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PRIMARY HEALTH
CARE PROJECT



USAID/Primary Health Care Project in Iraq (USAID/PHCPI)

Contract Number: AID-267-C-11-00004

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

Deliverable Number: 1.2a

Deliverable Title: Handbook of Quality Standards and Operational Guidelines for Management of Primary Care Clinics

Date Submitted: January 18, 2012

This development of this deliverable was made possible through support provided by the U.S. Agency for International Development (USAID) under Primary Health Care Project in Iraq (PHCPI) implemented by University Research Co., LLC. the opinions expressed herein do not necessarily reflect the views of the U.S. Agency for International Development.

**Prepared for USAID/ Iraq by the
Primary Health Care Project in Iraq (USAID/PHCPI)
Under University Research Co., LLC.**

COMPONENT 1: SUPPORTIVE MANAGEMENT SYSTEMS AND PROCESSES FOR PRIMARY HEALTH CARE

DELIVERABLE NUMBER: 1.2.A

DELIVERABLE TITLE: Handbook of Quality Standards and Operational Guidelines for Management of Primary Care Clinics

1.INTRODUCTION, BACKGROUND INFORMATION, JUSTIFICATION

The Ministry of Health is the main provider of health care in Iraq. Recognizing that the current system in place in the country is very hospital-centered and focused on curative rather than preventative care, the MoH has established as one of its main objectives the improvement of the quality of care at the community level.

The MoH has determined that the cornerstones of its vision guiding the reform and strengthening of the health system are 1) building on existing investments; 2) building and strengthening cadres of professionals at many levels; 3) strengthening coordination of services between levels of care delivery; 4) promoting integration of services; and 5) demonstrating flexibility in responding to the needs of clients with an emphasis on community partnership. It is envisioned that the reforms initiated will be sustainable.

This handbook outlines a framework to manage and assess health care facilities according to a set of standards that directly contribute to improved patient outcomes. It is intended for use in the design, supervision, and evaluation of quality management systems and services for Primary Health Care (PHC) clinics in Iraq.

2.NATIONAL/INTERNATIONAL EVIDENCE

In order to produce the set of standards provided in the management handbook, PHCPI identified national and international standards of care in the PHC setting, beginning with an in-depth literature review. The documents reviewed included the following:

- a.Local PHC material obtained through direct communication with MoH. These included:
 - i.A Basic Health Services Package for Iraq developed in February 2010 with coordination and support from WHO and European Fund.
 - ii. Iraqi National Accreditation standards for PHC centers. Prepared through support and technical assistance from International Medical Corps in June 2010.
 - iii.Guideline for PHC centers developed in 2009 by MoH.
- b.Regional & International review of documents available from sound institutions in the field of healthcare:
 - i.Joint Commission International (JCI), accreditation standards for PHC centers, 2004 & 2008 editions.
 - ii.Joint Commission for Accreditation of Healthcare organizations (JCAHO), Ambulatory standards 2005-2006 edition.

- iii. Accreditation of PHC facilities in Egypt: Program, policies & procedures done by PHR plus project, editions 2001 & 2004.
- iv. Healthcare Accreditation Council (HCAC) Jordan, PHC accreditation standards, 2011 edition.
- v. Standards for Healthcare facilities for Jordan, 2002 edition.
- vi. Arabic League standards for PHC facilities, 2004 edition.

3.PROCESS TO ACHIEVE DELIVERABLE

In order to produce the provided deliverable PHCPI undertook the following steps:

1. Understand the PHC services in Iraq and the MoH vision for reforming healthcare services in the country.
2. Develop a functional matrix that clearly describes the different functional entities for PHC inside Iraq.
3. Conduct a baseline assessment study of the status of and availability of a standardized approach for PHC services inside MoH.
4. Review local and international literature on standards, policies and procedures for identifying and developing standards at PHC level.
5. Develop a minimum set of standards to adopt based on the understanding of the key management functions inside MoH.
6. Discuss with MoH the proposed set of standards, incorporating their feedback in the process.
7. Formalize the narrative management handbook that portrays the standards identified and agreed with MoH based on the functional matrix studied.
8. Finalize with MoH the initial draft on the management handbook in a joint workshop.
9. Outline the training curriculum that describes the training content and methodology of transfer of knowledge.
10. Conduct training of trainers workshop for district, provincial and MoH supervisors on the management handbook.
11. Roll-out training of management handbook in designated clinics and districts.
12. Develop assessment tool to assist with field supervision, performance improvement plans and measuring compliance with agreed standards.
13. Conduct baseline assessment compliance with developed standards.
14. Initiate monitoring of clinics to ensure compliance with the standards.
15. Develop and institutionalize a clinic-based reporting mechanism to provide regular reporting on compliance with standards.



