized food products, and community gardens to improve consumption of quality food; and delivery of nutrition services including micronutrient supplementation and community management of acute malnutrition. Strengthen host country capacity by advancing supportive nutrition and food security policies and improving nutrition information systems.”

Sufficient data exist in terms of evidence-based nutrition practices that can inform nutrition programming priorities for the Flagship Project within the scope of the three sub-elements.

For example, the emphasis in the prevention programs is to “improve maternal and child nutrition through prevention programs targeted to women, children under two years of age, and the very poor. These activities may include but are not limited to: community-based social and behavior change communication programs that focus on key nutrition practices related to maternal nutrition, exclusive and continued breastfeeding, and appropriate infant and young child feeding; promoting consumption of fortified or biofortified staple foods and specialized food products; partnering with public and private sectors to ensure food quality; and supporting food-based and woman-centered programs that improve dietary quality for women and children.” Most of these priorities would fit very well within the Flagship Project goals to “improve the quality of health service delivery and impact and improve the health status of vulnerable Palestinians, particularly women and children.”

2. The most nutritionally vulnerable segments of the population are pregnant and breastfeeding women, and infants and children below 2 years of age, followed by adolescents. These groups have especially high nutrient needs because of rapid growth and in the case of women of reproductive age, due to the demands of pregnancy and lactation. In the West Bank and Gaza according to available data, mothers are particularly at risk of nutrient deficiencies, and pregnant women have particularly high levels of anemia.

The most at risk socioeconomic groups in WBG are the poor who live outside of urban centers such as Ramallah and those living in Area C of the West Bank. Almost all nutrition indicators are worse in Gaza than in the West Bank: stunting and acute malnutrition (wasting) among children under five years of age and micronutrient deficiencies for all at risk groups. About 38% of the Palestinian population is food insecure which often leads to worsened nutrition status, particularly of the most vulnerable age groups. According to an assessment carried out by the United Nations in 2009, food insecurity levels are worse in Gaza than in

the West Bank. The Hebron governorate in the West Bank presents the highest proportions of food insecure households (31%). Food insecurity was also slightly more prevalent among households located in the Buffer/Seam Zone (between the green line and the West Bank Barrier) compared to other locations in the West Bank (28%). In the Gaza Strip, Rafah, Gaza and Khan Younis governorates show the highest prevalence of food insecurity (between 62%-66%), most likely because factories and outlets of the large manufacturing and construction sectors that were most negatively impacted by the import restrictions were located in these areas. Most of the food insecure households cope by eating a diet of high energy and low cost staple foods and cutting back on micronutrient rich meats, fruits, and vegetables. This lack of dietary diversity can exacerbate nutritional deficiencies.

A food security and nutrition survey jointly carried out by the United Nations World Food Programme (WFP), the United Nations Children's Fund (UNICEF) and the United Nations Relief and Works Agency (UNRWA) (see Annex D), found unusually high levels of food insecurity and malnutrition among herder and Bedouin communities living in Area C of the West Bank.

A study was carried out in 2009 by UNRWA, together with the Juzoor Foundation for Health & Social Development and Columbia University, in collaboration with the Ministry of Education - School Health Division, to document nutritional problems affecting Palestinian school children and adolescents. The fieldwork has been completed and USAID has agreed, through the Flagship Project, to support some of the data analysis. Blood samples are being stored by the MoH and have been used for some micronutrient analysis; but more biomarker tests can and should be done, including vitamins A and D. Once the various analyses are completed, a fuller picture of the nutritional status of Palestinian school children and adolescents will be available for planning health education and appropriate school based nutrition services.

3. In order to strengthen the nutrition management of NCDs, several important steps have to be taken. The first is to finalize and officially disseminate the draft evidence-based guidelines for management of obesity/overweight, diabetes, and cardiovascular diseases. Secondly, carefully developed tools for health providers to use when counseling patients are needed to help patients understand the dietary guidance and to motivate them to change their behavior.

