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PRIMARY HEALTH
CARE PROJECT

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

Annual Report – FY2012

October 01, 2011 – September 30, 2012

Contract No. AID-267-C-11-00004

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ACRONYMS

CDC	Communicable Diseases Control	NCD	Non-Communicable Disease
COP	Chief of Party	NGO	Non-Governmental Organizations
DG	Director General	PHC	Primary Health Care
EmONC	Emergency Obstetrics and Newborn Care	PHCC	Primary Health Care Center
HMIS	Health Management Information System	PHCPI	Primary Health Care Project in Iraq
HR	Human Resource	PSDs	Personal Security Details
HRTDC	Human Resource Training and Development Center	QAIC	Quality Assurance and Improvement Committee
HRWG	Human Resource Working Group	QI	Quality Improvement
HVIS	Health Information Visitor System	QIWG	Quality Improvement Working Group
IDPs	Internally Displaced Persons	SOP	Standard Operating Procedures
IMCI	Integrated Management of Childhood Illness	SWOT	Strengths, Weaknesses, Opportunities, and Threats
IT	Information Technology	TAG	Technical Advisory Group
IZ	International Zone	TCN	Third Country National
JBCC	Jordan Breast Cancer Program	TOT	Training of Trainers
KRG	Kurdistan Regional Governorate	TWG	Technical Working Group
MDGs	Millennium Developmental Goals	UNFPA	United Nations Population Fund
MoH	Ministry of Health	UNICEF	The United Nations Children's Fund
MoHE	Ministry of Higher Education	URC	University Research Co., LLC
MOU	Memorandum of Understanding	USAID	United States Agency for International Development
MSI	Management Systems International	WHO	World Health Organization

NOTE ON REPORTING CYCLE AND REPORT CONTENTS

Per USAID request and as reflected in the pending contract modification¹, PHCPI has modified its reporting schedule to align the project reporting with the USG Fiscal Year (October 1 – September 30).

PHCPI submitted its Year 1 Annual Report on April 30, 2012, which provided information on activities conducted from March 4, 2011 – March 31, 2012.

As the first six months of FY2012 were covered in that report, the narrative of this report summarizes PHCPI's activities, accomplishments, and challenges encountered during the last six months of FY2012 (April 01- September 30).

The Deliverable Status section includes progress made toward achievement of the project's contract deliverables to date (from March 4, 2011 – September 30, 2012).

The Monitoring and Evaluation Section, as well as Appendix A, the PMP Annual Data Call Instrument for FY2012, include data and progress made toward targets over the course of the entire fiscal year (October 1, 2011 – September 30, 2012).

PHCPI will revise its annual work plans to align with the fiscal year reporting cycle.

¹ Contract No. AID-267-C-11-00004 Modification 04.

EXECUTIVE SUMMARY

The USAID-funded four-year Primary Health Care Project in Iraq (PHCPI) was launched on March 3, 2011 to assist the Iraqi Ministry of Health (MoH) in achieving its strategic goal of better quality PHC services. PHCPI aims to achieve this goal by 1) strengthening health management systems, 2) improving the quality of clinical services, and 3) encouraging community involvement to increase the demand for and use of PHC services. The project is working in 360 target PHC clinics throughout Iraq's 18 provinces. In addition to its country headquarters in Baghdad, PHCPI has established two Regional Offices in Maysan and Erbil to ensure effective implementation of the project's intervention at the provincial, district, and community levels.

During the project's second fiscal year of implementation, PHCPI focused its efforts on mobilization and building strong working partnerships with key stakeholders, particularly the MoH. Through its collaboration with the MoH, PHCPI was able to accomplish the following key activities during Year 2 to date:

- Signed a Memorandum of Understanding (MOU) with the Ministries of Health and Planning of the Kurdistan Regional Government (KRG) to support the KRG efforts in improving primary health care
- Conducted two Technical Advisory Group (TAG) Meetings.
- Implemented the pilot study of the updated medical records in 40 PHCCs and disseminated on-job training (OJT) to the provinces.
- Rolled out training on the updated Infection Prevention and Waste Management guidelines.
- Convened task forces to develop the project's Year 2 clinical guidelines.
- Implemented two research studies, one on maternal mortality and one on the Health Visitor Program.
- Rolled out training on community health partnerships in the 18 provinces.
- Established 344 Local Health Committees (LHC) in cooperation with city officials and health authorities in the provinces.
- Conducted Internally Displaced Persons (IDPs) health needs assessment in six provinces.
- Facilitated the signing of an official memo by the Deputy Prime Minister to transfer an amount of \$14 million to the MoH for the year 2012 to improve the quality of care at the 360 PHCCs under the PHCPI.

As PHCPI continues implementation of its Year 2 activities and moves forward with planning its Year 3 activities, the project is working to build upon the foundation it has built to date to accelerate the implementation of activities at the provincial, district, and community levels, while continuing to build the capacity of MoH staff at all levels of the health system.

INTRODUCTION

BACKGROUND

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.² 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.³ 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.

CONTRACT AT A GLANCE

To assist with these efforts, USAID awarded University Research Co. LLC (URC), in partnership with Management Systems International (MSI), the four-year Primary Health Care Project in Iraq. PHCPI has been designed to provide support to the Iraqi Ministry of Health (MoH) to achieve its strategic goal of better quality PHC services. PHCPI will help the MoH put in place key building blocks to support the delivery of quality PHC services at the community and facility levels, especially those that target reductions in maternal and neonatal mortality, so that Iraq can meet its Millennium Development Goals (MDGs) by 2015.

USAID/PHCPI aims to improve the quality of PHC service delivery in Iraq by 1) strengthening health management systems, 2) improving the quality of clinical services, and 3) encouraging community involvement to increase the demand for and use of PHC services. The project will work in at least 360 target PHC clinics throughout Iraq's 18 provinces.

In addition to its country headquarters in Baghdad, PHCPI has established two regional offices – one in Maysan and one in Erbil – to ensure effective implementation of the project's intervention at the provincial, district, and community levels.



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

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

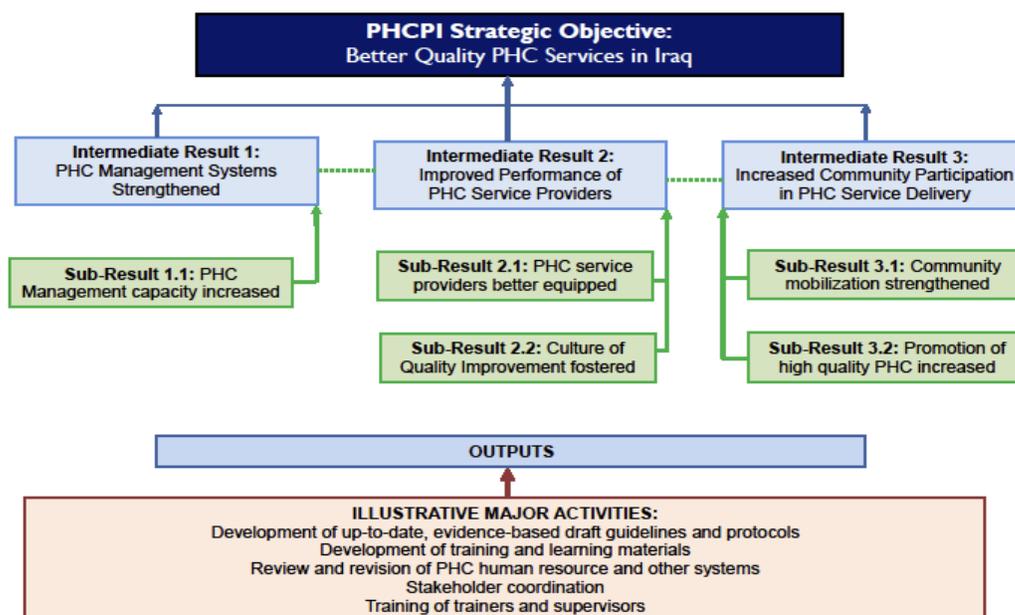
PROJECT OBJECTIVES AND TECHNICAL APPROACH

USAID's strategic approach for health systems strengthening under this project is based on the following key principles and cross-cutting themes:

- *Technical Assistance* must result in realistic, practical systems, procedures, and tools which can be effectively applied in all primary health care clinics, including higher functioning “model” sites.
- Successful project implementation must result in rapid, tangible, measurable improvements in the quality of health care services delivered to the Iraqi people. Patients and communities should be able to clearly discern a *positive change* in the primary care they receive, and objective measurements of performance indicators should demonstrate improvements in the outcomes of management and clinical processes.
- *Gender Issues* among health care providers and patients play a significant role in the delivery of, and access to, quality health care.
- The current Iraqi health care system is a physician-based model which cannot be supported by the current number of doctors available. *Improved professional training*, greater status, and expanded job duties for other health care providers, especially nurses, is a potential untapped option for strengthening the delivery of primary health care services.
- *Management Processes* tend to be “top down” rather than using an integrated team approach. Given the inadequate numbers of clinic staff available, fostering a team approach to management and clinical care can optimize the effectiveness of the available human resource pool.

These key principles and cross-cutting themes have been incorporated into USAID/PHCPI's overall results framework, as outlined below:

Figure 1: USAID/PHCPI Results Framework



USAID/PHCPI’s strategy for creating meaningful results rests 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 an 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 to partner on each deliverable and provide coaching, mentoring and ongoing support as responsibility for implementing the new systems is gradually handed over.

USAID/PHCPI supports the Ministry’s efforts to maximize curative primary care while laying the foundations for a new culture of preventive care. PHCPI’s training assistance and the new handbooks will build sustainable, internal MoH capacity for disseminating management skills, new care protocols, and research methodologies. The gradual 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.

During the second year of project implementation, PHCPI is focusing on establishing working relationships with the MoH and other stakeholders, establishing the project throughout the country, and initiating activities under each of the three project components. Below is a summary of the project’s key achievements from April 1, 2012 – September 30, 2012, broken down by project component.

