



**USAID** | **IRAQ**  
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PRIMARY HEALTH  
CARE PROJECT

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

## **Quarterly Report 03**

**October 01- December 31, 2011**

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## 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
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 States 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) put in place key building blocks critical to creating functional health services at community and facility levels.

This report details the activities implemented during the first quarter of fiscal year 2012 (FY 2012). Main accomplishments achieved during this period include:

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

1. Established Technical Advisory Group (TAG)
2. Finalized Management Handbook for Primary Health Care (PHC).
  - Developed training curriculum for the handbook.
  - Conducted training of trainers (TOTs) in six provinces.
  - Conducted rollout workshops in six provinces.
3. Developed Leadership and Management Program in six provinces.
  - Finalized the Leadership and Management Handbook and the associated training curriculum.
  - Conducted TOTs in six provinces.
  - Conducted rollout workshops in four provinces.
4. Established a working group to consolidate the collection of data for medical records system.
5. Established working groups for five core areas of facility and equipment management. Core areas include:
  - Building and grounds
  - Medical equipment and utility
  - Safety and security
  - Hygiene and laundry
  - Waste management

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

1. Developed Policies and Procedures for Establishing Primary Health Standards of Care.
2. Drafted seven clinical guidelines.
3. Drafted Quality Improvement (QI) Model.
4. Finalized Research Strategy and selected priority topics.
5. Identified roles and responsibilities of clinical supervisory staff.

6. Drafted revised referral system.
7. Nursing Task Force developed Nursing Standards for PHCCs.
8. Conducted public-private partnerships (PPP) meetings with Zain Telecommunications and the Maysan Directorate about the use of mobile phones for health messaging and reminders for appointments at PHCCs.

### **Component 3: Community Partnerships for Primary Health Care**

1. Developed Patient Rights Charter and submitted it to the MoH for their approval.
2. Drafted Community Health Partnership Manual.
3. Drafted National BCC (Behavioral Change Communication) Strategy.

### **Challenges and Solutions:**

- New regulations for the issuing of visas delayed the deployment of several long- and short-term expat staff. PHCPI managed to obtain 10 extension days past the expiration date of current visas.
- Escalating security issues and religious events affected the workflow with the MoH during this quarter and cancelled some of the field visits to the PHC centers or to the Ministry headquarters.

### **Major Activities for the next quarter:**

- Conduct first TAG meeting;
- Conduct ToT courses on Management Handbook and Leadership and Management Program.
- Finalize translation of completed deliverables into Arabic and Kurdish.
- Obtain final approval of the Patient Rights Charter and release it in a National Forum.
- Finalize Community Health Partnership Handbook/ Manual.
- Finalize BCC strategy.
- Finalize the draft versions of the seven clinical care guidelines.
- Finalize training curricula and job aids for TOTs in the use of the clinical care guidelines and begin conducting TOT by region for targeted PHCCs in six provinces.
- Establish indicators to monitor compliance with clinical care standards.

- Submit Supervisory Resource Manual to USAID and MoH for review and begin training of supervisors in supportive supervision.
- Agree upon priorities for the next eight clinical care guidelines; develop plan for STTA to help in drafting next round of clinical care guidelines.
- Visit Maysan Directorate with Zain to begin piloting of m-health in Maysan.
- Finalize the implementation plan for PPP strategy with Zain.
- Develop methodology/research tools with MoH for 2 research studies.
- Pilot test job descriptions and nursing standards for use by supervisors and nurses at PHCCs.
- Continue to pilot test the revised referral system.
- Develop a curriculum to train nurses in implementation of the nursing standards.
- Develop health assessment tools to identify health needs of the IDPs.
- Revise CHW training curricula for use in training IDPs as community health workers.

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

## 2 INTRODUCTION

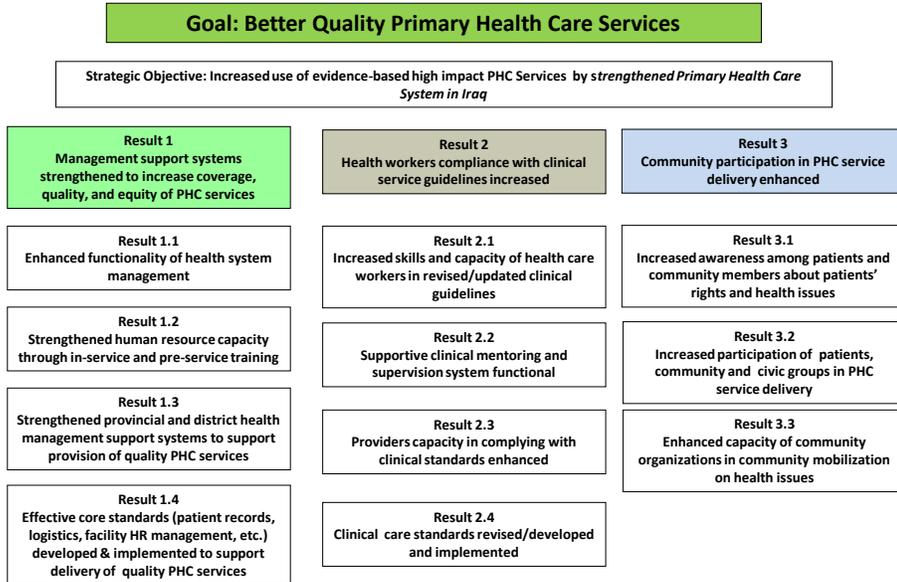
The health status of the Iraqi people has declined significantly over the past two decades. Under five mortality is now 44 per 1000 live births, due in large part to preventable illness such as acute diarrheal disease and respiratory infections. The maternal mortality ratio is 84 per 100,000. These poor health indicators are an outcome of a health system in need of quality improvement.

**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 all Iraqis. This aim will be achieved through the following project objectives: 1) strengthening health systems; 2) strengthening clinical skills; and 3) building community partnerships. The project interventions are designed to help Iraq meet its Millennium Development Goals (MDGs) for health. **Figure 1** below provides an overview of the expected results of the project. USAID/PHCPI will support the MoH and DoHs in conducting periodic compliance audits to ensure that both managers and service providers are utilizing the updated management and clinical guidelines and protocols. The project will also assist the MoH/DoHs to develop and implement supportive supervision systems to help providers at lower levels to begin using new guidelines. Results of these compliance audits will be used to further update the management and clinical procedures to improve access to and demand for equitable, efficient, and effective, quality PHC services.

