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PRIMARY HEALTH
CARE PROJECT

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

Quarterly Report

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TABLE OF CONTENTS

ACRONYMS	III
1 EXECUTIVE SUMMARY	1
2 INTRODUCTION	4
3 PROGRESS BY PROJECT COMPONENTS	6
3.1 Component 1: Supportive Management Systems and Processes for Primary Health Care	9
3.2 Component 2: Delivery of Evidence-Based, Quality PHC Services	14
3.3 Component 3: Community Partnerships for PHC	18
3.4 Cross-Cutting Issues and Coordination for Scale Up	23
3.4.1 Strategies for improving health services for Internally Displaced Persons (IDPs) in Iraq	23
3.4.2 Collaboration.....	24
3.5 Project Administration	25
4 ANNEXES	26
Planned activities for the Upcoming Quarter	26

ACRONYMS

BHSP	Basic Health Service Package
BCC	Behavior Change Communications
CAG	Community Assistance Group
CME	Continuing Medical Education
COP	Chief of Party
COMSEC	Council of Ministries Secretariat
COSQC	Central Organization for Standardization and Quality Control
DG	Director General
DoH	Directorate of Health
FNP	Family Nurse Practitioners
GoI	Government of Iraq
HMIS	Health Management Information System
HR	Human Resource
HRTDC	Human Resource Training and Development Center
IDHS-FPA	Integrated District Health Systems Family Practice Approach
IDPs	Internally Displaced Persons
IRC	Iraq Red Crescent
IT	Information Technology
JPRM	Joint Program Review Mission
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
QA	Quality Assurance
QI	Quality Improvement
PHC	Primary Health Care
PHCPI	Primary Health Care Project in Iraq

PMP	Performance Management Plan
POC	Point of Contact
PMP	Project Monitoring Plan
RCGP	Royal College of General Practitioners
SOP	Standard Operating Procedures
STTA	Short-term Technical Assistance
TAG	Technical Advisory Group
TOR	Terms of Reference
TOT	Training of Trainers
TMPP	Training Model Primary Providers
UNAMI	United Nations Assistance Mission for Iraq
UNICEF	The United Nations Children's Fund
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 the 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 finalizing project start-up activities and gaining national recognition and cooperation. Some key accomplishments during this reporting period included: URC received certification of official registration in Iraq; USAID/PHCPI and the MoH signing a Memorandum of Understanding (MOU) highlighting a shared vision for improving health service delivery in 360 health centers all over Iraq; the PHCPI established the North Regional Office in Erbil; USAID/PHCPI reviewed and supported revisions to a National Public Health Law and completed a national baseline assessment which will aid in prioritizing future health interventions and monitoring.

This report details the activities implemented within this quarter under the project's three components as well as M&E. Main accomplishments are as follows:

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

- USAID/PHCPI in collaboration with the MOH identified members for the Technical Advisory Group (TAG);
- Working group for management handbook and leadership strategy established;
- Management standards and guidelines for Primary Health Care (PHC) facility and equipment maintenance were developed;
- Management handbook for PHC centers drafted;
- PHC leadership and management strategy was developed;
- Strategy on health care waste management at PHC facilities drafted;
- Patient's records standards and standard operating procedures (SOP) were drafted; and
- Several workshops and meetings on management guidelines conducted.

Component 2: Delivery of Evidence-Based, Quality Primary Health Care Services

- Working group on quality standards identified;
- Clinical guidelines template was developed;
- Quality Improvement (QI) Model drafted;
- Role and responsibilities of clinical supervisory staff identified;
- Draft revised supervision system prepared;
- Revised referral system drafted;

- Several meetings and workshops on clinical quality standards conducted;
- Priority clinical guidelines were identified; and
- Family Nurse Practitioner Care Framework was developed.

Component 3: Community Partnerships for Primary Health Care

- Committee to develop Patient's Rights Charter established;
- Current partnership models reviewed;
- Public-private partnership and m-health strategies drafted;
- Strategy and action plan to strengthen health services for IDPs developed;
- Several meetings and workshops with MoH and other stakeholders to increase community engagement conducted;
- USAID/PHCPI and MoH's Media and Public Relations Department developed health communication improvement plan; and
- Framework for PHC Community Partnership Handbook was created.

Challenges and solutions:

- Recruiting staff for local and expat positions has taken some time. However, it did not affect the pace of work. The HQ team provided active support in preparing background documents and research to overcome this challenge.
- The project has experienced difficulties in recruiting the PHC Service Coordinators who would be located at the provincial level. PHCPI is looking at hiring some staff members from DoHs who would take leave while working with the project. We believe this strategy will help us build local capacity and commitment at the provincial level in the long run.
- MoU signing was delayed which affected the launch of some of the activities. However, the MoU was signed on September 20, 2011.
- GOI new regulations for visa issuing delayed in the deployment of long-/short term expat staff in many cases. However, we have worked with other USAID partners in solving this problem.

Major Activities for the next quarter:

- Completing recruiting long term expats for the key positions, STTAs and the national and regional staff and advisors;
- Conducting first TAG meeting;
- Finalizing training curricula and developing job aids on the project's main deliverables;

- Finalizing with the ministry training plans and rolling out training in the 6 selected provinces (8districts/112 clinics);
- Completing the project's web site;
- Finalizing the implementation plan for private partnership strategy (PPP) with Zain.

Please see Annex 4.3 for detailed activity plan for the next quarter.

