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PRIMARY HEALTH
CARE PROJECT

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

**Quarterly Progress Report- FY12 Quarter 3
April 01- June 30, 2012**

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CONTENTS

ACRONYMS	IV
EXECUTIVE SUMMARY	44
Major Activities planned for the next quarter	45
INTRODUCTION.....	46
QUARTERLY PROGRESS OF THE PHCPI	48
Component 1: Supportive Management Systems and Processes For Primary Health Care	48
Major Activities and Accomplishments.....	48
Component 2: Delivery of Evidence-Based, Quality PHC Services.....	54
Major Activities and Accomplishments.....	54
Component 3: Community Partnerships for PHC.....	61
Major Activities and Accomplishments.....	61
Regional Offices.....	63
Baghdad.....	63
Maysan	64
Erbil.....	64
Cross-Cutting Issues.....	66
SUMMARY OF PHCPI TRAINING ACTIVITIES	69

List of Figures:

Figure 1: PHCPI results framework47

Figure 2: Number of clinics reached by PHCPI activities63

Figure 3: Number of trainers trained during TOT workshops by subject area70

Figure 4: Number of target DoH/clinic staff trained to date through roll out of PHCPI training courses.....71

List of Tables:

Table 1: Number of Participants by Provinces 69

Table 2: Summary of PHCPI Activities April 1 – June 30, 2012..... 72

1 ACRONYMS

CDC	Communicable Diseases Control	MoHE	Ministry of Higher Education
COP	Chief of Party	MOP	Ministry of Planning
BCC	Behavior Change Communication	MOU	Memorandum of Understanding
CDD	Control of Diarrheal Diseases	MR	Medical Records
CHP	Community Health Partnership	MSI	Management Systems International
DCOP	Deputy Chief of Party	NCD	Non-Communicable Disease
DG	Director General	NGO	Non-Governmental Organizations
DOH	Directorates of Health	PHC	Primary Health Care
EHIS	Electronic Health Information System	PHCC	Primary Health Care Center
EmONC	Emergency Obstetrics and Newborn Care	PHCPI	Primary Health Care Project in Iraq
FGD	Focus Group Discussions	QAIC	Quality Assurance and Improvement Committee
GOI	Government of Iraq	QI	Quality Improvement
HBB	Helping Babies Breathe	RFA	Request for Application
HMIS	Health Management Information System	SOP	Standard Operating Procedures
HR	Human Resource	SWOT	Strengths, Weaknesses, Opportunities, and Threats
HRTDC	Human Resource Training and Development Center	TAG	Technical Advisory Group
HVP	Health Visitor Program	TOR	Terms of Reference
IDPs	Internally Displaced Persons	TOT	Training of Trainers
IG	Inspector General	TWG	Technical Working Group
IMCI	Integrated Management of Childhood Illness	UNDAF	United Nations Development Assistance Framework
KRG	Kurdistan Regional Governorate	UNFPA	United Nations Population Fund
L&M	leadership and Management	UNICEF	The United Nations Children's Fund
LHC	Local Health Committees	URC	University Research Co., LLC
MDGs	Millennium Developmental Goals	USAID	United States Agency for International Development
MOF	Ministry of Finance	WHO	World Health Organization
MoH	Ministry of Health		

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) and its subcontractor Management Systems International (MSI), 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 third 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. Conducted the third Technical Advisory Group (TAG) Meeting.
2. Management Handbook for Primary Health Care (PHC):
 - Conducted training of trainers (TOTs) for participants from five provinces
 - Rolled out the Handbook in six directorates of health (DOHs)
3. PHC Facility and Equipment Maintenance Management:
 - Conducted four TOT workshops
 - Conducted 22 rollout training courses
4. Finalized a draft of the compliance tool for 95 management standards.
5. Leadership and Management Program:
 - Conducted five advanced training courses
 - Rolled out training courses in 14 provinces
6. PHC Medical Records System:
 - Finalized the development of the Health Clinic Record Books.
 - TOT workshop on the new integrated Medical Records System in Maysan.

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

1. Convened task forces to begin drafting of 6 Year 2 clinical guidelines.
2. Completed Nursing Standards that will be forwarded to the MoH for their review.
3. Conducted two TOT workshops on Emergency Obstetrics and Newborn Care (EmONC).
4. Conducted two TOT workshops on Integrated Management of Childhood Illnesses (IMCI).
5. Conducted two TOT workshops on non-communicable diseases (NCD).
6. Held a 10-day TOT workshop on the updated infection prevention and waste management guidelines.

7. PHC Research Agenda:
 - Developed the methodology for both research studies of Maternal Mortality Surveillance and Health Visitor program.
 - Finalized the questionnaire of the Health Visitor Program research.
 - Implemented pilot study and collected field data for maternal mortality surveillance.

Component 3: Community Partnerships for Primary Health Care

1. Conducted three workshops on community partnerships, behavior change communication (BCC) and patients' rights covering all 18 provinces.
2. Developed draft operational guidelines for Local Health Committees (LHC) at PHC centers.
3. Conducted several workshops to build the capacity of MoH in implementing its own health promotion campaigns.
4. Held several focus group discussions (FDG) to help in the market research and media production for the upcoming BCC campaign.

Major Activities planned for the next quarter:

- Conduct the fourth TAG meeting.
- Implement on-the-job training (OJT) on the new medical records system throughout the provinces.
- Roll out training on the updated Infection Prevention and Waste Management guidelines.
- Strengthen the relationship with city councils at the central and provincial levels.
- Roll out training on the updated NCD, IMCI and trauma guidelines.
- Conduct a pilot study to collect data on IDPs.
- Complete the Maternal Mortality research study.
- Train supervisors to support quality improvement facility teams to participate in improvement collaborative focused on antenatal care.
- Train members of PHCC staff on Community Health Partnerships to create local health committee for each PHCC.
- Establish the local health committees in cooperation with city officials and health authorities in the provinces.

2 INTRODUCTION

The health status of the Iraqi people has significantly declined over the past two decades. The under-five mortality rate is now 44 per 1000 live births, with the majority of these children dying from pneumonia, diarrheal disease, and premature birth.¹ Child malnutrition has increased steadily, with incidence of low birth weight exceeding 10%. Maternal mortality rates have increased to 84 per 100,000 live births as access to quality antenatal and safe delivery services has declined.² As the country moves forward with stabilization and reform, ensuring access to routine, high quality, and equitable healthcare has emerged as a critical need and the Government of Iraq (GoI) has responded by renewing its commitment to improving the quality of primary health care (PHC) services.

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 assist the MoH/DoHs to develop and implement supportive supervision systems to help providers at lower levels to begin using new guidelines. The project will also 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. 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.