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Handbook of Quality Standards and Operational Guidelines for Management of Primary Care Clinics Iraq

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Preface

As part of a greater campaign to improve access to and use of health care systems in place within Iraq, the Ministry of Health (MoH), with the collaborative efforts of the United State Agency for International Development (USAID)/Primary Health Care Project in Iraq (PHCPI) have worked together to draft this Management Handbook for Primary Healthcare Centers in Iraq. This handbook is part of a continuum of efforts focusing on strengthening primary health service delivery in the country.

The MoH of Iraq articulated its vision in 2004 for primary health care as “an accessible, affordable, available, safe and comprehensive quality health service of the highest possible standard that is financially sound and founded on scientific principles in order to meet the present and future health needs of Iraqi people, regardless of their ethnicity, geographic origin, gender or religious affiliation.” Primary health care (PHC) in Iraq has made considerable progress, with many clinics specializing in vertical programs. Under the new vision outlined by the MoH, this existing system would undergo a series of reforms, moving toward greater integration of services. To that end, the MoH identified and developed a Basic Health Services Package (BHSP) as an appropriate initial step to achieve this goal. Building on the services currently in place, the MoH decided to construct an integrated service delivery system for PHC and preventive services centered on the family medicine approach. This new strategy aims to use scarce resources efficiently to benefit Iraqis most in need—especially the underserved, the poor, and Internally Displaced Persons (IDPs).

Frequently Used Acronyms

BCC	Behavior Change Communication
BHSP	Basic Health Services Package
EML	Essential Medicines List
EPI	Expanded Program on Immunization
EQA	External Quality Assurance
GoI	Government of Iraq
HMIS	Health Management Information System
IMCI	Integrated Management of Childhood Illness
IPC	Infection Prevention and Control
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSI	Management Systems International
PHC	Primary Health Care
PHCC	Primary Health Care Center
PHCPI	Primary Health Care Project Iraq
SCM	Supply Chain Management
SOP	Standard Operating Procedures
QI	Quality Improvement
URC	University Research Co., LLC
USAID	United States Agency for International Development

1 INTRODUCTION

The Ministry of Health (MoH) is the main provider of health care in Iraq. Recognizing that the current system in place in the country is very hospital-centered and focused on curative rather than preventative care, the MoH has established as one of its main objectives the improvement of the quality of care at the community level.

The MoH has determined that the cornerstones of its vision guiding the reform and strengthening of the health system are: building on existing investments; building and strengthening cadres of professionals at many levels; strengthening coordination of services between levels of care delivery; promoting integration of services; and demonstrating flexibility in responding to the needs of clients with an emphasis on community partnership. It is envisioned that the reforms initiated will be sustainable.

Priorities of the Ministry of Health:

- a) **Good governance:** This involves strengthening systems to ensure accountability of staff; transparency of finance and allocation of resources; accountability; and consensus on the role of the MOH to serve two functions: both that of health regulator and as the actor responsible for health services provision.
- b) **Health Service Delivery:** This priority involves fostering coordination of service provided by NGOs and the private sector with the MoH, ensuring that all actors are at a high level of quality. Health Service Delivery requires promoting coordination between different departments within the MOH; ensuring accountability of providers for services provided; drafting and implementing policy regarding a referral system, including feedback from patients about quality of care received; operationalizing existing standards, guidelines and standard operating procedures; developing standards that are not yet in place; responding to new patients' emerging needs; developing/updating, implementing, and monitoring guidelines and standard operating procedures; reviewing patient flow with the aim of improving performance processes; and developing more integrated programs. Improved Health Services Delivery also involves other aspects of Clinic Management and Clinical Care, including developing a system for effective medical waste management; ensuring that there is a system in place for effective infection control, including protecting the safety of the health provider; and operationalizing the Public Health Law. None of these goals will be achieved without first strengthening management systems, including systems for efficient tracking and documenting of medical records; human resource development; and strengthening systems to review performance of facilities through accreditation.

- c) **Building Human Resource Capacity:** Recognizing that the success of any system depends largely on the skilled labor force involved in its administration, the MoH is committed to strengthening the capacity of the Human Resource of the Primary Healthcare System. This includes establishing more clear guidelines for specific job descriptions; implementing a performance evaluation methodology linked to incentives; archiving relevant data; and strengthening access to Continuing Medical Education.
- d) **Pharmaceutical Management:** Developing a system to ensure accountability of the efficacy of medicines purchased, an Essential Medicines List by level of care, and a functioning distribution system based on “First In-First Out” methodology, with proper documentation.
- e) **HIS:** The MoH recognizes the need to develop a more comprehensive Health Information System, with both a paper-based and electronic medical record. This involves developing a system with specialists in data entry; reviewing and analyzing for the purpose of data for decision making at the facility, district, directorate, and central levels; developing a cadre of experts that can take the lead to operationalize a sustainable HIS system; addressing existing issues of miscoding; and accurately reporting underlying causes of morbidity and mortality.