USAID/PHCPI ACTIVITIES BY COMPONENT DELIVERABLES

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 for quality care.

1.1 National Technical Advisory Group (TAG)

PHCPI continued to build the TAG capacities to guide and advise on PHC issues, and to coordinate assistance among donors. The project held two meetings this year, the first on May 2, 2012 and the second on July 19, 2012. The two meetings were 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.



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

In the first meeting, the DG discussed the 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). The USAID COR, Mr. Stephen Herbaly, presented USAID support provided to the MoH, and the 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 MOH and requested additional meetings to further collaborate among stakeholders. 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 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.

The second meeting highlighted the 20 clinical care guidelines selected by the MoH to be updated, revised, and rolled out to the provinces by PHCPI. The participants finalized the eight priority guidelines to be revised/updated in Year 2: Maternal and Child Nutrition, Emergency Obstetric and Newborn Care, Obesity, Nursing Standards, Laboratory Standards, and Health of Women of Reproductive Age.

In addition, PHCPI participated in several TAG technical meetings to identify the roles and responsibilities of different stakeholders and donors in implementing updated clinical guidelines. PHCPI participated in a reproductive health meeting held at the MoH attended by senior MoH officials and representatives from UNFPA, UNICEF and WHO. The meeting was conducted to discuss the family planning services currently being provided at PHCCs and some hospitals, and 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.

1.2 PHC Management

Handbook of Quality Standards

PHCPI conducted two training-of-trainer (TOI) workshops on the PHC Management Handbook in Erbil and Najaf. The workshops were attended by 39 participants from the provinces. 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 workshops, participants completed Module 1, which consisted on nine key subjects: 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. 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 workshops 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 the provinces and districts.



PHCPI and MoH facilitators 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 139 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.

Compliance with the PHC management standards

PHCPI drafted 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. PHCPI is currently exploring the possibility of developing a web-based application for field implementation. This tool would allow PHCPI and MoH provincial coordinators to 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.

Facility and Equipment Maintenance Management

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.



The DG of Maysan DoH distributing the certificates in Facility and Equipment TOT workshop

Following the completion of the TOT training courses, 40 rollout training courses on the Standard Operating Procedures (SOP) of PHC Facility and Equipment Maintenance Management were conducted by MoH-trained facilitators. More than 880 participants from 314 PHC centers attended the workshops. Participants are expected to apply the new skills and knowledge at their PHC centers.

PHCPI held two focus group discussions 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 sessions were conducted in Baghdad and Najaf and attended by 45 participants including senior engineers, medical staff and technicians. 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.

1.3 Leadership and Management Training Program

PHCPI conducted five advanced training courses on Leadership and Management (L&M). A total of 98 participants attended the training courses from all 18 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 TOT courses qualified trainers to implement the rollout training program at their respective DoHs and 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 343 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.

1.4 Primary Health Care Medical Records System

PHCPI, in coordination with the MoH PHC team and technical working group (TWG), finalized the development of the medical records papers forms, 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 medical records development, in accordance with MoH guidelines. Following the production and publication of the Medical Records, PHCPI worked with the MoH to distribute and rollout the medical records system in the provinces. PHCPI conducted 18 on-job training courses to train PHC staff on the new modified medical records forms. To date, a total of 428 participants from 40 PHC centers including medical staff and statisticians have been trained on the updated records.



Medical Records developed by PHCPI

PHCPI conducted two workshops on the PHC Medical Records System during this period. 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, Babil, 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 medical 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.

PHCPI conducted three TOT training workshops on the new integrated Medical Records System in Baghdad, Maysan and Erbil provinces. A total of 97 participants from the 18 provinces attended the workshops. Participants represented the two selected PHC centers in each province where the new integrated medical records will be implemented as a pilot sample for 3-6 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.

Following the completion of the TOT workshops, PHCPI disseminated the new updated medical records system at the 18 provinces as a first step to implement the pilot study. The PHCPI conducted 18 on-job training courses to train PHC staff on the new modified medical records forms. A total of 428 participants from 40 PHC centers including medical staff and statisticians. Participants were selected from two PHC centers in each province and trained in their PHCCs on the new modified medical records to be applied in their PHCCs. These



Rollout of Medical Records Workshop

forms included children under-5 and above-5 years old, NCD records, school health records, eye health records, lab records, MCH records, and IMCI records. It is expected that these new forms will be applied at the PHCCs upon receiving the completed printed records from the MoH.

A focus group discussion was held by PHCPI with MoH trainers who facilitated the rollout of the integrated medical records system in order to receive their feedback on the implementation of the pilot program that was started in September 2012 in a 40 PHC centers within the 18 provinces. The session was headed by the MoH PHC Department Manager and attended by 27 participants including districts managers, PHC Units Directors and PHCCs managers. Participants reviewed the 36 medical records and discussed the challenges and obstacles faced during the implementation. Discussions also covered common difficulties encountered and strategies on how to reduce challenges and achieve the best results. The changes suggested by the group will be integrated and shared with MoH upon finalizing the records to reach a comprehensive medical record system. This system will be disseminated into the 360 PHCCs under PHCPI starting November 1, 2012. The ministry intends to print the paper based new medical records system from its cost-share funds and provide the 360 PHCCs with these records.

PHCPI worked closely with MoH to enhance the current PHC human resource management system. The new system will ensure that PHC staff understands its roles and responsibilities, has clear/ realistic job description, clear lines of reporting and a foreseen career development plan. PHCPI started this effort by introducing the new HR system at the level of DoHs, later the system will be applied at the PHCC level.

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.

2.1 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: Maternal and Child Nutrition, IMCI for Physicians, Emergency Obstetrics, Newborn Care, Obesity, Nursing Standards, Laboratory Standards, and Health of Women Reproductive Age (including Breast and Cervical Cancer, Menopause, and Premarital Counseling). As in Year 1, the selection was governed by the clinical areas included in the Iraq Essential Package of Basic Health Services and PHCPI/MoH priorities. Technical working groups were convened to begin drafting guidelines for six of the above areas. For the guidelines on Maternal and Child Nutrition and Laboratory Standards, technical working groups are scheduled to convene in October 2012. Each TWG includes experts from the MoH, MoHE and representatives from international donors and stakeholders 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.

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 is also continuing 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 62 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.

During the last six months, PHCPI conducted 15 rollout training courses on the Integrated Management of Childhood Illness (IMCI). The courses were conducted by MoH trained facilitators and attended by a total of 480 participants. The workshops focused on the updated materials of IMCI and covered the following key topics: classification of childhood illnesses, active personal communication, diarrhea and management in children, respiratory tract diseases and management, nutrition and development in children during health and illness, immunization, and the role of nursing staff in the management of childhood illnesses. At the end of the training courses the participants became familiar with the main concepts of IMCI and how to deal with the children under-5, and understood the important procedures of children health care that should be conducted at the level of PHC center. The PHCPI coordinators and the DoH facilitators will follow up on the IMCI implication in the PHCC through supervisory visits and field monitoring of the trainees work places.

Non-Communicable Disease (NCD) Guidelines

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 in May 2012. Forty (40) participants from the NCD sections in Dhi-Qar, Muthanna, Maysan, Babil, Diyala, Anbar, Wasit, Najaf, Karbala, Diwaniyah and Basrah attended the workshops, 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 required for effective diagnosis and long-term management of NCDs will be available at the district health centers.

Based on the MoH request, PHCPI conducted a three-day refresher TOT workshop on the updated Non-Communicable Disease (NCD) guidelines. The workshop was conducted in Erbil by four trained facilitators from MoH and MoHE and attended by 18 participants. The group was highly committed and participated actively in the discussions and group exercise associated. The workshop included intensive discussions on the national guidelines for PHC Physicians on Hypertension, Diabetes and Asthma. NCD trainers began roll-out training in the provinces in October 2012.

Infection Prevention and Waste Management Training

“New training methods with application were introduced in the Infection Prevention workshop. All participants will now be able to roll out the training to their provinces. Furthermore, the infection prevention conception was introduced to the medical and Para medical staff to be conveyed to patients. Hand-hygiene, cleaning, disinfection and sterilization; laboratory sterilization and pharmacy and sterile materials were presented through proper steps,” said Dr. Aws, Deputy Director of the MoH Training and Development Center.

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 four TOT workshops on the updated infection prevention and waste management guidelines for PHC center staff. More than 90 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 delivered to the training center in each DOH. The project



TOT of Infection Prevention and Waste Management Training

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.

PHCPI conducted 22 rollout training courses on the updated PHC Infection Prevention and Waste Management guidelines. The courses were held by the MoH facilitators who had

completed the TOT courses. A total of 513 participants attended the courses, including doctors, medical staff, technicians and administrative assistants. The courses covered the following topics including: Introduction to Infection Prevention and Control; Hand Washing and Gloving; Antiseptics, Aseptic Technique and Client Preparation prior to Clinical Procedure; Instrument Processing; and Environmental Cleaning and Waste Disposal. At the end of the workshop participants were able to outline the pathogenesis of infection, identify the risk factors and modes of transmission for common communicable diseases, understand application of standard precautions for care of all patients, and review the elements of a health facility's infection control plan including the team responsible for infection prevention and waste management.

Menopause and Osteoporosis

PHCPI held several meetings with the newly-formed Menopause and Osteoporosis Technical Working Group that includes five members from the MoH, MoHE and WHO to discuss the development of a guideline for counseling and screening women going through menopause and screening for possible consequences of osteoporosis. The group recommended that the guideline be useful for staff at the PHC centers with referral criteria and documentation of treatment steps at the Family Medicine as well as specialized centers at hospitals. A template to guide the writing of the document was shared with the group. Four different sets of reference materials were distributed to the participants with a request that these materials be reviewed and suggestions be made for inclusion in the Iraqi MoH guideline on menopause and osteoporosis. Assignments were made to different representatives to review materials collected from different sources and develop different sections of the template. The technical working group finalized the outline for the guideline and agreed to develop a final draft in November 2012.