2 INTRODUCTION

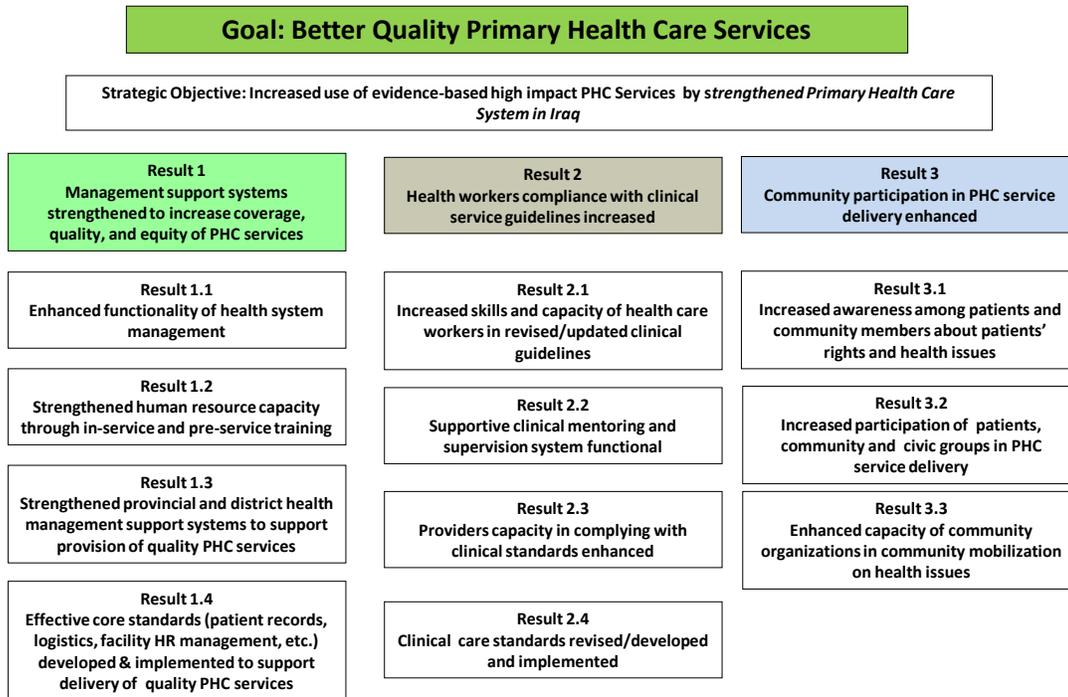
The health status of the Iraqi people has had significant declines over the past two decades. According to baseline findings, infant mortality largely due to acute diarrheal and respiratory problems is 24 per 1000 live births. Maternal mortality rate is 84 per 100,000. The poor health indicators are an outcome of a health system in need of quality improvements.

USAID USAID/PHCPI Project Objectives: USAID/PHCPI has been designed to provide support to the Iraqi MoH to achieve its strategic goal of better health for Iraqis. This aim 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 to and demand for equitable, efficient, and effective, quality 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 disadvantaged and vulnerable communities such as Internally Displaced Persons (IDPs) and women in PHC roles.

Figure 1: USAID-PHCPI: Project Results Framework



3 PROGRESS BY PROJECT COMPONENTS

Project Start-Up/ Gaining National Cooperation:

USAID/PHCPI and the Iraq MoH have been working closely together this quarter to initiate health improvement efforts that respond to assessed system weaknesses. The USAID/PHCPI team collaborated with national stakeholders regarding events that signified national support for increasing access to and demand for quality PHC.

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

1. *Project Office Registered:* On July 10th, URC's branch office received an official certificate of registration in Iraq from the Ministry of Trade (MoT). This registration signify national recognition of the PHCPI and will facilitate implementing of the project's activities, including coordination with MoH and Government of Iraq (GoI) ministries and agencies, enabling the project to open a company bank account, facilitating the processes of visa and international zone (IZ) badges issuance, and contributing to employee social security payments. A copy of the certificate is shown in **Figure 2**.



Figure 2: Registration Certificate

2. *National Memorandum of Understanding Signed:* On September 20th, USAID/PHCPI and the MoH signed a Memorandum of Understanding (MOU) highlighting a shared vision and collaborative effort to accelerate MoH gains for improving health service delivery in 360 health centers all over Iraq. The MOU was signed by MoH Senior Deputy Minister, Dr. Essam Nameq

on behalf of the Health Minister and USAID Deputy Mission Director Mr. Alex Deprez. This event was attended by high official representatives from USAID Washington and Iraq mission as well as MoH. During this meeting, the MoH Deputy Minister stated that this MOU put in place effective partnerships with the USAID/PHCPI, which will provide imperative technical assistance towards securing



Figure 3: USAID Deputy Mission Director and MoH Senior Deputy Minister at MOU signing

efficient health delivery systems, improving clinical skills and further integration of health services at all levels as well as foster public participation in health services through the PHC centers.

USAID Deputy Mission Director confirmed the effectual collaboration with MoH and other stakeholder to improve the quality and ensure the availability and utilization of highly functional and accessible clinical services that aligns with the MoH's five year strategic plan. The PHCPI Chief of Party (COP) highlighted the project's ultimate goal of better health for Iraqis and the three components of the project that will facilitate improved PHC quality outcomes with emphasis on community partnership to expand the access to health care services and ultimately reduce morbidity and mortality rates in Iraq. This platform of cooperation is a sign of confidence in the continued and heightened collaboration between the MoH and USAID that is based on shared vision and cost-sharing principles oriented towards improving lives of Iraqi people. This MOU further confirms the joint goal and dedication of the MoH and USAID to make sustainable, long-term achievements in the development of the Iraqi health sector. The public signing of this MOU, which was captured by various Iraqi news outlets and media, served as a communal pledge by the MoH and USAID to ensure that all Iraqis have access to quality PHC services. Through this partnership, the PHCPI will be able to assist Iraq in achieving the Millennium Development Goals so all Iraqi children to grow up healthy, women to have consistent access antenatal care and deliver their babies safely, and reducing preventable diseases through rapid and careful attention at the primary care level.



Figure 4: PHCPI staff and other health stakeholders at MOU signing

3. Baseline Assessment Completed

USAID/PHCPI team conducted a baseline assessment in 13 select districts within nine provinces of Iraq. The purpose of the assessment was to assess the functionality of the existing PHC system including: identifying its strengths and weaknesses, classifying priorities, and recognizing interventions that will accomplish the objectives of the PHCPI thus expanding high quality PHC services throughout the country.

The baseline assessment was designed to be conducted at four levels of the Iraqi health system (National, District, Health Facility/Hospital and Community). The assessment measured both quantitative and qualitative information from a variety of health facilities and stakeholders. Seven assessment modules were applied in the assessment. Collectively, the assessment efforts reached 11 directorates of health (DOHs) Director Generals (DGs), 11 medical syndicates, 7 international donors, 11 PHC Department Directors, 11 Planning Department Directors, 10 Human Resource Training and Development Centers (HRTDC) Directors, 10 District Directors, 74 PHC clinics, 14 District Hospitals, 12 community groups, 12 private health facilities and 681 PHC clients.

The PHCPI team worked closely with the MoH to complete the baseline assessment. The MoH issued official letters to all DOHs directing them to allow ministry's coordinators to

work with the PHCPI team on the baseline survey in order to facilitate the work of surveyors within the timeline and the plan developed by the PHCPI.



