



CTB



ANNUAL REPORT 2011

PROJECT:

**REINFORCEMENT OF TERTIARY
HEALTH CARE IN THE PALESTINIAN
TERRITORIES- PHASE III**

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1 Project form

Project name	Reinforcement of Tertiary Health Care in The Palestinian Territories- Phase III
Project Code	PZA 08 021 01
Location	West Bank and Gaza Strip
Budget	5,000,000 €
Key persons	Dr. Willy Demyer, BTC Dr. Qasem Maani, MOH
Partner Institution	Ministry of Health
Date of implementation Agreement	January, 2009
Duration (months)	60 months
Target groups	Cardiac patients from both genders and different age groups Health staff working in the cardiac sector (physicians, nurses)
Global Objective	To improve the global care in the Palestinian Territories by reducing mortality and morbidity due to cardiac and congenital ailments in children and adults
Specific Objective	- To upgrade the diagnostic and therapeutic Cardiac Care facilities in three tertiary care hospitals (one in the Gaza strip , one in Jerusalem and one in West Bank) - To upgrade the treatment capacity in one tertiary health centre in Gaza City
Results	R1: A new Cardiac Intensive Care and Surgery Department in Khan Yunis is established at the European Gaza Hospital and Interventional procedures in the cath-lab are started in order to create fully functional Cardiac Centre. R2: Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased Hospital is extended. R3: A new Cardiac Surgery department in Ramallah is established at the MOH Hospital in order to complete the Cardiac Centre by including the existing cath-lab and cardiology department R4: Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.

2 Summary

2.1 Analysis of the intervention

Intervention logic	Efficiency	Effectiveness	Sustainability
Specific objective			
R1: A new Cardiac Intensive Care and Surgery Department in Khan Yunis is established at the European Gaza Hospital and interventional procedures in the cath-lab are started in order to create fully functional Cardiac Centre.	<p>There was some delay in infrastructure works at the EGH due to rebidding, which in turn delayed the expenditure during this year. There is also delay from the contractor implementing works.</p> <p>Moreover, there was a delay in updating the lists of equipments that resulted in delay of launching bids for the procurement of equipment.</p> <p>There is a delay in defining training lists. Location of training has been suggested to be Egypt, but new arrangements have to be done due to new government and ministers in Egypt.</p>	<p>Part of the objective has been achieved which is the establishment of the unit.</p> <p>The effectiveness of starting the procedures needs more time to be measured when the unit is operational.</p>	<p>Provided equipment and trained staff are expected to help in sustaining activities in the hospital with the support of the Ministry of Health, which has to take care of the maintenance of equipment as well as ensuring the availability of trained staff for the service.</p>
R2: Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased Hospital is extended.	<p>Procurement and delivery of two echo machines was done. Machines are in operation.</p> <p>There is a delay in the training component as the hospital has proposed some changes to the training plan included in the TFF; this change is on duration and location of training: two week rotation training instead of three months and the</p>	<p>The service is extended through equipment provision. The effectiveness of the training component is early to foresee.</p>	<p>Service provision is expected to be sustained by the hospital, supported by the Ministry of Health. Hospital is expected to take care of the maintenance of equipment as well as ensuring the availability of trained staff for the service.</p>

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	<p>location to be Schneider hospital in Israel instead of Belgium.</p> <p>There are no doctors currently available for the extended training envisaged in the TFF and so this element will not be taken up.</p>		
<p>R3: A new Cardiac Surgery department is established at the MOH Ramallah Hospital in order to complete the Cardiac Centre by including the existing cath- lab and cardiology department</p>	<p>The change in the scope of infrastructure works delayed the implementation of contracts and thus negatively impacted the expenditures during the year.</p> <p>The process of the cath-lab machine, monitors and ventilators procurement is going on smoothly.</p> <p>There is a delay in the training component. Location of training will be at King Hussein Military Hospital in Jordan. An MOU is being waited to be signed.</p>	<p>Early to foresee as the department is not in function yet.</p> <p>In order to have the department fully operational and due to funding gap, the MOH plans to request from the BTC using savings from the current project to procure complementary equipment.</p>	<p>Provided equipment and trained staff are expected to help in sustaining activities in the hospital with the support of the Ministry of Health, which has to take care of the maintenance of equipment as well as ensuring the availability of trained staff for the service.</p> <p>There is an added value to the project by the employment of 2 Egyptian cardiac surgeons by MOH. This helps to sustain works in the new cardiac department.</p>
<p>R4: Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.</p>	<p>The delay in updating the lists of equipment in coordination with the hospitals resulted in delay of launching bids for the procurement of equipment. The update of the lists took into consideration the current need of the MOH vs. their need in 2008, the time when the TFF was prepared.</p> <p>There is a delay in</p>	<p>Early to foresee as the equipment have not been delivered yet.</p>	<p>Services and procedures are expected to be sustained by the hospital, supported by the Ministry of Health, which has to take care of the maintenance of procured equipment.</p>

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	defining training lists. Location of training has been suggested to be Egypt, but new arrangements have to be done due to new government and ministers in Egypt.	
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For budget execution, please refer to the section 3.3.6.

2.2 Key elements

1. Infrastructure:

EGH

Shawwa Company was contracted to perform works starting March 1st 2011

Engineering supervision is done through a contract between BTC and Home Engineering Company

There was an agreement between MOH Engineering Department and BTC to extend the end date of rehabilitation works till the end of Dec. 2011 after communication letters of consulting agency and contractor in Nov. 2011. The works will finish mid of Jan. 2012 according to a letter from the contractor on 4.01.2012

There was a delay in works due to obstacles by Israelis to allow the entrance of construction materials to Gaza Strip and the noncompliance of the contractor with coordination appointments prepared by BTC of material entry to GS.

Ramallah Hospital/Kuwaiti at PMC

Abu Samen Company was contracted in March 2011 to perform works.

Works in the ICCU at the basement of Kuwaiti building are finished.

Works in the cath-lab room have been postponed until the winning company was known and the type of cath machine was identified. Works have started and are expected to be ready mid Jan. 2012 for the installation of the cath-lab machine.

MOH Engineering Dept. reported that the fore ceiling has been removed, pillars to be installed on 8.01. The contracted company (RAMCO) reported that the cathlab machine will be shipped from country of origin on the 9th of Jan. and the machine is expected to be in Palestine on the 20th of Jan. depending on shipping and customs procedures.

2. Procurement of equipment

EGH

Contracts have been signed and procurement was done for a list of 24 items of equipment from 5 companies and a list of 69 consumable items from 4 companies for the cardiac unit.

List of equipment is attached in [Table 1](#). List of contracted companies for consumables is attached in [Table 2](#).

Consumables are currently present in MOH stores in Nablus and MOH is organizing the coordination for their delivery to Gaza Strip.

Part of equipment is present in companies' stores in Gaza (e.g. Lemix and MSS) and BTC

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is organizing the coordination of crossing prohibited items by Israeli authorities to cross Karem Abu Salem crossing to Gaza Strip. MOH will organize the crossing of the rest of items and their delivery to beneficiary institutions in GS.

Shifa Hospital

Contracts have been signed and procurement was done for a list of 6 items of equipment from 5 companies. List of equipment is attached in Table 1.