Aim

The objectives of this new PHC strategy are:

- 1.To improve the quality of services provided at the PHC level, ensuring compliance with established national PHC policies, standards and guidelines aimed at reaching adequate levels for PHC accreditation for these centers in the future.
- 2.To increase community awareness of the services offered at the PHC level, aimed towards increasing demand for PHC services.
- 3.To increase PHC clinic accessibility to underserved communities, including internally displaced people inside Iraq.
- 4.To integrate health services provided around individuals and families, restructuring the current vertical-intervention health programming into a system of community-centered family health.

The following handbook presents a detailed framework for the management, assessment and evaluation of the different functions and services provided inside PHC centers in Iraq based on the design and execution of quality management systems and services inside these facilities.

Objectives of the Management Handbook

This handbook outlines a framework to manage and assess health care facilities according to a set of standards that directly contribute to improved patient outcomes. It is intended for use in the design, supervision, and evaluation of quality management systems and services for Primary Health Care (PHC) clinics inside Iraq. The specific objectives of the PHC Management Handbook are:

- 1.To develop a system for continuous improvement wherein PHC facilities better manage activities and services through systemic, periodic self-monitoring as well as compliance to a national accreditation system.
- 2.To strengthen and standardize regulation and supervision processes at the district, provincial, and ministerial level by developing a structured and scientific process for assessment based on quality standards to ensure optimal care of the population in Iraq.

I. PRINCIPLES OF THE PHC MANAGEMENT HANDBOOK

- II.i. Support the existing Public Health Law of the Iraq MoH. The law is intended to provide a framework that clearly defines healthcare standards for compliance as well as monitoring methods and mechanisms.
- II.ii. Integrate MoH efforts through building on the successful experience of existing PHC vertical programs. In addition, the MoH demonstrates the desire to build its capacity to develop and implement a successful Quality Improvement program for PHC services. This approach will provide a broad perspective for self-monitoring and supervision focusing on the overall performance of a PHC healthcare facility.
- II.iii. Strengthen supervision and management through providing routine inspection and follow-up on compliance with standards in any of the categories of services that put at risk the safety of patients and staff inside the PHC center.
- II.iv. Meet the needs of the PHC system in Iraq by targeting and improving the quality of PHC services utilized by a large portion of the population, especially those most in need of service; including IDPs, the poor, women, and children.
- II.v. Build upon existing MoH efforts in establishing health care standards. The PHC management handbook includes elements of the management standards established by the MoH in its *Iraqi Accreditation Standards for Primary Health Care Centers* in June 2010 (see References). This document includes basic management standards on topics such as quality management, medical records, HIS, etc. The management handbook expands on these concepts and is intended to be used as a reference for service providers implementing these standards.

II. BACKGROUND ON HEALTH INFRASTRUCTURE

The MoH is the main provider of health care in Iraq. Primary health care is provided through PHC sub-centers and PHC main centers. PHC centers provide preventive, promotive, and basic curative services, along with simple diagnostic investigations free of charge.

Other health service providers include private sector and semi-private sector (public clinics operating at PHC centers in the afternoon with lower fee). Semi-private clinics provide curative services and distribute drugs for patients with chronic diseases. Efforts to strengthen the PHC system through community-based initiatives (CBI) are ongoing.

III. DESCRIPTION OF THE PHC MANAGEMENT HANDBOOK

The PHC Management Handbook contains two levels of standards:

Management Standards: Provides management standards that patients should expect and that providers, communities and managers should implement to achieve a quality level of care. Linked to each standard are a number of criteria to achieve compliance.

Operational Guidelines: Outlines the measurable criteria to determine how to accomplish the standards established the Management Standards.

IV.i. Structure of the Handbook



The graphic above shows an overall framework of the key areas of focus for PHC Center quality management. These topics are interrelated and encompass the management standards outlined in the handbook. These criteria were determined as priority areas for assessment and performance

measurement based on thorough discussions with MoH officials as well as their established importance in defining quality PHC Center services.