Figure 5: Client Exit Interview being conducted for Baseline Assessment

The PHCPI survey team received warm reception from all DOHs, UN agencies and NGOs in each governorate, which facilitated smooth assessment efforts.

The teams faced some difficulties in reaching all targeted sites to survey, specifically in Baghdad and Mosul due to the security situations. However, the survey teams successfully worked together to effectively compile data and score data needed to assess the current PHC situation in Iraq.

three main objectives of: strengthening management systems, clinical protocols and community partnerships. A separate Baseline Report with all the survey findings, discussion and recommendations will be finalized and submitted to USAID and MoH.

Data was analyzed based on the systems strengthening approach and the PHCPI

There were gaps found amongst all of the PHCPI main objectives of strengthening management systems, clinical protocols and community partnerships. The baseline findings provided crucial information on the gaps and challenges in the existing PHC system, which the MoH and PHCPI team are considering when developing future quality improvement interventions for PHC in Iraq.

The PHCPI team also developed an assessment tool for evaluating PHC services for the IDP. The baseline data surveyors collected adequate data regarding this issue and are currently working on analyzing these findings.

4. Kurdistan Region (KRG) Office established: PHCPI Chief of Party (COP) and Communication Advisor conducted a visit to Erbil province to establish the PHCPI North Regional Office. The PHCPI team and USAID/KRG representative held a meeting with the Minister of Health, Dr. Tahir Abdullah, at the MoH HQ in Erbil. During this meeting, the goals and plans about the USAID/PHCPI project were presented. They were also discussions on building cooperation and channels of coordination with stakeholders and NGOs in the region. The Minister expressed his interest in supporting the project as the three components of the PHCPI align with the MoH objective of providing quality health care to Iraqis. It was agreed to open the PHCPI/ Erbil Office supported by the MoH, which was selected to target interventions for PHC clinics in the three provinces of Erbil, Sulaymaniyah and Duhok. The MoH/KRG also nominated three Points of Contacts to facilitate the PHCPI work in Kurdistan Region. In addition, the Minister approved an unpaid leave for the PHC Services Coordinators, who will be selected and hired directly by the project, to serve the regional office program implementation. These coordinators will be embedded in

their respective DoHs reporting directly to the project. The PHCPI Erbil office is located within the MoH for efficient coordination of health improvement efforts.

5. *Plan for initial PHC clinic improvement roll out:* The PHCPI team held several meetings with MoH Deputy DG of the Public Health Directorate to launch project activities in 112 PHC clinics. The PHC clinics will be located in the following provinces: Ninawa, Sulaymaniyah, Maysan, Babil, Basrah and Rusafa/Baghdad. A 3-month work plan illustrating the project interventions in these targeted clinics was submitted to the MoH and is in full support of all proposed PHCPI priority tasks included in the workplan.
6. *National Public Health Law Reviewed:* PHCPI advisors reviewed the new national Public Health Law that was recently submitted to the Iraqi Parliament for review and approval. USAID/PHCPI team discussed with MoH/PHC officials inputs and feedback on the Law.
7. *Working Groups Established:* The PHCPI advisors held a meeting with the Director of Public Health Directorate and the PHC Director at the Ministry to finalize nomination of members for the three MoH working groups regarding: Health Systems Management, Quality Improvement, and Patients' Rights. A list of the PHC Coordinators from the other four provinces was created. These PHC coordinators will provide support and facilitate the work of the working groups and other USAID/PHCPI efforts within the Ministry. The MoH will meet with these coordinators to define and review their roles and duties.
8. *Strategy to build the capacity of PHCPI junior staff:* While the primary objective of the USAID/PHCPI project is to build MoH capacity to achieve improvements in PHC service delivery, the project has also developed an internal goal of contributing to the development of a cadre of qualified Iraqi technical personnel. The Iraqi technical personnel will be able to make long-term contributions to support a highly functional health system in Iraq. As an effort to implement this strategy, the first of a series of seminars was offered by the PHCPI component two team leader, to technical advisors including junior staff about the concepts of quality and quality improvement and overview of how PHCPI will work with the MoH to introduce a program to improve quality of PHC care. Two additional topics were identified and seminars will be conducted on a bi-weekly basis to staff. This information sharing forum will allow the progressive transfer of responsibility to the junior staff members, especially at the provincial level, who will be capacitated by the end of the project period to carry on and maintain improvements in the primary care system in Iraq.

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 is working to help MoH design new and/or update policies and systems to improve performance and promote good management and quality of care.

Major Activities and Accomplishments:

Support a National Technical Advisory Group (TAG)

USAID/PHCPI collaborated with MoH to identify MoH members for the 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. Solidifying these collaborative efforts will ensure the sustainability and efficiency of PHCPI work.

Furthermore, the PHCPI team agreed with MoH to host the first meeting with TAG members in October. This meeting will be used to finalize and disseminate terms of references for the TAG, including roles and responsibilities which is vital to elevate the profile of PHC and increase coordination over the course of the project. In addition, the PHCPI team will develop a systematic working environment with MoH and DoHs to support TAG leadership and management capacities and identify key management areas that need to be strengthened for enhancing PHC program in the country. The project team will use the TAG as a platform for building the technical capacity of MoH by utilizing information collected in the Quality Improvement (QI) models in order to explore a full scale-up of best practices beyond the 360 clinics involved in the project.

Developing Management Standards

1. Standards Reviewed and Management Handbook Drafted: USAID/Primary Health Care Project in Iraq (PHCPI) Developed a Framework for Strengthening Iraq's Health Management and Governance Systems. Within the context of supportive management systems and processes for PHC, PHCPI reviewed several international PHC management systems and standards as well as Iraq's current PHC governance systems. Based on this review, PHCPI developed a management improvement framework to put new policies and systems in place to improve performance and promote good management and quality of care. The framework targets nine critical management components: 1) organization and leadership; 2) client care; 3) clinic safety; 4) support services; 5) operational management; 6) facility management; 7) management of information; 8) community; and 9) quality improvement. The PHCPI team drafted management standards based on their recent review of the appropriate and relevant Iraqi PHC management requirements. Furthermore, PHC facility and equipment maintenance guidelines from the management working group were reviewed and incorporated in the handbook. The handbook contains user-friendly support materials that can be easily adapted for use by the PHC managers in the clinics. In addition to the standards, this handbook includes basic checklists that each clinic can use to self-assess its operations on a monthly and quarterly basis. This will improve MoH capacity to apply modern quality improvement techniques to strengthen the management of PHC;

ensure safe, sanitary, well-maintained physical environment in PHC clinics; and increase understanding among primary clinic employees of their roles and responsibilities in the work place.