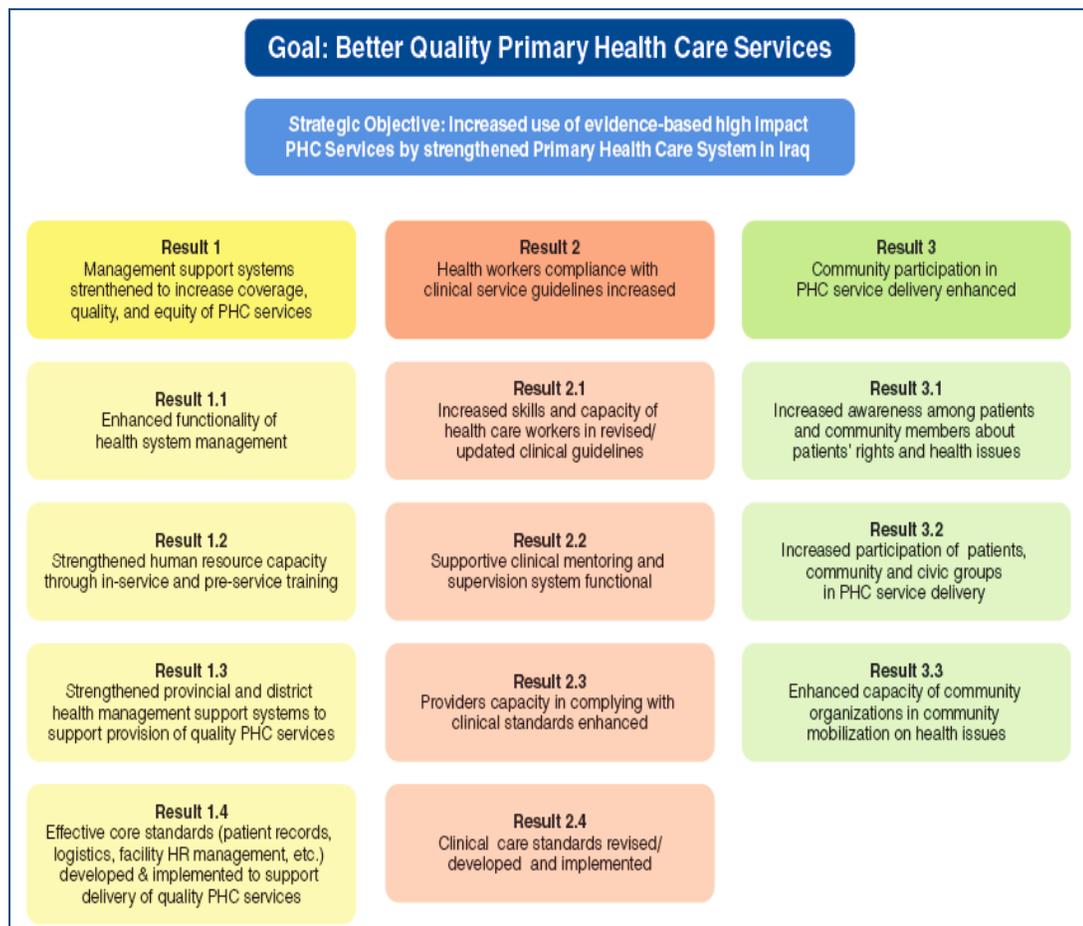
USAID/PHCPI will support the Ministry's efforts to maximize curative primary care while laying the foundations for a new culture of preventive care. The project will use the Improvement

¹ WHO. Iraq health profile, 2009. <http://www.who.int/gho/countries/irq.pdf>.

² The above indicators were taken from the Iraqi Ministry of Health Annual Report, 2010 and MoH Statistics records 2010.

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: PHCPI results framework



3 QUARTERLY PROGRESS OF THE PHCPI

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)

- The Technical Advisory Group (TAG) held its third meeting in Baghdad at Al- Elwya Club on May 02, 2012. The meeting was chaired by Dr. Hassan Baqer, the Director General of Public Health Directorate and attended by 13 TAG members. The DG emphasized the importance of TAG meetings as a platform to consolidate efforts towards active collaboration among stakeholders. He also discussed TAG expansion to include additional stakeholders' representatives from Ministry of Planning (MoP), Ministry of Finance (MoF), Ministry of Higher Education (MoHE) and Ministry of Human Rights (MoHR), among others. The USAID COR, Mr. Stephen Herbaly, presented USAID support provided to the MoH, and the



PHCPI TAG Rapporteur presented the PHCPI Technical Working Groups TOR in the TAG Meeting

important aspects of PHCPI work, its strategies, targeted clinics, technical components, deliverables and milestones, up to date achievements, future work and project legacy. The USAID COR stated that strengthening PHC delivery is critical for achieving MoH strategic goal of improved quality of PHC services and the overall health care outcomes for Iraq. The WHO representative highlighted the importance of TAG as an opportunity to enhance communication among stakeholders to share experiments and lessons learned. UNFPA and UNICEF presented their work with the ministry and requested additional meetings to further collaborate among stakeholders. PHCPI highlighted the 20 clinical care guidelines selected by the MoH to be updated, revised, and rolled out to the provinces by PHCPI.

The PHCPI TAG Rapporteur presented the PHCPI Technical Working Groups Terms of Reference (TOR) that were developed in line with the project components to ensure active collaboration and promote PHC programs. The meeting was ended with the following

recommendations: 1) expand the TAG membership to involve more individuals either by adding them as members or inviting them to attend some TAG meetings; 2) conduct bilateral meetings among the technical working groups, respective advisors and team leaders to discuss in depth future work plans and next steps; and 3) review and update the Technical Working Groups membership and their terms of reference according to emerging needs.

- PHCPI participated in several TAG technical meetings to identify the roles and responsibilities of different stakeholders and donors in implementing updated clinical guidelines. The PHCPI participated in a reproductive health meeting held in the MoH with the attendance of senior MoH officials, UNFPA, UNICEF and WHO. The meeting was conducted to discuss the family planning services currently being provided at PHCCs and some hospitals. The meeting focused on the role of each organization in improving family planning counseling and proper distribution of contraceptives.
- A TAG technical group was also convened to involve international organizations in developing, revising, and updating clinical care guidelines based on the MoH needs and requirements. The meeting included representatives from PHCPI, the MoH PHC Department, UNFPA, and UNICEF. To ensure proper coordination and cooperation and avoid duplication of efforts, participants agreed to the following: 1) subcommittees would be established consisting of 10-12 members, including 1-2 technical experts, for each subject area; 2) partners and stakeholders should use the final guidelines in their future rollout activities and training; and 3) the role of TAG Techs subgroups would be strengthened to ensure proper follow-up;
- PHCPI participated in a TAG technical meeting with the United Nations Development Assistance Framework (UNDAF). The PHCPI TAG rapporteur gave a presentation about the TAG establishment, composition, rationale, roles and responsibilities, and future directions, at the request of the MoH and the WHO. The meeting was attended by representatives from a variety of Iraqi health and public sectors.

PHC Management Handbook

- PHCPI conducted a 10-day TOT training workshop on the PHC Management Handbook in Erbil. The workshop was attended by 21 participants from five provinces (Erbil, Sulaimaniyah, Duhok, Salah ad Din and Kirkuk). These trainers were able to conduct training for medical and paramedical PHC staff in their provinces and develop their capacity to implement the standards outlined in the PHC Management Handbook. During the first week of the workshop, participants completed Module 1,



Rollout of PHC Management handbook in Karbala June 2012

which consisted on nine key subjects: During the second week of the workshop the team finalized Module 2 training on principles of adult training, and Module 3, which covers micro-training sessions for all participants. The workshop also introduced a compliance tool to assess the PHC clinic performance for management standards. Participants completing this workshop are now capable of rolling out the management handbook training program to target PHCPI clinics within their provinces and districts.