IV.ii. Management Area by Topic

Topic	Sub-Topic
1. Organization and Leadership	1.1 Organization management
	1.2 Strategic Leadership
	1.3 Planning and oversight
	1.4 Patient and Family Rights
	1.5 Family Medicine approach
2. Client Clinical Care	2.1 Organization of Care: Assessment and Continuity of Care
	2.2 Women's and Reproductive Health
	2.3 Child Health
	2.4 Communicable Disease Control
	2.5 Nutrition
	2.6 Non-Communicable Diseases
	2.7 Mental Health
	2.8 Emergency Care
	2.9 School Health
3. Clinic Safety	3.1 Infection Prevention and Control
	3.2 Waste Management
	3.3 Radiology safety
4. Clinic Support Services	4.1 Pharmacy and Medical supplies
	4.2 Laboratory services
	4.3 Radiology services
	4.4 Environmental Health services
	4.5 Dental Services
	4.6 Training Services
5. Operational Management	5.1 Human Resource Management
	5.2 Financial resource management
	5.3 Inventory management (non-clinical)
6. Facility and Equipment management	6.1 Buildings and Ground
	6.2 Management of Equipment and Utilities
	6.3 Safety and Security
	6.4 Hygiene and Cleanliness
	6.5 Linen and Laundry
7. Management of Information	7.1 Information Management
	7.2 Medical Records
	7.3 Referral
8. Community Participation	8.1 Community Partnership and mobilization
	8.2 Behavioral Change Communication
	8.3 Health Promotion and Disease prevention
9. Quality Improvement	9.1 QI Team
	9.2 QI Action Plan
	9.3 District/Province Improvement Collaborative

IV.QUALITY STANDARDS

This section provides management standards that providers, communities and managers should implement in order to achieve a quality level of care; and which patients should expect from PHC Centers. Linked to each standard are a number of criteria that offer measurable elements to achieve compliance with the standard.

What to do with Standards

The process of implementing and complying with quality standards can be divided into a series of sequential steps:

- 1)The leaders embrace the concept of standards and the value of having standards against which the clinic’s performance can be measured.
- 2)The leaders communicate the concept and value of working toward these standards to all the employees and staff.
- 3) Since the fundamental concept of standardization is to improve quality, the clinic develops and widely communicates its definition of what is meant by “quality”.
- 4) The clinic creates a quality improvement (QI) committee and begins to keep minutes that reflect the work and successes of QI, including meeting standards.
- 5) The clinic educates its employees and staff about the individual standards.
- 6) The clinic completes a self-evaluation of its current status of compliance with the standards.
- 7) The self-evaluation is supported by evidence, including documentation, of compliance or non-compliance.
- 8)For all standards that are not fully met, the clinic creates an action plan that defines the following:
 - Finding or findings that support the conclusion that the standard is not fully met.
 - Recommended action that should be taken to fully meet the standard.
 - Name of an individual who will assume the primary responsibility for ensuring that the action is taken and is effective.

1 ORGANIZATION AND LEADERSHIP

Primary Healthcare Clinics strive to be effective, well-managed centers. A clear management structure with proper planning and coordination of the care process must be in place to achieve this. The organization and leadership section covers the strategic direction provided in each PHC Center supported by oversight of the structure for each facility. It ensures that PHC managers provide the appropriate skills and knowledge of the principles and elements of good leadership and management within the healthcare context, thereby creating a healthy working environment. Enabling organizational arrangements within the healthcare system inside MoH encourages managers to perform well, which in turn communicates visions of success to the team, ultimately leading to a well-run, efficient PHC Center.

In addition, a clear management structure specifies the responsibilities of PHC facilities not only to the staff, but also to the patient. Managers at the PHC level play a vital role in ensuring that the most critical rights of patients are respected and upheld; including the right of access to needed care and the right to respectful, informed and dignified attention in an acceptable and hygienic environment. As Family Medicine forms the core for integrated PHC service delivery, PHC facility management is required to measure the extent to which the facility adopts the Family Medicine Approach, thus ensuring continuity and comprehensiveness of care.

1.1 ORGANIZATION MANAGEMENT

The PHC center organizational and management structure is described and written based on the laws, policies and procedures set by the Iraq Ministry of Health. The responsibilities and accountabilities of this structure are documented through a clear mission statement and set through establishing a framework for proper management so that the facility provides patient care within safe, financial, ethical and legal means that protect patients and their rights.

The PHC center manager is responsible for operating the facility and complying with the MOH laws and regulations. In addition the PHC center clinical and managerial leaders are identified and are responsible for creating their individual plans to fulfill their job requirements and the center's mission. Each center's mission must be tailored to the individual center; taking into consideration the resources available; the needs of the community; and the capabilities of the facility.

1.2 STRATEGIC LEADERSHIP

The Ministry of Health inside Iraq is the catalyst for change and the driver for an effective Healthcare system in Iraq. Hence, the MoH-appointed PHC center manager will focus specifically on strengthening his leadership role and working relationship with his staff with the

goal to provide a positive role-model. PHC managers and leaders should offer a strong sense of purpose and direction, consistently and effectively leading staff in the direction that is in keeping with the center's written mission and the vision MoH has embarked on.