Breast and Cervical Cancer

In May 2012, PHCPI held a meeting with four physicians representing the MoH NCD Section, Cancer Council, and MoHE 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.

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 at the Maternity Hospital in Erbil. The purpose of each workshop was to review with 30 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



EMONC workshop in Erbil Maternity Hospital

anatomical models by facilitators, as well as and re-demonstration by participants. The classroom instruction was followed by 3-hours of supervised “on-call” practice with actual women and newborns in labor and delivery ward. The time in the clinical area reinforced the value of the new evidence-based best practices that participants learned and reviewed 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 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 the next steps with PHCPI 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.

PHCPI conducted a focus group discussion to develop plans for establishing a training center at a hospital in Baghdad to conduct the rollout of staff training from PHC centers with labor and delivery rooms. Eight participants represented Baghdad/Al-Karkh and Baghdad/Rusafa directorate health offices, the Manager of the Al-Karkh maternity hospital, and selected physicians and nursing staff who participated in Erbil workshop on EmONC. The PHCPI began the meeting with an introduction to explain the goals and objectives of the session, including the steps in place to conduct an assessment of the functionality of the PHC centers with labor and delivery rooms (part of the 360 PHC centers), and some proposals to enhance the functionality of some labor and delivery rooms. The MoH MCH focal point presented a short review of the two workshops conducted in Erbil to prepare trainers with new skills in emergency obstetrics and newborn care. PHCPI will support training of staff for the PHC centers with delivery rooms, and will participate with the MoH in developing a strategic plan to ensure the functionality of labor and delivery rooms that are part of a PHC Center.

PHCPI held several meetings with the MoH-K Program Manager for TBAs, Dean of the Hawler Nursing College, MoH Technical Affairs Department, UNFPA representative, and others to develop an action plan to address the issue of home births. Currently 35% of deliveries occur at home with approximately half of that number attended by midwives (of varying levels of education) and 50% by traditional birth attendants. Participants delineated a number of reasons of why women choose home births as opposed to selecting a facility. Participants discussed what competencies are needed for those midwives attending a home birth. The group developed an action plan with a strong recommendation that the MoH use their resources on strengthening the knowledge, skills, and competencies of midwives in managing home births and to continue with the phasing out of TBAs as had been underway in KRG. PHCPI has been requested to support the training of midwives who conduct deliveries in homes – this would be an expansion beyond the training of physicians and midwives doing facility births.



EMONC workshop in Mansour Compound

PHCPI conducted two workshops in September 2012 on Emergency Obstetric and Newborn Care (EMONC) in Erbil Maternity Hospital. The workshop was facilitated by MoH trainers and attended by 33 gynecologists and general practitioner female doctors. The objectives of the workshops are to prepare labor and delivery room staff at PHC Centers to be competent to deliver women using best practices for both the women in labor and the newborn baby and to follow guidelines for early referral. The workshops included discussions on the following topics:

essential newborn care, helping baby's breathe, use of the partograph, active management of the third stage of labor (AMTSL), and promoting breastfeeding. Innovative teaching methodologies were used during the training including: lecture, demonstration, return demonstration, videos, and "on-call" supervised practice at the Erbil Maternity Hospital. The trainers used a prepared trainers' guide with a packet of materials for the participants. Participants were enthusiastic and welcomed the opportunity to practice at the hospital the knowledge being presented to them in the classroom. An action plan was developed with the MoH at the central level to ensure the labor and delivery rooms are equipped with the necessary equipment to apply the best practices related to emergency obstetrics and newborn care acquired through this training.

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

Patient Referrals

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 district, clinic, and hospital 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 in the process. In addition, a meeting was held in July with the DG of the Public Health Directorate and representatives from the Technical, Planning, and Pharmacy departments in addition to the MoH referral system advisors to review and update the guidelines for the referral system. The participants revised and updated the guidelines and the instructions for the referral system process that was developed by the MoH with the assistance of PHCPI. The final version was approved by the group and a copy was sent to the Deputy Minister for approval to start the referral pilot study in December 2012. The pilot will be implemented in 6 hospitals and 20 PHC centers in the provinces of Baghdad, Najaf, Basra, and Ninawa.

2.3 Primary Health Care Quality Improvement Program

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 improve the quality of services at PHC centers. Participants discussed how best to prepare supervisors at the DoH and district levels 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 five problems identified to be 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.

PHCPI held three workshops focused around three of the five proposed Improvement Collaboratives. The first workshop was conducted to introduce participants to new techniques and approaches for the supportive supervision system and to launch an Improvement Collaborative in the five DoHs. Participants were introduced to the principles of an Improvement Collaborative and the aims of the Collaborative were agreed upon. The overall purpose of the Improvement Collaborative is to improve the quality of comprehensive care provided to diagnosed cases of hypertension, including monitoring compliance of the physicians and paramedics to the newly developed Hypertension guidelines and improving feedback from the hospital to the PHC about the results of the laboratory investigations for the diagnosed cases. In addition, the number of diagnosed patients receiving comprehensive care will be improved, and the availability of medicines for treatment at PHCs will increase. The participants were very enthusiastic about the new approaches and concluded the workshop by visiting three health centers in the DoH of Baghdad/Karkh to establish a quality improvement team to work towards achieving the identified aims. The participants refined the flow chart for patient flow with increased blood pressure and indicators to measure the achievement of the aims.

The second workshop focused on improving the utilization and quality of Antenatal Care (ANC) in the five DoHs. Participants were introduced to the principles of an Improvement Collaborative and the aims of the Collaborative were agreed upon. The overall purpose of the Improvement Collaborative is to improve the quality of antenatal care provided to pregnant women. The aims were to increase the registration of women in the early stages of pregnancy (first trimester), to increase the number of pregnant women who make four spaced ANC visits, and to increase the quality of ANC services provided. In the future, as the facility teams become familiar with this approach, this focus will be expanded to include increasing the number of postnatal visits and also to explore ways of assessing and increasing patient satisfaction. The participants concluded the workshop by visiting two health centers in the DoH of Baghdad/Karkh to introduce the new concepts to the staff at these two PHC centers, and to establish a quality improvement team to work towards achieving the identified aims. Other innovations developed by the participants included developing a flow chart for pregnant women for the first and successive visits, and identifying indicators to measure the aims of the ANC Improvement Collaborative.

The third workshop was held with the purpose of introducing new techniques and approaches for supportive supervision and to launch a third Improvement Collaborative with the focus on improving the quality and coverage of Child Health services in the five DoHs. Participants were introduced to the principles of an Improvement Collaborative and five aims of the Collaborative were agreed upon. The overall purpose of the Improvement Collaborative is to improve the quality and coverage of health services provided to children under five. The aims are to increase the number/percentage of children completing the fourth and fifth visit during the first year of life and three visits during the second year of life; to monitor and improve the compliance by providers with the performance checklists; to establish an appointment system for children making periodic visits, and to improve the integration of child health services. The participants concluded the workshop by visiting two health centers including Al- Karkh and Salam PHCCs in Baghdad/Karkh DoH. The aim was to provide an opportunity to practice introducing these new concepts about improving quality to the staff at these two PHC centers. Participants were given assignments of PHC centers in their particular Directorate in order to establish a Quality Improvement Team at the selected health center. Each supervisor has from one to four health centers to visit. The PHCPI will write an official letter to the MoH requesting that these individuals be authorized to make periodic visits over the coming six months to establish and support Quality Improvement Teams at the selected health centers in the four directorates. A learning session will be held in November to review the progress of the teams and issues encountered by the supervisors. Other innovations developed by the participants included developing a flow chart for children coming for a periodic visit and identifying indicators to measure the aims of the Child Health Improvement Collaborative. Six directorates remain for the establishment of an Improvement Collaborative. These directorates include: Wasit, Basrah, Ninawa, Erbil, Duhok and Sulaimaniyah.

2.4 Primary Health Care In-Service Training Program Strategy

PHCPI conducted a 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 attended the workshop from the MoH, MoHE, UNFPA and WHO. 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.

The PHCPI conducted several meetings to develop the curriculum of the Family Health Approach at PHC centers. Participants included MOH/DG and Deputy DG/Public health, 40 PHCC managers, and representatives of WHO and UNFPA. The purpose of the meetings was to discuss the concept of the Family Health Approach and ensure proper integration and coordination of international organizations regarding this important topic. Topics included the role of PHCPI in supporting FHA, development of nursing standards and a family health curriculum for nurses, the development and approval of seven clinical guidelines that have been oriented towards applying a Family Health Approach. A draft Mission statement with characteristics of a family health model was produced by the group and will be forwarded to the PHC directorate manager for review and approval.

Following those meetings, several workshops were conducted to complete the revision of the in-service training curriculum for family health using a standardized template in order to introduce training of nurses and paramedics at PHC centers and involve other international organizations in developing this curriculum. The workshops included representatives from different sections of MoH, MoHE, Nursing Colleges, and WHO. Several topics were covered by the workshop including: Introduction to the concept of PHC and Family Health; Nursing procedure; Inter-Personal Communication; Health Education; Body measurements; Nutritional Problems and Counseling; Maternal and Child Health Care; Nursing of Mental Health; School Health and Adolescence Care.

2.5 Research Agenda for Strengthening Primary Health Care in Iraq

Topics for research studies were agreed upon during Year 1 and articulated in the project's Research Agenda. Two priority subjects were selected as the focus of PHCPI's Year 2 research activities: 1) evaluate the effectiveness of the maternal surveillance system and 2) evaluate the effectiveness of the Health Visitor program. One objective of the



Maternal Mortality Research

implementation of these studies is to build capacity of MOH staff to design and conduct operational research studies in the future. PHCPI developed the methodology for both research studies, and questionnaires were reviewed and finalized following several workshops with the MoH. Data collectors were trained and two pilot studies were conducted to test the questionnaires and to identify and resolve any ambiguities. After piloting the questionnaires, field data was collected and reviewed for

completeness and accuracy by the Task Force committees. The initial results of the two studies were discussed with the MoH, and the project is in the process of finalizing the study

reports for publication and distribution. These reports will be disseminated by the end of project Year 2, in March 2013. The outcomes 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.