Part of equipment is present in companies' stores in Gaza (e.g. Lemix and MSS) and BTC is organizing the coordination of crossing prohibited items by Israeli authorities to cross Karem Abu Salem crossing to Gaza Strip. MOH will organize the crossing of the rest of items and their delivery to beneficiary institutions in GS.

Ramallah Hospital/PMC

Contracts and orders of procurement for cath-lab machine monitoring system and ventilators were done. They are expected to be installed in Jan. or early Feb. (Q1) 2012. Cath-lab is expected to be delivered around 20th Jan. 2012 and then installed.

Project administration at MOH requested from PMC to nominate names of candidates for training on machine (2 physicians and 2 operators).

List of procured items, cost and winning companies is attached in Table 3.

Starting the service at the Cath-lab and ICU/CCU at Kuwaiti needs to be supported by a significant list of further equipment such as ICU beds, infusion pumps...etc. The estimated value for the needs is €281,714 taking into account that MOH will request from BTC to use the savings from equipment component (from WB and GS) to cover the needs upon the Steering Committee approval.

List of needed items and estimated cost is attached in Table 4 (as received from Bio Medical Engineering Department/MOH) in Jan. 2012.

Maqased Hospital

The procured cardiac echo machines function properly.

3. Training

EGH and Shifa Hospital

Suitable training programmes for the EGH have been identified in Egypt.

Main steps:

- A visit to Egypt by the Minister of Health in Oct. 2011 confirmed, with his Egyptian counterpart, that Egypt would be willing to host such training. *Unfortunately the political uncertainty in Egypt has delayed making progress for practical arrangements for the training.*
- The need for identification of training institutions
- The need for identification of participants
- The need of preparation of an agreement (Memorandum of Understanding) between the Egyptian training institute and MOH. This will need to be reviewed by BTC and a no objection issued.

The main challenge concerning this component in the two hospitals in Gaza is the current events in Egypt, where political changes have delayed the identification of training institutions and the development of a firm agreement.

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Ramallah Hospital

A list of trainees, location of training and topics of training were identified though with delay. A visit of the suggested location of training which is King Hussein Medical Center (KHMC) was conducted jointly by MOH and the BTC in March 2011.

Currently, there is the need to have a memorandum of understanding agreement issued and signed between MOH/or BTC and the training institution and to follow the process.

The names and CVs of the first twenty trainees proposed for training have been agreed by the MOH and BTC:

- From OR nurses: 9
- CCU and ICU: 7 nurses
- Perfusionists: 2 nurses
- Pulmonary technician: 2 nurses

As KHMC is a military hospital, trainees need to be security vetted.

The project administration is still waiting a second list of participants to be nominated from PMC according to accredited trainee selection mechanism of MOH.

Maqased Hospital

There is some delay in starting the training component as the hospital has proposed some changes to the training plan included in the TFF; these changes are on duration and location of training: changes are now two week rotation training instead of three months and the location to be Schneider hospital in Israel instead of Belgium.

The number of nurses to be trained is 16 nurses. Proposal received from Dr. Nashashibi on 27.12.2012 is attached in Table 5 and BTC and MOH are currently assessing this proposal.

There are no doctors currently available for the extended training envisaged in the TFF and so this element will not be taken up.

2.3 Key Risks

- Operational Risk: Difficulties and delays in implementing the upgrading works in the European hospital in Gaza due to the siege imposed by the Israelis and the lack of construction materials in Gaza in addition to delays by caused by the contractor implementing works.
Starting the service at the Cath-lab and ICU/CCU at Kuwaiti needs to be supported by a significant list of further equipment such as ICU beds, infusion pumps...etc. The estimated value for the needs is €281,714 taking into account that MOH will request from BTC to use the savings from equipment component (from WB and GS) to cover the needs upon the Steering Committee approval.
- Political risk: The current political situation and the siege imposed on Gaza Strip that delays the entrance of materials and equipment which consequently affects that start up of activities. BTC is organizing the coordination of crossing prohibited items by Israeli authorities to cross Karem Abu Salem crossing to Gaza Strip. MOH will organize the crossing of the rest of items and their delivery to beneficiary institutions in GS.

2.4 Key lessons learned and recommendations

Key lessons learned and recommendations are related to the following points:

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1. INDICATOR FORMULATION

Overall objective: “To improve the global care in the Palestinian Autonomous Territories by reducing mortality and morbidity due to cardiac and congenital ailments in children and adults”

The indicator of success for this project overall objective seems to be weak because:

- it is not clear as to whether it refers to mortality and morbidity in the general population or within the hospital.
- no baseline was defined
- MOH Statistical reports do not provide any information on morbidity or disability from heart disease.

Recommendation: Greater care needs to be taken in the selection of project indicators, ensuring that they are SMART (i.e. being Specific, Measurable, Achievable, Realistic and Timely). Indicators from future implemented management information system at MOH hospitals will be used later.

2. PREVENTION ISSUE

Prevention was not foreseen to be part of the project since its formulation. Thus, the newly established NCD center at the PMC sponsored by the government of Austria has minor cross cutting points with this project. However, it can be said that the cross cutting could be on the tertiary prevention level.

Recommendation: Prevention activities should be an element of each health care project from the time of its formulation.

3. TRAINING

Due to the fact that there is a possible delay in starting up the training component due to different factors, the following is recommended:

- Future projects should start to address any HR training components, particular for long term international training early in project implementation.
- Change of training needs should be taken in consideration.
- As there might be an unspent balance related to this component, MOH will prepare an action plan.

4. FINANCIAL MANAGEMENT OF PROJECT

Recommendation: A financial management information method/mechanism that tracks expenditure and commitments against budget is important for financial planning. This will be done by exchange of financial updates and a monthly meeting for this update between MOH and BTC.

5. HAVING ACTIVITIES OPERATIONAL

Starting the service at the Cath-lab and ICU/CCU at Kuwaiti needs to be supported by a significant list of further equipment such as ICU beds, infusion pumps...etc. The estimated value for the needs is €281,714.

Recommendation: MOH will request from BTC to use the savings from equipment component (from WB and GS) to cover the needs upon the Steering Committee approval.

6. VERIFICATION MEANS OF INDICATORS

National databases were set as means of verification for indicators in the project activities. MOH has started activities on MIS through the Flagship project sponsored by

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USAID and these databases were supposed to be part of this project, but the activities of this project have been interrupted due to reasons related to the donor country.

Recommendation: It is required to have management information system implementation started in order to be able to track indicators set in the project document for achieving results.

7. PROJECT MANAGEMENT

A. Project staff: The management structure defined in the TFF was varied, with no full time project manager recruited and dedicated to the project. However, the extra efforts of the project director and the BTC efforts compensated for the absence of full time management in addition to the pre-structured relationship between MOH and BTC through the first two phases of this project.

B. Steering Committee: There has been some delay in the follow up of decisions made during SC.

Recommendation: MOH and BTC will consider close follow up of decisions made during SC meeting benefiting from the assignment of a co-director for the project since late July 2011.

8. **PROCUREMENT PROCEDURES:** There have been some delays in the implementation. These can be explained by two factors:

1. Changes to the original plans agreed in the TFF. These have required the development of new plans which, because of their highly technical nature and in turn required technical reviews by BTC.
2. Lengthy procurement processes for the medical equipment. There was debate between technical experts in BTC Brussels and MOH. The resulting tenders were of high value, requiring strict compliance with World Bank tender regulations, review by lawyers and sign off in BTC Brussels rather than in Jerusalem.