The basis for any sustainable leadership is to be clear about the purpose of the PHC center. The goal of the MoH operating inside Iraq is to improve healthcare and provide care free at the point of delivery. PHC center leadership should be clear about MoH core functions, allowing the focus to be on its main priorities, i.e. PHC services which deliver health improvement and high quality patient care. The development of support functions, e.g. HR, IT, Finance etc. will always be overseen by MoH administrative purpose.

1.3 PLANNING AND OVERSIGHT

To support successful PHC service provision, good planning and sound implementation is crucial. Every employee inside the PHC center is expected to follow the specific standards and processes set for his work inside the PHC center. The MoH has developed the appropriate standards, policies and procedures by which work inside the MoH would be conducted. This includes:

- 1.Key MoH strategies and clear organizational objectives are developed and communicated to all staff addressing key health priorities inside Iraq.
- 2.Adequate operational and service plans and targets for implementation are in place
- 3.Clear measures of performance are developed and in effect. Progress is monitored and evaluated at regular intervals, thus ensuring progress towards the MoH's vision.
- 4.Effective two-way communication and critical questioning of the consequences for decisions and actions taken.
- 5.Clarity around responsibility and accountability, both individually and collectively
- 6.Comprehensive, reliable and relevant reporting systems are in place and utilized.

Moreover, planning and oversight committees must take into consideration the high turnover rates at health facilities; specifically those located in remote or hardship areas, and present their planning cycles

1.4 PATIENT AND FAMILY RIGHTS

An important consideration in PHC delivery is how to effectively organize PHC services to support adequate patient care with respect to patient rights; gained informed consent for certain procedures; and the appropriate assessment of patient needs through education, comfort and cure. The MoH inside Iraq has adopted a Patient's Rights Charter that specifies the responsibilities of PHC facilities in ensuring that the most critical rights of patients are respected and upheld, including the right of access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from the point of view of the patient.

The PHC center works to protect and advance patient and family rights, acknowledging that the manner in which patients express their rights and responsibilities may be deeply rooted in Iraq's cultural norms and traditions. The PHC center leadership should provide direction to ensure staff assumes responsibility for protecting these rights. Patient and family rights include:

1. Care that is considerate, compassionate and respectful of the patient's personal values and beliefs even at the end of life.
2. Care that is respectful of the patient's need for privacy during consultation, examination and treatment.
3. Protection from physical and verbal assault.
4. Information that is confidential and protected from loss or misuse.
5. Family and individual participation in the care process.

In addition, emphasis must also be placed on the rights of the healthcare providers in the PHC system. These include:

1. Right to full and accurate information related to the client's health issues
2. Right to provide treatment and health care service regardless of sex, belief, religion, ethnic origin, economic status, marital status or place of living.
3. Right to decide about the method of treatment and health care which is medically sound for the client
4. Right to provide treatment and health care service in a private place
5. Right to receive respect and dignity from the client
6. Right to have an appropriate and comfortable place in providing treatment and health care service for the client
7. Right to stop or continue treatment or to refer client medically sound
8. Right to a healthy, safe working environment, free from the threat of violence.

1.5 FAMILY MEDICINE APPROACH

The 2004 MoH reform of the existing PHC system led to the development of a basic healthcare services package (BHSP). The BHSP is defined as “the minimum collection of essential health services that all population need to have and guaranteed access to”. PHC centers determine the type and scope of services to be offered to the community and to patients. As these services are offered to individuals from birth to death, it encompasses a wide variety of healthcare needs. It is very important for the PHC center to determine what services are offered and the boundaries between the care they offer and other parts of the healthcare system.

The family is the basis and element of the Iraqi society. Therefore rather than individually-focused, vertically set and fragmented services, it is of great importance to assure provision of comprehensive services in a holistic approach through integrating services to include all members of the family from infants through the elderly and throughout the continuum of care. Family Medicine was introduced in Iraq as an approach to ensure continuity and

comprehensiveness in the treatment and care of the individual, yielding better results for patients when visiting the same physician (Family Doctor) by promoting an ongoing relationship between the family and the physician and acting as the gatekeeper to healthcare inside the MoH.

Family Medicine is rooted in certified medical education, training and adequate continuous education for physicians, nurses and other healthcare personnel. It encourages better responsiveness to patients either directly or through coordinated referral services to higher levels of care. The PHC center takes the responsibility for providing care and services in a seamless manner based on the scope identified in the BHSP from first contact through follow-up, including referral. This requires appropriate steps taken to ensure that the movement of the patient and his/her information is properly coordinated and that multidisciplinary teams are organized to ensure adequate coordination and continuity of care.