Our strategy for creating meaningful results 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) using *Improvement Collaboratives* as part of our approach to Quality Improvement (QI) for rapid introduction of at-scale innovations; and c) identifying specific officials in various directorates of the MoH with whom we will partner on each deliverable and 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. 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 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 OF THE PHCPI PROJECT**

#### **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 and/or update policies and systems to improve performance and promote good management and quality care.

##### **Major Activities and Accomplishments:**

##### **Support a National Technical Advisory Group (TAG)**

1. During this quarter, the PHCPI team held several meetings at the MoH with the MoH PHC DG. It was agreed that the TAG membership will be expanded to include additional members from other sections and divisions of MoH, other ministries, NGOs, donors, and international organizations such as USAID, WHO, World Bank, UNICEF. The MoH officials and PHCPI team also discussed the need to include members from the Health Promotion Department and civil society organizations in TAG to strengthen community participation in PHCPI activities. The MoH DG of the Public Health Directorate issued an official letter forming the TAG. Members now include specialists and stakeholders from within the MoH, international organizations, and other concerned ministries and parties. The formation of this council affirms the MoH's commitment to partnership and will aid the PHCPI in achieving its project goals. PHCPI also approached the Chairman of the Iraqi Medical Syndicate to nominate a representative from the syndicate to participate in the TAG. The syndicate issued an official letter to nominate Dr. Jamal Rashid Al Rawi, the Chairperson of the Baghdad Medical Syndicate, as a representative to the TAG. In addition, other representatives from the donor community were nominated for TAG membership, including USAID, UNFPA and WHO. The ministry is going to send an invitation letter to TAG members to attend the first meeting in the upcoming month.
2. The PHCPI COP and Technical Advisors met with the Chairman of Iraq's Medical Syndicate and the Secretary-General of Arab Doctors League, Dr. Nadhem Abdul Hameed, to introduce the PHCPI objectives and main components and to emphasize the role of doctors and medical syndicates in contributing and achieving the project's objectives. The Chairman has showed his full support of the project and highlighted their common objectives of raising the efficiency of medical staff working in primary health care centers and increasing community partnership. It is expected that the chairman of Iraqi Medical Syndicates will be nominated as a member of the TAG.

##### **Develop Handbook of Quality Standards:**

1. The PHCPI team finalized the proposed standards and guidelines for the PHC Management Handbook after several in-depth discussions with the MoH.

2. In November, PHCPI conducted a 5-day Management Handbook Curriculum Development workshop for 25 medical and paramedical staff including HRTDC Master Trainers and PHC Trainers. Participants were divided into five working groups to discuss and adapt the nine modules of the Management Handbook Training Curricula. The developed curriculum will provide uniformity and standardization and ensure that best practices are being applied at the PHC clinic level. The workshop provided participants with the opportunity to update their knowledge and skills and become effective members of PHCC teams to improve the quality of care and services and to improve management standards and practice. Certificates of Participation were awarded to the participants at the end of the workshop.



3. Following the completion of the first draft of PHC management handbook training curriculum, PHCPI conducted a five-day TOT workshop on the Management Handbook. The workshop was attended by 21 staff members from MoH HRTDC, Health Directorates, Health Districts and Health Centers. These trainers will be able to conduct training for medical and paramedical PHC staff in their provinces and develop their capacity to put the standards outlined in the PHC Management Handbook into practice. Each participant was requested to present a mini session and received feedback from other participants based on the trainer assessment forms that were provided and explained by the project. The mini sessions provided the trainers with the opportunity to practice the training methodology they acquired in the training course at the same time provided the others with an opportunity to evaluate the trainer and receive feedback. Participants are now expected to return to their respective districts/provinces and rollout the training program targeting PHCPI clinics within their provinces.

4. In December, six training workshops were conducted addressing the topic of PHC management. These workshops were facilitated by MoH trainers trained during PHCPI's TOT workshop two weeks ago. The courses took place in six provinces including Baghdad/Rusafa, Maysan, Babil, Basrah, Sulaimaniyah and Ninawa. 157 participants (106 males and 51 females) attended



the six workshops; these participants were mainly district, DoH, and PHC facility managers. Each course took 30 training hours to complete, and covered the following topics: organization and leadership, client clinical care, clinic safety, clinic support service, operational management, facility and equipment management, management of information, community participation, and quality improvement. Participants have now been directed to go back to their duty stations and apply their learning. In the near future, further staff categories from target PHCs will receive the same course. In a few months, PHCPI will start checking on the compliance of the PHCs with the management standards specified in the management handbook.

5. The PHCPI completed the first draft of the PHC management accreditation tool developed for measuring compliance with the management standards published in the Management Handbook. This tool will be used to institutionalize MoH procedures to measure compliance among participating clinics for key management standards. The PHCPI is planning to support MoH at all levels to acquire the technical knowledge and skills to identify and remedy gaps in the health system.

### **Establish a Primary Health Care Leadership and Management Training Program**

1. PHCPI developed a Leadership and Management Training Program geared toward PHC center managers and providers. The curricula includes a broad range of management topics, including leadership, interpersonal communication, team building, problem solving, strategic planning, quality improvement, human resource management, and fiscal management. This training program has been adapted from similar programs developed by WHO and other international health institutions, as well as the work that was previously done in this area under previous USAID projects.
2. The PHCPI held a 5-day Leadership and Management Curriculum Development workshop for 20 participants, including district managers from in Baghdad as well as HRTDC Master Trainers and PHC TOTs. HQ Program Officer facilitated the workshop, provided an overview of the training program, and emphasized the importance of this program to respond to the need for capacity building in leadership and management. Participants were divided into five working groups where MoH Master Trainers utilized their skills in reviewing the L&M draft material. This training curriculum will be used by district and PHC facility management teams to build their capacity to improve the quality of health services at the PHC facility level by enabling them to apply effective



leadership and learn specific skills in order to prepare them to take a leading role in health system improvement. The developed curriculum focuses on the knowledge, skills, and attitudes required of health management teams to cope with the challenging new roles and tasks that will increase their work efficiency and allow them to better serve their communities. Certificates of Participation were awarded to the participants at the end of the workshop.