Recommendation: To identify methods to accelerate process for having no objection from BTC Brussels.

9. EXPENDITURE

The project may have an unspent balance to contribute further to the project goals.

Recommendation: In order to expedite this within the project's current duration, a coherent action plan will be developed by MOH as to how these additional funds can be utilized and discussed with BTC.

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3 Analysis of the intervention

3.1 Context

3.1.1 Evolution of the context

Please refer to section 2.2.

3.1.2 Institutional Anchoring

Score: (Very Appropriate, Appropriate, Not appropriate, Not appropriate at all)

Very appropriate for the four locations where the project is implemented as the project targets priority areas of MOH public institutions (EGH, Ramallah: cardiac care and Shifa: neonatology) and private sector (Maqased: pediatric cardiology) that complement each other.

3.1.3 Execution Modalities

Score: (Very Appropriate, Appropriate, Not appropriate, Not appropriate at all)

Appropriate. Regardless of the minor delays in infrastructure component and possible delay in the delivery of procured equipment and training, the execution modalities are in path to ensure the advancement of the interventions.

Additional plus is the regular communications between BTC and MOH and the implementation of co-management principle in directing the project activities.

3.1.4 Harmo-dynamics

MOH which is the partner of the BTC in this project puts major influence on ensuring that the results correspond to the specific objectives set to be reached.

Additionally, the project falls in major strategic priorities of the MOH:

- this project with its support in the components of equipment and training will positively affect the physicians' residency program in cardiology and cardiac surgery.
- this project fits positively in the MOH strategy to reduce expenses and costs within the referral abroad services; having the cardiac services available at MOH premises will reduce the number of referred cases due to cardiac diseases which in turn will reduce costs and burden carried by MOH.

There might be cross cutting points on cardiovascular issues with the project implemented by the Non-Communicable Disease Center at PMC sponsored by the Austrian Development Cooperation, especially on tertiary prevention level.

3.2 Specific objective

3.2.1 Indicators

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Specific objective: “To improve the global care in the Palestinian Autonomous Territories by reducing mortality and morbidity due to cardiac and congenital ailments in children and adults”

Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
At the end of the intervention the 3 cardiac centres do completely offer the expected care.	Baseline value was not set				Adults and children with cardiac and congenital diseases	The MOH Statistical reports do not provide information on morbidity or disability from heart disease. Please refer to <i>Tables 6,7,8,9 and 10</i> in the annex on few possible indicators.
Mortality of Shifa NICU is reduced by 50%	Baseline value was not set				Neonates	No data available in MOH report or Health Information Center

3.2.2 Analysis of progress made

The first result which is a new Cardiac Intensive Care and Surgery Department in Khan Yunis is established at the European Gaza Hospital and interventional procedures in the cath-lab are started in order to create a fully functional Cardiac Centre needs on site assessment after the finishing of rehabilitation works and the delivery of equipment to make sure that the interventional procedures can be started. There is also the need to follow up the relation of the staff to be trained and the establishment of service.

The second result which is therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased hospital is extended seem to be the intended result as the procured echo machines are operational. There is also the need to follow up the relation of the staff to be trained and the extension of service.

The third result is to have a new comprehensive Cardiac Centre (Surgery, Cath-lab, ICU and Coronary Care Unit) at PMC. In order to have the department fully operational and due to funding gap, the MOH plans to request from the BTC using savings from the current project to procure complementary equipment.

The fourth result which is therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced needs on site assessment after the delivery of equipment. There is also the need to follow up the relation of the staff to be trained and the reinforcement of service.

3.2.3 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
Financial risk	Low			A

Operational Risk	Medium	<p>Difficulties in implementing the upgrading works in the European hospital in Gaza due to the siege imposed by the Israelis and the lack of construction materials in Gaza</p> <p>In order to have the department fully operational and due to funding gap, the MOH plans to request from the BTC using savings from the current project to procure complementary equipment.</p> <p>Coordination of trainings in Egypt and in Jordan</p>		B
Political risk	Medium	New government in Egypt so new contacts to be made concerning training component		B

3.2.4 Quality criteria

Criteria	Score	Comments
Effectiveness	B	Still early to foresee as part of equipment are procured but not delivered to locations yet (EGH, Shifa and Ramallah) and other equipment are in process of procurement. Infrastructure works are expected to be handed over to MOH mid Jan. 2012 and the training component is progressing slowly. More progress in WB than in GS
Efficiency	C	The delay in updating the lists of equipments in coordination with the hospitals resulted in delay of launching bids for the procurement of equipment for the hospitals in Gaza (about 1.2 million Euros). The update of the lists took into consideration the current need of the MOH vs. their need in 2008, the time when the TFF was prepared. There is a delay in defining training lists in GS. Location of training has been suggested to be Egypt, but new arrangements have to be done due to new government and new appointed ministers.
Sustainability	B	All outputs of project are expected to be sustained by the hospitals, supported by the Ministry of Health. Sustainability includes maintenance of equipment and ensuring that trained personnel are in location to deliver service.

Relevance	B	Activities of the project are relevant to the MOH strategic plan to strengthen and develop tertiary care facilities and services in Palestine in addition to tackling priority areas, such as cardiovascular diseases that is one of the main causes of mortality in Palestine.
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3.2.5 Potential Impact

Through the implementation of the project activities, it is expected that there will be:

- prepared facilities (both physical and human resources) to receive cardiac patients
- reduction in mortality rate due to cardiac diseases
- reduction in mortality rate in neonatal unit at Shifa Hospital
- reduction in the referral abroad MOH facilities as a result of cardiovascular cases
- increase in the number of diagnosed and treated cardiac cases at hospital level
- increase in the number of trained personnel in cardiac and neonatal care

3.2.6 Recommendations

Recommendations	Source	Actor	Deadline
Greater care should be taken in the selection of project indicators, ensuring that they are SMART (i.e. being Specific, Measurable, Achievable, Realistic and Timely)	2.4	Public health planner of project	Keep for future
Prevention activities should be an element of each health care project from the time of formulation.	2.4	Public health planner of project	Keep for future
Training component: <ul style="list-style-type: none"> o Future projects should start to address any HR training components, particular for long term international training, early in project implementation. o Change of training needs should be taken in consideration. o As there might be an unspent balance related to this component, a detailed action plan should be formulated. 	2.4	Project administration team	Q1 of Year 1
A financial management information method/mechanism that tracks expenditure and commitments against budget is important for financial planning. This will be done by exchange of financial updates and a monthly meeting for this update between MOH and BTC.	2.4	Project accountant and financial section at BTC	Q1 of Year 3
To have a comprehensive plan of service operation before starting the implementation.	2.4	Project administration	Q1 of Year 1

starting the implementation.		team	
To have management information system implementation started in order to be able to track indicators for achieving results set in the project document.	2.4	Health Information Center MOH and project director for follow up	at MOH and project director for follow up Keep for future
To follow up implementation of decisions made during SC.	2.4	MOH and BTC	
To identify methods to accelerate process for having no objection from BTC Brussels.	2.4	SC and BTC	Q1 of Year 3
In order to expedite expected unspent balance within the project's current duration, a coherent plan needs to be developed as to how these additional funds can be utilized.	2.4	Project administration team in line with BTC agreement to be presented to SC	Q1 Year 3

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3.3 Result

3.3.1 Indicators

As mentioned in section 3.2.1, baseline values were not either set or provided in the TFF. Please refer to tables 6,7,8,9 and 10 in the annex.

