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PRIMARY HEALTH
CARE PROJECT

**USAID/ PRIMARY HEALTH CARE PROJECT IN IRAQ
(USAID/PHCPI)**

Quarterly Report

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ACRONYMS

CME	Continuing Medical Education
COP	Chief of Party
DG	Director General
DOH	Directorate of Health
HMIS	Health Management Information System
HRTDC	Human Resource Training and Development Center
IDPs	Internally Displaced Persons
IRC	Iraq Red Crescent
IT	Information Technology
MDGs	Millennium Developmental Goals
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MODM	Ministry of Displacement and Migration
MoT	Ministry of Trade
MOU	Memorandum of Understanding
MSI	Management Systems International
NGOs	Non-Governmental Organizations
QI	Quality Improvement
PHC	Primary Health Care
PHCPI	Primary Health Care Project in Iraq
POC	Point of Contact
PMP	Project Monitoring Plan
RCGP	Royal College of General Practitioners
TAG	Technical Advisory Group
TOR	Terms of Reference
TOT	Training of Trainers
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

1 EXECUTIVE SUMMARY

The United State Agency for International Development (USAID) funded Primary Health Care Project in Iraq (PHCPI) is being implemented by University Research Co., LLC (URC) to help the Iraqi Ministry of Health (MoH) to put in place key building blocks that are critical for creating functional health services at community and facility levels. During the reporting period, the project has been busy with the project startup activities. The key accomplishments in the reporting period include: 90-Day Mobilization Plan; Year 1 Work Plan; Project Monitoring Plan (PMP); and Family Planning Compliance Plan. In addition, the project has also produced a number of technical documents to facilitate discussions with MoH.

During the official opening of the USAID/PHCPI office in Baghdad, the MoH applauded USAID for their vision in creating PHCPI. The Health Minister said, *“PHC is the cornerstone of the health system, a significant awareness that most of the Iraqi population lacks, and together with the PHCPI, health service providers, and medical doctors, we have a collective objective of elevating public awareness to high levels to match the desired improvements in primary health care services.”* This warm welcome of the MoH, suggests a promising future for USAID/PHCPI.

In the past quarter, the USAID/PHCPI team in Baghdad: developed a local compensation plan; recruited technical and administrative staff; registered URC branch with the Ministry of Trade (MoT); opened a project bank account; as well as finalized the life support arrangements for security logistics. Discussions with the key stakeholders including MoH, USAID and other partner were held regarding key technical strategies reflecting needs and priorities as well as to identify priority PHC clinics to be covered under the project.

USAID/PHCPI worked with the MoH to identify the 360 PHC clinics from 18 provinces that will be covered under the project during the life of the project. USAID/PHCPI finalized baseline assessment tools and a sampling frame for the baseline survey. The baseline survey will allow USAID/PHCPI to assess current capacities/resources available for providing health services at various levels as well as measure community involvement in PHC.

This report details the activities implemented within this quarter under the project’s three components. Main accomplishments under each one is as follows:

- **Component 1: Supportive Management Systems and Processes for Primary Health Care**
 - USAID/PHCPI in collaboration with the MoH established a Technical Advisory Group (TAG);
 - Terms of Reference (TOR) for TAG were developed; and
 - Structure and contents for the Management Handbook were developed.
- **Component 2: Delivery of Evidence-Based, Quality Primary Health Care Services**

- USAID/PHCPI held discussions with MoH to finalize technical strategies for improving the quality of care;
- Identified key clinical areas that need immediate attention for improvement; and
- Established working groups to support design and implementation of key quality improvement (QI) activities.
- **Component 3: Community Partnerships for Primary Health Care**
 - Drafted patients' rights charter; and
 - Mapped existing NGOs and their involvement in PHC at various levels of the health systems.

Monitoring and Evaluation

USAID/PHCPI finalized the Monitoring and Evaluation (M&E) framework. The project has also established databases to track key indicators. The baseline survey protocol was drafted and shared with various stakeholders for feedback.