2. Management Working Groups regarding Facility & Medical Equipment Established:

The PHCPI team hosted its first workshop on Facility and Medical Equipment Maintenance for 33 MoH participants from Karkh and Rusafa DoHs. The 3-day workshop was designed to determine appropriate monitoring and follow-up procedures for health facility maintenance and operations standards. During the workshop, stakeholders discussed the current standards for PHC Operations Management, particularly regarding maintenance of the following core areas: building; grounds and furniture; medical equipment; safe and secure environment; linen and laundry; hygiene and cleanliness; and waste management. The participants selected



Figure 6: Facility and Medical Equipment Working Groups Discussing Management Standards

six members to form an operations working group to follow-up with the PHCPI team on the best ways of reaching international standards for health facility and medical equipment maintenance system. Certificates of participation were distributed by the PHCPI COP and advisors to signify their commitment and participation in the workshop.

3. Existing health Management System Issues Assessed: Within the context of health management systems improvement, the PHCPI and MoH coordination teams discussed and finalized forms necessary for data gathering from the selected 360 clinics. This data is intended to clearly 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. The baseline assessment findings will also provide key management improvement needs to base improvements interventions upon.

4. Designing Process to Measure Compliance with Management Standards: The PHCPI advisors met with MoH Planning and Follow-up Director to discuss the operating systems and procedures that are currently used in the Project and Engineering Services Directorate. The PHCPI advisors agreed with MoH to assist in developing follow-up and supervisory procedures in the area of facility maintenance management at the level of PHC.

Establish a Primary Health Care Leadership and Management Training Program

1. PHC Leadership and Management Team Strategy Developed: The MoH policymakers and program managers have an important stewardship role in managing and improving

the health of all Iraqis. Therefore, USAID/PHCPI developed a strategy to strengthen the management capacity of MoH leaders and their counterparts at all levels of the PHC system. The strategy aims to provide PHC leaders a strong sense of purpose and direction. This will enable them to be better suited to consistently and effectively lead others in accomplishing the MoH vision. The PHCPI leadership program will enable MoH managers to use the appropriate skills to create a healthy working environment, which will lead to rapid improvements in the health system leading to achieving its MDG goals.

2. *Capacity Building Framework Developed:* This integrated skills building approach will support the following aims: facilitate the transfer of the state of the art knowledge on PHC clinical and management issues; support adoption of family medicine approach for PHC service delivery that is specifically designed to suit Iraq's culture and community; empower MoH PHC clinics to implement policies and programs to render their PHC system more equitable, efficient and sustainable; and use multiple community partnership strategies to engage communities to adopt and advocate for PHC services. The capacity building framework will use a system-wide approach to develop capacity of the MoH and all other relevant stakeholders in a full range of competencies essential for ensuring a sustainable and effective PHC system. The project's conceptual framework for building capacity comprises of the following core competencies: quality management systems of PHC, leadership and management across multiple MOH levels, technical and clinical standards of practice and guidelines at PHC level, coordination and continuity of services and community participation and mobilization. This approach is patient-centered and drawn from the best practices of organizational development. The project along with MoH will monitor and document the effectiveness of capacity-building approaches and appropriate adjustments will be made when needed. This will encourage a sense of ownership and commitment by PHC officials at all levels.

Support Establishment of PHC Patient Records System

1. Working with MoH to Determine Necessary Modifications to Health Management Information System (HMIS):

USAID/PHCPI hosted a meeting with MoH senior officials to discuss the health management information system (HMIS). The meeting was attended by the MoH DG of Public Health Directorate, Deputy DG, Director of PHC, Director of Statistics Department, and Director of IT Department. PHCPI HMIS advisor provided a brief presentation about the role and importance of the HMIS system and also shared relevant international experiences. During this meeting, the MoH put forward current and future health



Figure 7: MoH and PHCPI stakeholders discussing PHC clinic HMIS needs

information needs and expressed their interest in implementing an improved HMIS at the MoH. These efforts will allow the MoH to shift from traditional paper-based information management practices to a more efficient electronic information management system. This change will provide decision makers with easier access to information. In addition, it will help to identify problems and develop evidence-based solutions for improving the health services in the country.

2. *Reviewed Patient Records Processes and Drafted Updates:* PHCPI team reviewed common obstacles and errors in recording patient records throughout PHC clinics. Based on this review, preliminary steps to harmonize HMIS were initiated. USAID/PHCPI team drafted patient's records standards and standard operating procedures for MoH review. Following standardization of patient records forms, the PHCPI team will work toward updating the traditional paper-based recording system into a more efficient electronic system. In addition, notes on the referral system and monitoring indicators were reviewed and updated. These efforts will facilitate the development of an easy and reliable health information system that aids in determining evidence-based solutions for improving the health services at national and provincial level. In addition, USAID/PHCPI team is reviewing and planning to integrate innovative web and mobile reporting systems from multiple partners at the facility and community levels. The access and the linking of data from different sources can build capacity for providers and communities because it will enable them to use this data to continuously improve quality of care. The PHCPI team will work at various levels to ensure availability of quality healthcare data, as well as monitoring and evaluation skills to interpret and use data for health service delivery planning, management, and improvement purposes.

Component One- Deliverables Matrix

Project Tasks	Expected Completion Date	Actual Results September 2011
Component 1: Supportive Management Systems and Processes for Primary Health Care		
Establish TAG (Deliverable1.1)		
Establish National Technical Advisory Group for Quality PHC	June	In Progress: Names identified at PH sector. Additional names have been requested for inclusion.
Develop Term of Reference (TOR) for TAG	July	Achieved: TOR developed and approved by MoH
Hold first meeting with TAG	June	In Progress: The meeting scheduled to be held during the upcoming quarter
Develop Handbook of Quality Standards (Deliverable1.2)		
Establish Management handbook working group	June	Achieved: Names identified and TOR written

Develop Management handbook draft	September	Achieved: Initial draft of Handbook finalized after close discussion with MoH
Management and Leadership (Deliverable 1.3)		
Identify teams for the design of Management and Leadership strategy	June	In progress: Strategy developed and currently awaiting nominating names from MoH
Develop a training materials	September	In progress: Currently being finalized before review with MoH
PHC Patient Records system (Deliverable 1.4)		
Work with MoH to develop/strengthen patient records system	October	Achieved: Patient Record system, Guidelines and protocols complete. Currently being reviewed by MoH before submission to USAID

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 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. One of the most critically important steps in improving the delivery of PHC services in Iraq will be the use of standard PHC treatment protocols and related tools. Standard protocols increase the quality of care by reducing variability in approach and ensuring all providers deliver treatment in accordance with international best practices.