- PHCPI and MoH facilitators trained during the last quarter continued to roll out the PHC Management Handbook in six directorates of health (DOH). Six courses took place in Baghdad/Karkh, Baghdad/Rusafa, Karbala, Diyala, Maysan and Wasit, with a total of 141 participants attending the workshops. Participants included district, DoH, and PHC facility managers. The courses focused on increasing knowledge and skills, coaching participants on training needs assessments, planning training programs, and applying various levels and methods for training evaluation. Participants suggested having a refresher course in six months to allow them to provide feedback about the implementation of the course in the health centers.

Maintenance Management of PHC Facility and Equipment

- PHCPI conducted four TOT workshops on PHC Facility and Equipment Maintenance Management in four provinces (Baghdad, Maysan, Karbala, and Erbil). A total of 75 participants including senior engineers, medical staff and technicians from all 18 provinces attended these workshops. These workshops qualified MoH trainers to roll-out maintenance management at the PHC centers. A series of micro-sessions were conducted by the participants and covered the following key topics: Grounds and Buildings; Medical Equipment and Service; Health and Occupational Safety; Hygiene and Cleanliness; Linen and Laundry and Waste Management.

- Following the completion of the TOT training courses, 22 rollout training courses on the Standard Operating Procedures (SOP) of PHC Facility and Equipment Maintenance Management were conducted by MoH-trained facilitators. More than 500 participants from 205 PHC centers attended the workshops. Participants are expected to apply the new skills and knowledge at their PHC centers.



The DG of Maysan DoH distributing the certificates in Facility

- PHCPI held a two-day focus group discussion with the MoH trainers who facilitated the rollout of the Facility and Equipment Maintenance Management Standard Operating Procedures (SOP) in order to receive their feedback on the implementation of the program in the provinces. The two-day session was attended by 20 participants including senior

engineers, medical staff and technicians from Baghdad Karkh, Baghdad Rusafa, Anbar, Diyala and Salah ad Din. Participants discussed the challenges faced during the implementation, follow-up steps and successes. The discussion also covered common difficulties encountered and strategies on how to reduce challenges and achieve the best results. The session ended with an agreement to incorporate the participant's recommendations into the next version of the SOP.

Compliance with the PHC management standards

- PHCPI finalized a draft version of definitions of standards and methods for scoring for all 95 management standards. This compliance tool should support PHCPI and MoH data collectors and implementers to: 1) conduct a baseline measure of compliance with quality standards for key management functions at the PHC center; 2) understand the procedures required to meet these specific standards for each function; and 3) support MoH supervisors to carefully monitor the activities under these topics and ensure compliance of programs and staff working in these areas. PHCPI is currently looking into different approaches for collecting, aggregating and reporting results for future implementation. One suggestion was to develop a web-based application for field implementation. PHCPI and MoH provincial coordinators will fill in the paper-based instrument while visiting PHC centers and then enter the results on an electronic version of the tool through a web based application when there is internet connection available. Using this approach, compliance results would automatically be synchronized back to PHCPI for analysis and reporting purposes.

Leadership and Management Training Program

- PHCPI conducted five advanced training courses on Leadership and Management (L&M) during the quarter. A total of 99 participants attended the training courses from all provinces. These courses provided the participants with an in-depth knowledge and skills on the five areas of subject matter covered by the program. These areas include: 1) important concepts of L&M, 2) interpersonal communications, 3) team work, 4) a systems' approach to district/PHC facility management, and 5) important management themes in PHC. These events aimed to qualify trainers to implement the rollout training program at their respective DoHs and



MoH TOTs of Leadership & Management training program receiving

to improve the skills and knowledge of the management staff from the selected PHC centers on L&M principles.

- PHCPI and MoH TOTs held 14 rollout training courses on the PHC Leadership and Management Program in 14 provinces. A total of 348 participants from 218 PHC centers attended the training courses, including managers from the PHC clinics, districts and DoHs. The training focused on the development of practical knowledge and skills for utilization directly by participants at their workplaces, which will contribute to improving the quality of health services at the district and PHC facility levels.
- PHCPI hosted two focus group discussions with the MoH trainers who facilitated the rollout of the leadership and management (L&M) program to get their feedback on the implementation of the program at the provinces. The sessions were attended by 23 participants/trainers from nine provinces. Participants discussed the challenges and difficulties faced during the implementation and the follow up of the program in addition to the common difficulties encountered and the successes achieved. They also discussed suggested strategies and plans on how to reduce challenges and achieving best results from the implementation of the rollout program.

PHC Patient Records System

- PHCPI, in coordination with the MoH PHC team, finalized the development of the Health Clinic Record Books, which is an important step towards standardizing the medical records at PHC centers. PHCPI worked on formatting, re-designing, adjusting and providing feedback on the record book development, in accordance with MoH guidelines. Following the production and publication of the Medical Record Books, PHCPI will work with the MOH to distribute and rollout the Health Clinic Record Books in the provinces.
- PHCPI conducted two workshops on the PHC Medical Records System during this quarter. The first workshop was conducted to review with different MoH technical divisions and sections the proposed unified medical records and the suggested work force activities for different technical job titles. A total of 55 participants attended the workshops from Maysan, Basrah, Babel, Rusafa and Karkh DoHs in addition to the senior representatives from multiple sections and divisions from MoH HQ. Participants agreed on piloting the suggested new medical records and registers in the selected PHC centers for 3-6 months before dissemination across PHCPI's 360 target clinics. In addition, the group agreed on the new staffing pattern and required job descriptions, roles and responsibilities for different technical units and sections, and posts at the PHC centers levels. During the second



workshop, participants discussed ToT training program of medical records and consolidation of Health Clinic Records. The group agreed to rollout the Health Clinical Records to provinces and introduce the ToT Medical Records training into provinces. The roll out program will be implemented for 2 selected clinics in each province.

- A meeting was conducted to discuss the preliminary assessments for an EHIS. A total of 52 participants attended the meeting, including the DG of Public Health Directorate, IT Director, Quality Improvement Section Manager, and the Maysan Health Visitor Program (HVP) Director. The meeting followed up the recommendations developed during the PHC National Workshop held on January 21-23, 2012 and discussed the progress towards the implementation of an integrated health program and medical records system, family practice integrated approach, and the revitalization of E-systems. Participants also discussed the progress of the HVP and an introduction to the WorldVistA EHIS. The meeting yielded the following recommendations: 1) a 2-day workshop should be conducted at Maysan DoH to discuss the new EHIS; 2) a seminar should be conducted in Erbil to discuss the utilization of WorldVistA at PHC Centers in Iraq; 3) DoHs should prepare a SWOT analyses on EHIS focusing on the HVP; and 4) a presentation should be developed to present the idea of a single patient record that incorporates all previous patient documentation.
- PHCPI conducted a 5-day TOT workshop on the new integrated Medical Records System in Maysan province. A total of 31 participants from six provinces (Maysan, Basrah, Dhi-Qar, Diwaniyah, Muthanna, and Najaf) attended the workshop. Participants represented the two selected PHC centers in each province where the new integrated medical records will be implemented as a pilot sample for 4-6 months. Trainers presented and participants discussed the new modified medical record formats. Based on feedback from the participants, many modifications were accepted to ensure that the new records are understandable and comprehensive. The medical record forms that were reviewed included records for children under five, children over five, women and mothers, non-communicable diseases, school health, and eye health. Dates will be identified by the PHCPI and MoH to roll out this course into the provinces.