3. Following the completion of the curriculum, a five-day TOT workshop on Leadership and Management was conducted by PHCPI for 23 MoH participants. The workshop marked the start of the implementation phase of the PHCPI Leadership and Management program and targeted trainers from the six provinces involved in PHCPI Year 1 workplan. Each participant presented a mini session and received feedback from other participants on the five program modules. The training curriculum was utilized to guide participants in the preparation of their material. After completing this workshop, participants are expected to return to their respective districts/provinces and rollout the training program targeting PHCPI clinics within their provinces.

### **Support Establishment of PHC Patient Records System**

1. The PHCPI conducted three medical records workshops through the quarter for MoH representatives from the IT Department of the Minister's Office, Technical Health Directorate, Public Health Directorate, Planning Directorate, Administration Directorate, and the Maysan DoH. The workshops focused on the following topics: 1) updating all medical records for children under five with a focus on adopting IMCI approach; 2) consolidating school health medical records; 3) updating women's health records to include reproductive health; 4) updating immunization and surveillance records; 5) developing comprehensive patient medical records with emphasis on oral health sheet; and 6) integrating the Health Visitor Project Database with the current medical record information system and the family medicine database. Participants agreed to organize a special event for MoH IT experts and technicians to discuss the integration of various data collection and information systems, and to finalize the paper medical record system being developed by DoH working groups as well as applying the pilot system in the Maysan province. The PHCPI team has also completed the digital version of the paper-based medical records. This digital version will serve as a framework for strengthening the medical record and reporting system as part of broader health information system strengthening and will be useful in standardizing medical records used in clinics as well as preparing for the eventual transition to electronic medical records.



2. The PHCPI Health Management Information System (HMIS) Advisor conducted an HMIS workshop for representatives from the IT, Statistics, and Public Health departments of the Ministry of Health (MoH). The objective of this workshop was to work towards the establishment of electronic patient records at the PHC level by 1) assessing the status of current IT and statistic health data system capabilities, 2) identifying obstacles in these systems, and 3) developing HMIS technical plans and recommendations to address these obstacles. The workshop highlighted the importance of applying HMIS at the MoH to build its technical capacity.

### Component One- Deliverables Matrix

Expected Outcomes	Project Task	Expected Completion Date	Actual Results
<b>Project Component1: Supportive Management Systems and Processes for Primary Health Care</b>			
1.1 Establish TAG	Hold first meeting with TAG (support TAG meetings when needed) (June)	Jun 2011	Not Achieved: MoH wanted to involve all concerned parties in the TAG. Thus it took longer than expected to nominate representatives from all participating agencies.
	Assist TAG to champion quality and publicize successes (July through 31 December)	Dec 2011	Not Achieved: The TAG meetings were not held during the quarter
1.2 Handbook of Quality Standards and Operational Guidelines for Management of Primary Care Clinics	Develop Training Material to introduce Management Handbook (3 October)	Oct 2011	Achieved: Management Handbook and Training Curriculum developed and sent to home office for final review and submission to USAID.
	Roll out of handbook in provinces/districts and facilities (October 2011 through March 2012)	Oct- Mar 12	In Progress: Conducted ToT and rollout training for 6 provinces for year one facilities
1.3 Management and Leadership	Rollout training (October through 4 March 2012)	Oct- Mar 12	In Progress: Conducted ToT for 6 provinces and rollout training for 4 provinces for year one facilities
1.4 Primary Health Care Patient Records System	Develop training material for health providers in the use of revised patient record system (24 Oct)	Oct 2011	In Progress: Drafted training curriculum and sent to home office for review and packaging.
	Roll out modified patient record system in up to 90 clinics (October 2011)	Oct 2011	Not Achieved: System currently under development

## 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 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:

#### Develop policies and procedures for primary health standards of care:

1. During the quarter, PHCPI advisors worked closely with the MoH to update the Integrated Management of Childhood Illness (IMCI) Guidelines for Nurses. Given the shortage and rapid turnover of physicians and the relatively stable numbers of nurses assigned to PHC Centers, the MoH is responding to this uneven distribution of skills by reviewing and shifting tasks from physicians to nurses. PHCPI held two workshops to train facilitators on the IMCI clinical guidelines for nursing. The workshops focused on reviewing and updating the current IMCI guidelines for nurses. Participants included physicians, nurses, and other health professional from the Ministry of Health (MoH) and the Nursing College. The PHCPI team worked with the participants to finalize new clinical guidelines addressing nutrition, growth monitoring, the immunization schedule, classification of eye diseases, and use of screening tools to detect birth defects. The team also reviewed and finalized a proposed curriculum to train IMCI facilitators on the new guidelines. The training curriculum on the new guidelines began roll out to PHC nurses in December 2011.
2. In cooperation with MoH, the PHCPI convened a working group with 15 experts in obstetricians and newborn care from the MoH and universities to discuss providers' knowledge and skill deficits in Emergency Obstetrics and Newborn Care (EMONC). Questions were developed for discussion that included: 1) review of a 3-prong approach identifying topics for training of different levels of providers (focus on

public and private providers/facilities of obstetric and newborn care and community providers including trained birth attendants (TBAs); 2) review of past efforts and effectiveness of emergency obstetric and newborn care training initiatives; 3) review of a proposed outline of topics for inclusion in a TOT course; 4) how the TOT would be offered; and 5) roll out plan of training of service providers. There is a good knowledge base and experience in training providers of basic emergency obstetrics and newborn care in Iraq. Areas that need emphasis through training of providers include the use of the partograph, use of vacuum extraction, and use of magnesium sulphate in managing eclampsia in pregnancy. Next steps include the development and review of a concept paper describing this initiative for review by USAID and MoH; sharing of guidelines for Emergency Obstetrics and Newborn care with the MoH Guidelines committee; and if concept paper approved, proceed with planning and training of facilitators in areas approved by USAID and MoH.

3. The PHCPI NCD advisor held a meeting at the MoH with six members from the Public Health Directorate and the PHC section managers of Baghdad, Babil, Basrah and Mosul DoHs to discuss the recommendations of the “Early Screening Program for Cervical Cancer” to be submitted to HE Minister of Health and then launched in PHCCs.
4. The PHCPI attended the first international quality management conference, “Quality is the Optimal Investment of Health” conducted by the MoH Higher Committee of Quality Management in October. The conference’s aim was to discuss the application of quality management (QM) through the implementation of monitoring indicators and other evaluation mechanisms within health entities. The conference emphasized the importance of developing QM mechanisms to assess and improve the quality of care provided by health workers in Iraq. The conference was attended by more 300 participants, including senior officials, DGs, and hospitals directors. The MoH Deputy Minister expressed his appreciation for the PHCPI efforts in supporting the PHC improvements in Iraq.