2 INTRODUCTION

The health status of the Iraqi people has had significant declines over the past two decades. Life expectancy of 60 years is very low for the region. Under-five mortality due to acute diarrheal and respiratory problems is greater than 41 per 1000 live births. Number of fully immunized children under the age of five years is 35.5%. Child malnutrition is too common, with incidence of low birth weight exceeding 10%. Maternal mortality rates 84 per 100,000 live births. Incidence of communicable diseases are high and not improving, save some like leishmaniasis which has seen significant work by the MoH and WHO. The poor health indicators are an outcome of a deteriorating health care system.

The systemic challenges that plague Iraq's health care system are well known: a paucity of trained staff, particularly female nurses, a drug distribution system suffering from weak controls, poorly maintained infrastructure leading to unsanitary conditions, and a traditional approach to medicine that relies upon a doctor dispensing curative care to an obliging patient, in addition to insufficient budget allocations for PHC services. Add to this a security environment that continues to challenge medical professionals and patients alike. In this environment, despite the best efforts and good intentions of a health care provider at a PHC sub-center, the care it can offer will not begin to turn around Iraq's lacking health care indicators without significant additional support in place to enable it to succeed.

Recognizing this dilemma, the MoH has undertaken a systematic and long term program to address problems. Beginning with the landmark National Strategic Plan and the PHC Directorate's updated 5-Year Strategic Plan, both heavily supported by the USAID/Tatweer Program, the MoH will closely involve the provinces in redressing issues like the lack of health care data linkages between primary, secondary, tertiary and Ministry facilities. Unique initiatives like the Health Visitor Program pioneered in Maysan province further demonstrate this commitment. The MoH is seeking to expand health care spending from 5.6% of GDP and direct that spending in a thoughtful, structured program.

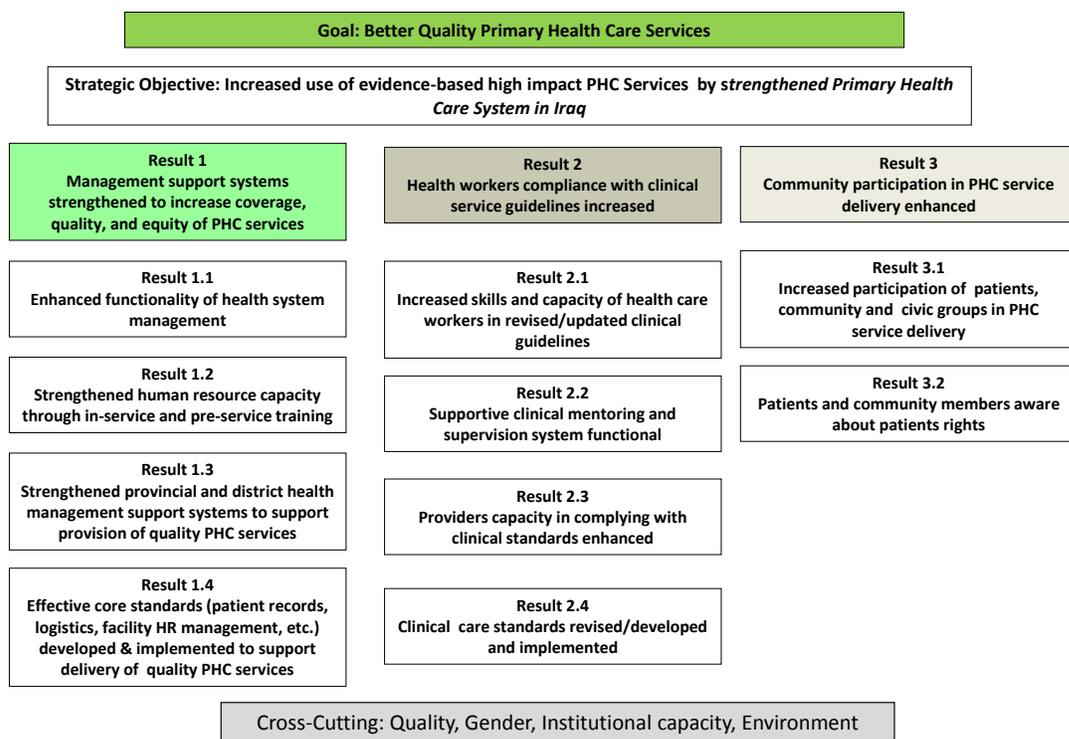
USAID PHCPI Project Objectives: USAID/PHCPI has been designed to provide support to the Iraqi MoH to achieve its strategic goal for better quality primary health care services by strengthening the primary health care delivery system in Iraq. This objective will be achieved through the following project objectives: strengthening health systems; strengthening clinical skills; and building community partnerships. The project interventions will help improve the quality of life and thereby result in many of the Millennium Development Goals (MDGs) of the country. **Figure 1** provides an overview of the expected results under the project. USAID/PHCPI will support MoH and DoHs to conduct periodic compliance audits to ensure that both managers and service providers are in compliance with the updated/revised management and clinical guidelines and protocols. The project will also assist MoH/DoHs to develop and implement supportive supervision systems that will be critical for helping providers at lower levels to begin using new guidelines. Results of compliance audits will be integrated as management