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

National Primary Health Standards of Care

PHCPI, in partnership with the MoH, confirmed the new clinical standards to be developed, updated and tested during Year 2. These include: 1) Women of Reproductive Age to include: premarital screening, menopause and post-menopause include osteoporosis; 2) Breast Cancer 3) Cervical Cancer; 4) Emergency Obstetrics and 5) Newborn care; 6) Nursing Standards; 7) Laboratory Standards; and 8) Obesity. As in Year 1, the selection is governed by the clinical areas included in the Iraq Essential Package of Basic Health Services. During this quarter, task forces



were convened to begin drafting guidelines for 6 of the above areas. The Nursing Standards have been completed and will be forwarded during the second quarter to the MoH for their review. Each task force includes experts from the MoH and representatives from international donors who have been asked to participate in the review and updating of the guidelines. Each guideline will include a performance based checklist for both the provider to follow in self-assessing his/her performance and for monitoring by a supervisor.

- *Emergency Obstetrics and Newborn Care (EmONC)*

PHCPI advisors, two international consultants and two MoH co-facilitators conducted two TOT workshops in April and May 2012 in Erbil at the Erbil Maternity Hospital. The purpose of each workshop was to review with 31 MoH experts the latest knowledge related to emergency obstetrics and newborn care to decrease maternal and newborn mortality and morbidity. This clinical-based training involved lectures and discussions, clinical simulation, group work, case scenarios, and classroom demonstration of clinical skills on anatomical models by facilitators and re-demonstration by participants. The classroom was followed by 3-hours of supervised “on-call” practice with women in labor and delivery and newborns. The time in the clinical area reinforced the value of the new

evidence-based best practices that participants reviewed/learned in the classroom along with simulated practice including use of the partograph to monitor progress of the pregnant woman during labor, active management of the third stage of labor and immediate skin to skin contact of the baby with the mother following delivery; newborn resuscitation using Helping Babies Breathe, essentials of newborn care (immediate breastfeeding, thermal care, eye and cord care. During the time in the busy labor and delivery rooms, participants had an opportunity to apply these best clinical practices themselves



with support from the consultants. All 23 participants were certified in the new technique of Helping Babies Breathe (HBB) in Iraq. They represent the first group to be certified in Iraq with this new skill. The co-facilitators from the MoH are preparing with PHCPI the next steps to implement the new skills and will review rules and regulations that may need to be changed to support these best practices to ensure healthy mothers and newborns, specifically about prophylactic eye care and administration of Vitamin K to all newborns. Current clinical-based training in emergency obstetrics and newborn care should contribute to helping Iraq reach its MDGs goals #4 and #5.

- ***Integrated Management of Childhood Illnesses (IMCI)***

In May 2012, the national coordinator for IMCI met with PHCPI to finalize materials and plans for training of trainers in the three northern governorates. PHCPI then continued to support rollout training of nurses from PHC centers throughout the country. Having prepared TOTs in each directorate, training will now begin for nurses from the target PHC centers. To support the implementation of the updated guidelines, PHCPI printed sufficient copies of the IMCI guidelines, training curriculum, wall charts as a job aid for practitioners for all 19 training centers and arranged for distribution.

PHCPI conducted two TOT training courses on IMCI for nursing working at PHCCs in Erbil and Baghdad. A total of 65 participants from 11 provinces attended the training courses. The training courses were facilitated by the PHCPI Nursing Advisor and MoH national facilitators to train participants on the new skills and knowledge and qualify them as trainers in the IMCI program

reaching the objective of preparing competent nurses at PHC centers in the targeted sectors within each province. All guidelines addressing the Control of Diarrheal Diseases (CDD), Nutrition and Growth Monitoring, Immunization, including new national schedule of immunizations, eye diseases, classification and role of nurses in giving drugs in PHC centers, and communication for nurses, were reviewed and finalized.

- ***Strengthening health promotion in implementing non-communicable disease (NCD) guidelines for nurses and paramedics***

PHCPI held a meeting in May 2012 with eight participants from the MoH NCD Section, Health Promotion Department, Nutrition Research Institute, HRTDC, Administrative Deputy Office, Teaching Hospital, and National Center for Diabetes. Participants discussed the role of the paramedics in to support the physicians in diagnosis and examination of the patients. Most of the PHCCs are very crowded (some see up to 500 patients per day), and the paramedical staff can help increase the quality of the information collected about the patients and perform selected tests in order to increase the time that the physician can spend with patients and improve the quality of care they can provide. Participants agreed that on-the-job training would be the most effective method of strengthening paramedical staff knowledge and practice in implementing the NCD guidelines. Participants agreed that the most important parts of the NCD guideline by the nurse/paramedic/health promotion provider for patient self and home care are: 1) accurate blood pressure measurement technique; 2) measurement and checking glucose level, 3) diabetic foot care; 4) the usage of the inhaler and spacer in asthmatic patient as well as giving instruction and awareness about the importance of using the peak flow meter and 5) nutrition and life style changes and how to encourage and promote adherence to healthy food choices including nutritional values. It was recommended that attention be paid to the job descriptions and the continuous education of the paramedical staff to assure quantity and quality of paramedics working in the PHC centers. The NCD section will work on the availability of the required equipment for conducting a thorough NCD examination in the PHCCs, such as sphygmomanometers, peak flow meters, inhalers that are essential elements in providing effective health care for the patients with non-communicable diseases.

PHCPI conducted two TOT workshops on the NCD guidelines at Mansour Compound in May 2012. Forty-Seven (47) participants from the NCD sections in Dhi-Qar, Muthanna, Maysan, Babil, Diyala, Anbar, Wasit, Najaf, Karbala, Diwaniyah and Basrah attended the workshop, in addition to representatives/national facilitator from the MoHE. Participants revised the, NCD guidelines on hypertension, diabetes mellitus, metabolic syndrome, and asthma. PHCPI will work with MoH/NCD section to support their efforts to ensure that the medical instruments



NCD workshop in Mansour Compound

required for effective diagnosis and long-term management of NCDs will be available at the district health centers.

PHCPI is also working on translating the guidelines into Arabic and Kurdish to make them accessible to nurses, paramedics and health promotion staff.

- ***Breast and Cervical Cancer***

In May 2012, PHCPI held a meeting with four physicians representing the MoH NCD Section, Cancer Council, and MoHE at Mansour Compound to develop a plan for strengthening services concerning breast and cervical cancer for patients coming to PHC centers. The MoH has made a strong effort to improve breast and cervical services since 2000 and has a good registration program. Now focus is needed on improving screening, early detection, and communication with the community about breast and cervical cancer services. Participants agreed to the following next steps: 1) evidence/best practices from three neighboring countries (Lebanon, Egypt, Jordan) and Iraq that are participating a 4-country surveillance review would be gathered and reviewed to determine if the current guidelines for breast and cervical cancer should be updated in any way; 2) a meeting would be held to review collected evidence and make recommendations for changes in existing guidelines for breast and cervical cancer. The components of screening, referral, treatment and advice for each of the two conditions, roles and responsibilities for PHC providers (physician, nurse, paramedic, BCC member, and community/health center committee) would be delineated; 3) recommendations for mammography would be reviewed and presented to MoH; and 4) a conference would be planned to bring stakeholders together to review the strategic plan of action and identify roles and responsibilities of each stakeholder.