2. Challenges

The quality of care in the public sector is generally perceived as being poor. Gaps in best practices slow progress in the achievement of better health and nutrition status. For example, well child visits usually include immunizations, distribution of micronutrient supplements, and growth monitoring but do not include the "promotion" part, i.e. without feedback to the mother and counseling about her child's growth and how to keep it on track or improve the trend if needed. Many diabetic patients go to PHC centers for medication, but do not receive counseling on how to manage their diet and make necessary lifestyle changes.

There is a shortage of specialized professionals working in the nutrition field. Only a few hospitals have dietitians managing the food and nutrition services and only three or four Governorates have nutrition personnel supporting community nutrition programs. The MoH/ND has a small staff at the central level that cannot adequately cover the training, support, supervision, monitoring and evaluation of nutrition services in all hospitals and PHC

centers. At the same time, it is clear to all who look at the trends in WBG that nutrition challenges are affecting the health of children, mothers, and adults with chronic disease.

3. Recommendations

- The Flagship Project to provide support to the MoH to strengthen the capacity of the existing staff to
 - improve quality of nutrition services in antenatal care, postnatal care, well child services, and nutrition for NCDs.
 - Improve clinical nutrition and adequate and safe food services for patients at Secondary health care level

Points to be raised:

- Nutrition personnel are needed to implement the National Nutrition Policy, strategies for maternal and child nutrition and chronic disease control as well as annual Nutrition Action Plans which the PNA has officially approved.
 - Integrated health services require teams with diverse skills in order to have maximum benefits.
 - While the PNA has limited resources, it can save money on costly treatment of complications from chronic illnesses by investing in simple prevention including nutrition management of diabetes and hypertension in particular.
2. Provide the MoH/ND with logistical support and technical support to hire needed staff.
 3. The Flagship Staff should support the MoH in the finalization of the draft evidence-based guidelines for management of obesity/overweight, diabetes and cardiovascular diseases. This step will be the foundation for improvement of nutrition services at PHC level.
 4. Build on high coverage of facility-based delivery care, ANC, PNC, well child services, and adult NCD services by improvement of the quality of nutrition services. This recommendation includes emphasizing evidence-based policies and care through use of protocols, targeted training, and supportive supervision and follow-up.

4. Next Steps

- Prepare a presentation for the 2010 National Nutrition Conference, “Nutrition Today for Tomorrow: A Focus on Palestinian Students,” to be held October 9-10, 2010. The presentation will be “Nutrition Throughout the Lifecycle: Interventions to Reduce Risk”
- Provide nutrition technical message content for Year 3 BCC module topics.
- Develop a training plan for both nutrition professionals and other health care providers for competency-based skills in prevention and nutrition management of selected NCDs.
- Participate in the formulation of National Food Based Dietary Guidelines for WBG.

ANNEX A: SCOPE OF WORK

I. Objective of this Consultancy

To assist in planning for nutrition activities in response to USAID's intention to utilize funds provided under the Nutrition Element within the Flagship Project. This will involve expanding nutrition activities within the ongoing modules of the Project

II. 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 and Interviews Related to Understanding the Work and Its Context.** The Consultant shall read, but is not limited to reading, the following materials related to fully understand the work specified under this consultancy:

- The national nutrition strategic and surveillance plans, 2008-2010 based on national needs
- The National Strategy for infants and young children feeding, 2008-2010
- Ministry Of Health Strategic Plan, 2011-2013
- Any other related study in nutrition not already available to the consultant from the previous STTA assignment.