and clinical procedures are updated to further improve access and equity, efficiency, effectiveness and quality of PHC services.

Our strategy for creating meaningful results under this program will rest on three key approaches: a) sharing a strong, thoroughly articulated vision of the qualities and standards of a Highly Functional Health Center; b) the use of *Improvement Collaboratives*, as part of our approach to Quality Improvement (QI) for rapid introduction of at scale innovations; and c) identification of specific officials in various directorates of MoH with whom we will partner on each deliverable, providing coaching, mentoring and ongoing support as we gradually hand over responsibility for implementing the new systems we will jointly build.

USAID/PHCPI will support the Ministry’s efforts to maximize curative primary care while laying the foundations for a new culture of preventive care. Strengthening of PHCs will ensure that the country accelerates achievements of the MDGs. To achieve the overall USAID/PHCPI goal of improving the quality of primary care services in the country, the project will use the Improvement Collaborative methodology to instill a culture of rapid innovation across the entire clinical base. Our training assistance and the new Handbooks will build a sustainable, internal MoH capacity for disseminating management skills, new care protocols and research methodologies. The cultural shift towards preventive care will be matched by the MoH’s continued drive towards decentralized controls and greater involvement of women in PHC roles.

Figure 1: Iraq PHC Project Results Framework



3 PROGRESS BY PROJECT COMPONENTS

Project Start-up: USAID/PHCPI team and URC home office worked closely together this quarter to launch the project. The USAID/PHCPI team in the field met and communicated with USAID, MoH leaders and mid-level managers, media and information professionals, members of partner institutions involved in the development of the Primary Health Care (PHC) services in Iraq to introduce the USAID/PHCPI, discuss the project start-up activities, and to explore future partnerships and collaboration among the stakeholders and community and to identify their contributions to the health sector development as well as develop a collaboration strategy with each of them. URC home office team provided technical and logistics support to the field to start up the offices, mobilize staff and conduct personnel start up procedures, procure equipment, finalize field operational manuals, compensation plan and benefit package, develop finance and procurement policies, and to review and update the project's first year work plan to include USAID, MoH and other stakeholders' feedback.

Major Outputs: Following are the key outputs that were achieved under this activity:

- 1) In collaboration with Sallyport, established project office in Baghdad.
- 2) USAID/PHCPI drafted a compensation plan and benefits package for review and approval by USAID. It also adapted a staff handbook and operational manual.
- 3) Project office registered with the MoT and project bank account created: The USAID/PHCPI Team met with the Director General (DG) of Public Health Directorate and a representative from the Deputy Minister Office at the MoH on June 2011 to facilitate issuing an approval letter from the MoH to the MoT, to officially register the URC and the project. In response to this request, the DG issued two official letters on June 9 and June 22, 2011 respectively to the Company Registration Directorate at the MoT to facilitate the registration of the URC as one of the foreign companies working in Iraq during the period (2011-2015). The letter stated that the project will work on establishing an effective partnership with the MoH through signing a contract on a non-profit basis and will provide free services to support the health sector in Iraq. The letter also emphasized that the project will focus on capacity building of staff working in the primary health care at the MoH with a high level of efficiency and impact to upgrade the performance level at the 360 PHC centers all over Iraq.
- 4) Establishing Regional Offices: The USAID/PHCPI team has been in discussions with various provincial health offices to establish the local project offices including hiring of the provincial coordinators. The project hopes to get office space within DOHs in most provinces. In addition, the project held discussions with Dr. Zamil Al-Oreibi, the Maysan DOH DG for setting up a regional office for the South located in Maysan. This office will be tasked to support USAID/PHCPI work in the neighboring southern provinces including Basrah, Diwaniyah, Muthana, Dhi-Qar, Wassit and Maysan. The DG has identified office space within the DG facilities for the Primary Health Care Project's regional team, to enhance cooperation between the project and offices of the DG and support

collaborative decision making based on the emerging needs of PHC clinics and districts in the Southern Region.

- 5) Work plan and Performance Management Plan (PMP) developed – the team held discussions with USAID and MoH to draft the workplan and PMP for the project.
- 6) Baseline Assessment tool, sampling frame and protocol developed. The Baseline Assessment will determine the current information, perspectives and linkages regarding the health system’s leadership and governance processes, physical infrastructure, health financing, human resource management, health information management, pharmaceutical management, health status of populations, health care delivery and to identify the current health problems and needs. The assessment will identify PHC strengths and weaknesses, and provide recommendations for priority interventions for expansion of high quality PHC services in the country.
- 7) USAID/PHCPI Project celebrated the establishment of its headquarters at Al-Mansour Compound in Baghdad, Iraq on June 2011. The project’s ribbon-cutting officiated by the MoH Director General for Public Health Directorate, Dr. Hassan Baqer, and attended by representatives from the MoH, including the PHC Deputy DG, Director of Human Resource Training and Development Center (HRTDC) other Senior MoH and PHC representatives, USAID/Iraq Capacity Building and Health Offices representatives, and the USAID/PHCPI Advisors and staff members. The Ministry expressed their gratitude and appreciation for the efforts made by USAID to support the health sector in Iraq, especially primary health care, and reassured their commitment to closely work in partnership with the project’s team, and contribute to the success of the USAID/PHCPI project in achieving its goal and objectives. It was also agreed that the PHC Directorate will allocate a space for the USAID/PHCPI within its premises at the Ministry, and the project will embed a Program Specialist Coordinator to facilitate the coordination process and closely liaise among the project advisors and their counterparts at the Ministry.
- 8) The USAID/PHCPI team met with MoH representatives to finalize the selection of the project’s target districts and the 360 clinics, according to the selection criteria.



MoH DG of Public Health Directorate and

- 9) The PHC DG sent an official letter on June 4, 2011 to all provinces, the districts of Health (DoHs) responded and submitted their proposals to select one or two districts from each DoH to include them in the USAID/PHCPI implementation plan. The selection criteria of the clinics was discussed and agreed to consider the following: geographical coverage; types of PHC centers-whether it was a training center, primary center, secondary center, or typical center; and the DG political commitment to the implementation of the program. The final selection was finalized at the meeting.



USAID/PHCPI project team collected, combined and consolidated all the data received from the Ministry. This data will be used as a database for the project future needs such as baseline survey, developing training database, calculating cost-sharing activities. The list of the 360 clinics was submitted to USAID. These selected districts and PHC centers in each province will be included in the implementation plan of USAID/PHCPI within its 4 years duration.

3.1 Component 1: Supportive Management Systems and Processes for Primary Health Care

The objective of USAID/PHCPI under Component 1 is to strengthen the management of PHC service delivery in Iraq. Management and governance systems will provide the underpinning of the work to build more accessible and sustainable quality health services. The project will help MoH to put new policies and systems in place to improve performance and promote good management and quality of care. USAID/PHCPI collaborated with MoH to establish a Technical Advisory Group (TAG) which will be responsible for the development of various management support systems that are critical for improving PHC services. These will include systems and guidelines for facility management; pharmaceutical and logistics; labs and equipment; among others. The project team will use this group to share insights and disseminate lessons learned from the USAID/PHCPI sponsored Improvement Collaboratives and explore ways to scale up improvements beyond the 360 clinics designated by the project.