2.6 Model Clinics

PHCPI has been working closely with USAID to expand the project scope of work to include refurbishment of 36 of the project's target clinics to the model clinic standard. In preparation for this, PHCPI and MoH nominated 36 clinics throughout the 18 provinces to be upgraded to model centers. The Ministry sent an official letter to all DoHs and received their feedback on



Maysan Health Visitor Research

selecting 36 PHC centers from the 19 DoHs participating in the project. The standards for the model clinics were developed in accordance with the MoH Essential Health Services Package for PHC. PHCPI developed a list including all the required medical equipment needed to apply the newly acquired skills and knowledge obtained through PHCPI training and capacity building activities. PHCPI Regional Coordinators conducted a preliminary assessment at each of these centers to identify the equipment needed to be upgraded to the model standard. PHCPI and the MoH's shared vision of a model clinic is a functional clinic equipped with modern medical devices, stocked with enough drugs and consumables, and efficiently functioning through reliable health systems and well trained staff, practicing clinical protocols and guidelines to ensure the application of best practices. It is the goal of the model clinic activities to achieve the maximum impact of the technical competence of the service providers and the optimal physical environment, collectively contributing to enhancement of quality PHC services.

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. 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 alignment 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. 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.

3.1 Patients' Rights Charter

PHCPI printed materials related to patients' rights and disseminated them to the 360 PHCCs. These materials included the approved Iraqi statement of patients' rights, the proposed law of public health and resource/ reference documents. The materials were disseminated in both paper and digital forms.

PHCPI discussed a variety of designs for Patients' Rights educational posters with MoH and PHCPI designers. The MoH has decided to invest part of its cost share funds in printing educational posters and pamphlets on patient's rights. PHCPI and MoH designers were fully briefed and asked to produce posters to spread the principles of patient's rights. Three sample posters were produced and shared with MoH and it is expected to receive new final versions of the promotional posters in October 2012.

3.2 Encouraging 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 combines elements of community partnership, behavior change communication (BCC), and patients' rights. This integrated approach will ensure that implementation is cost efficient and that participants have an



Community Partnership Planning Workshop in Sulaimaniyah

understanding of the integration of these concepts. Topics covered by the training include: concepts of community health partnership and health promotion; health problems, problem solving and priorities; health programs and the role of media; health promotion tools; creation of LHCs and regulations; selection criteria of the LHC members and their scope of work; and future plans, duties, and responsibilities of the LHC inside the PHCC. Three workshops were conducted in May 2012 in Baghdad, Maysan, and Sulaimaniyah and covered participants from each of the 18 provinces. The workshops aimed to provide basic

knowledge and skills on the three subjects covered and to develop the implementation plan for the establishment of 360 Local Health Committees (LHCs) in the PHC centers. A total of 83 participants attended the training courses 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 360 LHCs. In addition, The MoH DG of the Public Health Directorate issued an official letter to the Health Promotion and Community Based Initiatives Departments in all DoHs in Baghdad and the provinces to form and activate the Local Health Committees within the selected PHCs and as planned by PHCPI. The letter included recommendations on how to implement the work plans developed during the workshops conducted by PHCPI in Baghdad, Erbil, and Maysan. The local health committee for each PHC center will include two staff members from the PHC center and members from the civil society within the geographical area of the PHC center.

Following the completion of three regional community partnership planning workshops, PHCPI conducted 37 rollout training courses on Community Health Partnership (CHP). A total of 936 participants attended the workshops, including the Managers of Health Promotion Units in all PHC Centers, and the Managers of targeted PHC Centers. The purpose of these workshops is to strengthen the community participation in making the health facility decisions and to reactivate LHC to enforce its role in each PHC Center. All participants were requested to select the members of the local health councils, and also to provide the dates of the future meetings. As a result of those workshops, the DoHs reported the establishment of 344 LHCs. The PHCPI regional coordinators continued following up the improvement and the establishment of each LHC within the selected PHCCs at their respective provinces.

USAID/PHCPI developed, tested, and printed the operational guidelines for the Local Health Committees (LHC) established at PHC centers. The purpose of that operational guideline is to provide assistance to LHCs members to understand and perform per their expected role, proceed in harmony with the PHCC and other health concerned entities. The guidelines covers the following topics: 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.



In cooperation with the MoH Media and Public Relations Department, the PHCPI team held its third media focus group discussion, with 28 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 meeting focused on the review

of the provincial media plans and the provincial coordination between PHCPI and MoH media teams. The PHCPI emphasized unifying the visions between the MoH Media Department and Health Promotion Department for further cooperation and communication to initiate media campaign on future health activities and achievements. It has been recommended that a new strategy will be adopted by both MoH Media and Health Promotion departments; and media plans will be developed with PHCPI technical support. The main objective to be achieved is activating the media role for enhancing health awareness and encouraging community partnership to provide the best health services to people.

3.3 Support Behavior Change Communication

PHCPI conducted 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 DoHs. 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



BCC Focus group Discussion

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. In addition, PHCPI has finalized the main documents needed for the implementation of the upcoming BCC campaign including: the RFA to recruit the market research company, RFP to recruit an art production company, and the PHCCs promotional campaign strategy.

As part of the ongoing BCC activities, PHCPI held several focus group discussions (FDG) in Erbil and Najaf 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.

CROSS CUTTING ISSUES

Improving Health Services for IDPs

PHCPI conducted a health needs assessment of the IDPs in order to identify the top priorities of various groups, especially women of reproductive age, children under five, and youth. The overall study design was developed in early 2012 in conjunction with the MoH and the Ministry of Displaced Persons. The intent was to sample from the largest IDP settlements in the various regions of Iraq to attempt a general overview of common needs and services. The proper sample size estimated for the study was 799 families. Information was collected from households using a questionnaire



PHCPI and MoH visiting one of the IDPs Camps

consisting of standard questions for IDPs, as well as questions designed or adapted specifically for the IDPs in Iraq, which would address health seeking behavior and access to health services. In-depth interviews were also conducted with health workers in the PHC clinics nearest to the IDP settlements. The data collection teams consisted of members from MoH and workers from National Civil Societies. In the communities, surveyors worked in teams with supervisors. Data was collected from 914 displaced households, representing 4936 persons in the seven IDPs settlement areas. This assessment highlighted the overall situation of health services provision among IDPs and addressed the gaps in the delivery of high quality health care services.

Collaboration with Ministries of Health and Planning of the Kurdistan Regional Government (KRG)

On September 25, the U.S. Government, through the United States Agency for International Development (USAID), signed a Memorandum of Understanding (MOU) with the Ministries of Health and Planning of the Kurdistan Regional Government (KRG) to support the KRG efforts in improving primary health care. The MOU was signed by the KRG Minister of Health, Dr. Rekawt Hama Rasheed, KRG Minister of Planning, Dr. Ali Sindi, and the USAID Mission Director, Mr. Thomas H. Staal. USAID is partnering with the KRG Ministry of Health to strengthen the delivery of primary health care services and ensure the availability of high quality healthcare to all of Iraq's citizens. The MOU highlights the joint commitment of both parties to improve Iraq's health care system through a collaborative working relationship and project co-financing. This event was attended by high-level official representatives from USAID, KRG MoH as well as Iraqi MoH. This MOU further confirms the joint goal and dedication of the K-MoH and USAID to make sustainable, long term achievements in the development of the Iraqi health sector. The public signing of this MOU, which was captured by various Iraqi news outlets and media, served as a communal pledge by the K-MoH and USAID to ensure that all Iraqis have access to quality PHC services.

Collaboration on MoH Priority Issues and Identification of Opportunities for MoH Cost-Share

Based on a recommendation from the MoH Partnership Committee to create a mechanism for joint funding, the Deputy Prime Minister signed an official memo to transfer \$14 million to the MoH in 2012 to be used to support the MoH's priorities to improve the quality of care at the 360 PHCCs under the PHCPI. A Cost Sharing Steering Committee was formed from both the Public Health Directorate and PHCPI to supervise the implementation plan and develop a timetable to support the 360 clinics. This committee will ensure using the funds in a proper way and according to the agreed upon priorities. PHCPI met several times with the Cost Sharing Steering Committee where discussions were focused on the best way to invest the budget allocated and methods of disbursement. Areas of MoH investment include:

Medical records: The 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 360 participating clinics within the 29 districts selected. 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 to digitize this system, so clinic staff are ready to use the new medical records system. The Ministry intends to use this system for the entire PHC system throughout the country in the next year.

PHC research: Following the initial findings of the Maternal Mortality Operational Research study that was conducted by PHCPI, His Excellency the Minister of Health allocated a budget of \$1.5 million to MoH to proceed with conducting a National Maternal Mortality Survey. Interest in this study stemmed from the initial results of the PHCPI Maternal Mortality research study. The MoH requested in an official letter for donors, including USAID/PHCPI, to participate in conducting this survey and provide the technical support needed.

Quality Assurance: 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 PHCPI discussed possibility that the project can provide technical assistance to 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.

CHALLENGES AND LESSONS LEARNED

Ongoing *security issues* and *religious events* affected the workflow with the MoH during this year and cancelled some of the field visits to the PHC centers or to the Ministry headquarters.

The delay in *issuing the official letters* from the MoH is the main obstacle faced by the regional coordinators in the provinces. In order to facilitate the PHCPI activities with the Directorates of Health (DOH) in Baghdad and the provinces, the MoH DG of Public Health Directorate issued an official letter on May 30 to facilitate tasks and the activities of all PHCPI advisors and coordinators. The order also stated that the MoH coordinator's role is to coordinate and follow up official letters of the project's activities and necessary administrative commands. The project's coordinators are also authorized to select lists of participants for training courses and workshops according to the selection criteria, follow up implementation, provide logistic and financial support to each activity, and give feedback on implementation. The DG asked the PHCPI advisors and coordinators to pay regular visits to the clinics and conduct on the job training on subject matters related to clinical and management standards developed under the projects' SOW.