### **Efforts to Strengthen Referral System**

The PHCPI held several meetings with participants from the MoH Quality Department of the Planning Directorate, Technical Directorate, the PHC Department, and the Karkh, Rusafa, Kirkuk and Najaf District Managers to discuss the referral system. The participants finalized the referral policy and developed an action plan to identify the implementation steps for the pilot referral. The meeting included a review of previous referral-system meetings, SWOT analysis on the referral system, an assessment of the current referral practices, and pilot implementation steps. The participants agreed to hold a three-day workshop in January to finalize the draft workplan for pilot implementation. Following that, the PHCPI will prepare materials and implement a six-month pilot beginning of 2012.

### **Develop PHC QI system**

The PHCPI team held its first meeting for the MoH Quality Improvement (QI) Working Group (QIWG) in October. The MoH Deputy DG of PHC attended this meeting along with 12 participants from the human resource training and development center (HRTDC),

Minister's Office, Performance and Monitoring section, and specialists in Family Medicine. The QI group discussed PHCPI-MOH joint activities/plans and reviewed the draft clinical care guidelines and approved a template for the finalized guidelines. The QI group plans to meet next to discuss the development of QI materials.

### **PHC In-Service Training Program**

1. The PHCPI, in coordination with the MoH, has developed the first draft of an in-service training strategy for health care providers. This training strategy involves several different methodologies, including 1) formal classroom learning; 2) on-site mentoring and coaching through on-the-job-training (OJT); 3) competency maintenance through continuous medical education (CME)/continuous professional development (CPD) in collaboration with the Iraqi Medical and Nursing Syndicates; and 4) e-learning approaches accessible to staff working in PHC centers in remote areas. The content of the in-service trainings will be selected from the knowledge and skills gaps identified in the Baseline Assessment conducted in September 2011. In addition to the in-service training, PHCPI will also provide the Iraqi Medical and Nursing Syndicates with technical assistance in exploring setting up a process to accredit courses offered by different organizations (universities, NGOs, etc.) as well as formalize a method to license the in-service program as a form of CME to ensure that Iraq maintains a pool of qualified, competent health care providers.
2. The PHCPI team met with the Dean of Baghdad University College of Nursing. The PHCPI Nursing Advisor discussed the appropriate deployment of the BSc graduates with an elective in Public Health Nursing. Currently, graduates with an elective are not being appropriately deployed to a facility based on the skills and knowledge acquired during their education. The dean agreed to conduct a meeting with all the Deans of the Colleges of Nursing and the MoH Nursing Affairs Department to ensure appropriate deployment of nurses with different electives who are graduates of the BSc nursing program. The Nursing Affairs Department has also issued an order that was sent to all governorates to implement appropriate deployment. The Nursing Advisor will continue to work with the pertinent groups to ensure that this coordination evolves and the situation improves.
3. The PHCPI held a focus group discussion in October with 13 participants from MoH Nursing Affairs Department, PHC Department, National Committee for Nursing, Nursing College, Technical Medicine Institute, Nursing Institute and WHO. The meeting included discussion on ways to improve nurses in the PHC centers. The group agreed to develop a rational scheme for nurses at PHCs by reviewing and clarifying job descriptions for nurses with various levels of educational preparation. The participants also developed a set of tasks for each member. PHCPI subsequently held three meetings during the quarter to obtain feedback from different task forces established in coordination with MoH as part of an effort to strengthening nursing care in PHC centers. Twenty-six (26) nurses participated, including representatives from the Nursing Affairs Department, PHC Department, the National Committee for Nursing, Nursing College, Technical Medicine Institute, Nursing Institute and WHO.

The task forces reported on 1) introducing standards of nursing care; 2) identifying gaps in the curriculum of secondary school graduates; 3) revising job descriptions for nurses working in PHC; 4) reviewing in-service training curricula; and 5) implementing a code of ethics. The participants collaborated to write Nursing Standards and to discuss the updated IMCI guidelines for nurses. The participants agreed that with these Nursing Standards the new IMCI guidelines could be implemented. A follow up meeting of the Nursing Task Force will be held in January to develop job descriptions for nurses at PHC centers.

4. The PHCPI invited the Directors of the Medical and Nursing Syndicates to the Mansour Compound to review their roles and current capacity to engage in the accrediting and offering of courses for health professional staff. Meeting participants included two syndicate directors, two members of the PHC Coordinating Committee, and PHCPI staff. It was agreed that PHCPI and the MoH would continue to meet with the syndicates to discuss strategies and set standards to maintain the competency of their members.

### **Strengthen Supervision**

The PHCPI team met with ten representatives from the MoH and reviewed the current supervisory system; guidelines used for supervision, and perceived weaknesses in the system. The PHCPI prepared and distributed a Supervision Resource Manual to the participants for their review so they can be ready and well prepared for upcoming workshops to revise the supervisory checklists and the TOT curriculum on supervision to be scheduled in January and February 2012.

### **Support PHC research Agenda**

USAID/PHCPI developed and finalized its research strategy in collaboration with the MoH. Priority research topics were identified and agreed upon following a strategy meeting held by the PHCPI Research Advisor, representatives from the Public Health Department, HRTDC, and other stakeholders. PHCPI is now working to establish the methodology for carrying out these proposed studies. It is expected that two research studies will be conducted during year 2 of the project.

### **Develop public private partnerships (PPP)**

1. The PHCPI met with representatives from the MoH and the Zain telecommunication company to discuss effective uses of mobile phones in health promotion and management of health conditions and to review a public-private partnership strategy. The 15 participants discussed studying and expanding on the experience of the Maysan Directorate with mobile phones for health. In Maysan, this strategy has produced notable results in terms of improved immunization coverage, increased coverage of pregnant women with antenatal services, and improved return of patients with chronic health problems (e.g. hypertension and diabetes) for follow up monitoring. Representatives from Zain, the MoH, and PHCPI staff will visit Maysan and review how the program is working, if Zain can make any improvements, and then prepare a plan to expand the program to 100 PHC centers. In addition, disease surveillance reporting will be strengthened in both the public and private sectors by

providing training on the use of databases and providing incentives for physicians working in the private sector to report communicable diseases. Zain Company will prepare an offer for review by MoH and PHCPI that focuses on disease reporting and health messaging. Zain is committed to providing cell phones to 100 PHC centers and SIM cards to families enrolled in receiving services from the participating health centers. The MoH in cooperation with PHCPI will select the 100 health centers in consultation with Zain in terms of mobile coverage. One center in Baghdad will be selected to try out the program before expanding it to the recommended PHC centers.