Major Activities and Accomplishments:

- 1) The USAID/PHCPI reviewed the main tasks of the TAG with the MoH PHC Coordination team, and agreed on the group composition and TOR. TAG, also called the Supreme Council of the Primary Health Care in Iraq, will be headed by

his Excellency the Minister of Health or his designee and consist of 8-10 members from the MoH and other ministries and stakeholders. The USAID/PHCPI provided the Ministry with scope of work and job description for the TAG to select the concerned and the appropriate staff. The project team will use the TAG as a platform for building the technical capacity of MoH. The PHC DG issued an official letter to get the Minister's approval, communicate with other ministries, and nominate candidates for the TAG membership. The creation of the TAG is vital to elevate the profile of PHC and increase coordination. Over the course of the project, the USAID/PHCPI team will develop a systematic working environment with MoH and DoHs to support TAG leadership and management capacities.

- 2) The DG also issued an official letter to the DGs of provincial Directorates of Health (DoH) to assign coordinators from Baghdad and the provinces to facilitate the project work.
- 3) Plans for improving Health Management Information Systems (HMIS) developed. The project team has held several meetings with the MoH Statistics Section Director, Dr. Imad Salam, and his section staff to discuss the existing conditions for data collection, storage, and retrieval of patient records at the PHC clinic level. The Director was excited to work with the projects' technical support to develop an effective and standardized approach to patient records keeping by revising the existing PHC patient record system. Dr. Salam discussed with USAID/PHCPI that the ministry has already established a working group to review the existing patient record system in PHC, with the goal of designing in a reliable data information system. It was agreed that the USAID/PHCPI staff will work closely with the Ministry team to help them assess the current situation, develop patient records system and standards that will be practical to implement and aligned with international and regional standards of demographic health survey indicators and disease coding. Furthermore, The USAID/PHCPI held a meeting with the MoH information technology (IT) Director to discuss the existing conditions for the HMIS at the Ministry. Discussions focused on the current conditions and the future vision for IT systems, including ways to develop effective approaches for HMIS in the country.
- 4) Management Handbook Development Working Group established: This working group will work closely with USAID/PHCPI to review existing management materials in order to draft an appropriate management handbook. A working group consisted of representatives from Primary Health Care Directorate, Planning and Human Resource Directorate, Operations and Specialized Service Directorate, Technical Affairs Directorate, Pharmaceutical Directorate (KIMADIA), Projects and Engineering Services Directorates. Based on this review, the management handbook has been drafted and will be further refined in the next quarter.
- 5) Existing materials for Management Handbook draft reviewed: This Handbook will cover topics as: Health Facility Maintenance and Operations; Management of Pharmaceuticals and Medical Supplies at PHC Clinics; Maintenance of Medical

Equipment; and Human Resources Management. The Handbook will include simple, practical tools to help clinic staff assess, strengthen, monitor, and improve compliance with the standards and guidelines.

- 6) Assessment forms necessary to gather data on current management systems of the PHC clinics finalized. These forms will define existing conditions of human resources composition/staffing patterns and their relevant contact information, physical infrastructure, IT and medical equipment available, and types of clinical services provided at each clinic. This data will be used for enhancing future implementation of activities and plans, supporting clinic staff capacity development and training, and selecting relevant interventions to better address the specific concerns of each clinic based on its own needs.