Some target groups in KRG provinces, especially Duhok, speak a different Kurdish dialect than the official *Kurdish language* in which the PHCPI training materials were translated; meanwhile the Arabic language is more popular than the Sorani Kurdish language, so PHCPI are providing the Arabic curriculum per their preference. However, this remains a challenge when working with paramedical staff with limited higher education backgrounds

One of the key lessons learned by the PHCPI project in Year 2 was how to build upon the existing productive relationship between USAID and the MoH. Some specific lessons include:

- From the outset, the main goal of the PHCPI has been to strengthen the PHC delivery system, critical for achieving the MoH strategic goal of improved quality of PHC services and overall healthcare outcomes for Iraq. PHCPI has been providing TA to the Ministry towards achievement of this goal through implementing the three components of the project: Supportive Management Systems and Processes, Delivery of Evidence-based Quality PHC Services, and Community Partnerships. The joint efforts of the PHCPI and MoH in developing the clinical and management standards, building the capacity of the ministry leadership and staff, and improving the health systems and community participation, realized that for the service providers to be able to use the new skills and knowledge, and apply best practices and new systems introduced to improve the quality of services etc., these providers need the proper physical environment and improved infrastructure, as well as the modern medical equipment and supplies. This awareness resulted in the need to establish a Model to include all these aspects and provide a basis to scale up to the rest of the 360 PHCCs under the project. PHCPI developed/updated several manuals and guidelines on clinical and

management standards, including the development of training curriculum, creating core teams of trainers and rolling out training to build skills and knowledge of service providers on each specific subject matter on pace with the MoH priorities at the 360 PHCCs under the project. At this point, the project has gone through advanced stages on several topics. To increase efficient allocation and utilization of financial and human resources, the project will combine some activities/training courses in an integrated manner to benefit from the cross-fertilization of the applied knowledge in each of the areas. In other words, instead of bringing the whole group each time to train in one specific area, the project will consolidate its efforts and bring these groups to be trained in more than one area for a longer period of time.

- PHCPI expats and advisors provide direct training to teams selected by the ministry and train them as trainers, and mentor these trainers to implement the roll out program. This requires inviting these groups to the project HQ in Baghdad from all the provinces, and these trainers in turn conduct training courses at the provincial levels. These training courses/workshops are being conducted at the training halls of the ministry and its training centers. However, this approach takes away the service providers from their work sites, thus creating service gaps in terms of availability of staff, particularly medical doctors at the PHC Centers. The Ministry and the PHCPI agreed to commence the on-the-job training (OJT) approach. PHCPI and MoH are also planning to equip training rooms at the level of the PHCCs wherever possible through the Model Clinics that will be created with the project and cost-share funds to be utilized for this purpose. The ongoing lesson learned is developing the framework to get away from old practices and habits and introduce a new system and habit formation mechanisms, which become second nature to practicing medical staff, thus guaranteeing the elevation of quality from lower to higher levels. Developing guidelines, standards, and protocols are very important building blocks in the direction of instilling new functional habits, which in time become a routine medical practice. Because of the dynamic nature of this process, it requires ongoing evaluation and re-evaluation on pace with the fluid health environment. This is a long-term process and requires patience and consistency of application. Introducing the new systems, guidelines, and standards cannot be fully effective until a certain level of maturity develops, which is equivalent to a sustainable capacity and quality of services. PHCPI is focusing on building an institutional sustainable capacity for the ministry by creating technical working groups, officially established under the TAG umbrella, and working with them in a continuous manner.

STATUS OF PROJECT DELIVERABLES TO DATE

As of September 30, 2012, PHCPI has completed all of its revised Year 1 deliverables and is making progress toward achievement of its project Year 2 contract deliverables. The table below provides a summary of progress to date.

USAID/PHCPI FY2012 Deliverable Status Report on Project Year 2 Deliverables			
Project Component 1: Management Systems			
Deliverable	Project Year 2 Target	Achievements for FY12 (as of 9/30/12)	Comments
Deliverable 1.2c) Provide training (directly or through MoH ToTs) on the Management Handbook for personnel from a minimum of 360 participating clinics	Personnel from 180 (50%) of clinics	266 participants trained from 221 (48%) of clinics	
Deliverable 1.2c1 rev) Technical assistance and training on Standard Operating Procedures for 7 key management functions delineated in the Management Handbook. (35% (126 participating clinics) in year 2, 55% in year 3 and 75% in year 4)	Personnel from 126 (35%) of clinics	628 participants trained from 314 (87%) of clinics	
Deliverable 1.2d) Put in place effective process/system to achieve and measure compliance with Quality Standards for 7 key management standards (baseline measure of compliance in year 2, 35% compliance in year 3, 75% compliance in year 4)	Baseline measure of compliance	Not achieved	PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Deliverable 1.3c) Provide training (directly or through MoH ToTs) to at least two leaders/managers from each of the 360 participating clinics and to at least 5 provincial level MoH leaders/managers from each of the 18 provinces.	480 managers from 240 of participating clinics	488 participants trained from 296 clinics	
Deliverable 1.4a1) Train health care providers from 90 clinics on the revised system	Personnel from 90 clinics	404 participants trained from 40 clinics	New patient records were piloted in 40 clinics. Roll out to all 360 clinics will begin in November 2012 and continue through Year 2-4 of the project.
Deliverable 1.4c) Establish the PHC Patient Records System in 60% of participating clinics.	126 (35%) of clinics	40 (11%) of clinics	New patient records were piloted in 40 clinics. Roll out to all 360 clinics will begin in November 2012 and continue through Year 2-4 of the project.

Project Component 2: Evidence-Based Clinical Care			
Deliverable	Project Year 2 Target	Achievements to Date	Comments
Deliverable 2.1c) Twenty Primary Health Care Clinical Standards/ Protocols developed/updated and tested (7 in Year 1, 8 in Year 2 and 5 in Year 3)	8 guidelines developed	4 guidelines developed	Four clinical guidelines developed and updated by PHCPI in coordination with MoH TWGs (IMCI for physicians, EMONC, Obesity, and Laboratory Standards). Remaining four will be developed by the end of project Year 2.
Deliverable 2.2a) Handbook of Quality Standards and Operational Guidelines for Clinical Services Delivery in Primary Care Clinics developed	Handbook developed	In progress	Draft to be finalized by end of project Year 2.
Deliverable 2.2a.1) Training modules covering Handbook of Quality Standards and Operational Guidelines for Clinical Services Delivery in Primary Care Clinics developed	Training materials developed	In progress	Draft to be finalized by end of project Year 2.
Deliverable 2.2d) In partnership with the MoH, put an effective process/system in place to achieve and measure 75% compliance among participating clinics with the Quality Standards for 7 key clinical services in the MoH's basic health service package for primary health care.	Baseline measure of compliance	Not achieved	PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Deliverable 2.2e) In partnership with the MoH, put an effective provincial and clinical level supervision process/system in place for 75% of participating clinics according to Quality Standards in the Clinical Service Delivery Handbook.	Baseline measure of compliance	Not achieved	PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Deliverable 2.2f) In partnership with the MoH, put an effective referral process/system in place linking at least 75% of participating clinics with higher level clinical facilities according to the Quality Standards in the Clinical Service Delivery Handbook.	Baseline measure of compliance	Not achieved	PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Deliverable 2.4a) First set of training modules for the PHC In-Service Training Program developed	Modules developed	In progress	Draft to be finalized by end of project Year 2.
Deliverable 2.4a) Second set of modules for PHC In-Service Training Program developed (Training Program development is completed)	Modules developed	In progress	Draft to be finalized by end of project Year 2.
Deliverable 2.4c) Provide training in quality standards and clinical protocols (directly or through MoH ToTs) in 5 or more of the 7 key clinical services for a minimum of 75% of relevant clinical staff	Number of relevant participating clinics with at least one staff member trained in IMCI, IPC, EMONC, NCD management, trauma and other clinical services guidelines developed under Deliverable 2.1c	In progress. 515 participants from 253 clinics trained in IMCI and 513 participants from 235 clinics trained in infection prevention and waste management	
Deliverable 2.4d) Provide training in supportive supervision (directly or through MoH ToTs) for a minimum of 75% of clinical and provincial level MoH staff who have supervisory duties.	Personnel from 35% of clinics	Not achieved	
Deliverable 2.4e.1) Training materials to improve referrals developed	Materials developed	In progress	
Deliverable 2.4e) Provide training in referrals (directly or through MoH ToTs) for relevant staff from a minimum of 360 participating clinics.	Personnel from 144 (40%) of clinics	Not achieved	
Deliverable 2.4f) Provide training in quality improvement (directly or through MoH ToTs) for the QI team at a minimum of 360 participating clinics.	Personnel from 144 (40%) of clinics	Not achieved	
Deliverable 2.5b) One study evaluating effectiveness of innovative models for primary care service delivery in Iraq completed and disseminated (total 3 for life of project)	One study completed and disseminated	In progress	Data collection and preliminary analysis complete. Report will be finalized and disseminated by end of project Year 2.
Deliverable 2.5c) One study evaluating effectiveness of quality improvement activities in Iraq completed and disseminated (total 3 for life of project)	One study completed and disseminated	In progress	Data collection and preliminary analysis complete. Report will be finalized and disseminated by end of project Year 2.
Deliverable 2.6a) Preliminary needs assessment conducted for each of the 36 clinics and prepare individualized work plans detailing steps needed to bring each clinic to the model standard.	Assessment conducted	Completed	
Deliverable 2.6b) Contract with necessary local entities for procurement of equipment awarded to clinics.	Contract awarded	Not achieved	PHCPI is in the process of developing the RFQ/RFA to share with USAID for approval before advertising.