- ***Infection Prevention and Waste Management Training***

PHCPI developed a training curriculum based on the updated Infection Prevention and Waste Management guidelines in collaboration with MoH representatives from the HRTDC. PHCPI then held a 10-day TOT workshop in June 2012 on the updated infection prevention and waste management guidelines for PHC center staff. Twenty-four (24) participants representing the MoH HRTDC and Master Trainers from the DOHs actively reviewed and practiced training others in the materials. Following the TOT training, a detailed implementation plan was developed to begin the rollout training of PHC providers from target facilities. To support this training, 19 packages of infection prevention equipment and supplies were procured and



TOT of Infection Prevention and Waste Management Training

delivered to the training center in each DOH. The project has prepared a list of consumable materials that the MoH will need to procure in order to maintain a level of hygiene that promotes safety for both providers and patients at health centers.

PHC In-Service Training Program

PHCPI conducted a two-day workshop in June 2012 to finalize the Nursing Standards Guidelines and begin the review of a Family Health Curriculum to prepare nurses at health centers to implement the nursing standards. A total of 16 participants from the MoH, MoHE, UNFPA and WHO attended the workshop. The material will now be translated into Arabic and then job descriptions will be drafted for nurses in the PHC centers (at present there are no existing job descriptions for nursing staff in the PHC centers, so PHCPI will use the job descriptions of hospital nurses as a model for development). Participants also reviewed drafts of five modules of the Family Health Curriculum for nurses in PHCCs. The modules reviewed by participants included: Nursing Documentation, Clinical Practice, Health and Development of Adolescents, Nutritional Assessment, and Counseling. The revised materials will now be finalized and produced for use in the PHCCs. Two modules still remain to be reviewed and revised: School and Occupational Health, and Mental Health. Due to the current religious festival of the death of Imam Al-Kadhumi in Baghdad, and the escalating security situation, the last two days of the workshop have been rescheduled.

Handbook of Quality Standards and Operational Guidelines for Clinical Service Delivery in PHC Clinics

- ***Supportive Supervision System:*** In May 2012, PHCPI hosted a two-day workshop on Supportive Supervision System/QI with seven MoH participants from the PHC Department, QI Committee, and Inspector General's office to review the Improvement Collaborative approach to better quality of services at PHC centers. The idea proposed was to prepare supervisors at the DoH and district levels on how to support health facility QI teams to participate in regionally-led Improvement Collaboratives. As part of the proposed training, supportive supervision approaches will be practiced during the workshop. Participants agreed that the process will be efficient and will help to address a number of problems facing health center staff and improve the quality of services. The



Supportive Supervision Meeting

five problems identified as the focus of the regional led Improvement Collaborative for improving PHC services are: 1) how to improve the utilization and quality of antenatal services; 2) how to improve coverage of OPV and DPT immunization of children less than one year of age; 3) how to improve the number of persons screened, identified, and brought into treatment for hypertension; 4) how to improve hand-washing and compliance with the steps of processing instruments and equipment at PHCs; and 5) how to improve the quality of emergency obstetrics and emergency newborn care provided in PHC centers with labor/delivery rooms. The PHCPI will draft a letter to the MoH with the recommendations from the workshop participants concerning developing 4-5 regional led Improvement Collaboratives. Next steps will include: 1) confirmation of commitment from each of the Improvement Collaboratives, 2) deciding upon the cluster of DoHs for participation in a particular Improvement Collaborative; 3) selection of health centers from a particular DoH/district to participate in this initial round of Improvement Collaboratives; and 4) nomination of supervisors to participate in the scheduled training for supportive supervision/QI to support the Improvement Collaboratives. PHCPI plans to hold three workshops focused around three of the five proposed Improvement Collaboratives. Materials to implement the training are in development.

- **Referral System:** PHCPI conducted a 3-day referral system workshop in May 2012 to review and finalize the referral system orientation guide, prepare a work plan for the referral system guideline, and activate the role of the supportive programs including health promotion and media. The workshop was attended by 31 participants, including the referral system technical working group, PHC Department representatives, Inspector General (IG) Office representatives, and districts, clinics and hospitals managers from Baghdad, Babil, Kirkuk and Ninawa. The workshop included a presentation by the IG office representative summarizing the results of a study conducted by the IG office to evaluate the current situation of the referral system at the PHCCs and highlighting the weakness points and gaps of the process.

Research Agenda for Strengthening Primary Health Care in Iraq

Two priority topics to be the subject of research studies were agreed upon during Year 1: 1) evaluate the effectiveness of the maternal surveillance system and 2) evaluate the effectiveness of the Health Visitor program. Through the implementation of these studies, capacity of the MOH staff will be strengthened in designing and conducting operational research studies in the future. The outcomes



Maternal Mortality Research Team

of these two research studies will result in recommendations to strengthen the existing maternal surveillance program and to decide whether to implement the health visitor program nationwide.

A PHCPI Research Methodology STTA developed the methodology for both research studies, and questionnaires were reviewed and finalized following several workshops with the MoH. Data collectors were trained and a pilot study was conducted to test the questionnaire and to identify and resolve any ambiguities. The pilot study was implemented successfully, after which field data on maternal mortality surveillance was collected and reviewed for completeness and accuracy by the Maternal Mortality Task Force committee.

Two workshops were conducted to finalize the questionnaire for the Health Visitor Program Study and to nominate the task force committee and the field team who will conduct the data collection. A schedule for training of the team has been arranged for late July and the data will be collected by early August 2012.

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

Community Partnerships for PHC

- The PHCPI advisors, in collaboration with MoH Health Promotion and Community Health Department, finalized the training curriculum for the Community Health Partnership (CHP) provincial trainers. The curriculum goes combines elements of community partnership, behavior change communication (BCC), and patients' rights. This integrated approach will ensure that



Community Partnership Planning Workshop in Sulaimaniyah

implementation is cost efficient and that participants have an understanding of the integration of these concepts. Three workshops were conducted in May 2012 in Baghdad, Maysan, and Sulaimaniyah and covered participants from each of the 18 provinces. The workshop aimed to provide basic knowledge and skills on the three subjects covered and to develop the implementation plan for the establishment of 377 Local Health Committees (LHCs) in the PHC centers including 110 in the north region, 154 in the central region, and 113 in the south region provinces. A total of 87 participants attended the training course from the departments of health promotion and community based initiatives. The most important output of these workshops was the development of 18 implementation plans that targeted the establishment of 377 LHCs. These LHCs are expected to be functional by October 2012.

- USAID/PHCPI developed draft operational guidelines for Local Health Committees (LHC) at PHC centers. These guidelines are intended to be used as a reference for LHCs to help them in

organizing their work. The current version of the guidelines covers the following topics: introduction, mutual benefits of community health partnership (CHP), way forward towards creating CHP, legal background, membership of LHC, roles and responsibilities of LHC, handling public media, recruiting community volunteers and creating community support groups.