3.2 Component 2: Delivery of Evidence-Based, Quality PHC Services

The USAID/PHCPI strategic approach builds on the common elements recently identified through an analysis of Quality Improvement (QI) models. In brief, the approach will develop a QI system that features 1) community involvement; 2) compliance with evidence-based standards of care; 3) use of facility QI teams in combination with supportive supervision provided by prepared district/provincial coaches/Quality Coordinators; 4) ongoing monitoring and tracking of key PHC performance indicators; 5) recognition of staff in high performing clinics; and 6) preparing PHC clinics for accreditation. During this quarter, the project worked with the MoH to update/revise treatment protocols and clinical standards and guidelines, related to the basic package of PHC services in Iraq to ensure the availability and utilization of high quality clinical services for maternal, newborn, child health, nutrition, and management of chronic illnesses. PCHPI will concentrate on establishing standards of care, QI programs, a high-quality in-service training program for Continuing Medical Education (CME) and a research agenda to fuel further evidence based improvements. USAID/PHCPI will make significant use of improvement collaboratives as a key element of our QI programming.

Major Activities and Accomplishments:

- 1) USAID/PHCPI worked with MoH to review the existing Clinical Standards of Care for PHC from the region and Iraq. Through meetings with the MoH, the Ministry leaders noted their intention to support clinical capacity building efforts and thus assisted in the development of QI working group to determine priority clinical standards.
- 2) Worked with MoH to identify strategic approach for strengthening clinical capacity of healthcare workers in the country. The USAID/Primary Health Care Team met with the ex-Director of the MoH-HRTDC, and current Director of Red Crescent, Dr. Yaseen Al-Mamouri. Dr. Yaseen made a presentation about the Primary Health Care Reconstruction Project, an effort started in December 2010 by signing MOU between the MoH and the Royal College of General Practitioners (RCGP). This project is funded by the MoH and led by a National Steering Committee, a consortium consisting of MoH, Ministry of Higher Education (MoHE), Iraq Red Crescent (IRC), and Parliament Environment and

Health Committee. The project will be implemented by RCGP and its twinning partner in Oman, Sultan Qaboos University, under the umbrella of the consortium and its National Steering Committee. The main objective of the project is to contribute to QI of PHC in Iraq. This will include the support for the development of model primary care centers, commencing 'Fast track' training courses for 6000 primary care physicians, and encouraging the beginning of the scientific research process on primary health care themes and concerns. This will also provide the basis for the development of a structured program of education and training for healthcare workers and act as a catalyst for restoring high quality primary healthcare in Iraq. The project is designed according to modern GP practices, and the chosen 28 candidates will go through an 8-week Training of Trainers (TOTs) workshop, a Change Management course, and fast track training program towards a family practice model. The project will focus on 20 modernized PHC clinics, targeting 6000 relatively inexperienced PHC physicians, whose training and capacity building is planned over a four-year horizon and grouped into cohorts in coordination with Sultan Qaboos University in Oman, with candidates to be tested before formally receiving their diplomas in family medical practice at the end of four years. The TOTs will then cascade the training process to include the 6000 primary care physicians. Discussions included avenues of collaboration and coordination between the USAID/PHCPI and the Reconstruction Project.

- 3) Provided revisions to baseline assessment regarding the assessment of private provide clinical standards. USAID/PHCPI finalized the first draft of the baseline survey protocol that will be used to determine, among other things, the current clinical standards are implemented within the PHC clinics and private clinics. Steps for conducting the survey have been identified and discussed by the project team, including preparation to conduct the assessment, selection of the core team, provincial coordinators, and M&E assistants involved in data collection and determination of sampling population.

3.3 Component 3: Community Partnerships for PHC

The third major component of the project is based on the realization that increasing community involvement and understanding is critical to improving the quality of PHC services. USAID/PHCPI will improve the demand for and quality of health care service by supporting community and clinic partnerships in health service planning and implementation in align with the MoH's Five Year Strategic Plan which underscores community participation in healthcare services as a means to expand access and reduce morbidity and mortality. USAID/PHCPI will work with stakeholders throughout the healthcare community to strengthen community level demand for and utilization of quality PHC services. To have acceptable and sustainable quality health services, strong relationships with clinics and communities including Internally Displaced Persons (IDPs) will be promoted. USAID/PHCPI worked with MoH to develop and field test drafts of the Patient's Rights Charter as well as to develop and roll out guidelines to assist PHCs to engage community's in improving their health status.