2. USAID/PHCPI is collaborating with the MoH to develop Public Private Partnerships (PPP).this quarter, the PHCPI held a meeting with Unilever’s Iraq Brand Marketing Manager to exchange ideas on how they can partner together to improve health services in Iraq. The PHCPI briefed Unilever on the different project components and the distribution of activities across Iraq. Unilever expressed interest in collaborating with PHCPI and both agreed on a follow-up meeting next month.

### Component Two- Deliverables Matrix

Expected Outcomes	Project Task	Expected Completion Date	Actual Results
<b>Project Component 2: Delivery of Evidence-Based, Quality PHC Services</b>			
2.1 Develop policies and procedures for primary health standards of care	Assist MoH to train clinic staff in the revised guidelines (September onwards)	Dec 2011	In Progress: Strategy concerning establishing Policies and Procedures for Primary Health Standards of Care developed and submitted to USAID and MoH
	Disseminate and Implement clinical guidelines (15 November)	Nov 2011	In Progress: 7 draft clinical guidelines developed and submitted to USAID and MoH and feedback received
2.2 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 (30 December)	Dec 2011	In Progress: Draft of handbook to include all guidelines prepared
2.3 Develop PHC QI system	Support QI in priority clinical and management support areas (September through 4 March 2012)	Jan- April 12	In Progress: QI Strategy with tool developed

Expected Outcomes	Project Task	Expected Completion Date	Actual Results
	Produce routine updates showing improvements in health outcomes (November and ongoing)	Onward	Not Achieved: Implementation not started yet
2.4 PHC In-Service Training Program	Develop in-service training strategy with nursing/medical associations (15 October)	Dec 2011	Achieved: In-service training strategy developed along with 2 curriculum (Infection Prevention and Quality Improvement)
2.4d Strengthen Supervision	Define roles and responsibilities of clinical supervisory staff (August/September)	Sep 2011	Achieved: Resource Manual for Supervision developed including roles and responsibilities of clinical supervisory staff
	Assist MOH to revise the existing supervision system to promote quality (26 September)	Feb 2012	Achieved: Training of supervisors to implement strengthened and supportive supervisory system was provided
	Provide training to PHC facilities in the use of the updated system – (14 October then ongoing)	March 2012	In Progress: implementation started
Develop public private partnerships	Pilot private sector strategy (December onwards)	Dec 2011	In Progress: PPP strategy submitted along with strategy regarding mobile health

### 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:**

### **Support establishment of National Patient Rights Charter**

PHCPI has completed the draft Patient Rights Charter and preamble, in collaboration with the MoH Patient Rights Committee. PHCPI submitted the charter to the MoH Legal Department and is awaiting final validation. Once approval has been granted, PHCPI and MoH will ratify the Charter in conjunction with a National Conference on Patients Rights.

### **Develop/promote Community Partnerships**

During this quarter, PHCPI drafted its Community Partnership Handbook, which includes best practices for establishing clear terms of reference and activating local health committees (LHC) and health improvement roles regarding PHC. The PHCPI team emphasized the need to target religious leaders and school staff as well as other respected communities members when supporting LHC development. PHCPI then hosted several meetings with representatives from the MoH, selected medical associations, and NGOs to share the draft handbook with them and receive feedback, comments, and amendments. The PHCPI advisors will now incorporate the relevant feedback and recommendations into a revised version of the handbook.

### **Support Behavior Change Communication**

1. The PHCPI Behavior Change Communications (BCC) STTA continues to work on the BCC strategy and is revisiting all documentation relevant to BCC from various ministries. The STTA will be meeting with MoH representatives to establish their views on BCC goals, objectives, prioritized audiences and health messages. The MoH will then provide feedback on the BCC strategy, after which the STTA will begin to design and develop the training curriculum.
2. In cooperation with the MoH Media and Public Relations Department, the PHCPI team held a focus group discussion with 23 official representatives and directors from MoH Media and Public Relations departments to discuss the role of media directorates in promoting PHC and health community partnerships. The PHCPI advisors presented a brief on the impact of media in increasing the demand for the PHC services, increasing the awareness of child and maternal health, and the role of media in developing a framework to address the needs of IDP and other vulnerable populations.



### Component Three- Deliverables Matrix

Expected Outcomes	Project Task	Expected Completion Date	Actual Results
<b>Project Component 3: Community Partnerships for PHC</b>			
3.1 Patient's Rights Charter	Draft Patients' Rights charter (30 November)	Nov 2011	Achieved: Draft charter accepted by MoH for national discussion and approval.
3.2 Develop/Promote Community Partnership	Develop Handbook for Quality Standards for Community Partnership for PHC (30 September)	Sep 2011	In Progress: CHP Standards finalized and manual drafted for review by home office.
	Assist MoH/DoHs in strengthening community partnerships (15 October)	Oct 2011	In Progress: CHP manual in its final stages after thorough discussions with MoH
3.3 Provide Support for BCC	Develop a BCC plan for promoting PHC services (demand creation) (August/September)	Sep 11	In Progress: Draft BCC strategy developed including set of long and short term activities. Further development will take place during March 2012.
	Provide mass media/local media support (October onwards)	Oct 11 onwards	Achieved: PHCPI provided support to MoH in the production and usage of Health Education posters and materials.

### 3.4 Regional Offices

In order to ensure speedy and effective implementation of PHCPI project activities in all targeted clinics, PHCPI is working to establish two regional offices – one in Maysan and one in Erbil – in addition to the project's headquarters in Baghdad. Below is a summary of the activities conducted by the two regional offices during this quarter.

#### **Maysan**

1. The MoH DG of Maysan Directorate of Health (DOH) and the Public Health Director of Maysan province visited the USAID/PHCPI Maysan office in October to view the progress made with the project in the clinics selected within the southern region. According to the Year 1 workplan, 33 clinics within two provinces (Maysan and Basrah) are targeted by the project activities. The DG was pleased with the progress made by the USAID/PHCPI at both central and provincial levels and expressed their

willingness to provide the support needed by the Maysan office to achieve the planned activities.