Sub- Topic	Standard	Measurable Criteria
1.1 Organization Management	1.1.1 An effective PHC management system is available	1. PHC center organizational structure appropriate to the needs of the clinic is in place and communicated
		2. PHC center job descriptions for all staff are available
		3. PHC Goals & objectives written & communicated
		4. Roles, responsibilities and communication lines are clearly stated
	1.1.2 PHC manager appointed	1. Job description available
	1.1.3 Mission Statement Developed & Communicated	1. Mission statement written & approved by PHC manager
		2. Mission statement communicated to staff
		3. Mission statement posted for public view
	1.1.4 PHC staff leaders meet monthly	1. Meeting schedule is set and communicated
		2. Minutes of meeting is written and communicated
3. Outcomes of monthly meeting communicated to all staff		
1.2 Strategic leadership	1.2.1 Effective leadership support Quality service delivery	1. PHC Manager receives adequate leadership training
		2. PHC Manager provide positive role model
		3. PHC manager motivate staff to achieve facility goals

	1.2.2 Leadership provides strategic direction to informed planning and prioritization	<ul style="list-style-type: none"> 1. A facility plan is developed and communicated to staff and approved by district authorities 2. Facility plan should reflect district and national priorities. 3. Facility plan should reflect local community needs & challenges.
1.3 Planning & oversight	1.3.1 PHC leaders develop individual plans to guide service delivery in accordance to strategic plan	<ul style="list-style-type: none"> 1. PHC leaders receive adequate management training on planning and key health priorities 2. Annual plan is available and in place
	1.3.2 PHC leaders implement and monitor individual plans	<ul style="list-style-type: none"> 1. Clear SMART objectives are in place for each plan. 2 Performance monitoring is regularly conducted against set objectives
	1.4.1 Patients are informed about their treatment & asked about consent for certain procedures	1. Patient consent form available
		2. Facility has list of procedures that requires consent form
1.4 Patient & family rights	1.4.2 Facility has written policies on patient & family rights and communicated to patients	3. Informed consent forms signed and available inside patient records
		1. Patient Rights Charter are disseminated and made visible to patients
	1.4.3 Facility has a system to deal with patient complaints	2. Patient Policies are available and communicated
		1. System for collecting patient complaints in place and communicated to staff & patients
		2. Patient Complaints person/committee is in place to review and act on patient complaints
	1.4.4 Facility has a system to assess patient satisfaction	3. At least two patient complaints have been addressed and resolved.
		1. Facility has a patient satisfaction questionnaire that is implemented routinely
		2. Results of patients satisfaction survey communicated to patients and staff
1.5 Family Medicine Approach	1.5.1 Available basic Family Health Services package	3. Results are taken into account in QI program
		<ul style="list-style-type: none"> 1. Family Health Package of Services are identified and communicated 2. Families and patients are informed about services and how to access it

	1.5.2 Process of care is designed to support the patient	1. Unique patient identification is identified and in use.
		2. Patient registration & appointment is designed to minimize wait times
		3. Patient registration ensures privacy & confidentiality
		4. communication with the patient in a language the patient can understand
	1.5.3 Continuity and comprehensiveness of care is maintained inside PHC center	1. Patients & families are seen by the same family doctor over a certain period of time
		2. Patient records checked for signature of same doctor

2 CLIENT CLINICAL CARE

In Iraq, Primary Health Care Centers (PHCCs) vary in the scope of services that they provide, with centers classified as: 1) Main Health Centers (with ER and Delivery Rooms, and a Training Room); 2) Sub-Centers, and 3) Health Houses. Each classification specifies the catchment area served and the type of services (preventive and curative) provided by that type of PHCC and thus the types of patients that each type of PHCC may effectively serve. The list of interventions for each type of PHCC is specified in the Iraq MoH Essential Package of Basic Health Services.

This section measures the extent to which patients receive appropriate primary health care. It focuses on **assessment**, including: history, physical exam, observations, diagnostic investigations; and **the care plan**, including treatment, health education, job aid/algorithm, BCC messages, criteria for referral, follow-up and documentation in the medical record. Using the organizational framework in the MoH's Essential Package of Basic Health Services, this section on Client Clinical Care has been organized by starting with standards and measurable criteria for patient assessment and treatment (using the above mentioned categories as applicable). Each cluster of clinical services is then presented with standards and measurable criteria for the various clusters of services provided by the PHCCs.