Major Activities and Accomplishments:

- 1) USAID/PHCPI developed strategies for supporting the health needs of IDPs in the catchment area covered by the selected 360 clinics.
- 2) Established a committee to develop the patient's rights charter. This committee includes community representatives, MoH, PHC Directorate and Technical Affairs Directorate and its sections and units, DoH staff, the Ministry of Human Rights, representatives from the health and environment committees in Parliament, clinic managers and patients' rights experts who will work closely with USAID/PHCPI in developing a draft National Statement of Patients' Rights.
- 3) Drafted a National Patient's Rights Charter. The statement targets the general public and will emphasize rights to services as well as preventative care and access to user-friendly health information and education. The over-riding objective driving the development of the statement will be to support more public interest in quality PHC services; improve access to health information and improve community understanding of their own responsibilities in taking action to promote healthy behaviors. The patient rights statement will include topics such as:
 - The right to equitable quality health care regardless of gender, age, religion or ethnicity;
 - Active involvement in the decision-making process;
 - Explanation of treatment options;
 - The right to referrals,
 - The right to agree or contest treatment decisions;
 - Patient confidentiality; and
 - The right to express dissatisfaction or concern over quality of treatment.
- 4) USAID/PHCPI field team met with potential collaborating organizations, which could enhance community participation in PHC. The program support team at URC Headquarters met with the leadership of the AMAR International Charitable Foundation to explore possibilities for partnering. The project staff is discussing with USAID and MoH to see how best to operationalize a relationship that would further the USAID/PHCPI project objectives.
- 5) USAID/PCHPI team met with the Dean of Media and Communications at the University of Baghdad and eight of the College's Heads of Departments on May 2011. The COP explained the project's objectives and goals. She also elaborated on the significant role of media and communication in supporting community participation in PHC and USAID/PHCPI work. The dean and professors demonstrated their strong support to the project. It was agreed to communicate and exchange information in order to achieve the projects goals and to underscore the important role of media in promoting better health education and awareness. The meeting was also attended by Heads of Continuing Education, Press, Visual media and Broadcast Media Departments.
- 6) At the invitation of the Dean of College of Communication, the USAID/PHCPI team participated in the College Annual Scientific Conference, sponsored by the Minister of Higher Education and Scientific Research. The conference was held at

The University of Baghdad on May 15-16, 2011. The theme of this year's conference was "Media and the National Identity". The Dean of the College of Communication and Heads of the Departments of Continuing Education, Journalism, Radio, and Television, and other department heads, were briefed on the USAID/PHCPI and its important components, with an emphasis on the project's future activities in the areas of behavioral change communication, health education, community participation, scientific research, and community partnerships. The Dean declared his support and cooperation with the project's leadership. He said: "We will deploy all possible capabilities to assure the success of this project."

3.4 Cross-Cutting Issues and Coordination for Scale Up

3.4.1 *Strategies for improving health services for Internally Displaced Persons (IDPs) in Iraq*

USAID/PHCPI submitted to COTR a two-page brief, for review on strategies for improving health services for IDPs in Iraq. The USAID/PHCPI sought information from the Ministry of Migration and Displaced (MoMD) regarding compounds serving IDPs, in order to address specific health issues, emerging social needs of vulnerable populations, especially women and children, in order to integrate approaches that increase IDPs coverage within the 360 PHC clinics.

3.4.2 *Collaboration*

The USAID/PHCPI COP attended several meetings with WHO. She also attended the PHC meeting organized by WHO in Beirut, Lebanon, in April, where the district-based PHC model including the family practice approach and basic health services package were discussed. In addition, the data collection tools were also discussed at this meeting. Many of these tools and strategic interventions have been integrated into the PHCPI model.