Result 1: A new Cardiac Intensive Care and Surgery Department in Khan Yunis is established at the European Gaza Hospital and Interventional procedures in the cath-lab are started in order to create fully functional Cardiac Centre.

Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
The Cardiac Surgery at EGH is operational						Not yet; will start in Q1 2012.
The ICU at EGH is operational						Not yet; will start in Q1 2012.
Reduced Referrals abroad						Planned through the implementation of project activities
Positive clinical outcomes						Planned through the implementation of project activities

Result 2: Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased Hospital is extended.

	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Al-Makkased PICU is extended						Yes
Mortality in PICU is decreased by 10 %	Baseline value unavailable					Planned through the implementation of project activities
Paediatric Cardiac Morbidity	Baseline value unavailable					Planned through the implementation of project activities

Result 3: A new Cardiac Surgery department in Ramallah is established at the MOH Hospital in order to complete the Cardiac Centre by including the existing cath- lab and cardiology department

Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Al-kuawiti Cardiac Surgery Unit is established and functional						Unit is established and its function has not started yet
The ICCU is operational						Not yet; planned to start in Q1 2012.
Reduced Referrals abroad	Baseline value					Planned through the implementation of

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	unavailable					project activities
Reduced Cardiac Morbidity	Baseline value unavailable					Planned through the implementation of project activities
Positive clinical outcomes	Baseline value unavailable					Planned through the implementation of project activities

Result 4: Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.

Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Shifa Hospital NICU is refurbished and performs according to international standards						Planned through the implementation of project activities
- Mortality in ICU is decreased by 50%	Baseline value unavailable					Planned through the implementation of project activities
Premature admission rate	Baseline value unavailable					

3.3.2 Evaluation of activities

Activities (See guidelines for interpretation of scores)	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
EGH					
The infrastructure of the European Gaza Hospital is completed		X			
The necessary equipments for interventional procedures in the European Gaza Hospital are installed and functional			X		There is some delay in the delivery of certain procured items to GS due to Israeli siege.
Necessary consumables for the European Gaza Hospital are delivered			X		There is some delay in the delivery of procured items to GS due to Israeli siege.
A training program is executed for the EGH staff			X		Delay is due to not identifying training institutions, topics

					and lists of trainees. Political situation in Egypt.
Maqased			X		
A training program is executed					Delay is due to the request of changing location and duration of training
Ramallah					
The infrastructure of Ramallah Hospital is completed for Cardiac surgery department at Kuwaiti basement		X			
The necessary equipments for the cardiac department of Ramallah are installed and functional		X			
A training program is executed			X		Delay in formulating an agreement with the training location in Jordan (KHMC). The need of vetting the nominees as the hospital is a military one.
Shifa					
The necessary equipment for Al Shifa hospital are installed and functional			X		There is some delay in the delivery of certain procured items to GS due to Israeli siege.
Training program is executed				X	Delay is due to not identifying training institutions, topics and lists of trainees. Political situation in Egypt.

3.3.3 Analysis of progress made

Please refer to section 2.2.

3.3.4 Risks and Assumptions

Please refer to section 3.2.3.

3.3.5 Quality criteria

Please refer to section 3.2.4.

3.3.6 Budget execution

Budget vs Actuals (Year to Month, by Quarter) of PZA0802111

Project Title : **Reinforcement of tertiary health care in the palestinian territories - Phase III**

Budget Version : **D01** Year to month : 31/12/2011

Currency : **EUR**

YTM : **Report includes all closed transactions until the end date of the closed closing**

Status	Fin Mode	Amount	2011							Total	Total Exp.	Balance	% Exec
			2010	Q1	Q2	Q3	Q4						
A CREATE SERVICES IN THREE		4,064,242,40	381,02	266,555,74	63,620,70	103,850,80	260,480,88	694,508,12	694,508,12	3,359,353,26	17%		
01 A new Cardiac Intensive		1,724,336,00	0,00	3,133,14	40,426,23	16,611,66	131,295,40	191,466,43	191,466,43	1,532,869,57	11%		
	01 The infrastructure of the the	COGEST	460,636,00	0,00	21,95	40,426,23	16,611,66	118,422,00	175,481,34	175,481,34	285,154,16	38%	
	02 The necessary equipments	Deleted	REGIE	0,00						0,00	0,00	?	
	03 A training program is	REGIE	292,500,00	0,00	3,111,19				3,111,19	3,111,19	289,388,81	1%	
	04 Consumables	COGEST	66,000,00	0,00			12,873,40	12,873,40	12,873,40	52,126,60	20%		
	05 The necessary equipment	COGEST	906,200,00	0,00						0,00	906,200,00	0%	
02 Therapeutic capacity at the		325,440,00	381,02	260,235,60				260,235,60	260,616,62	64,823,38	80%		
	01 The infrastructure of the	COGEST	2,440,00	336,47						336,47	2,103,53	14%	
	02 The necessary equipments	REGIE	45,00	44,55						44,55	0,45	99%	
	03 A training program is	REGIE	63,000,00	0,00						0,00	63,000,00	0%	
	04 The necessary equipments	COGEST	259,955,00	0,00	260,235,60				260,235,60	260,235,60	-280,60	100%	
03 A new Cardiac Surgery		2,004,466,40	0,00	3,187,00	23,194,47	87,239,14	129,185,48	242,806,09	242,806,09	1,761,660,31	12%		
	01 The infrastructure of the	COGEST	164,500,00	0,00	22,086,73	86,951,39	19,297,98	128,336,10	128,336,10	36,163,90	78%		
	02 The necessary equipments	Deleted	REGIE	0,00	0,00					0,00	0,00	?	
	03 A training program is	REGIE	292,500,00	0,00	3,187,00	1,107,74	28,11	4,322,85	4,322,85	288,177,15	1%		
	04 The necessary equipments	COGEST	1,547,466,40	0,00		259,64	109,887,50	110,147,14	110,147,14	1,437,319,26	7%		
	REGIE	1,097,362,90	3,110,86	6,299,34	1,248,10	1,870,86	4,398,14	13,816,44	16,927,30	1,080,434,70	2,00		
	COGEST	3,932,638,00	8,292,29	284,996,66	68,955,77	102,679,12	271,362,92	727,994,38	736,286,67	3,196,351,33	19,00		
	TOTAL	6,030,000,00	11,403,15	291,295,90	70,203,88	104,549,98	275,761,06	741,810,82	753,213,97	4,276,786,03	15,00		



Budget vs Actuals (Year to Month, by Quarter) of PZA0802111

Project Title : **Reinforcement of tertiary health care in the palestinian territories - Phase III**

Budget Version : **D01** Year to month : 31/12/2011

Currency : **EUR**

YIM : **Report includes all closed transactions until the end date of the closed closing**