2. The PHCPI Maysan Regional Director met with Amarah Qata'a Al-Awal District Director to introduce the PHCPI objectives, goals and future plans and to assess the needs of the Amarah District. During the visit, the two identified the following needs within the district: lack of medical and paramedical staff; non-functioning x-ray and ultrasound devices; lack of training regarding medical equipment; shortage in financial support; lack of regular supportive supervision for administrative staff; lack of functional electricity generators; absence of incinerators; and an absence of a coordination amongst PHC clinics regarding vaccination coverage. The district was found to be successfully implementing the health visitor program and achieving good coverage rates for main vaccines (all are above 90%). The PHCPI was impressed to find that the district recently implemented the mobile phone health messages for the parents who are not attending the PHC regularly in order to vaccinate their children as scheduled or attend antenatal care.

3. The PHCPI Maysan Regional Director attended a conference on water resource management in Basrah and presented an overview of PHCPI. Provincial officials from Basrah, Dhi-Qar, and Muthanna, as well as representatives from other USAID projects, NGOs such as IOM, Save the Children, and Ammar Foundation attended this conference. This conference provided an excellent opportunity to generate support for the PHCPI and to identify potential future collaborators.



4. The PHCPI Maysan Regional Director visited four main PHC centers in Maysan (Al-Iskan PHCC, Imam Hussein PHCC, Al-Hassan Al-Askary PHCC and Al-Yarmouk PHCC) to introduce the PHCPI project goals and objectives and explain the three major project components. The Al-Iskan PHCC is currently implementing a Missed Opportunity Program, a local program developed by the Maysan public health department, that focuses on ensuring comprehensive care for children under five years and women of reproductive age (15-49) years. In general, the PHCC managers complained of the continuous shortage of human resources, especially the medical and paramedical staff. There is a critical need to train existing staff on the newly introduced vaccination schedule. The IMCI updated training curriculum includes the new immunization charts, and training will be rolled out to the service providers with the PHCPI support.

5. The PHCPI Maysan Regional Director visited the Dijlah Training and Development Center in Maysan DoH, and discussed with the Training Manager the PHC training needs and PHCPI rollout training initiatives and plans. The center's manager showed full willingness to cooperate and provide the project with four training halls (one is arranged for multiple group discussion) with continuous electricity, security, and IT equipment (laptops, large screens, and internet access). This will facilitate the project's training activities in Maysan.

## **Erbil**

USAID/PHCPI Sulaimaniyah Regional Coordinator has started introducing the program to DoHs leaders in the region. The PHCPI Sulaimaniyah Coordinator met with the Deputy DG for Administrative, Finance, and Planning Affairs of Sulaimaniyah DoH to introduce the project, its goals and objectives, and to provide an overview of the three main components. The Deputy DG welcomed the concept and expressed willingness to provide full cooperation to ensure success in achieving the goals of the project. The Deputy stressed the need to improve the medical reports, the referral systems, and data collection at the PHC level.

## 3.5 Cross-Cutting Issues and Coordination for Scale Up

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

- The PHCPI held two meetings and one workshop during this quarter to plan for the improvement of health services for IDPs. Participants in these activities were representatives of MoH, a number of NGOs, international organizations, and consultants from USAID-funded projects working to provide services to IDPs. Two major activities were identified for PHCPI to work on to improve health care for IDPs. These activities included:
  - 1) Conduct an assessment in the IDP camps that are within the catchment areas of the 360 PHCCs. The assessment will be conducted in agreement and coordination with the MoH/PHC department. The assessment will be conducted as a pilot study following the development of a well-structured and comprehensive questionnaire that includes geographical and demographical variables in addition to current health services provided to IDPs and the health needs of the IDPs.
  - 2) Train IDPs as community health workers (CHWs) to perform simple screening of IDPs and then make suggestions about where to refer IDPs in a timely manner and to the most appropriate facility. The curriculum will be based on the WHO modules prepared for training CHWs and will include adaptation of the first aid, communicable and non-communicable disease and maternal and child health activities. The results of the health assessment of the IDPs will be used to modify the existing WHO modules to prepare the CHWs. The needs assessment and training curriculum will be the major activities in the coming quarter.
- The PHCPI Maysan team visited Al-Khair Humanitarian Charity organization, an NGO with extensive IDP engagement experience, to introduce the PHCPI and its three components as well as to learn about the organization's experience with IDPs. The organization's Director discussed their in providing two mobile health clinics to cover more than 3000 IDP families during the period 2007-2009. The organization trained women in basic first aid procedures and supplied them with bags that contained basic first aid equipment so that they could provide emergency care in the high IDP density region. The organization discussed previous efforts with the Maysan DOH to map and identify special needs of IDPs as well as future plans to support primary health services delivery to the identified IDPs.
- The PHCPI team met with the DCOP of ICAP III to discuss their assessment of the current health needs of IDPs. ICAP DCOP expressed enthusiasm to collaborate with PHCPI on a properly arranged plan to support IDPs and the development of the health council to further its institutionalization. The two groups agreed to conduct meeting including representatives from PHCPI, CAGs, ICAP III, NRC (Norway Rescue Committee) and IDPs to develop an approach for forming health councils in districts of Baghdad.

- The PHCPI NCD advisor met with nine members from Shams Al-Hurriyah Organization including the chairman, deputy and field officers on November 23, 2011. During the meeting several topics were discussed including the types of health training received, the subjects that need to be included in the training curricula, the criteria for selecting Community Health workers, and coverage of school health in the PHC. The attendees approved certain criteria for selecting Community Health workers by focusing on the assessed districts of Baghdad/Rusafa with high concentrations of IDPs. The group also agreed to develop tailored health services materials for Community Health Workers and include schools staff in the voluntary health working since they form a wide base in the community.

### **3.5.2 Collaboration**

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 on events that signified national support for increasing access to and demand for quality PHC.