Support Behavior Change Communication

- PHCPI conducted a two-day BCC Capacity Building Workshop at the PHCPI Erbil regional office in June 2012. The workshop was attended by 18 participants including the K-MoH Health Promotion Department, the Community Based Initiatives Department, and the Media Department from Erbil, Sulaimaniyah and Duhok Directorates of Health (DoH). The purpose of the workshop was to 1) initiate the PHC BCC strategy; 2) demonstrate the support required from private sector partners into the BCC strategy design and evaluation; and 3) develop a practical, realistic and sustainable BCC programming model for PHC and other government health priorities. Participants were divided into four working groups where each group developed their own BCC campaign design. Each group will be involved during the design, production, implementation and evaluation of the upcoming PHCCs promotional campaign.
- As part of the ongoing BCC activities, PHCPI held several focus group discussions (FDG) to help in the market research and media production for an upcoming BCC campaign. The focus groups plan to acquire qualitative information from urban and rural, male and female groups to determine the content and delivery methods of the BCC campaign. Two more FGDs are planned in Maysan and Baghdad, and this information will be used to design a BCC promotional campaign on PHCCs in Iraq.



BCC workshop in Erbil

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.

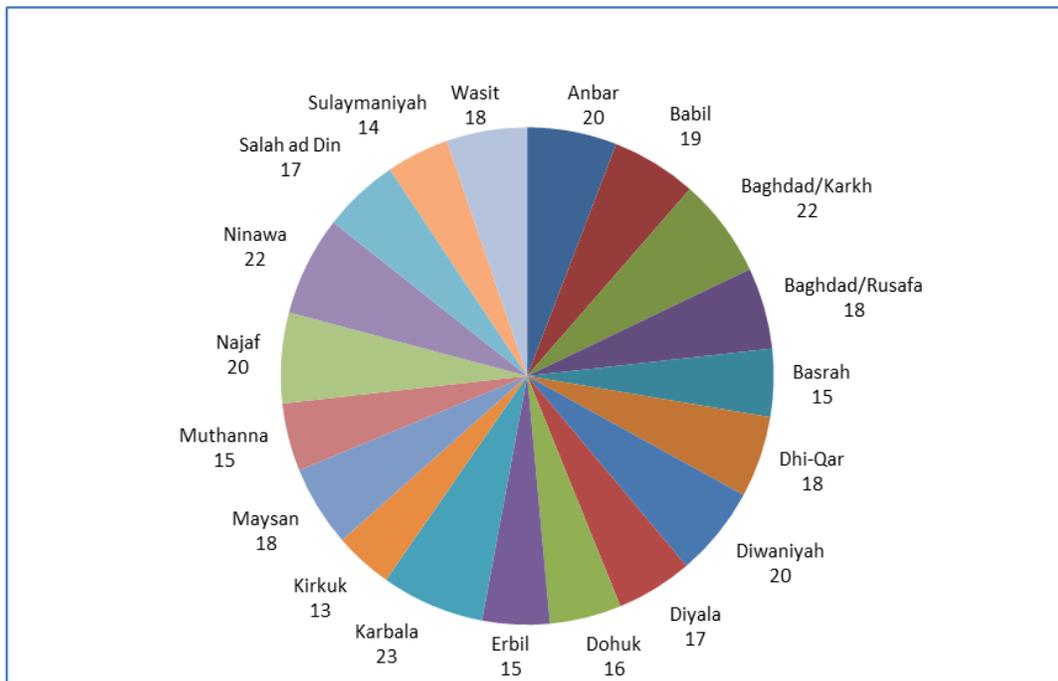


Figure 2: Number of clinics reached by PHCPI activities

Baghdad

- The PHCPI Baghdad Regional team supervised and supported financially, logistically, and administratively more than 50 events that took place in the Mansour compound and other training halls in Baghdad province.
- As part of introducing the program to the beneficiaries in the MoH and PHCCs involved in PHCPI, Baghdad regional team held several meetings with MoH officials to introduce the project, the three components, objectives and achievements, and ways of collaboration and coordination



on PHCPI activities. Several visits were conducted to PHCCs for this purpose. During these visits the PHCPI Coordinator met the Managers of the PHCC, Deputies of the PHCC manager, and family medicine physicians. The two teams discussed opportunities for mutual cooperation for the improvement of health services provided to citizens.

Maysan

- The PHCPI COP, Research Advisor, and Maysan Regional Director participated in the MoH National Conference that took place in Maysan DoH. More than 120 participants from all provinces including the Kurdistan region and different departments of the MoH discussed the subject of the e-health and how to improve the health system using modern technology. An important subject was the family medicine and the health visitor programs and how these programs could be integrated into one



The DG of Maysan DOH attending one of the PHCPI activities

comprehensive program to avoid any possible overlap between these programs. The participants were divided into groups to do a SWOT analysis of the health visitor and the family medicine programs. PHCPI Advisor presented a paper on the Health Visitor Program Research that will be conducted this year.

- The PHCPI Maysan Regional Director with PHCPI Basrah Coordinator attended a Cost Share workshop held in the US Consulate General in Basrah in May 2012. More than 30 participants from different NGOs and USAID implementing partners participated in this workshop. USAID Representative Mr. Richard Nelson discussed the vision, law overview, planning, and implementation of cost sharing. PHCPI was held up as an example of how USAID and MoH are working together to meet cost-share goals.

Erbil

- The PHCPI Erbil Regional Director participated in a series of meetings headed by HE KRG-Minister of Health in Erbil to review a new policy by the K-MoH regarding the PHC services and pharmaceutical supply. Senior officials from K-MoH that attended the meeting included the DGs and the Supreme Committee for the Health Visitor Program (HVP). During the meeting, the Minister of Health announced that the K-MoH will officially adopt the HVP at the PHC level within the three DoHs and requested the DG of planning to develop a timetable for launching the program in all KRG PHCCs. Following the meeting, a press conference was held and the HE Minister of Health encouraged all the DGs in MOH to follow the same strategy and begin coordination with the Supreme Committee for the Health Visitor Program in KRG to have parallel progress at all DoHs in KRG.

- PHCPI Erbil Regional team met with the USAID COR, Mr. Stephen Herbaly, and USAID representatives in the northern region on April 9, 2012 at PHCPI Erbil Regional Office. During the meeting, participants discussed the major concerns for the health system in KRG, challenges that might face the implementation of PHCPI activities in Erbil, the attempts to initiate the local health councils in the region with the coordination and assistance of PHCPI team, the level of health awareness of the people in the region, and the project progress in some areas where the language barriers have been identified when working with participants. Another visit was made by USAID representatives to Sulaimaniyah DOH and Sarchinar PHC center. USAID officials were very supportive of PHCPI work in Sulaimaniyah province, especially the efforts to support the local health council.