It is important to note that a major focus of this section of Client Clinical Care is to ensure that a continuum of care is carried out within the health care system. Assessing the client's needs is a key element in determining the level of care and services required. It is understood that clients frequently receive care by more than one service area and in more than one location. An episode of care must be understood as part of a continuum and not a sequence of isolated actions. Continuity of care is achieved when the client receives a broad range of services that he/she needs at the same facility and when being able to follow-up with the same providers for the revisits. In addition, an effective referral system must be designed that facilitates clients receiving the care that they require in a timely manner. Therefore, the center and its staff must work collaboratively to make this continuum work smoothly. It is acknowledged that this vision represents the ideal way of providing clinical care and Iraq is working towards achieving this vision.

Documents and systems typically reviewed:

- Identification of barriers to access and plans to minimize them
- Client flow analysis
- Appointment system
- Client tracking and recall processes
- Policy on referring clients to other providers or settings/levels
- Clinical Guidelines for different clinical areas
- Medication policies
- Emergency triage process (in PHC Centers with ERs)

- Plan for responding to resuscitation emergencies
- List of emergency equipment (in PHC Centers with ERs)

Sub- Topic	Standard	Measurable Criteria
2.1. Organization of Care: Assessment of Patients	2.1.1 Initial assessment of patient takes place at the point of first contact, to ensure that needs are met.	2.1.1.1 There is a system, which includes patient identification, for initiating screening at the point of first contact.
		2.1.1.2 The screening assessment leads to an understanding of the types of preventive, promotive, curative and rehabilitative services needed by the patient.
		2.1.1.3 There is a system for ensuring that patients are seen within the shortest possible time, i.e. an appointment system
		2.1.1.4 A process is in place to assess risk and need for immediate attention. (e.g., the very frail, ill, or women in advanced stage of pregnancy).
		2.1.1.5 Waiting times are monitored as part of the organization’s quality management and improvement program and kept to the minimum.
2.2 Organization of Care: Continuity of Care	2.2.1 There are mechanisms for holding patients for observation only in PHCs with ER.	2.2.1.1 Policies and procedures for holding patients for observation while in Emergency Rooms are implemented.
	2.2.2 The PHC designs and carries out processes for providing continuity of patient care services.	2.2.2.1 Arrangements are in place to ensure that adequate referral services are available (e.g. transportation and communication to referral site)
		2.2.2.2 There are written guidelines for referring patients with a variety of conditions.

Sub- Topic	Standard	Measurable Criteria
		2.2.2.3 Patients and, as appropriate their families, are given follow-up instructions, that are provided in an understandable form and manner.
2.3 Women's Health: Antenatal Care	2.3.1 An effective antenatal service is provided.	2.3.1.1 Guidelines for appropriate tests, observations and examinations to be conducted on pregnant women are available and are followed.
		2.3.1.2 All tests results, observations and examinations are recorded.
		2.3.1.3 Guidelines for referring patients with complicated pregnancies to specialist services are available and are followed.
		2.3.1.4 Guidelines for educating pregnant women in preparation for breast feeding and birth spacing are available and are followed.
2.4 Women's Health: Labor and Delivery	2.4.1 Delivery is provided with adequate resources to ensure safe and effective care by trained personnel	2.4.1.1 Guidelines directed to all levels of service providers for provision of delivery services using certified birth attendants are available and are followed.
		2.4.1.2 Guidelines (such as Emergency Obstetric Care and the Active Management of the Third Stage of Labor) are used to reduce the number of maternal deaths.
		2.4.1.3 A registered/certified birth attendant (either at a facility or home) with training/experience is present at every birth.

Sub- Topic	Standard	Measurable Criteria
		<p data-bbox="878 254 1422 415">2.4.1.4 At least one person who is competent in the management of maternal and neonatal emergencies is available for consultation at all times.</p> <p data-bbox="878 457 1382 619">2.4.1.5 Guidelines for the active management of the third stage of labor, including post-partum bleeding are available and are followed</p> <p data-bbox="878 661 1406 779">2.4.1.6. Guidelines, policies, and training are present that encourage facility-based deliveries.</p>
2.5 Women's Health: Neonatal Care	2.5.1 An effective post-delivery neonatal service is provided.	<p data-bbox="878 814 1414 976">2.5.1.1 Guidelines for neonatal resuscitation available and followed in all PHC facilities where deliveries occur by trained personnel</p> <p data-bbox="878 1018 1414 1180">2.5.1.2 Resuscitation equipment is available, including suction apparatus and oxygen, incubator, pediatric manual ventilator and masks for new-born.</p> <p data-bbox="878 1222 1406 1339">2.5.1.3 Standard neonatal equipment is supplied in accordance with an approved list.</p> <p data-bbox="878 1381 1430 1543">2.5.1.4 There is an established program for vaccinating newborn babies (e.g. BCG and hepatitis) following delivery & prior to discharge.</p>
2.6 Women's Health: Postpartum Care	2.6.1 An effective postnatal service is provided.	<p data-bbox="878 1577 1406 1694">2.6.1.1 Guidelines for post-natal care are available and are followed by trained personnel</p> <p data-bbox="878 1736 1422 1854">2.6.1.2 Personnel show evidence of education and competence providing post-natal care.</p>