Project Component Three: Community Partnerships			
Deliverable	Project Year 2 Target	Achievements to Date	Comments
Deliverable 3.2b) Process/system in place to receive, evaluate, and take action in response to client/community input regarding health in accordance with the Community Partnerships Handbook	LHCs activated	344 established in 17 provinces	PHCPI will report on total number activated at the end of project Year 2.
Deliverable 3.2c) Provide training (directly or through MoH ToTs) on the Community Partnerships Handbook for personnel from a minimum of 360 participating clinics.	Personnel from 120 (33%) of clinics	936 participants trained from 334 (93%) of clinics and other MoH departments	
Deliverable 3.2d) Put an effective process/system in place to achieve and measure 75% compliance among participating clinics with the Quality Standards delineated in the Community Partnerships Handbook. (Baseline measure in Year 2, 35% in Year 3, 75% in Year 4)	Baseline measure of compliance	Not achieved	PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)

PLANNED ACTIVITIES FOR THE NEXT FISCAL YEAR

PHCPI will be modifying its Year 2 work plan to reflect the changes to its scope of work resulting from the modification, as well as changes to the reporting cycle. However, the project has tentatively planned to complete the following activities in the fiscal year:

- Conduct the PHCPI mini-assessment survey within the 360 clinics.
- Provide TA and support to MoH use the funds allocated by the Partnership Committee to cost-share with PHCPI.
- Hold PHC National Conference in December.

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

- Develop an assessment tool to measure compliance with Quality Standards for 7 key management functions among participating clinics
- Scale up the updated Medical Records System all over PHCCs
- Roll out training on the PHC Management Handbook
- Roll out of the leadership and management program to target PHC centers and DoHs by the MoH trainers.
- Conduct TOT workshops on the new medical records system and provide training materials and implementation guidelines. New registration books, policies, guidelines, data collection sheets and the new comprehensive patient records will be printed and distributed. Trainers will then be responsible for rolling out the new system in their respective districts with mentoring from provincial Project and DoH coordinators.

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

- Continue developing/updating, testing and rolling out clinical and management guidelines/protocols and standards
- Implement the referral system pilot study and extend to other provinces
- Research analysis and operationalize outcomes
- Curriculum Development of CDC, Family Health Approach, Poly Trauma, IMCI for Physicians
- Conduct TOT training courses on Infection Prevention and Waste Management updated guidelines and rollout to the provinces
- Roll out training on the updated NCD, Family Health Approach, IMCI and trauma guidelines.
- TOT training on the updated CDC, Family Health Approach, Poly Trauma guidelines

- Conduct meetings with MoH to review revised Supervisory Resource Manual and initiate training of supervisors in supportive supervision in conjunction with quality improvement.
- Contract out to a procurement entity to procure the necessary equipment for each of the model clinics and begin upgrade of the 36 identified clinics to the model standard.

Component 3 – Community Partnerships for Primary Health Care

- Operationalize LHCs and measure their compliance with the Community Partnership Manual and operational guidelines
- Conduct a problem solving and IPC training to LHC members
- Develop a compliance assessment tool to check the compliance of PHC Centers with putting the CHP standards into practice.
- Implement a BCC campaign designed to promote PHC services. Print and disseminate educational materials on patients' rights
- Train PHC staff and LHCs on patients' rights topics and concepts to disseminate among medical staff in PHCCs
- Continue to highlight PHCPI activities in the local media.

MONITORING & EVALUATION

The following table and figures provide a breakdown of activities facilitated by PHCPI during FY2012. These activities include meetings with key stakeholders, training of trainer (TOT) workshops, and roll-out courses taught by TOTs in the provinces. A total of **6911** participants were engaged in all PHCPI activities during FY2012.

- PHCPI participants by provinces and project focus areas:** Of these 6911 participants, 2476 (36%) came from Baghdad and 4435 (64%) came from the provinces. Figure 2 below shows the percentage of participants involved in PHCPI activities coming from each province, while Figure 3 shows the number of participants involved in PHCPI activities by project focus area.

Figure 2: Percentage of participants in PHCPI activities from each province

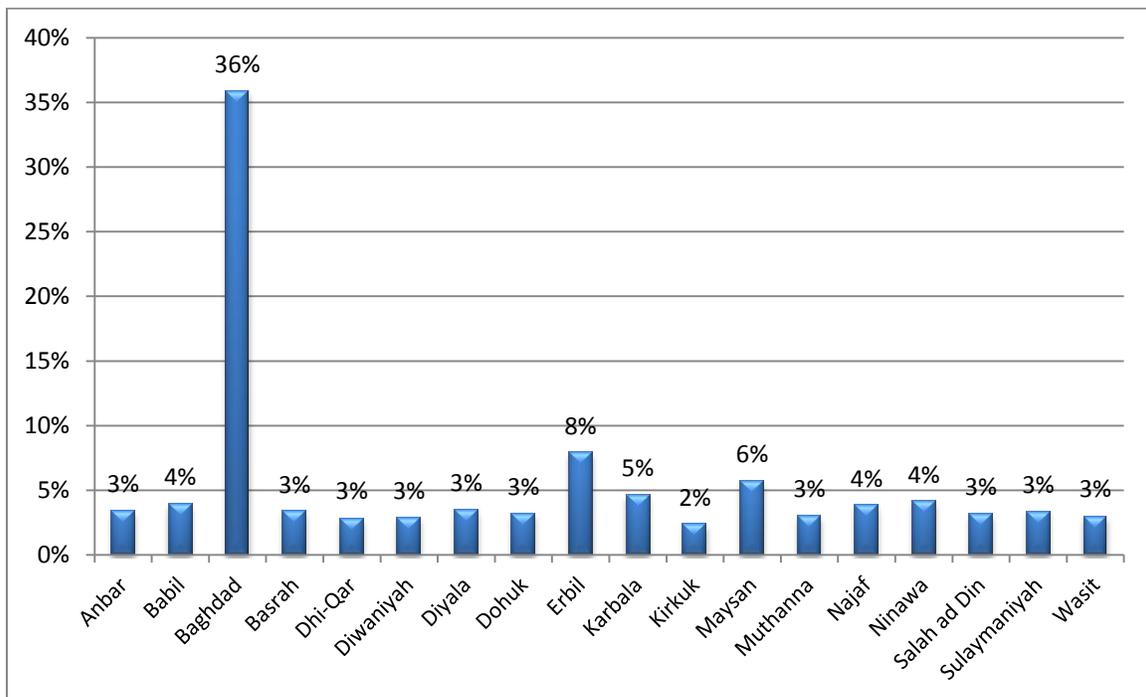
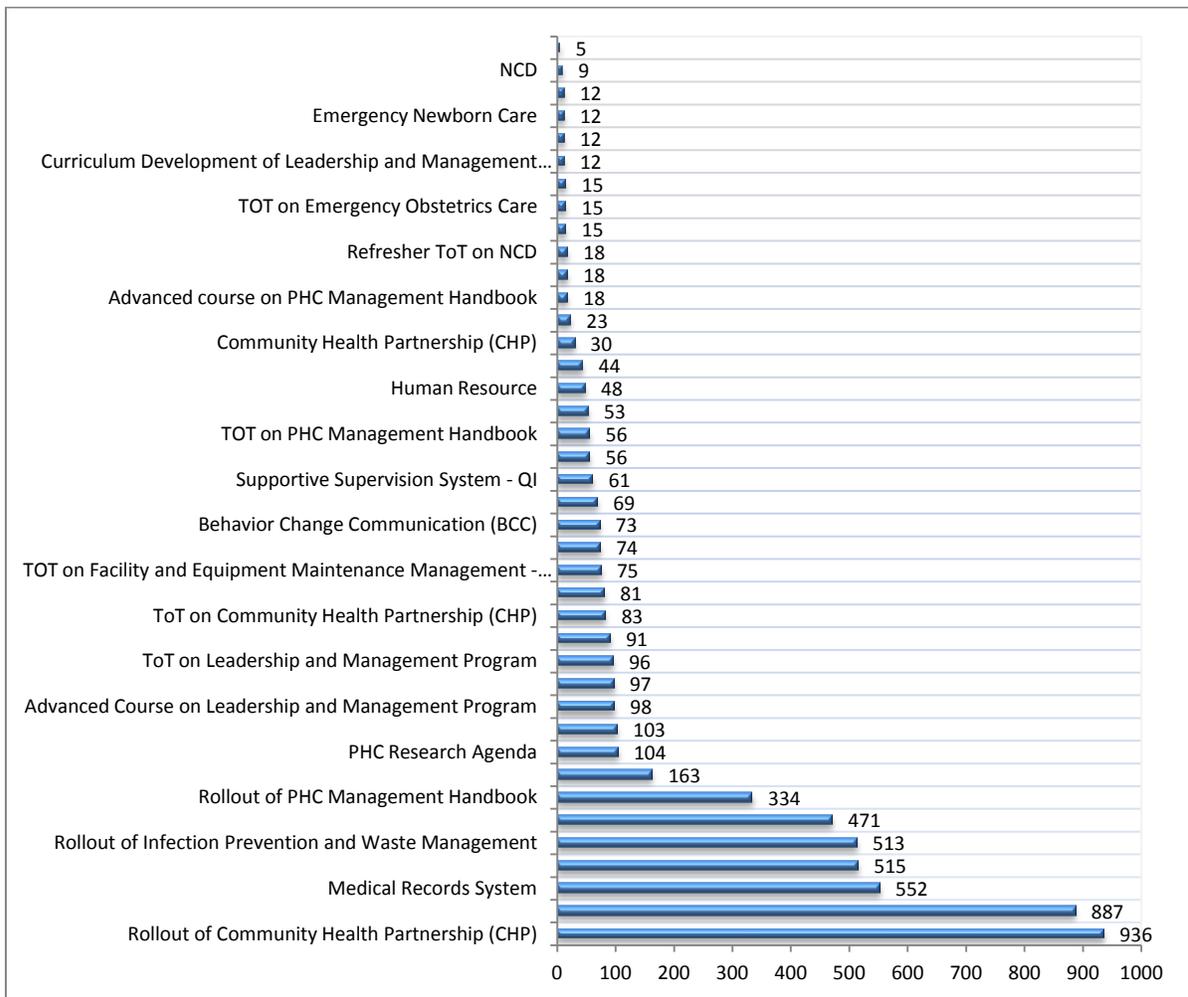
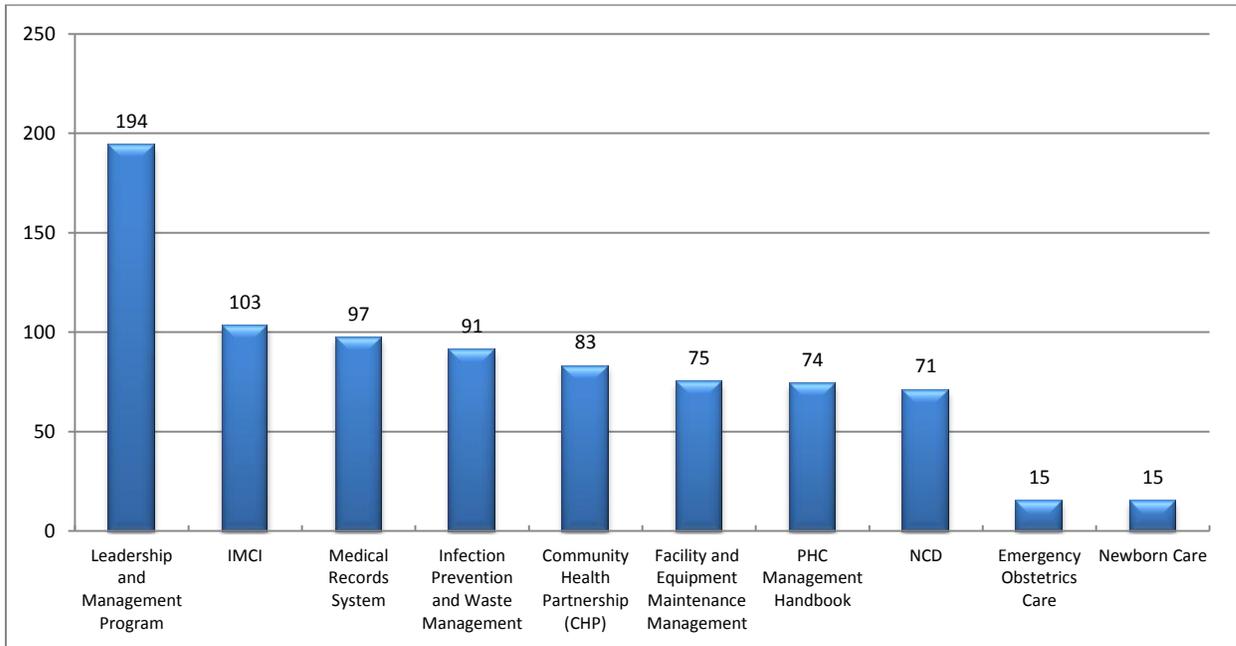