B. **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 task A above to:

- **Task 1:** Advise the USAID and Flagship leadership concerning whether adequate data exists to justify nutrition programming priorities or if more surveys or studies are required to determine the most vulnerable members of society depending on the analysis of already existing data.
- **Task 2:** Identify the most vulnerable population segments in terms of nutrition status, including age groups, gender, socioeconomic group and geographic location.
- **Task 3:** Propose evidence-based approaches to improving nutritional well-being of vulnerable populations based on available nutrition status data and the MoH strategic plans that fit within the Flagship objectives. Nutrition should be an integral part of all aspects of the Integrated Approach.
- **Task 4:** Prepare the necessary documentation, including the SOW for local subcontractors, for those interventions that will go forward within the current and future work plans. Technical support will be provided on an ongoing basis to key implementers. Selected activities may include:
 - Provide Support to the Nutrition Department, MoH (MoH/ND):
 - Recommend a draft for a National Dietary Guidelines for West Bank/Gaza.
 - Support for the National Nutrition Surveillance System as appropriate within Flagship.
 - Assist the MoH/ND in Improving Prevention and Management of Nutrition-related Non-Communicable Diseases:
 - Finalize evidence-based guidelines for management of obesity/overweight, diabetes and cardiovascular diseases.
 - Finalize 6 job aids related to guidelines
 - Draft 7 new job aids on topics recommended by the MoH/ND that provide convenient reference for daily clinic work.
 - Support the training for nutrition personnel in Health Directorates on use of nutrition guidelines and counseling.
 - Support the training of other health providers in PHC facilities on use of nutrition guidelines and counseling.
 - Advise on Nutrition Elements of BCC work:
 - Provide technical input on nutrition-related topics for BCC messages.
 - Recommend nutrition-related topics that require BCC approaches.
 - Advise and support on Nutrition Elements of Primary Health Care/MCH:
 - Address iron deficiency anemia problem in pregnant women and young children.
 - Support in improving maternal nutrition, especially during pregnancy and lactation, by enhancing nutrition services within ANC and PPC.

- Support in strengthening counseling on infant and young child feeding in PHC units, especially exclusive breast feeding promotion.
- Support in enhancing the counseling aspect of Growth Monitoring and Promotion to prevent malnutrition and treat moderate cases of under-nutrition.
- NGO Grant Program:
 - Grant proposals include nutrition activities that will receive financial support through the Flagship Project
 - Include NGOs that offer NCD services in training for nutrition-related NCD guidelines.

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 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.

III. Expected Products.

- Within three days of the consultant's arrival (unless otherwise specified), the consultant will 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
- All products related to job aids and guidelines, shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using the Flagship-provided STTA report template).
- A draft of the trip report is 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.

IV. Timeframe for the Consultancy.

The timeframe for this consultancy is on or about **June 1, 2010** and will conclude on or about **August 31, 2010**.

V. LOE for the Consultancy.

During June 2010 the consultant will work remotely from home on the first two tasks with close communication with the Flagship team (maximum 15 working days).

During July – August 2010 the consultant will travel to the West Bank to work from the Flagship office to finalize the remaining tasks (Maximum 45 working days).

If additional time is required to complete the final STTA report upon returning home from travel to the West Bank, up to two (2) days may be allocated to work from home. The total LOE for this assignment should not exceed 60 days.

ANNEX B: ASSIGNMENT SCHEDULE

The following meetings and facility visits were conducted during the consultant's visit:

1. USAID/WBG

An initial "in briefing" meeting was held July 23 at USAID/WBG with the COTR and TDY health advisor to discuss proposed options for expanded nutrition activities within the Flagship Project.

2. MoH Nutrition Department

Flagship staff and the consultant met with the Director of the Nutrition Department on August 2 to discuss proposed nutrition activities that would support portions of the National Nutrition Policies and Action Plans.

3. PMC, Rafidia, PHC centers

Flagship Project staff and the consultant visited Beit Furik Health Center 2 on July 29 to observe an MCH clinic session. The purpose of the visit was to observe nutrition services that are provided as part of the clinic activities.

The consultant and a LT advisor visited Rafidiah Hospital in Nablus on August 5 to explore whether the Rafidiah Hospital is an appropriate site for introducing the Baby Friendly Hospital Initiative as part of the expanded nutrition programming within the Flagship Project.

The consultant visited the Palestine Medical Complex with LT advisors on August 12. The purpose of their visit was to observe and discuss current breastfeeding practices in the Ramallah General and Children's Hospitals. They were invited to participate in newborn rounds with the pediatrics staff and had the opportunity to discuss breastfeeding with several new mothers.