Major Activities and Accomplishments:

Policies and Procedures for Clinical PHC Standards developed

1. *Current Clinical Standards Reviewed and Clinical Guideline Template Developed:* USAID/PHCPI team identified several clinical care standards from the Iraq MoH central headquarters including the Essential Basic Health Services Package and Accreditation Standards for PHC Centers, as well as other sources from the provincial and district offices and the MoH website. Based on these clinical standards, the PHCPI team created a template to develop care guidelines. The template was approved by the MoH included: general description of disease, problem, issue (relevant to Iraqi situation); Patient Review; Clinical Standard; Indicators for monitoring and supervision; and References.

2. *Clinical Standards Development Committee Identified:* During the upcoming quarter, the PHCPI team will meet with the identified QI working committee to assist the MoH in reviewing and updating treatment protocols for the basic health service package of primary care services (i.e. MCH, IMCI, chronic diseases) in accordance with international best practices.
3. *Clinical Standards Prioritized:* Based on PHCPI request, the MoH provided an initial list of 12 priority clinical health issues for which national standards are lacking or in need of updating. The priority clinical standard identified are as follows: : 1) Women's Health: Menopause and post-menopause; 2) Emergency Obstetric Care; 3) Diabetes mellitus including home care and self-care; 4) Infection Prevention and Waste Disposal for PHC providers; 5) Hypertension; 6) Breast Cancer; and 7) Cervical Cancer; 8) Bronchial asthma; 9) Osteoporosis; 10) Osteoarthritis; 11) Hepatitis A; and 12) Emergency Care.

Handbook of Quality Standards and Guidelines being planned

1. *Review of Current Guidelines and Modifications Drafted:* PHCPI staff assessed current utilization of clinical guidelines, including: reasons for not utilizing current guidelines, if any, such as lack clinical skills, lack of resources, lack monitoring systems and/ or lack of a supportive supervisory system to review and improve provider practices. The PHCPI team drafted clinical guidelines for the clinical health issues denoted in the Iraqi Basic Health Service Package including: Infectious Diseases (Tuberculosis, Acute Upper Respiratory Infection in Adults, Bronchitis and Community Acquired Pneumonia) and Non-Communicable Diseases (Maternal and Child Health issues). The team also designed clinical treatment algorithms for Diabetes and Hypertension. This draft will be circulated for review by QI working committee to ensure appropriateness of the guidelines and once completed, this handbook will support standardized quality improvement of clinical practices throughout PHC clinics.

Efforts to Strengthen Referral System Initiated

1. *Review of Referral System and Framework for Update Completed:* To improve continuum of care, PHCPI is assisting the MoH and DoHs in strengthening referral linkages between community, PHC clinics, and referral hospitals. In addition, referrals within PHC facilities will be strengthened and in the position to reduce missed opportunities, as well as to provide quality preventive care services. The PHCPI team has collected information gathered from MoH staff about issues with the current referral system. In order to operationalize the Quality Standards for patient referrals, the Iraq PHC team is working together with members of all levels of the MoH and other stakeholders to develop an efficient referral and patient transfer system. The PHCPI team has drafted a Framework and policy for modifying the current referral system, which includes instructions and tools for upward and downward referrals (to/from PHC and higher level facilities); such as patient referral/transfer forms, and protocols for handling of emergency referrals.

PHC QI Program Evolving

- 1. Key QI Stakeholder Members Supported:* The PHCPI team held a meeting with the MoH Director of Quality Management Department and PHC Deputy DG to discuss the approach for improving the quality of service at the PHC centers. The MoH representatives expressed the need for an elaborated plan that can address ways to achieve Millennium Development Goals (maternal and child mortality). The MoH expects that PHCPI will develop a prototype Quality Management model for PHC service delivery with clearly defined standards, guidelines and indicators. The prototype Quality Management model will then be transferred to other Directorates/Departments and applied at Central and Districts. The MoH is sending 10 high-level representatives to the American University of Cairo to update them on Quality Management. Upon their return, PHCPI will work with them to build MoH staff capacity in supporting a Quality Management model according to PHC standards, guidelines and indicators. PHCPI's support for the training of these 10 high-level representatives will assist in the sustainability of clinical care improvements throughout the MoH, which will contribute to better health services for Iraqi citizens.
- 2. Draft QI Strategy and Tool Developed:* To develop an expanded PHC QI program, the PHCPI team is consulting with the MoH QA Section, COSQC, and other relevant partners to review current quality policies and practices applied at PHC clinics in Iraq. The team in collaboration with MoH and other stakeholders has reviewed current QI practices and needs in order to draft an improvement strategy and tool encompassing state-of-the-art QI principles, which will be considered for integration into the PHC QI Program.

Supervision Handbook Drafted

- 1. Initial Review and Revision of Supervision System Completed:* Supervision is the critical action of watching, directing, and supporting a course of action. In order to ensure a quality PHC system, there must be a means for 'watching, directing and supporting' a correct course of action. Thus, supervision serves as a means of ensuring that PHC services and systems are delivered in a safe and quality manner. Supervisors assess current performance of PHC systems and services; identify gaps in performance, report findings and support improvements in performance based on improvement plans and standards of practice. Based on discussions with MoH, it has been assessed that that the current supervisory system for PHC in Iraq needs strengthening in order to assure a standardized level of health care delivery and management of the health system. Thus, the PHCPI team reviewed current local and international supervisory efforts for PHC including the MOH in the Basic Health Service Package (BHSP) and checklists from the USAID funded Training Model Primary Providers (TMPP) Iraq project, as well as other international projects. Based on this assessment, the team drafted a resource manual that provides basic supervisory roles and responsibilities and assessment information. This information is presented in hopes of providing information that can be adapted as appropriate to create supervisory training curriculums and checklists.