Figure 3: Total numbers of participants in PHCPI activities by project focus area



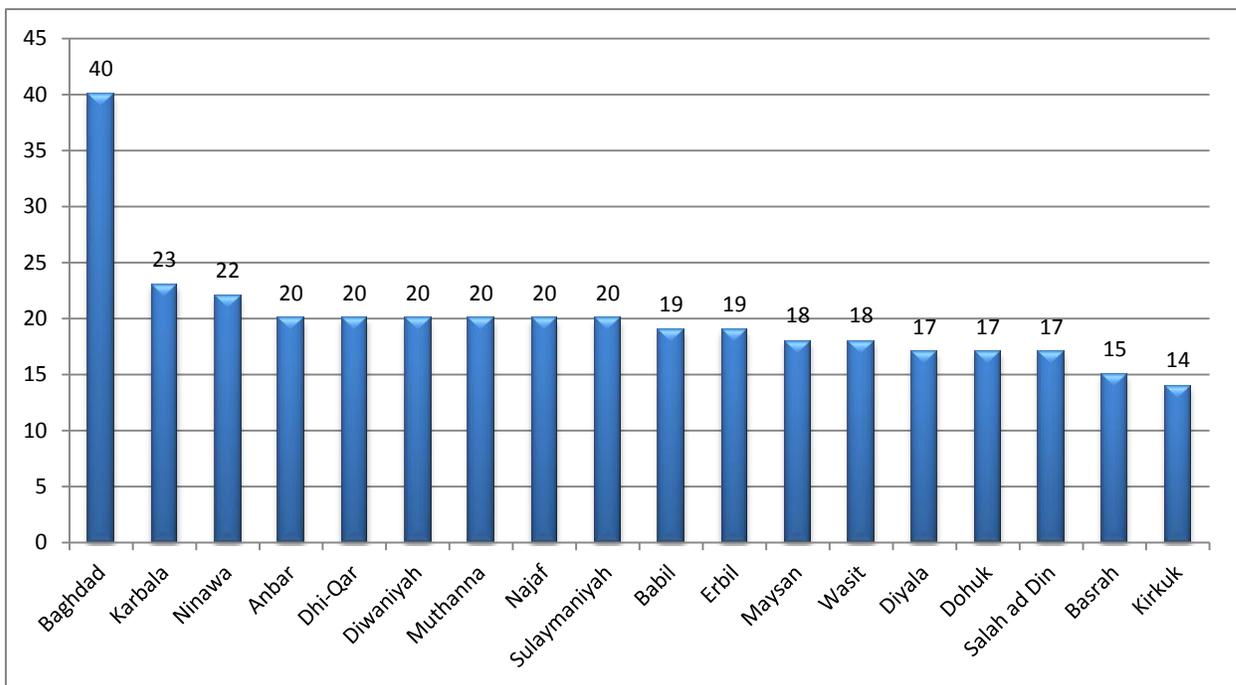
2. Number of Trainers Trained by Technical Area: During FY2012, PHCPI trained 818 trainers during TOT workshops on subjects including the Management Handbook, Leadership and Management, IMCI, Infection Prevention and Waste Management, Facility and Equipment Maintenance Management, NCDs, and others. Figure 4 below shows the breakdown of trainers trained by technical area. Once trainers complete these TOT workshops, they return to their home provinces to rollout training courses on these technical areas to PHC clinic managers and health personnel.

Figure 4: Total number of trainers trained by technical area



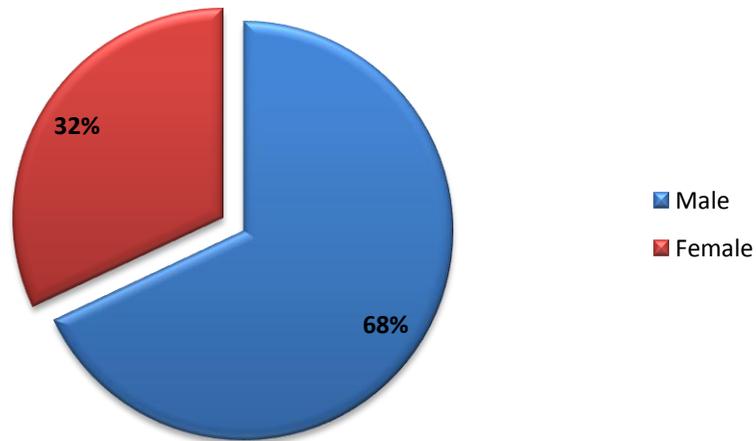
3. PHC clinics reached by project activities in each province: In FY2012, PHCPI's provincial-level mobilization enabled the project to reach a total of 359 PHC centers, spanning all 18 provinces, making it a truly national PHC program. Figure 5 below shows the number of PHC centers reached by project activities in each province.

Figure 5: Number of PHC clinics reached by project activities in each province



Male to Female Participation Ratio in PHCPI Activities: Sensitivity to gender issues remained a focus of the project’s overall technical strategy in Year 2. To ensure that all Iraqis are able to access the highest quality primary health care services, PHCPI is committed to training both male and female health professionals to play increasingly important roles in the development of their health care system. Improving the gender balance is not always easily implemented. Major constraints include current social norms which prevent women from traveling freely throughout the provinces, staying at hotels, or traveling in the company of men. Some women are hesitant to participate in project activities that extend for several days, go beyond regular work hours, or change their daily routines. PHCPI is continuing in its efforts to invite and recruit females whenever possible. Figure 8 below shows the male to female ratio of participants in project activities for Year 2.

Figure 6: Male to female participation ratio in PHCPI activities



APPENDIX A: PMP ANNUAL DATA CALL INSTRUMENT FY 2012 - PHCPI

Indicator Number	Performance Indicator	Disaggregation	FY 2012 Target	October 01, 2011- March 31, 2012	April 01, 2012- September 30 2012	**FY 2012 IP Actual	Explanation of Deviation from Target and Solution Plan
Development Objective: Better Quality PHC Services in Iraq							
1	Percentage of target beneficiaries who receive PHCCs service	Rural/ Urban	15%	0%	0%	0%	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013).
2	Percentage of target beneficiaries satisfied with PHCCs service	Rural/ Urban	20%	0%	0%	0%	*Target not achieved. PHCPI will conduct a survey in October 2012 to measure the client satisfaction with PHCCs service.
3	Number of PHCPI Supported Clinics upgraded to become Model PHCCs	Rural/ Urban	5	0	0	0	*Target not achieved*. PHCPI will conduct a survey in October 2012 to identify the specific needs of the clinics targeted to be upgraded into model clinics
Intermediate Result 1: PHC Management Systems Strengthened							
4	Number of TAG decisions that PHC department started actions on them	None	5	1	3	4	*Target not achieved. Four TAG meetings were conducted to date and 4 decisions were implemented. MoH and PHCPI are expected to carry out more TAG decisions during the upcoming quarter
5	Number of PHCCs using digital patient record system	Province	25	0	0	0	*Target not achieved. PHCPI is planning to collect data on this indicator at the end of the second project year (Jan-Mar 2013). Many PHC centers are currently using different kinds of electronic medical records systems such as the Health Visitor Program system which is not reflected in the current actual number. Awaiting EMR system for approval by MoH. Then training and implementation can occur per schedule.
6	Number of PHCC management functions developed	None	2	1	2	3	*Target Achieved. PHCPI has developed three key management functions including the human resources management system, paper medical records, and Standard Operating Procedures (SOP) for PHC maintenance management.
7	Number of PHCCs compliant with management standards handbook	Type of PHCC	126	0	0	0	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Sub-IR 1.1: PHC Management Capacity Increased							
8	Number of PHCCs using the updated paper medical record system	Type of PHCC	126	0	40	40	*Target not achieved. PHCPI is planning to conduct a series of training on the integrated medical records and will achieve the target toward the end of the project second year-Mar 2013. MoH finalized Clinic Log Books and patients records forms in October. Awaiting approval and implementation from MoH.
9	Number of PHCCs with at least 2 key staff trained in leadership and management	Type of PHCC	120	14	30	42	*Target not achieved. PHCPI has trained at least 1 key staff member in 296 clinics. PHCPI will achieve the target toward the end of the project second year. Continued rollout and On Job Training will correct this deficit.