KRG-Minister of Health meeting with Supreme Committee for the Health Visitor Program in Erbil

Cross-Cutting Issues

Strategies for improving health services for internally displaced persons (IDPs) in Iraq

- A proposal for an IDP assessment was finalized, a special questionnaire was for data collection was developed and tested, and a sampling design was agreed upon to conduct a national study.
- PHCPI held a one-day special workshop to train 12 participants on the use of the IDPs assessment tool questionnaires. The participants from the MoH PHC Department and NGO/Anti-TB Association discussed the assessment tool developed for both IDP camps and PHC centers associated with the catchment area of an IDP camp. The sampling technique and the areas to conduct the IDP health needs assessment were also discussed and identified by the group. The surveyors were divided into groups and distributed to cover the four selected provinces (Baghdad, Karbala, Kirkuk and Basrah). The PHCPI regional coordinators of these provinces will coordinate in these surveys. A total of 115 compounds representing approximately 799 families will be selected for the assessment.



PHCPI and MoH visiting one of the IDPs Camps

associated with the catchment area of an IDP camp. The sampling technique and the areas to conduct the IDP health needs assessment were also discussed and identified by the group. The surveyors were divided into groups and distributed to cover the four selected provinces (Baghdad, Karbala, Kirkuk and Basrah). The PHCPI regional coordinators of these provinces will coordinate in these surveys. A total of 115 compounds representing approximately 799 families will be selected for the assessment.

PHCPI Collaboration on other MoH Priority Issues

- The PHCPI Communication Advisor participated in a workshop on Strategic Direction for Health Promotion Development in Iraq conducted in cooperation between MoH and WHO in Amman/Jordan in April 2012. The objective of this workshop was to design a national strategy for health promotion in Iraq, and came in response to a recommendation for such an approach made during the national PHC workshop held in January 2012. The workshop agenda focused on exchanging experiences and information, and numerous charters and other statements on health promotion were reviewed, including recommendations of Alma Atta and Ottawa conferences on health promotion. The PHCPI Advisor assured participants of



the core role PHCPI will play in strengthening community partnerships, education, health media and behavior change, as these form the backbone of health promotion strategy in Iraq. The project has made major steps forward with MoH in cooperation with Health Promotion Department and the Minister's Media Office and this paves the way toward applying the strategy within the 360 PHCCs covered by the project. The MoH is now working closely with PHCPI on developing and launching the strategy, which will then be rolled out to the 360 PHCCs covered by the project.

- HE Minister of Health allocated MoH funds of “one billion Iraqi dinars” for the Directorates of Health to implement the updated new medical records and e-governance in the PHCPI 360 participating clinics within the 29 districts selected. USAID/PHCPI focuses its mobilization efforts and building strong working partnerships with the Ministry of Health and cost share funds to implement its programs. In order to strengthen collaboration and coordination between the Ministry and the PHCPI, the MoH DG of Public Health Directorate issued an official letter on May 17 to all directorates of health in Baghdad and the provinces to implement the following: “Based on the directives of His Excellency Minister of Health during his meeting with Directors General at the MoH, in which he allocated one billion Iraqi dinars for the Directorates of Health to implement the e-governance in the primary health care centers”. Another official letter was issued by the MoH International Health Director of the Minister's Office on May 21 to the USAID/PHCPI stated that “Based on the directives of HE the Minister of Health in implementing e-governance in primary health care centers within all the directorates of health in Baghdad and the provinces, Kindly take the necessary action regarding the implementation of the above letter within the 360 PHC centers and the 29 districts selected by the project and let us know whatever measures you will take as partners in implementing the stated above”. PHCPI started implementing the updated Medical Records (MR) system in 2 selected clinics in each DoH as a pilot test during the next two weeks, and will be implementing the tested and finalized new MR system, with the integrated family practice approach, in the 360 PHC participating centers before the end of the year. To digitize this system, the ministry agreed to procure computers to be installed in the 360 clinics, and will train service providers in the competency IT (ICDL) building on the sustainable capacities created on the previous USAID/Tatweer Project, utilizing the IT Training Curriculum, ToTs and Master Trainers, to roll out this training using the ministry funds, and digitize this system, so clinic staff is ready to use the new medical records system. This is considered a real success to the Ministry and USAID/PCPI as a real system reform. The Ministry intends to use this system all over its PHC system all over the country in the next year.
- The PHCPI Research Advisor participated in Drug Counterfeit Symposium held at the Swedish Embassy, in cooperation between the Astra Zeneca Swedish Drug Company and the WHO in May 2012. Representatives from MoH, MoHE, the Pharmaceutical Syndicate, and several international organizations attended the symposium. Several topics related to drug counterfeiting were presented and discussed such as: magnitude of the problem regionally and internationally, the current situation in Iraq, challenges and obstacles affecting controlling the counterfeit, and Sweden experience to combat counterfeit. The symposium recommendations

were as follows: to focus on the importance of having database for Iraq to identify the magnitude of the problem, the importance of research and mainly operational one to evaluate the effectiveness of the system implemented so far, also the need for research and a clear strategic plan of action to combat the possible damage it might cause to health of individuals and community.

- USAID/PHCPI re-affirmed its joint cooperation and coordination with MoH Higher Quality Assurance and Improvement Committee (QAIC) in May 2012 during a meeting with the MoH Deputy Minister, Dr. Khamis Al-Saad, and DG of Public Health Directorate. The COP and Research Advisor discussed possible the project can provide to improve quality and health services and strengthen the role of Higher Quality Assurance and Improvement Committee (QAIC) and its impact in improving the quality of services provided by health institutions in Iraq. The Deputy Minister presented his vision and plans for possible future cooperation and support from PHCPI to the QAIC and their role in supervising future self-evaluation that will be conducted by MoH to evaluate the current status of health institutions, including supervising the assessment process, building capacity of staff and revising the tools of assessment. The meeting ended with an agreement to jointly cooperate and integrate efforts in responding to PHC needs and requirements through project activity implementation.

4 SUMMARY OF PHCPI TRAINING ACTIVITIES

The figures and tables below provide a summary of PHCPI training activities. During this quarter, PHCPI activities reached 2135 people across all 18 provinces of Iraq (see Table 2).

Table 1: Number of Participants by Provinces

Province	Trainee	Participant	Male	Female	Total
Anbar	112	1	110	3	113
Babil	78	0	55	23	78
Baghdad/Karkh	250	8	161	97	258
Baghdad/Rusafa	352	23	170	205	375
Basrah	30	0	21	9	30
Dhi-Qar	56	4	56	4	60
Diwaniyah	92	0	76	16	92
Diyala	113	0	91	22	113
Duhok	59	0	50	9	59
Erbil	122	1	48	75	123
Karbala	141	0	113	28	141
Kirkuk	71	0	49	22	71
Maysan	70	0	57	13	70
Muthanna	64	0	56	8	64
Najaf	146	0	121	25	146
Ninawa	90	0	76	14	90
Salah ad Din	81	0	62	19	81
Sulaimaniyah	70	0	58	12	70
Wasit	99	2	89	12	101
Total	2096	39	1519	616	2135

During this quarter, PHCPI trained 393 trainers throughout Iraq on various topics, including leadership and management, facility and equipment maintenance, IMCI, and medical records. These trainers are now rolling out training to district and clinic-level managers and health staff within their home provinces. Figure 3 below provides a complete summary of trainer trained by subject area.