PHC In-service Training Program Strategy Developed

1. *Plan to Expand Family Practice Model Designed:* The PHCPI Nursing Advisor participated in a workshop sponsored by World Health Organization (WHO). The workshop reviewed the National Nursing and Midwifery Strategy for Iraq with a plan of action for 2012-2015. As part of the effort to improve access to quality health care at the periphery, the PCHPI Nursing Advisor presented a strategy to introduce Family Nurse Practitioners (FNP) in Iraq. The PCHIPI Nursing Advisor also presented possible approaches to capacitate them in order to work in hand in hand with the Family Medicine physicians, as well as independently in remote geographic areas. This capacity building activity would include: advocacy for the new role of nursing; curriculum development and work with the Nursing Syndicate and MoHE to approve a FNP credential. The presentation was received and endorsed by WHO. Further discussions with USAID, the MoH, Nursing Directorate, Nursing and Medical Syndicates, Colleges of Nursing, and MoHE will be conducted to develop a plan of action for introducing the FNP throughout Iraq. This strategy will enhance nursing care and ultimately quality PHC services in Iraq.

Component Two- Deliverables Matrix

Project Tasks	Expected Completion Date	Actual Results September 2011
Component 2: Develop Policies and Procedures for Primary Health Standards of Care (Deliverable 2.1)		
Identify working group on quality standards	June-July	Achieved: Terms of Reference for QI Working Group approved and members nominated. First meeting schedule for October 2011.
Work with MOH to inventory existing PHC national clinical guidelines	August	Achieved: Inventory developed and requests made to MoH to provide existing guidelines – some materials received
Prioritize standards that need to be updated/modified or developed	Sept	In Progress: Feedback from MoH received about prioritization of 12 guidelines, meeting scheduled in October for large group of stakeholders to re-review priorities for Clinical Guidelines
Guidelines developed	September	In Progress: Drafts for 7 guidelines prepared by PHCPI based on MoH and best international practices
Develop Handbook of Quality Standards and Operational Guidelines for clinical service delivery in Primary Health Care Clinics		
Develop draft of handbook of Quality Standards and Operational Guidelines	December	In Progress: Draft QI strategy written, QI tools developed, planned for a meeting scheduled with MoH in October to review

Project Tasks	Expected Completion Date	Actual Results September 2011
		and revise.
Develop PHC QI System (Deliverable 2.3)		
Assist MoH to develop QI approach/model	September	Achieved: Draft Strategy with tool prepared
Strengthen Supervision (Deliverable 2.4d)		
Define roles and responsibilities of clinical supervisory staff	September	Achieved: Draft prepared
Strengthen Referral Process (Deliverable 2.4e)		
Review current referral system	August	Achieved: Information gathered from MoH staff about issues with referral system. Began writing draft paper for a revised Referral System
Modify/Revise the referral system	September	Achieved: Draft prepared – meeting scheduled with MoH in October to review paper with revision of referral system
Support PHC Research Agenda (Deliverable 2.5)		
Assist MoH to develop a Research Agenda	September	In Progress: Letter written to MoH requesting priorities for a research agenda related to PHC from different departments. A total of 21 topics obtained.

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 is working to 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. This underscores community participation in healthcare services as a means to expand access and reduce morbidity and mortality. USAID/PHCPI is engaging 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 IDPs will be promoted.

Major Activities and Accomplishments:

National Statement of Patients Rights Efforts Supported

Patients Rights Charter Drafted: The PHCPI team drafted a Patients' Rights charter based on the review of various international and country documents. The PHCPI team will collaborate with the Higher Committee for Patients' Rights at MoH to revise this charter, as necessary, to support increased community involvement in PHC through the revision process amongst other activities. The Minister of Health, during his recent meeting with PHCPI Communication and Outreach Advisor, applauded the importance of the PHCPI patient's rights initiative and its potential to increase 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.

Operational Guidance for Community Partnership Handbook Sought

- 1. Review International Guidance regarding Community Partnerships:* The PHCPI team met an international expert in rural development and community mobilization, who will work with the partnership advisor to develop a community partnership strategy. Global lessons learned in engaging community participation in health planning, implementation, and evaluations were discussed during the meeting. Moreover, the PHCPI team identified and compiled relevant documents and literature in preparation for writing the community partnership handbook. Building effective community participation will directly align with the MoH strategic trends which underscore community participation in healthcare services as a mean to expand access and reduce morbidity and mortality. Furthermore, it will ensure that communities are involved from the outset in the design of an effective partnership structure which will increase the acceptability and sustainability of quality health services in general.
- 2. Engage Local Guidance regarding Community Partnerships:* PHCPI team has obtained the relevant documents on the PHC center council for healthcare services. This committee is comprised of members from the community and one of their main tasks is to identify opportunities for engaging the community in improving healthcare services inside their respective PHC centers in order to increase community demand for services. Despite very few of these committees being active at the moment, PHCPI is looking into approaches for re-activating these committees and engaging them in being part of a working group for Community Partnership Handbook. PHCPI will identify best practices, if any, and include inputs from these groups in developing the Community Partnership Handbook.
- 3. Collaborative Community Engagement Plan Developed:* The PHCPI teams held several meetings with the MoH Director of Health Promotion Department and the Director of Community Initiatives Program to discuss potential coordination of community engagement efforts. The MoH noted human and logistic capacities of Health Promotion's departments regarding community engagement and BCC efforts and the opportunity to utilize these existing resources to implement the PHCPI related activities. The MoH also noted the need to utilize their existing relationships with the provincial councils, municipal councils and civil society organizations. The PHCPI and MoH developed a work plan to implement the PHCPI activities related to community

partnership and health education within the distributions of the 360 PHC centers. The two parties demonstrated a full detailed description of the work for the PHCPI Component-3 and lines of cooperation between the two parties. It was agreed to conduct health community partnership workshop in November to the concerned staff at the MoH to strengthen community initiatives and mobilization.

Efforts to Develop Process for Community Inputs Regarding PHC Initiated

- 1. Community Groups Identified:* The PHCPI advisors held a meeting with the DG of the NGOs Directorate at COMSEC to introduce the DG to the purposes and the objectives of the project and the aim to activate community partnerships for PHC. The project team emphasized the role and impact of NGOs in strengthening and supporting community and clinic partnerships in health service planning and implementation. The DG mentioned they have over 170 registered organizations and that will assist the project to activate the role of these NGOs to improve community participation in PHC services. The DG also provided the project with NGO law and a handbook about the directorate's role. The PHCPI team also met with the TB control committee and other civil service organizations to identify areas of cooperation under the health project.
- 2. Community Partners Engaged:* The PHCPI advisors have contacted several NGOs to discuss future coordination regarding community's inputs on PHC needs and services. The advisors have decided to work with four main partners in order to build community partnerships for PHC: NGOs Directorate at COMSEC; Media and Health Promotion and Education Directorate at MoH; Medical and Health NGOs Association allied with 15 NGOs working on various health issues including TB, Heart and Chest, Obstetrics and Gynecology, Children, Community Medicine, Family Medicine. NGOs allied with this Association include Environment Protection NGOs, Red Crescent; and the Medical Professional Union for doctors, pharmacists and dentists. In addition, a list of about 170 registered organizations, NGO law and a handbook of community partnerships is being reviewed by the advisors to be better understand and engage the NGOs who are active in the health field in Iraq. PHCPI advisors are coordinating a meeting with representatives from all community partners in order to: introduce the purposes and the objectives of the PHCPI project; discuss approaches on how to activate the community partnership for PHC; and to emphasize the role and the impact of the NGOs in strengthening and supporting community and clinic partnerships in health service.