USAID/PCHPI has been working closely with the MoH to facilitate project impact and sustainability. In order to facilitate the project's work, the MoH DG of Public Health Directorate issued an official letter on June 15, 2011 to all Directorates of Health in Baghdad and other provinces to assign the Health Care Sections Manager or the Family Medicine Sections Managers as PHC Coordinators, dedicated to facilitate activities between their DoHs and USAID/PHCPI project. These coordinators will work closely and directly with PCHPI, to achieve the goals and objectives oriented to improve the quality health care services. These coordinators will continue to have their salaries from the Ministry, but will work directly with the project. This is one of the cost-sharing approaches that was proposed and discussed with the Ministry leadership. This approach will be tested and evaluated and further developed in the best way possible. These PHC coordinators will participate in the baseline surveys, assisting the project and the ministry to conduct, complete, and implement the recommendations of the survey, each in his province, dealing directly with the managers and supervisors of the 360 clinics, selected under the USAID/PHCPI project.

USAID/PCHPI team talked with the IRC director concerning potential ways to collaborate including mobile outreach efforts to disadvantaged groups, clinical trainings

and resource referrals. The Red Crescent's Mobile Health Clinics, serve the needs of vulnerable groups such as the migrants and the displaced. Their Community Health Program consists of mental health services and counseling on problems stemming from protracted war conditions, death, poverty, and persisting family illnesses. Furthermore, The IRC has a Nurses Capacity Building and Training Program and a Prosthetic Parts Factory to mitigate war related injuries such as missing limbs which they provide as needed, and provision of shelter, food, and non-food items to different groups all free of charge.

4 ANNEXES

4.1 Summary of Monitoring and Evaluation

N/A for this quarter; the baseline survey will be completed in September 2011. Preliminary results should be available by mid-September.

4.2 Planned activities for the Upcoming Quarter

PHCP - Q2 Activity Plan			
Project Tasks	Timeline		
	Q2/2011		
	1	2	3
Baseline Survey			
Collect baseline data (July/August)			
Prepare baseline report (26 September)			
Incorporate baseline results in project interventions (September/October)			
Project launch and Regional Meetings			
Project launch (mid September)			
PHCP Meetings at regional and provincial levels (August/September)			
Component 1: Supportive Management Systems and Processes for Primary Health Care			
Establish TAG (Deliverable 1.1)			
Hold meetings with TAG and other working groups			
Assist TAG to champion quality and publicize successes			
Develop Handbook of Quality Standards (Deliverable 1.2)			
Draft Management Handbook (12 September)			
Organize a high-level meeting with PHC Directorate and other stakeholders to review the Handbook (Sept.)			
Management and Leadership (Deliverable 1.3)			
Identify team for the design of Management and Leadership strategy (June)			
Develop/adapt training materials (in collaboration with WHO) (12 September)			
PHC Patient Records (Deliverable 1.4)			
Work with MoH to develop/strengthen patient records system			
Component 2: Develop Policies and Procedures for Primary Health Standards of Care (Deliverable 2.1)			
Work with MOH to inventory existing PHC national clinical guidelines (June/August)			
Prioritize standards that need to be updated/modified or developed (July)			
Develop PHC QI System (Deliverable 2.3)			
Assist MoH to develop QI approach/model (15 September)			
Support QI in priority clinical and management support areas (September through 4 March 2012)			
Strengthen Supervision (Deliverable 2.4d)			
Define roles and responsibilities of clinical supervisory staff (August/September)			
Assist MOH to revise the existing supervision system to promote quality (26 September)			
Strengthen Referral Process (Deliverable 2.4e)			
Review current referral system (June/August)			
Modify/Revise the referral system – (30 September)			
Support PHC Research Agenda (Deliverable 2.5)			
Assist MoH to develop a Research Agenda (26 September)			
Develop public private partnerships			
Conduct baseline assessment of private sector service provision (July/August)			
Develop strategy for improving quality of PHC services through private sector (Sep)			
Component 3: Community Partnerships for PHC (Deliverable 3.1)			
Patients' Rights Charter			
Establish a committee to develop Patients' Rights charter (June/July)			
Draft Patients' Rights charter (30 September)			
Develop/promote Community Partnerships (Deliverable 3.2)			
Review current community partnership models (August)			
Develop Handbook for Quality Standards for Community Partnership for PHC (30 September)			
Provide support for BCC			
Develop a BCC plan for promoting PHC services (demand creation) (August/September)			
Reports			
Produce weekly project updates			
Produce quarterly technical and financial reports			