				2011										
	Status	Fin Mode	Amount	2010	Q1	Q2	Q3	Q4	Total	Total Exp.	Balance	% Exec		
B UPGRADE THE TREATMENT			559.000,00	0,00				303,67	303,67	303,67	558.696,33	0%		
01 Therapeutic procedures at			559.000,00	0,00				303,67	303,67	303,67	558.696,33	0%		
01	The infrastructure of the	Deleted	COGEST	0,00	0,00					0,00	0,00	2%		
02	The necessary equipments	Deleted	REGIE	0,00	0,00					0,00	0,00	2%		
03	A training program is		REGIE	236.000,00	0,00					0,00	236.000,00	0%		
04	The necessary equipments		COGEST	323.000,00	0,00			303,67	303,67	303,67	322.696,33	0%		
X BUDGET RESERVE (MAX. 5%)			78.679,60	0,00	22.021,89				22.021,89	22.021,89	56.657,71	28%		
01 Budget reserve			78.679,60	0,00	22.021,89				22.021,89	22.021,89	56.657,71	28%		
01	Budget Reserve		COGEST	27.362,60	0,00	22.021,89			22.021,89	22.021,89	5.340,71	80%		
02	Budget Reserve REGIE		REGIE	51.317,00	0,00					0,00	51.317,00	0%		
Z GENERAL MEANS			338.078,00	11.022,13	2.718,27	6.583,17	599,19	14.976,51	24.977,14	35.999,27	302.078,73	11%		
01 Frais de personnel			170.458,00	7.881,68	1.906,67	4.507,23	6.488,99	6.334,65	19.237,54	27.119,22	143.338,78	16%		
01	National Director		COGEST	24.000,00	0,00					0,00	24.000,00	0%		
02	Co-Director		REGIE	24.000,00	0,00	0,00	1.842,75	2.155,25	3.998,00	3.998,00	20.002,00	17%		
03	Administrative and financial		COGEST	19.200,00	2.931,68	1.906,67	1.857,23	2.446,24	8.239,54	11.171,22	8.028,78	58%		
04	Local architects bureau		COGEST	103.258,00	4.950,00		2.650,00	2.200,00	7.000,00	11.950,00	91.308,00	12%		
02 Investments			9.620,00	0,00	726,58	596,20			1.322,78	1.322,78	8.297,22	14%		
			REGIE	1.097.362,00	3.110,86	6.299,34	1.248,10	1.870,86	4.398,14	13.816,44	16.927,30	1.080.434,70	2,00	
			COGEST	3.932.638,00	8.292,29	284.996,56	68.955,77	102.679,12	271.362,92	727.994,38	736.286,67	3.196.351,33	19,00	
			TOTAL	5.030.000,00	11.403,15	291.295,90	70.203,88	104.549,98	275.761,06	741.810,82	753.213,97	4.276.786,03	15,00	



Budget vs Actuals (Year to Month, by Quarter) of PZA0802111

Project Title : **Reinforcement of tertiary health care in the palestinian territories - Phase III**

Budget Version : **D01** Year to month : 31/12/2011

Currency : **EUR**

YIM : **Report includes all closed transactions until the end date of the chosed closing**

	Status	Fin Mode	Amount	2011				Total	Total Exp.	Balance	% Exec	
				2010	Q1	Q2	Q3					Q4
01 Equipement IT		COGEST	9.620,00	0,00	726,58	595,20		1.322,78	1.322,78	8.297,22	14%	
03 Operational expenses			20.000,00	74,14	83,87	1.339,38	-5.789,80	6.398,97	2.032,42	2.106,56	17.893,44	11%
01 Maintenance and office		COGEST	10.000,00	74,14	83,87	1.339,38	410,20	198,97	2.032,42	2.106,56	7.893,44	21%
02 Vehicle operationnal costs		COGEST	10.000,00	0,00			-6.200,00	6.200,00	0,00	0,00	10.000,00	0%
04 Audit - Follow up -			138.000,00	3.066,31	1,15	140,36	0,00	2.242,89	2.384,40	5.450,71	132.549,29	4%
01 Monitoring and follow up		REGIE	40.000,00	27,11	1,15	140,36		2.242,89	2.384,40	2.411,51	37.588,49	6%
02 Audit		REGIE	20.000,00	0,00						0,00	20.000,00	0%
03 Backstopping		REGIE	78.000,00	3.039,20			0,00		0,00	3.039,20	74.960,80	4%
		REGIE	1.097.362,00	3.110,86	6.299,34	1.248,10	1.870,86	4.398,14	13.816,44	16.927,30	1.080.434,70	2,00
		COGEST	3.932.638,00	8.292,29	284.996,56	68.955,77	102.679,12	271.362,92	727.994,38	736.286,67	3.196.351,33	19,00
		TOTAL	5.030.000,00	11.403,15	291.295,90	70.203,88	104.549,98	275.761,06	741.810,82	753.213,97	4.276.786,03	15,00

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3.3.7 Recommendations

Please refer to section 3.2.6

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4 Transversal Themes

4.1 Gender

The beneficiaries of this project will be men and women, children both boys and girls among the Palestinian population affected by non communicable diseases especially cardiac problems and in the case of children congenital cardiac anomalies.

In case of neonatal treatment:

- Concomitant health issues of pregnant mothers or women giving birth will be addressed.
- Particularly all potential infectious sources are to be eradicated.
- A mother-child family training in essential aseptic procedures is to be taught.

At the level of capacity building of human resources the project is paying specific attention to a gender balance in the recruitment and further training of health professionals at the various levels.

For example the cardiac surgeon candidate for pediatric surgery is a female doctor, the nurses for the ICU; CCU will be both females and males. The cardiologists that need further training from Gaza are also one female and two males. Some specialties, such as cardiac perfusionist or anesthetist, do not seem to attract females in the country and through this project females will be encouraged to apply for these specialties.

4.2 Environment

No environmental issues related to the clinical outcomes are expected other than those resulting from standard hospital procedures. The project takes into consideration the effect of all interventions on the surrounding environment in the structural phase minimizing environmental waste as well as paying special attention not to increase the environmental pollution. There is a national project supported by the UNDP involving Ramallah hospital for waste management and hence the project will capitalize on the new system and standards in the inputs and services put in place. Maqased hospital being in Jerusalem is restricted by the Israeli local authority on waste management and environmental pollution standards. Gaza on the other hand remains a challenge but looking into environment and increasing environmental hazards is an imperative part of the intervention.

5 Decisions taken by the JLCB and follow-up

Decisions	Source	Actor	Time of decision	Status
Savings from infrastructure works at Ramallah were requested by MOH to be used for the procurement of the cathlab machine where the budget is inadequate	SC meeting on 6.04.2011	BTC and MOH	Q2, 2011	Cathlab machine is procured and expected to be installed end Jan. 2012
Postponing rehabilitation works at cathlab room at Kuwaiti/PMC till cathlab machine and supplier are identified	SC meeting on 6.04.2011	Engineering Dept. MOH	Q2, 2011	Machine and supplier were identified and works in the room will finish mid Jan. 2012
Part of the budget originally allocated for the procurement of equipment for EGH to be used for procurement of consumables for the cardiac unit.	SC meeting on 6.04.2011	BTC and MOH	Q2, 2011	Consumables are procured and will be delivered to EGH
Appointing a co-director for the project	SC meeting on 6.04.2011	BTC and MOH	Q2, 2011	Co-director appointed since late July 2011

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6 Lessons Learned

Please refer to section 2.4.