Key MOH-collaborative outputs achieved include:

1. Baseline Assessment disseminated: USAID/PHCPI finished analyzing all of the data collected from the Baseline Assessment conducted in September 2011. The PHCPI COP and advisors held a meeting with the MoH DG of Public Health Directorate, Deputy DG, PHC Director and PHC coordination team in November to present and discuss the PHCPI/MoH baseline assessment survey results and recommendations. USAID representatives from the Capacity Building Office also attended the meeting. The DG and his Deputy expressed their appreciation for and support of the PHCPI and reaffirmed the importance of the baseline survey results in defining the gaps and weaknesses in the PHC system and prioritizing PHCPI interventions. Meeting attendees discussed ways to accelerate the implementation of PHCPI activities during the last quarter of Year 1. The DG also requested that USAID and the project team conduct a 3-day workshop on PHC systems and PHC programs' integration.
2. Cost sharing and co-financing mechanisms with MoH: The PHCPI advisors met with the MoH DG of Public Health Directorate at the ministry and discussed cost sharing and co-financing mechanisms in line with the Partnership Committee (PC) vision. The DG expressed his interest in submitting an official letter to the PC on behalf of the Ministry to reinforce PHC services according to set priorities and unmet needs in primary health care services. The DG will attend a meeting with the PC to raise this issue and discuss the request. The letter will emphasize a request to provide direct MoH support to additional PHC centers through co-financing mechanism, in a manner parallel to the support provided to the 360 centers by USAID/PHCPI. Such support might include PHC centers' infrastructure rehabilitation, medical devices and equipment procurement and maintenance, assessing needs for new PHC centers in all provinces of Iraq and establishing new ones, medical and health staff recruitment, etc. Moreover, in preparation for the Partnership Committee meeting, a shared meeting between USAID, PHC DG Dr. Hassan Baqer, and PHCPI COP was conducted at

USAID to discuss MoH directions and arrangements to make a request for additional government funds to cost-share with the USAID/PHCPI program. The Minister nominated his Senior Deputy to attend the Partnership Committee meeting in December.

3. National Public Health Law reviewed: The PHCPI team continues to collaborate with the MoH to update its Public Health Law. The PHCPI held a meeting with MoH Deputy Minister, Deputy DG of Public Health Directorate and PHC Director in October to discuss feedback on the MoH Public Health Law. PHCPI comments have been highlighted and summarized to be considered for incorporation into the next version of the law.
4. Drafted competency-based assessment tool: PHCPI drafted a competency-based assessment tool/questionnaire to identify healthcare providers' specific requirements for capacity development in our target facilities. Once finalized, the tool will be transferred to the MoH to be used as a training needs analysis (TNA) prior to the implementation of the project's in-service training program. This strategy will foster institutional capacity development for the Human Resource Training and Development Center (HRTDC) inside the MoH. Provinces will also be able to use the tool to conduct TNA to plan their annual training activities.
5. Preparation for the Joint National PHC Workshop: USAID/PHCPI and MoH partnered to prepare for the National Workshop on Integrating PHC Services and Systems scheduled from January 21-23, 2012. Several meetings were held by the PHCPI with the MoH Preparatory Scientific Committee to agree on the core topics for discussion, prepare the agenda, and establish a cost-sharing mechanism. It is expected that 150 participants, including senior health officials and health experts will attend the first two days of the workshop and more than 350 participants are expected on the third day. The workshop is considered to be a major contribution in shaping the future of primary health care policy and practices in Iraq.

## 4 ANNEXES

### 4.1 Summary of PHCPI Training Activities

#### Number of Participants by Provinces

#	Province	Trainee	Participant	Male	Female	Total
1	Anbar	5	0	5	0	5
2	Babil	49	3	41	11	52
3	Baghdad	489	32	232	289	521
4	Basrah	26	1	13	14	27
5	Dhi-Qar	4	0	4	0	4
6	Diwaniyah	4	0	3	1	4
7	Diyala	12	0	7	5	12
8	Erbil	1	0	1	0	1
9	Karbala	5	2	6	1	7
10	Kirkuk	5	0	5	0	5
11	Maysan	37	1	30	8	38
12	Muthanna	4	0	4	0	4
13	Najaf	4	0	4	0	4
14	Ninawa	38	0	33	5	38
15	Salah ad Din	2	0	1	1	2
16	Sulaimaniyah	23	0	18	5	23
17	Wasit	4	0	4	0	4
<b>Total</b>		<b>712</b>	<b>39</b>	<b>411</b>	<b>340</b>	<b>751</b>

### Number of Participants by Date and Subject

#	Event's Name	Type	From	To	Male	Female	Total
1	Infection Prevention and Control Committee	Meeting	04-Oct-11	04-Oct-11	7	6	13
2	Quality improvement	Meeting	10-Oct-11	10-Oct-11	8	3	11
3	Patient medical records & HMIS	Workshop	09-Oct-11	09-Oct-11	10	10	20
4	Nursing	Meeting	17-Oct-11	17-Oct-11	2	11	13
5	IDPs	Meeting	16-Oct-11	16-Oct-11	2	6	8
6	Hygiene and cleanliness	Workshop	23-Oct-11	25-Oct-11	3	2	5
7	Medical Equipment Management	Workshop	16-Oct-11	19-Oct-11	5	5	10
8	Community Health Partnership	Meeting	26-Oct-11	26-Oct-11	2	4	6
9	Clinical care Guidelines and Research	Meeting	30-Oct-11	30-Oct-11	11	14	25
10	Safe and Secure Environment	Workshop	30-Oct-11	31-Oct-11	7	3	10
11	HMIS Technical Action Plan	Workshop	13-Nov-11	14-Nov-11	6	8	14
12	Nursing Meeting	Meeting	14-Nov-11	14-Nov-11	1	11	12
13	PHC Management Handbook	Workshop	15-Nov-11	16-Nov-11	5	7	12
14	Referral System	Workshop	16-Nov-11	16-Nov-11	5	5	10
15	IDPs Meeting	Meeting	17-Nov-11	17-Nov-11	26	17	43
16	Clinical care for infant and Children	Meeting	19-Nov-11	20-Nov-11	2	4	6
17	Clinical care for Emergency Obstetrics and Newborn Resuscitation	Meeting	24-Nov-11	24-Nov-11	0	9	9
18	Building and Ground	Workshop	28-Nov-11	29-Nov-11	4	0	4
19	Medical Records	Workshop	28-Nov-11	29-Nov-11	6	8	14
20	Patient Rights	Meeting	28-Nov-11	28-Nov-11	0	2	2
21	Scientific Committee	Meeting	30-Nov-11	30-Nov-11	7	6	13
22	Nursing and Medical Syndicates	Meeting	01-Dec-11	01-Dec-11	1	0	1
23	Infection Prevention and waste management	Meeting	01-Dec-11	01-Dec-11	1	3	4
24	Community Health Partnership	Meeting	30-Nov-11	30-Nov-11	0	2	2