Indicator Number	Performance Indicator	Disaggregation	FY 2012 Target	October 01, 2011- March 31, 2012	April 01, 2012- September 30 2012	**FY 2012 IP Actual	Explanation of Deviation from Target and Solution Plan
10	Number of PHCCs who received TA and training on the management handbook	Type of PHCC	72	89	106	172	Target exceeded due to the high demand of the MoH since the management handbook was a priority training area. The annual total number of PHCCs is 172. However the mathematical total is bigger than this number since some of the PHCCs benefited from the training twice, one time at each reported time slot.
Intermediate Result 2: Improved Performance of PHC Service Providers							
11	Number of PHCCs in compliance with Quality Standards for 7 key clinical services	Type of PHCC	72	0	0	0	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
12	Number of PHCCs with at least one QI team trained in quality improvement	Type of PHCC	72	0	0	0	*Target not achieved. PHCPI is planning to implement this activity toward the end of the project second year
13	Number of PHCCs linked to an effective referral process	Province	126	0	0	0	*Target not achieved. PHCPI is planning to implement this activity toward the end of the project second year
Sub-IR 2.1: PHC Service Providers Better Equipped							
14	Number of clinical standards/ protocols developed.	None	8	0	4	4	*Target not achieved. Four clinical guidelines developed and updated by PHCPI in coordination with MoH TWGs. The four guidelines are the IMCI for physicians, EMONC, Obesity, and Laboratory Standards
15	Percentage of PHCC relevant staff trained on five or more key clinical services	Type of PHCC	20%	0%	0%	0%	*Target not achieved. PHCPI is planning to implement this activity toward the end of the project second year
16	Percentage of provincial MoH and participating clinic supervisors trained in supportive supervision	DoH/ PHCC	20%	0%	0%	0	*Target not achieved. PHCPI is planning to implement this activity toward the end of the project second year
Sub-IR 2.2: Culture of Quality Improvement Fostered							
17	Number of QI lessons learnt documented and disseminated.	None	6	0	0	0	*Target not achieved. PHCPI is planning to implement this activity toward the end of the project second year
18	Number of studies evaluating effectiveness of innovative models for primary care service delivery completed and disseminated.	None	1	0	1	0	*On track to be achieved by end of project year 2. Data for this study was collected and analyzed; however, report has not yet been finalized and disseminated.
19	Number of studies evaluating effectiveness of quality improvement activities in Iraq	None	1	0	1	0	*On track to be achieved by end of project year 2. Data for this study was collected and analyzed; however, report has not yet been finalized and disseminated.
Intermediate Result 3: Increased Community Participation in PHC Service Delivery							
20	Percentage of PHCCs compliant with quality standards for community partnership	Rural/ Urban	35%	0%	0%	0%	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
21	Number of PHCCs who demonstrated community-PHC flow of information	Rural/ Urban	60	0	0	0	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Sub-IR 3.1: Community Mobilization Strengthened							
22	Number of PHCCs received TA on the community partnership handbook including establishment of LHCs	Rural/ Urban	60	0	334	334	Exceeded targets. Due to the high demand of MoH for this area, 334 clinics received training on the CHP in the second quarter of the year
23	Number of newly established LHCs	Rural/ Urban	45	0	344	344	Exceeded targets. Due to the high demand of MoH on this area, 344 LHCs established in 17 provinces

Indicator Number	Performance Indicator	Disaggregation	FY 2012 Target	October 01, 2011- March 31, 2012	April 01, 2012- September 30 2012	**FY 2012 IP Actual	Explanation of Deviation from Target and Solution Plan
24	Percentage of interview respondents who demonstrate knowledge of patients' rights	Rural/ Urban	20%	0%	0%	0%	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Sub-IR 3.2: Promotion of High Quality PHC Increased							
25	Percentage of interview respondents who recall seeing or hearing a specific PHCPI supported message	Rural/ Urban	15%	0%	0%	0%	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
26	Percentage of interviewed respondents who can mention two types of services offered by PHCCs	Rural/ Urban	15%	0%	0%	0%	*Target not achieved. PHCPI is planning to collect data on the this indicator at the end of the second project year (Jan-Mar 2013)
Annex							
1	Number of PHCCs using the standard operating procedure for maintenance management (1.1)	Type of PHCC	90	0	0	0	*Target not achieved. The number of staff trained on SOP has exceeded targets. However, PHCPI is planning to collect data to measure compliance of this indicator at the end of the second project year (Jan-Mar 2013)
2	Number of DoH and PHCC staff trained on Leadership and Management (1.1)	Males	360	92	297	389	Exceeded targets. More MoH /DoH staff were willing to participate in the rollout of the L&M training courses
		Females	90	48	51	99	
		Total	450	140	348	488	
*Targets were not met during this reporting period since the projections were based on the project year that ends in March 31st, 2013. While PHCPI is now aligning its reporting cycle to the USG fiscal year, this report is issued earlier than projected. The Performance Data Table (PDT) will be reviewed and adjusted to reflect expected achievements for the new reporting schedule							

APPENDIX E: FY2012 SUCCESS STORIES

USAID/IRAQ AND THE KURDISTAN MINISTRIES OF HEALTH AND PLANNING SIGNED A MEMORANDUM OF UNDERSTANDING

On September 25, the U.S. Government, through the United States Agency for International Development (USAID), signed a Memorandum of Understanding (MOU) with the Ministries of Health and Planning of the Kurdistan Regional Government (KRG) to support the KRG efforts in improving primary health care. The MOU was signed by the KRG Minister of Health, Dr. Rekawt Hama Rasheed, KRG Minister of Planning, Dr. Ali Sindi, and the USAID Mission Director, Mr. Thomas H. Staal. USAID is partnering with the KRG Ministry of Health to strengthen the delivery of primary health care services and ensure the availability of high quality healthcare to all of Iraq's citizens.



The MOU highlights the joint commitment of both parties to improve Iraq's health care system through a collaborative working relationship and project co-financing. This event was attended by high-level official representatives from USAID, KRG MoH, as well as Iraqi MoH. This MOU further confirms the joint goal and dedication of the K-MoH and USAID to make sustainable,

long-term achievements in the development of the Iraqi health sector. The public signing of this MOU, which was captured by various Iraqi news outlets and media, served as a communal pledge by the K-MoH and USAID to ensure that all Iraqis have access to quality PHC services.

USAID/PHCPI CONDUCTS HEALTH NEEDS ASSESSMENT FOR INTERNALLY DISPLACED PERSONS (IDPs)

In July 2012, USAID/PHCPI, in partnership with the Ministry of Health MoH and the Ministry of Displaced Persons, conducted a health needs assessment of internally displaced persons (IDP) living in Iraq. The goal of this assessment was to better understand the health priorities and services needed by displaced groups, as well as to identify major barriers IDPs face in accessing care. The assessment collected data on particularly vulnerable sub-sets of the IDP population, including women of reproductive age and children under five.



Teams of PHCPI-trained data collectors were able to collect data from 914 displaced households representing 4936 persons in seven IDP settlement areas in the provinces of Baghdad, Karbala, Kirkuk, Babil, Sulaimaniyah and Basrah. Information was collected from these households using a questionnaire containing questions designed specifically to understand IDP health seeking behavior and access to health services in Iraq. In-depth interviews were also conducted with health workers at the PHC clinics nearest to the IDP settlements. The data collectors for this survey were personnel from the MoH and workers from national civil societies. This assessment highlighted the overall situation of health services provision among IDPs and the need to address gaps in the delivery of quality care services. The results of this survey will be used to inform USAID/PHCPI and MoH activities focused on IDPs moving forward.

PHCPI COP INTERVIEWED ON IRAQIA TV “FOR BETTER HEALTH” PROGRAM

The PHCPI COP was interviewed by the weekly program “For Better Health” broadcast live on Iraqia TV network, covering various health awareness topics targeting the Iraqi public. The program’s emphasis was on nutrition, dental care, and the USAID/PHCPI in Iraq. During the one-hour program, glimpses of the PHC centers under the project and MOU signing ceremony, with associated commentary on the project, were broadcast. In addition, the COP answered a series of questions related to the nature of PHCPI, its goals and objectives, components, achievements, and intended impact on the health of Iraqi citizens. Other related interviews are being planned with various TV stations over the next few months to further acquaint the Iraqis with the USAID/PHCPI project and its close partnership with the MoH, as together they seek to strengthen the quality of health care services



PHCPI COP in press interview

at the PHCCs throughout Iraq. A PHCPI monthly newsletter will be issued with collaborative efforts between the MoH and PHCPI, and will be widely distributed. In addition, the project’s news and achievements are advertised on its website, the websites of the MoH and several DoHs.

USAID PRIMARY HEALTH CARE PROJECT

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