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7 Annexes

7.1 Logical framework

General Objective	“To improve the global care in the Palestinian Autonomous Territories by reducing mortality and morbidity due to cardiac and congenital ailments in children and adults”		
Specific Objective	Indicators	Means of Verification	Risks and hypothesis
<p>To upgrade the diagnostic and therapeutic cardiac care facilities in three tertiary care hospitals (one in the Gaza strip, one in Jerusalem and one in the West Bank)</p> <p>To upgrade the treatment capacity in one tertiary health centre in Gaza City</p>	<ul style="list-style-type: none"> - At the end of the intervention the 3 cardiac centres do completely offer the expected care. - Mortality of Shifa NICU is reduced by 50%. 	<ul style="list-style-type: none"> - National Database - Hospital records - MoH Annual reports - Project reports 	<ul style="list-style-type: none"> - Political changes and interference - Worsening of the siege and closures - Inadequate training and expertise of the staff - Inconsistent maintenance - Lack of disposables - Impaired patient mobility and transfers

Results	Indicators	Means of verification	Risks and hypothesis
R1. A new Cardiac Intensive Care and Surgery Department in Khann Yunnis is established at the European Gaza Hospital and interventional procedures in the cath-lab are started in order to	<ul style="list-style-type: none"> - The cardiac Surgery at EGH is operational - The ICU at EGH is operational - Peri- and post-operative cardiac mortality and morbidity comply with international standards 	<ul style="list-style-type: none"> - National Cardiac Database - EGH Hospital records 	<ul style="list-style-type: none"> - Limited accessibility of the region - Change of hospital administration could reduce support for the creation of cardiac centre - Lack of maintenance - Shortage of building materials

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create a fully functional Cardiac Centre.			
R2. Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased hospital is extended.	<ul style="list-style-type: none"> - Al-Makkassed PICU is extended - Mortality in PICU is decreased by 10% - Paediatric Cardiac Morbidity 	<ul style="list-style-type: none"> - National Cardiac Database - Maqased hospital records 	<ul style="list-style-type: none"> - Further isolation of the Jerusalem region by the Apartheid wall. - The poorest are not able to access the highly specialized services
R3. A new Cardiac Surgery department in Ramallah is established at the MoH hospital in order to complete the Cardiac Centre by including the existing cath-lab and Cardiology Department.	<ul style="list-style-type: none"> - Ramallah Cardiac Surgery is established - Mortality - Cardiac Morbidity 	<ul style="list-style-type: none"> - National Cardiac Database - Ramallah hospital records 	<ul style="list-style-type: none"> - Stakeholders not interested in adapting master plan for the hospital complex - Inability to contract the expert specialists - Create incentives for specialized care-takers to ensure continuity
R4. Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.	<ul style="list-style-type: none"> - Shifa hospital NICU is refurbished and performs according to international standards - Mortality in NICU is decreased by 50% - Premature intake rate 	<ul style="list-style-type: none"> - National Database on neonatology - Shifa Hospital records - Bethlehem University surveys 	<ul style="list-style-type: none"> - Limited accessibility of the region - Lack of maintenance - Low level of the care-takers. Training of the personnel is the key factor

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7.2 M&E activities

In the year 2011, a mid-term review took place between 28.11 and 13.12 by a consultant from HERA company (Mr. Garth Singleton) with 2 local consultants: one from WB and the second from GS.

Backstopping for financial auditing was conducted from the BTC headquarter office in Brussels in Nov. 2011.

7.3 “Budget versus current (y – m)” Report

Please refer to section 3.3.6

7.4 Beneficiaries

The following are the major beneficiaries of the project:

- The main partner is the Palestinian Ministry of Health. The Ministry of Health has seen the project as an important priority in the strategic health care plan for the coming five years
- The Ministry of Planning and Cooperation is in charge of the global follow up of the project within the General Cooperation agreement between the Belgian government and the Palestinian Authorities.
- The identified beneficiaries are all Palestinian patients with cardiac ailments and neonates and infants.
- The respective hospitals directions and medical staff actively participate in the implementation of the whole project.
- The Ministry of is formulating a list of potential medical and paramedical candidates to be trained. Proper training is a key issue.
- The Engineering and Maintenance department of the MOH will supply assistance within the existing hospital premises if possible. MOH will request the coverage of maintenance contracts by the savings from this project. Local branches or representatives will ensure proper maintenance after the completion of the project.

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7.5 Operational planning Q1-2012

R1: Anew Cardiac Intensive Care and Surgery Department in Khan Younes is established at the European Gaza Hospital and interventional procedures in the Cath lab are started in order to create a fully functional Cardiac Centre

Activities	Subactivities	J	F	M	Person in charge	Remarks - Difficulties – Points of attention
A.1: the infrastructure of the European Gaza Hospital is completed	Upgrading works at the heart surgery and ICCU Section in the European Gaza Hospital are completed and the unit is functioning	x			MOH/BTC Contractor/ consultant/	Works are expected to be finished and handed over by mid Jan. 2012
A.2: : the necessary equipments for interventional procedures in the European Gaza Hospital are installed and functional	Equipment are delivered, functional and procedures are started	x			BTC + MOH	BTC is organizing the coordination of crossing prohibited items by Israeli authorities to cross Karem Abu Salem crossing to Gaza Strip. MOH will organize the crossing of the rest of items and their delivery to beneficiary institutions in GS.
A.3 ¹ : necessary consumables for the European Gaza Hospital are delivered	Consumables are delivered, functional and procedures are started	x			BTC + MOH	Consumables are already in MOH stores in Nablus and MOH will follow up their crossing and delivery to GS.
A.4: A training program is executed	Start the implementation	x	x	x	MOH + BTC	Suitable training programmes for the EGH have been identified in Egypt. Identification of training institutions is under process Identification of participants is under process The need of preparation of an agreement (Memorandum of Understanding) between the Egyptian training institute and MOH. This will need to be reviewed by BTC and a no objection issued.

¹ The Steering Committee approved utilizing 65,000 Euro out of the budget originally allocated for the procurement of equipments, to procure necessary consumables

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R2: Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased hospital is extended

Activities	Subactivities	J	F	M	Person in charge	Remarks - Difficulties – Points of attention
A.2: A training program is executed	Start the implementation	x	x	x	BTC	Maqased Hospital sent a training proposal to MOH and BTC on 27.12.2011 to train 16 nurses in Schneider Hospital in Israel and the proposal is under assessment.

R3: Anew Cardiac Surgery department in Ramallah (Kuwaiti) is established at the MOH hospital in order to complete the Cardiac Centre by including the existing cath- lab and Cardiology department

Activities	Subactivities	J	F	M	Person in charge	Remarks - Difficulties – Points of attention
A1: the infrastructure of Ramallah Hospital is completed for Cardiac surgery department	Handover the department and start up cardiac activities	x			BTC MOH +	Works in the cathlab room have started and are expected to be finished mid Jan. 2012 to prepare for cathlab installation
A2: The necessary equipments for the cardiac department of Ramallah are installed and functional	Contract for the procurement of cathlab, monitoring system and ventilators signed, delivery of equipment and start of cardiac activities both in cathlab and ICCU	x	x		BTC MOH +	Cathlab machine, ventilators and monitoring system are expected to be delivered end of Jan./early Feb.
A3: training program is executed	A3.1: start the implementation	x	x	x	MOH BTC +	First list of trainees is ready and PMC is preparing a second list to be submitted to MOH and BTC. Trainees need to be vetted and an agreement is being waited to be signed with King Hussein Medical Center in Jordan

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R4: Therapeutic procedures at the Neonatology department in Gaza city at Shifa hospital are reinforced

Activities	Subactivities	J	F	M	Person in charge	Remarks - Difficulties – Points of attention
A1: The necessary equipment for Al Shifa hospital are installed and functional	Delivery of equipment	x			BTC MOH	BTC is organizing the coordination of crossing prohibited items by Israeli authorities to cross Karem Abu Salem crossing to Gaza Strip. MOH will organize the crossing of the rest of items and their delivery to beneficiary institutions in GS.
A2: Training program is executed	A2.1: start the implementation	x	x	x	BTC MOH	Suitable training programmes for the EGH have been identified in Egypt. Identification of training institutions is under process Identification of participants is under process The need of preparation of an agreement (Memorandum of Understanding) between the Egyptian training institute and MOH. This will need to be reviewed by BTC and a no objection issued.