#	Event's Name	Type	From	To	Male	Female	Total
25	IMCI	Workshop	03-Dec-11	05-Dec-11	11	14	25
26	Curriculum development on management handbook	Workshop	04-Dec-11	08-Dec-11	12	9	21
27	Training departments mangers meeting and MoH coordinators	Meeting	10-Dec-11	10-Dec-11	22	9	31
28	Curriculum Development on Leadership and Management	Workshop	11-Dec-11	15-Dec-11	6	14	20
29	Nursing	Meeting	08-Dec-11	08-Dec-11	7	13	20
30	Regional Workshop on Media Gathering	Meeting	08-Dec-11	08-Dec-11	20	2	22
31	Strengthening Supervision System	Meeting	15-Dec-11	15-Dec-11	5	5	10
32	ToT in PHC Management Handbook Workshop	Workshop	11-Dec-11	11-Dec-11	11	6	17
33	IMCI Clinical Guidelines for Nursing	Workshop	17-Dec-11	19-Dec-11	6	16	22
34	Scientific preparatory Committee	Meeting	14-Dec-11	14-Dec-11	10	13	23
35	Medical Records	Workshop	18-Dec-11	20-Dec-11	9	9	18
36	IDPs	Meeting	20-Dec-11	20-Dec-11	9	7	16
37	Community Partnership	Workshop	21-Dec-11	22-Dec-11	19	11	30
38	Scientific preparatory Committee	Meeting	25-Dec-11	25-Dec-11	6	15	21
39	Referral System	Meeting	13-Dec-11	13-Dec-11	4	5	9
40	PHC Management Handbook Training Course	Training Course	25-Dec-11	29-Dec-11	16	6	22
41	Build Public-Private Partnership	Meeting	13-Dec-11	13-Dec-11	7	3	10
42	ToT in Leadership and Management Handbook	Workshop	18-Dec-11	22-Dec-11	16	6	22
43	Safe and Secure Environment	Workshop	19-Dec-11	21-Dec-11	5	3	8
44	PHC management handbook	Training Course	25-Dec-11	29-Dec-11	21	4	25
45	Hygiene and cleanliness & Linen and Laundry	Meeting	28-Dec-11	28-Dec-11	5	1	6
46	Training course of PHC management handbook	Training Course	25-Dec-11	29-Dec-11	12	7	19

#	Event's Name	Type	From	To	Male	Female	Total
47	Training course of PHC management handbook	Training Course	26-Dec-11	29-Dec-11	20	5	25
48	PHC management handbook	Training Course	25-Dec-11	29-Dec-11	23	2	25
49	PHC Management Handbook Training Course	Training Course	25-Dec-11	29-Dec-11	8	9	17
<b>Total</b>					<b>411</b>	<b>340</b>	<b>751</b>

## 4.2 Planned Activities for the Upcoming Quarter

Project Task	Timeline		
	Jan	Feb	Mar
<b>Component 1: Supportive Management Systems and Processes for Primary Health Care</b>			
<b><i>Establish TAG (Deliverable 1.1)</i></b>			
Assist TAG to champion quality and publicize successes (July through 31 December)			
<b><i>Develop Handbook of Quality Standards (Deliverable 1.2)</i></b>			
Roll out of handbook in provinces/districts and facilities (October 2011 through March 2012)			
Develop a strategy for accrediting PHC facilities (February 2012)			
<b><i>Management and Leadership (Deliverable 1.3)</i></b>			
Rollout training (October through 4 March 2012)			
Measure improvements in leadership and management (November through 4 March 2012)			
<b><i>PHC Patient Records (Deliverable 1.4)</i></b>			
Roll out modified patient record system in up to 90 clinics (October 2011)			
Assist MOH/DOHs in expanding the use of patient records (5 January 2012)			
Measure compliance with patient record policy (4 March 2012)			
<b>Component 2: Develop Policies and Procedures for Primary Health Standards of Care (Deliverable 2.1)</b>			
Post National PHC Standards on MOH website as completed (September onwards)			
Assist MoH to train clinic staff in the revised guidelines (September onwards)			
<b><i>Develop Handbook of Quality Standards and Operational Guidelines for Clinical Service Delivery in Primary Health Care Clinics (Deliverable 2.2)</i></b>			
Develop draft of Handbook of Quality Standards and Operational Guidelines (30 December)			
Conduct national meeting to review the draft Handbook – (January 2012)			
Develop training modules covering Handbook of Quality Standards and Guidelines (January 2012)			
Finalize draft – February 2012			
<b><i>Develop PHC QI System (Deliverable 2.3)</i></b>			
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)			
Conduct regular dissemination meetings at national/provincial/local levels (ongoing)			
<b><i>PHC In-Service Training Program (Deliverable 2.4)</i></b>			
Coordinate with WHO on HRD with focus Nursing and Midwifery (January 2012)			
Coordinate with WHO on costing of Basic Health package (January 2012)			
Training in clinical standards for at least five clinical services (4 March 2012)			
<b><i>Strengthen Referral Process (Deliverable 2.4e)</i></b>			
Provide training to PHC facilities in the use of the updated system – (14 October then ongoing)			

Project Task	Timeline		
	Jan	Feb	Mar
Assist MoH/DoHs to support improved referral system in the project areas (October 2011 - 4 March 2012)			
<b>Support PHC Research Agenda (Deliverable 2.5)</b>			
Work with local universities/research institutions in carrying out research (October)			
Support studies to evaluate the effectiveness of PHC models (4 March 2012)			
Integrate research findings in PHC program management (when available)			
<b>Develop public private partnerships</b>			
Pilot private sector strategy (December onwards)			
Pilot use of smart phones/GIS for disease surveillance and patient care mgt. (January/February 2012)			
<b>Component 3: Community Partnerships for PHC (Deliverable 3.1)</b>			
<b>Patients' Rights Charter</b>			
Field test the charter (December)			
Launch the charter in a national forum (January 2012)			
Provide training on Patients' Rights Charter (January onwards)			
Disseminate Patients' Rights standards and measure compliance (Feb through 4 March 2012)			
<b>Develop/promote Community Partnerships (Deliverable 3.2)</b>			
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)			
Launch the Handbook (January 2012)			
Coordinate with WHO on school health programs in target provinces (January 2012)			
Coordinate with WHO on Community-based Initiatives (January 2012)			
<b>Provide support for BCC (part of SFA)</b>			
Provide mass media/local media support (October onwards)			
<b>Monitor client/community inputs</b>			
Provide training in the monitoring tools (October onwards)			
Produce reports (October onwards)			