4. UNICEF

On August 3 Flagship Project staff and the consultant met with UNICEF/oPT Deputy Special Representative, Douglas Higgins, and Nutrition Advisor, Najwa Rizkhallah. The purpose of the visit was to discuss support to the MoH Nutrition Department in order to ensure that Flagship's nutrition interventions are complementary to UNICEF's activities with the Department. UNICEF has been the principle donor supporting nutrition activities in the country and USAID is keen to maintain good coordination with them.

5. MoH Nutrition Department

On August 10 the Director of the MoH/ND visited the Flagship Project to be briefed on the Health Information System program and learn how it can provide data for the National Nutrition Surveillance System (NNSS).

6. USAID/WBG

A debrief was conducted via telephone on August 13 with the COTR and Flagship Project staff and the consultant. A summary of activities was presented to the COTR and she gave us her feedback on the report.

7. MoH Nutrition Department

On August 17 the consultant and Flagship Project staff met with the Director of the Nutrition Department to ensure that there is a common understanding of priorities for nutrition activities for Year 3 of the project, and to explain USAID/Flagship Project procedures and regulations.

ANNEX C: CONSULTANT CV

Mellen Duffy Tanamly

703- 626-4134
mellendt@hotmail.com

158 Rees Place
Falls Church, VA 22046

PUBLIC HEALTH AND NUTRITION CONSULTANT AREAS OF EXPERTISE

Health and Nutrition Design, Implementation and Evaluation Skills

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

Maternal and Child Health and Nutrition

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

Program Management

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

Team Leader

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

Nutrition Planning and Food Security

- ◆ Participated in the design of the Uganda Feed the Future program as a nutrition and gender advisor
- ◆ Reviewed Title II programs in India to recommend ways to enhance impact on child survival.
- ◆ Evaluated Food for Peace Title II programs in West and Central Africa.

- ◆ Started an innovative food and nutrition component as part of a large agricultural project; worked with multisectoral teams incorporating food security concerns in economic planning.
- ◆ Led initiative to utilize child nutrition status as a measure of poverty and household well-being.

Cross-cultural Experience

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

WORK EXPERIENCE

Health and Nutrition Consultant 2003 – present

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

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

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

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

Health Development Officer, USAID/Egypt, 1992-1994

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

General Development Officer, USAID/Belize, 1985-1990

Nutrition Advisor, USAID/El Salvador, 1984-1985

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

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

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

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

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

EDUCATION AND TRAINING

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

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

Epidemiological Intelligence Service Course, US Centers for Disease Prevention

Development Studies Program, American University, Washington, DC

PUBLICATIONS

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

ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED

USAID Nutrition Element Guidance FY 2010

Black, R et al Maternal and Child Undernutrition, Series Lancet January 2008; Vol. 371

Abdul Rahim H, et al Health in the Occupied Palestinian Territory 2, Maternal and child health in the occupied Palestinian territory. Lancet 2009; 373: 967–77

Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006: Preliminary Report. Ramallah-Palestine.

Food Security and Nutrition Survey For Herding Communities In Area C Joint UNRWA – UNICEF
WFP Household Survey February 2010

FAO/WFP, December 2009 – Food Security and Vulnerability Analysis Report in the oPt.

National Nutrition Surveillance System Policy Statement and Operational Plan of Action for Nutrition Surveillance System, Ministry of Health. 2010

Palestinian National Authority, Ministry of Health, Nutrition Department Operational Plan of Action for Nutrition 2008-2010

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

Options for Nutrition Programming within the Flagship Project

Flagship Proposals for Nutrition Activities 2011 (October 1, 2010-September 30, 2011)

Flagship Nutrition Activities 2011

Draft Powerpoint Presentation For Nutrition Conference: "NUTRITION THROUGHOUT THE LIFECYCLE: INTERVENTIONS TO REDUCE RISK".

DRAFT STTA 1: Clinical Dietician

DRAFT STTA 2: BCC Consultant

DRAFT STTA 3: Facilitator For Development Of National Food Based Dietray Guidelines

DRAFT STTA 4: Nutrition Surveillance Consultant

DRAFT STTA 5: Nutrition Consultant For NCD Training And Other Flagship Project Support

*ON FILE AT FLAGSHIP PROJECT OFFICE