7.6 List of tables

TABLE 1. List of equipment for both EGH and Shifa Hospitals

Item #	Equipment Description	Total Price in Euro	EGH	Shifa Hospital	Winning supplier
1	Heart Lung Machine	168914	168914		Sittco
2	Intra Aortic Balloon Pump	90870	90870		Sittco
3	ACT coagulation analyzer	6400	6400		Lemix
4	Blood Gas , Electrolyte analyzer	39020	39020		Lemix
5	Cell Saver	29782	29782		Lemix
6	Automated Implantable Defibrillator	0	0		

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7	Defibrillator With Trolley	20355	20355		MSS
8	Orthopeadic Saw	28371	28371		SITTCO
9	Transport Monitor	4150	4150		MTC
10	Complete Head Light With Trolley	8000	8000		Lemix
11	Operating Light	16744	16744		Sittco
12	Mayo Tray	1200	1200		MTC
13	Mayo Tray2	1400	1400		MTC
14	Kick Bucket	0	0		
15	Syringe Pump	19864		7640	Sittco
			12224		
16	Operating Table	19800	19800		Lemix
17	Infusion Pump For Volume	19200		12800	Sittco
			6400		
18	Electro Surgical Generator	7600	7600		Lemix
19	Anesthesia Machine	31480	31480		Technoline
20	Central Monitoring Device	17350	17350		Technoline
21	Portable Echocardiograph	73100	73100		Technoline
22	Monitoring System for ICU	84386	84386		MSS
23	ICU bed	14400	14400		Lemix
24	Color doppler ultrasound	79350	79350		Technoline
25	Infant Incubator	100000		100000	Lemix
26	Infant Ventillator	77000		77000	Lemix
27	Pulse Oximeter With NIBP	15500		15500	MTC
28	Mobile X-Ray	17260		17260	Sittco

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29	Dual Champer Pulse Generator	8000	8000		MTC
30	Single Champer Pacemaker	2600	2600		MTC
Total Tender Price		1002096	771896	230200	
Estimated Budget		1239200	906200	323000	
Savings		227,104	134,304	92,800	

TABLE 2. List of contracted companies to supply consumables

No.	Company	Amount	Delivery time	Progress notes
1	Bait AlMaqdes (21 items)	2162.5 euro	Not exceeding 2 months from the date of issuing the purchasing order (purchasing order signed on 14/08/2011)	The company delivered the consumables to the MOH stores in Nablus
2	Sittco (37 items)	28,285 euro	Not exceeding 2 months from the date of issuing the purchasing order (purchasing order signed on 29/08/2011)	The company will supply in January 2012
3	Leen (6 items)	9595 euro	Not exceeding 2 months from the date of issuing the purchasing order (purchasing order signed on 13/08/2011)	The company delivered the consumables to MOH Nablus stores
4	Dispomed (5 items)	1222.756 euro	Not exceeding 2 months from the date of issuing the purchasing order (purchasing order signed on 21/08/2011)	The company will supply the consumables in January 2012
	TOTAL	41,265.256 Euros		

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TABLE 3. List of equipment for PMC/Kuwaiti cath-lab and ICCU

BTC-West Bank			
Item #	Equipment Description	Total Price Euro	Contracted company
1	CathLab System	1098875	RAMCO
2	Monitoring System	178100	MSS
3	Ventilator Machine	165000	Lemix
Total Tender Price		1,441,975	
Estimated Budget		1,547,466	
Saving		105,491	

TABLE 4. List of needed equipment to complete ICCU at Kuwaiti/PMC

Item No	Equipment Description	QTY	Unit PRICE (EURO)	Total PRICE (EURO)
1	CATH LAB SYSTEM BIPLANE WITH INJECTOR FOR CATHLAB	1	0	Procured by the BTC Project
2	HOLTER MONITORING SYSTEM	1	20000	20000
3	DEFIBRILLATOR MONITOR WITH TROLLEY	1	5000	5000
4	TEMPORARY PACE MAKER	4	4286	17143
5	INFUSION PUMP WITH STAND	20	1429	28571
6	SYRINGE PUMP WITH STAND	16	1214	19429

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7	ELECTROCARDIOGRAPH	1	2500	2500
8	ADULT SCALE	2	571	1143
9	MONITORING SYSTEM 14 BEDS	1	0	Procured by the BTC Project
10	IV STAND	16	36	571
11	DEFIBRILLATOR MONITOR	1	4286	4286
12	X-RAY MOBILE	1	28571	28571
13	SUCTION MACHINE	1	1214	1214
14	MEDICATION CABINET	2	714	1429
15	EMERGENCY TROLLEY COMPLETE	2	2857	5714
16	ICU BED	14	3571	50000
17	PULSE OXIMETER WITH NIBP	2	2143	4286
18	AUTOMATIC BLOOD PRESSURE MONITOR	2	2143	4286
19	MEDICATION TROLLEY	2	357	714
20	X-RAY VIEWER DOUBLE	2	357	714
21	PATIENT CHART TROLLEY	2	357	714
22	ULTRASONIC NEBULIZER	4	500	2000
23	WARMING MATRESS	2	3571	7143
24	DIAGNOSTIC SET	2	214	429
25	LARYNGOSCOPE	2	357	714
26	VENTILLATOR	12	0	Procured by the BTC Project
27	WHEEL CHAIR ADULT	2	429	857
28	LININ TROLLEY CLEAN/DIRTY	2	1071	2143
29	OXYGEN FLOWMETER COMP.	14	143	2000
30	SUCTION UNIT COMPLETE RAIL MOUNTED	14	143	2000

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31	SPHYGMOMANOMETER RAIL MOUNT	14	214	3000
32	BED SIDE CABINET	14	429	6000
33	AMBUBAG SET	2	286	571
34	SIDE LAMP	2	500	1000
35	PORTABLE MONITOR	2	4286	8571
36	OVER BED TABLE	14	357	5000
37	CONTINUOUS SUCTION	8	143	1143
38	SALINE WARMER	1	3571	3571
39	CR MACHINE	1	39286	39286
	TOTAL PRICE			281,714 Euros

TABLE 5. Training proposal from Maqased Hospital (as received from Dr. Mahmoud Nashashibi by email on 27.12.2011)