Support Behavior Change Communication (BCC) Efforts to Improve Awareness and Demand for PHC

- 1. MoH mobilizes efforts to support PHCPI activities:* The PHCPI team held a focus group discussion with official representatives from MoH Media and Public Relations departments that are directly connected to the office of HE Minister of Health. The aim of the meeting was to discuss roles of the MoH media and communication in supporting the PHCPI activities to strengthen awareness and demand for PHC services in Iraq. The PHCPI team emphasized the importance of the media in deploying the

health concepts and encouraging community to avail both preventive and curative health services from the PHC service network. The meeting participants agreed on specific activities to promote the cooperation between the MoH and the PHCPI by publicizing periodic collaborative meetings, the PHCPI team's success stories and the role of DoHs. Furthermore, they discussed a potential joint workshop for media stakeholders and the PHCPI to promote the Project work in all DoHs in Baghdad and provinces, and the possibility of assigning MoH media coordinator in each province. These communications efforts will further PHCPI aim to scale-up demand and utilization of PHC service amongst all target districts.



Figure 8: MoH Media Official and PHCPI discussing BCC Strategy to Improve Demand for Quality PHC

2. *Innovative Plan for support Private Partnership Efforts Developed:* USAID/PHCPI met with Zain, the telecommunication company in Iraq, to discuss new opportunities for implementing the use of the mobile phones in marketing health messages, managing PHC disease surveillance as well as facilitating emergency alerts for ambulances. Both PHCPI and Zain/Iraq are quite enthusiastic about the possibilities of cooperation. A concept paper was prepared to be discussed with MoH in order to communicate the innovative communications plan and potential impact on improving PHC services.

Component Three- Deliverables Matrix

Project Tasks	Expected Completion Date	Actual Results September 2011
Component 3: Community Partnerships for PHC (Deliverable 3.1)		
Patients' Rights Charter		
Establish a committee to develop Patients' Rights charter	July	Achieved: Names identified and first meeting conducted
Develop/promote Community Partnerships (Deliverable 3.2)		
Review current community partnership models	August	Achieved: Literature review conducted including in-country and international experience in partnership.
Develop Handbook for Quality Standards	September	In progress: Standards developed, initial outlines for handbook is

for Community Partnership for PHC		underway and STTA to arrive in October to complete the Handbook.
Provide support for BCC		
Develop BCC plan for promoting PHC services	September	In Progress: Outlines have been identified and STTA to arrive in October to complete BCC plan

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

The USAID PHCPI aims to strengthen health sector capacity to provide essential primary health care services and expand the availability of services to target vulnerable and/or at-risk populations, such as IDPs. IDPs often face critical health challenges related to poor or intermittent access to health and sanitation services, weak nutrition, and injuries or disabilities experienced as a result of their movement in conflict areas. IDPs frequently experience higher than average rates of preventable infectious diseases, especially food- and water-borne diseases, but also acute respiratory infections, tuberculosis, and others. Reduced access to vaccinations and lack of antenatal and maternal health services for IDPs have contributed to the alarming rates of maternal and child mortality in Iraq. Stronger access to preventive health services, within the context of a family medicine approach are needed to assist in the long-term stabilization and growth for Iraqi IDP communities. Thus, USAID/PHCPI submitted a concept paper to USAID describing a strategy for improving health services for IDPs in Iraq. Within this strategy, PHCPI noted the need for coordination with groups working with IDPs in order to better understand their needs and utilization of services. The USAID/PHCPI met with the Ministry of Migration and Displaced (MoMD) and IDP community groups including the Red Crescent, in order to understand where IDPs are located in relation to the 360 PHC clinics assigned to the PHCPI. Based on this information, PHCPI developed an IDP engagement strategy that focuses on the following areas:

- Improving access of IDPs to PHC;
- Addressing health needs of the IDPs;
- Enhancing the quality of PHC services provided to IDPs;
- Strengthening coordination and collaboration within and between ministerial groups and other stakeholders to foster multi-sector integrated development initiatives and interventions concerning IDPs.
- Emerging social needs of vulnerable populations, especially women and children.

The goal of this strategy is to integrate approaches that will increase IDPs coverage and quality of services to IPDs within the 360 target PHC clinics. The PHCPI team is currently developing a table of contact information for relevant stakeholders in order to coordinate an initial IDP engagement planning meeting in October. By ensuring the improvement of PHC service coverage and delivery for IDPs, it will further build strong community structures that are invested in PHC. This is critical for the development of comprehensive quality PHC systems that reach all groups including the most vulnerable populations.

3.4.2 Collaboration

PHCPI is working closely with MoH and WHO in the adaptation and scale-up of the BHSP through improving the performance of District Health System on Family Practice Approach (IDHS-FPA). This initiative aims at assuring universal, equitable, and efficient access to essential health services for every individual especially the most vulnerable (children, women, IDPs and elderly). Since WHO is planning to support activities only in 4 districts, PHCPI will collaborate with WHO and others on PHC improvement efforts in order to reduce redundancy and scaling up streamlined improvement initiatives throughout Iraq. Below are some key collaboration efforts in this quarter that PHCPI foresees aiding in the developing quality Improvement Collaboratives that help achieve coordinated PHC gains which relate to all components of the PHCPI.