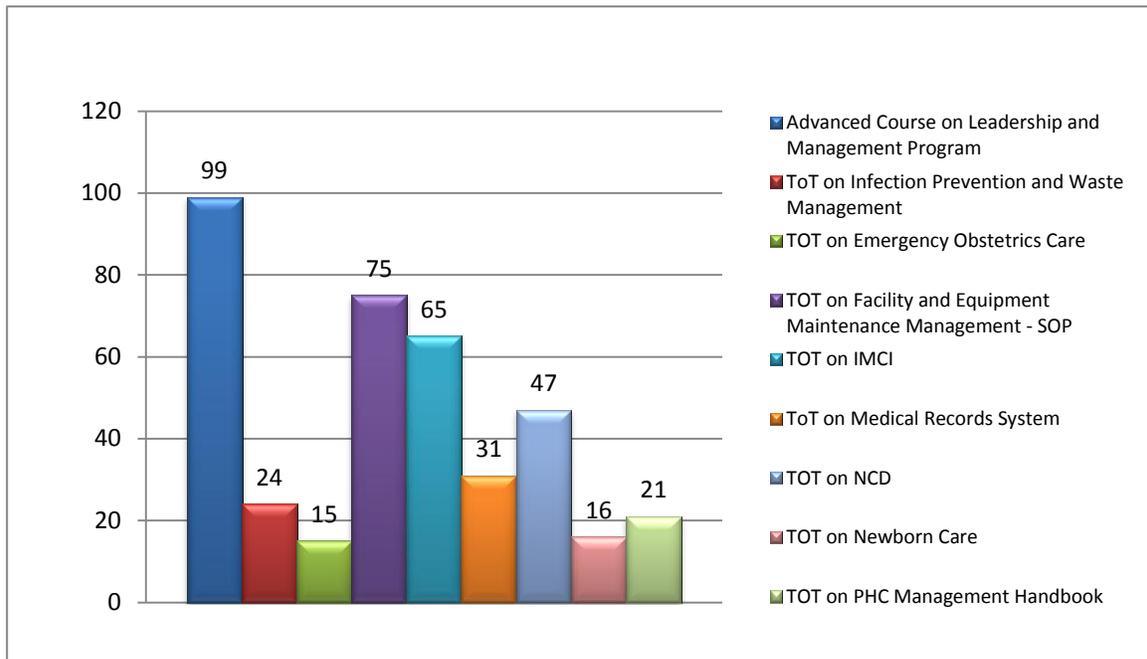


Figure 3: Number of trainers trained during TOT workshops by subject area

PHCPI-trained trainers successfully scaled up roll out of both the Management Handbook training program (which includes training on Facility and Equipment Maintenance) and the Leadership and Management training program (see Figure 4).

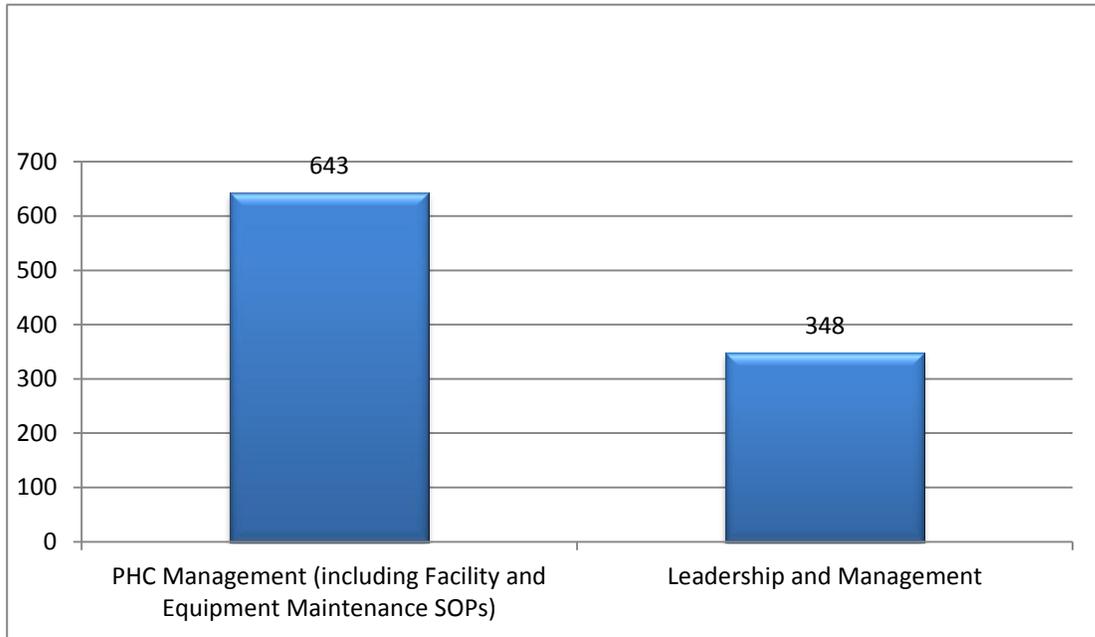


Figure 4: Number of target DoH/clinic staff trained to date through roll out of PHCPI training courses

Table 3 below provides a complete list of activities undertaken by PHCPI during this quarter, including partnership meetings, planning workshops, TOT workshops, focus groups, and training courses. As mentioned above, during this quarter, PHCPI activities reached 2135 participants throughout Iraq.

Table 2: Summary of PHCPI Activities April 1 – June 30, 2012

Event Name	Type	Number	Participants		
			Male	Female	Total
TAG	Meeting	2	8	7	15
Leadership and Management	Workshop	2	18	5	23
	Training Course	14	297	51	348
	Advanced Course	5	77	22	99
Facility Equipment and Maintenance Management	Workshop	4	60	13	73
	TOT	4	67	8	75
	Training Course	22	442	60	502
PHC Management Handbook	TOT	1	16	5	21
	Training Course	6	108	33	141
Electronic Medical Records	Meeting	1	14	4	18
Medical Records	Meeting	1	1	8	9
	Workshop	2	20	35	55
	TOT	1	27	4	31
Human Resources	Workshop	1	16	14	30
IMCI	Meeting	10	12	14	26
	TOT	2	28	37	65
	Training Course	1	3	10	13
Non-communicable Diseases (NCD)	Meeting	1	3	5	8
	Workshop	1	4	2	6
	TOT	2	35	12	47
Emergency Obstetrics and Newborn Care (EMONC)	Meeting	3	0	4	4
	Workshop	3	10	31	41
	TOT	2	5	26	31
Infection Prevention and Waste Management	Workshop	1	10	8	18
	TOT	1	13	11	24
Research Agenda	Meeting	3	7	15	22
	Workshop	2	10	30	40
	Training Course	1	6	6	12
Nursing	Workshop	2	11	17	28

Event Name	Type	Number	Participants		
			Male	Female	Total
Premarital Counseling	Meeting	1	1	5	6
Breast and Cervical Cancer	Meeting	1	0	4	4
Referral System	Workshop	1	19	12	31
Supportive Supervision/QI	Workshop	1	2	5	7
IDPs	Meeting	2	17	0	17
Community Health Partnerships	Meeting	2	40	10	50
	Workshop	2	39	17	56
	Training Course	1	16	15	31
Behavior Change Communications (BCC)	Meeting	7	34	29	63
	Workshop	1	10	8	18
	Focus Group	2	13	14	27
TOTAL		122	1519	616	2135