Objectives of training	Target group and selection criteria	Training components	Expected cost
The main objective of this training is to widen the nurses perspectives in nursing care for Pediatric Cardiac Intensive Care Unit (PCICU) patients and to develop as well their clinical sense and critical thinking.	<p>All PCICU nurses (17 nurses) at Maqased Hospital who agreed to participate in this training</p> <p>Selection Criteria All nurses were asked face to face if they like to participate and 16 nurses answered positively and only one nurse was not able to join because she is an maternity leave and recently delivered. So 16 nurses will participate in the training.</p>	<p>Training will be in two main areas ,the management area and the direct bed care area</p> <p>a. the management area: this training will cover our need in management for the unit and will involve the most senior nurses (raed amro,ramia dweib,fadwa al muti,kifaya abu saa,itizaz obeid,khalid yaseen), which includes: 4.1.1.Leadership in PCICU.</p>	<p>The Expected costs</p> <p>1.Training Fees:25 New Israeli Shekels (NIS) per hour per person 25*8*10*16=32,000 NIS 25 NIS for 8 hours for day for 10 days for each nurse multiplied by 16 nurses</p> <p>2.Transportation this will be estimated from to Maqased hospital daily for 10 days for 16 nurses back and forth 5 NIS to city center,,taxi 25 NIS to naviim sterret to monot sherot,35 NIS to tel aviv ,15 NIS from central station of</p>

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	<p>Names and qualifications of participants</p> <p>1.Raed Amro,BSN,MSN 2.Ramia Dweib,BSN 3.Fadwa Almuti,BSN,MSN senior student. 4.Kifaya A Saa.BSN,MSN 5.Itizaz Obeid,BSN,MSN senior student 6.Khalid Yaseen,BSN,PGD 7.Ghassan Zakarne.BSN 8.Ahmad Ajayeb,BSN 9.Amal A, Rabee,BSN 10.Imad A.Khamis,BSN 11.Mohammad Rjoup,BSN 12.Alaa A.Maryam,BSN 13.Hani Zbeidi,BSN 14.Nasser Dweib,BSN 15.Ahmad Alawne.BSN 16.Wesam Dar Saed,BSN</p>	<p>4.1.2.Staffing challenges and staffing in PCICU. 4.1.3.Nursing auditing in PCICU and JCIA requirements management. this will involve clinical and theory training as well hand papers and case scenarios to be discussed every week with the clinical educator, local supervisor and the involved nurses to ensure that the objectives is being met. 4.2 the Direct bedside care area: 4.2.1.Perspectives of bedside nursing care needed in PCICU. 4.2.2.Application of holistic approach of nursing care for PCICU patients. 4.2.3.Base evidence care for PCICU and special care considerations for very critical PCICU patients including infection prevention. 4.2.4.management of critically ill patient care in PCICU. this will involve theory classes followed by case presentations and case scenarios to be discussed by the involved nurses, the clinical educator and the local supervisor once per week to ensure that objectives has been met successfully.</p>	<p>tel aviv to petah tikva central station,25 NIS taxi from central station to Schneider hospital $35+15+25*2=150$NIS per person per day for the total of 16 nurses will be,$150*10*16=24,000$ NIS 3.Daily Pocket money they need a sandwich and a cup of coffee for breakfast and a lunch with soft drink total of about 150 to 170 NIS per day per person $150*10*16=24.000$NIS to $170*10*16=27.200$ NIS the local supervisor costs 25 NIS per hour for 8 hours for each nurse once per week $25*8*2*16=6400$NIS including transportation of $150*2*8=2400$ total $6400+2400=8800$ NIS</p> <p>the total cost will be 1.education fees =32.000 2.transport fees= 24000 3.pocket money=24000 4.supervisor =8800 Total =88800 NIS eighty eight thousand shekels +3200 NIS</p>
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			(92,000 NIS)
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Table 6. Mortality cases in 1995 and between 2000 and 2010.

Information on mortality data that have been obtained from the MOH Annual Statistical reports:

Year	1995	2000	2004	2005	2007	2008	2009	2010
% of all deaths caused by heart disease			19.2%	21.2%	20.8%	24%	25.3%	25.4%
% of all deaths caused by CV disease			8.3%	9.9%	12.2%	11%	15.7%	12.1%
Death rate due to Heart Disease (/100,000)	79.2	57.9	54.5	56.5	57.2	65.8	71.0	68.4
Death rate due to CV disease (/100,000)	40.1	31	23.5	29.8	33.5	29.6	36.5	32.5

Source: MOH Annual Statistical Reports available from MOH website.

Notes: 2005 % of all Cardiovascular deaths include only males.

2008 – 2010 West Bank only, data from Gaza strip not available.

Table 7. Number of Catheterization cases in EGH 2006-2011

Information about the activity of the Gaza Cath-Lab, 2006 – 2011 and shows the increase in the number of operated cases:

Year	2006	2007	2008	2009	2010	2011	Total
Therapeutic	-	-	7	197	394	544	1142
Diagnostic	121	1007	1030	949	1210	1353	5670
Total	121	1007	1037	1146	1604	1897	6812

Source: EGH records

Notes: 2011 Therapeutic – provisional data, 2011 data until end of November 2011

Table 8. Number of performed catheterization cases in Ramallah hospital 2009 to 2011

Year	2009	2010	2011	Total
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Number of performed cath cases	1795	2198	2079	6072
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Source: Cathlab records at Ramallah Wing

Table 9. Cardiac related data from Ramallah Hospital.

Table covers admissions, cured cases, deaths, bed occupancy rate and average length of stay for the following departments: cardiac, ICCU, open heart and thoracic surgeries for the years 2006 to 2010.

Year		Number of admissions	Cured cases	Number of deaths	Total	Bed occupancy rate (%)	Average length of stay in days
2006	Cardiac	1241	1245	0	1245	87.7	1.8
	ICCU	492	487	35	522	83.2	4.7
	Open heart and thoracic operations	285	275	1	276	60.5	6.4
	Of which open heart	Data not available					
2007	Cardiac	1527	1510	?	2631	91.6	0.9
	ICCU	553	537	39	576	84.8	4.3
	Open heart and thoracic operations	236	241	1	242	56.1	6.8
	Of which open heart	78					
2008	Cardiac	1956	1959	0	1959	95.4	1.2
	ICCU	579	582	51	633	86.9	4.0
	Open heart and thoracic operations	253	256	0	256	68.8	7.8
	Of which open heart	No figure available					
2009	Cardiac	1555	1558	3	1561	90.9	1.5

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	ICCU	504	505	43	548	88.7	4.7
	Open heart and thoracic operations	404	403	0	403	78.2	5.6
	Of which open heart	123					
2010	Cardiac	1446	1435	0	1435	92.1	1.6
	ICCU	451	448	53	501	91.6	5.3
	Open heart and thoracic operations	438	443	1	444	85.5	2.6
	Of which open heart	214					

Source: MOH Health Information Center (HIS), 2011

Table 10. Referrals outside MOH

The following table presents the available data on **total referrals** outside the MOH as well the number referred for cardiac and cardio-vascular reasons. The table shows that although the number of total referrals has increased, the number of heart cath cases remained fairly the same.

	2003	2005	2007	2008	2009	2010
Total No. of patients referred for treatment outside MOH	20,235	31,744	31,631	43,047	45,697	53,025
Reasons for referral abroad						
• Cardiology			460	813	1,106	1,409
• Heart Catheterisation	2,349	3,094	1,518	1,795	2,464	2,483
• Heart Surgery			899	1,116	1,047	1,282
• Vascular Surgery			584	668	609	1,088
Total (Cardiac)			3,461	4,392	5,226	6,262

Source: MOH Annual Statistical Reports available from MOH website.

Note: Only information about the number of patients referred for catheterisation is reported in the 2003 and 2005 reports. Gaps indicate that data was not presented in the Annual report.