1. The PHCPI home office and field team attended the WHO/MoH Joint Program Review Mission (JPRM) meeting in Baghdad that was held at the United Nations Assistance Mission for Iraq (UNAMI). The MoH Senior Deputy Minister presented the results and recommendations of the workshop to develop the joint MoH-WHO two year work plan. The PHCPI team discussed how coordination between the WHO and PHCPI could scale-up efforts to assist the MOH health improvement efforts. The MoH suggested the creation of a joint committee composed of the WHO, PHCPI and MoH to coordinate integrated health interventions. This collaborative will conduct conference calls on a monthly basis to devise coordinated health improvement efforts, which will reduce duplication of efforts and facilitate efficient scale-up of improvement outcomes. These synergized efforts will help facilitate the goal of all stakeholders, better health for Iraqis.
2. The USAID/PHCPI Chief of Party and key staff attended two meetings with WHO. One meeting involved a programmatic review of WHO's activities in Health and potential for involvement by stakeholders. At the second meeting, the PHCPI Nursing Advisor presented a power point slide presentation about the objectives of the PHCPI project and potential strategies for strengthening nursing in PHC Centers. These opportunities included developing standards for nursing in PHC Centers, clarifying roles and responsibilities of different levels of nursing and introducing Family Nurse Practitioners or strengthening the performance of nurses in carrying out family medicine service delivery tasks.
3. USAID/PHCPI met with Access to Justice, a USAID funded project, and began identifying persons/groups to work with regarding PHC engagement efforts for IDPs. On October 16th, PHCPI invited eight representatives of different Community Action Groups concerned with IDPs to participate in a meeting. It was agreed that there was a need to set up a Health Council in one of the neighborhoods and begin identifying ways to decrease barriers (primarily legal barriers) that prevent IDPs from accessing health care (perhaps due to a lost identity card) and to begin identifying health priorities for IDPs. PHCPI will work with Access to Justice staff to plan a meeting at the office of a CAG member to begin the formation of a Health Council in Rusafa/Baghdad.

3.5 Project Administration

USAID/PHCPI finalized the manual for PHCPI operations as well as personnel policies. The project staff moved to a new office building which was equipped with computers and other communications equipment. The project staff received training in policies and procedures.

Three field offices were also established: the northern office in Erbil; and the southern office in Maysan. PHCPI uses cost-effective measures for daily communications amongst the three offices and HQ office.

PHCPI issued a request for proposal for identifying a security company. Based on the open completion, SallyPort was selected for provision of life support and security services.

URC was registered with the Ministry of Trade allowing the opening of a bank account.

The following staff travelled for their breaks:

- Dr. Bushra Abbasi – Traveled to Amman – August 29- September 15, 2011 (RR)
- Waleed El-Fkey – Traveled to Egypt - September 29- October 8, 2011 (RRB)

4 ANNEXES

Planned activities for the Upcoming Quarter

Project Tasks	Q3- Timeline		
	7	8	9
Program Startup			
Prepare baseline report (October 2011)			
Incorporate baseline results in project interventions (31 October and ongoing)			
Component 1: Supportive Management Systems and Processes for Primary Health Care			
<i>Establish TAG (Deliverable 1.1)</i>			
Establish National Technical Advisor Group for Quality PHC (30 June)			
Hold first meeting with TAG (support TAG meetings when needed) (June)			
Assist TAG to champion quality and publicize successes (July through 31 December)			
<i>Develop Handbook of Quality Standards (Deliverable 1.2)</i>			
Develop Training Material to introduce Management Handbook (3 October)			
Roll out of handbook in provinces/districts and facilities (October 2011 through March 2012)			
<i>Management and Leadership (Deliverable 1.3)</i>			
Identify team for the design of Management and Leadership strategy (June)			
Develop/adapt training materials (in collaboration with WHO) (12 September)			
Rollout training (October through 4 March 2012)			
Measure improvements in leadership and management (November through 4 March 2012)			
<i>PHC Patient Records (Deliverable 1.4)</i>			
Develop training material for health providers in the use of revised patient record system (24 Oct)			
Roll out modified patient record system in up to 90 clinics (October 2011)			
Component 2: Develop Policies and Procedures for Primary Health Standards of Care (Deliverable 2.1)			
Identify working group on quality standards – June 2011			
Work with MOH to inventory existing PHC national clinical guidelines (June/August)			
Prioritize standards that need to be updated/modified or developed (July)			
Provide support to teams working on guideline revisions (29 September)			
Post National PHC Standards on MOH website as completed (September onwards)			
Assist MoH to train clinic staff in the revised guidelines (September onwards)			
Disseminate & Implement clinical guidelines (15 November)			
<i>Develop Handbook of Quality Standards and Operational Guidelines for Clinical Service Delivery in Primary Health Care Clinics (Deliverable 2.2)</i>			
Develop draft of Handbook of Quality Standards and Operational Guidelines (30 December)			
<i>Develop PHC QI System (Deliverable 2.3)</i>			
Assist MoH to develop QI approach/model (15 September)			
Support QI in priority clinical and management support areas (September through 4 March 2012)			
Produce routine updates showing improvements in health outcomes (November and ongoing)			

Project Tasks	Q3- Timeline		
	7	8	9
Conduct regular dissemination meetings at national/provincial/local levels (ongoing)			
PHC In-Service Training Program (Deliverable 2.4)			
Develop in-service training strategy with nursing/medical associations (15 October)			
Strengthen Supervision (Deliverable 2.4d)			
Assist MOH to revise the existing supervision system to promote quality (26 September)			
Strengthen Referral Process (Deliverable 2.4e)			
Provide training to PHC facilities in the use of the updated system – (14 October then ongoing)			
Assist MoH/DoHs to support improved referral system in the project areas (October 2011 - 4 March 2012)			
Support PHC Research Agenda (Deliverable 2.5)			
Assist MoH to develop a Research Agenda (26 September)			
Work with local universities/research institutions in carrying out research (October)			
Develop public private partnerships			
Pilot private sector strategy (December onwards)			
Develop linkage with a mobile service provider (Zain, etc.) for PHC support (October/November)			
Component 3: Community Partnerships for PHC (Deliverable 3.1)			
Patients' Rights Charter			
Draft Patients' Rights charter (30 November)			
Field test the charter (December)			
Develop/promote Community Partnerships (Deliverable 3.2)			
Develop Handbook for Quality Standards for Community Partnership for PHC (30 September)			
Assist MoH/DoHs in strengthening community partnerships (15 October)			
Provide training to NGOs/CBOs, public health staff in the Handbook – (ongoing)			
Provide support for training community as well as health workers/managers (ongoing)			
Provide support for BCC (part of SFA)			
Provide mass media/local media support (October onwards)			
Monitor client/community inputs			
Provide training in the monitoring tools (October onwards)			
Produce reports (October onwards)			
Reports			
Produce weekly project updates			
Produce quarterly technical and financial reports			
Produce annual report			