Sub- Topic	Standard	Measurable Criteria
		<p data-bbox="878 254 1417 373">2.6.1.3 All tests results for postpartum woman and baby, observations & examinations are recorded.</p> <p data-bbox="878 415 1417 573">2.6.1.4 Guidelines for referring patients with post-natal complications to specialist services are available and are followed by trained personnel.</p> <p data-bbox="878 615 1417 814">2.6.1.5 Policies address the issues of breastfeeding (transmission risk) and its alternatives and the provision of breast milk substitutes in accordance with guidelines.</p>
2.7 Women's Health: Birth Spacing	2.7.1 Birth spacing service is provided to meet the needs of families in the community.	<p data-bbox="878 856 1417 976">2.7.1.1 Guidelines for providing contraceptive services are available and are followed.</p> <p data-bbox="878 1018 1417 1138">2.7.1.2 Health Education is provided during pregnancy and post-natal period and includes the husband.</p>
2.8 Child Health	2.8.1 Services are provided to promote the health and growth of children.	<p data-bbox="878 1171 1417 1465">2.8.1.1 Guidelines for measuring the growth and development of children and referring them appropriately where growth or development are delayed and the Integrated Management of Childhood Illnesses (IMCI) manual and services are available and are followed.</p> <p data-bbox="878 1507 1417 1627">2.8.1.2 Guidelines for hearing and vision tests for children are available and are followed.</p> <p data-bbox="878 1669 1417 1822">2.8.1.3 Children with nutritional deficiency disorders are identified, managed or appropriately referred to specialized centers.</p>

Sub- Topic	Standard	Measurable Criteria
		2.8.1.4 The health facility is adolescent and youth-friendly and meets the specific healthcare needs of these groups in accordance with national guidelines.
2.9 Communicable Disease Control: Immunization	2.9.1 The health facility provides immunization in accordance with National Guidelines.	2.9.1.1 Guidelines for immunization program are available and are followed by trained personnel
		2.9.1.2 The facility manager in conjunction with the immunization unit manager reviews the coverage and practice of immunization, the vaccine supply and maintenance of the cold chain.
2.10 Communicable Diseases: Diarrheal diseases	2.10.1 Program for preventing and treating Diarrhea diseases.	2.10.1.1 Guidelines for preventing and treating diarrheal infections are available & are followed.
		2.10.1.2 There are protocols for stool collection, where appropriate.
		2.10.1.3 There are guidelines and resources for treating dehydration for children < 5 years of age.
2.11 Communicable Diseases: Sexually Transmitted infections	2.11.1 Program for preventing and treating sexually transmitted infections.	2.11.1.1 Guidelines for managing STIs are available and are followed using the syndrome approach.
	2.11.2 Health promotion program to prevent STIs	2.11.2.1 Guidelines and health education is promoted emphasizing how to prevent getting a STI and spreading to others.
2.12 Communicable Diseases: Tuberculosis	2.12.1 Program for preventing and treating tuberculosis	2.12.1.1 There is a system for sputum microscopy.
		2.12.1.2 The outcomes of sputum testing are monitored.

Sub- Topic	Standard	Measurable Criteria
		<p>2.12.1.3 Tuberculosis (TB) treatment accords with current guidelines.</p> <p>2.12.1.4 There is an uninterrupted medicine supply for TB treatment.</p> <p>2.12.1.5 The facility has a TB infection control management plan that is implemented.</p> <p>12.1.6 Policies and procedures related to community support and involvement of the directly observed TB treatment (DOTS) are implemented.</p> <p>12.1.7 Patients with positive tuberculosis test results are counseled and provided with required medicine.</p>
2.13 Nutrition	2.13.1 Program for maintaining healthy Nutritional status of mother and child	<p>2.13.1.1 Job aids for nutrition related to prevention of anemia in pregnant women and children including stunting and failure to thrive are posted and referred to by health center staff in counseling women and children.</p> <p>2.13.1.2 Criteria for referral of infants and children at risk and with problems (e.g. stunting, failure to thrive, undernutrition) are referred to appropriate specialized centers or secondary facilities and followed by PHC center.</p> <p>2.13.1.3. Counseling & Interventions are offered proactively that respond to a range of nutritional deficiencies and monitored to determine effect on at risk individuals.</p>
2.14 Non-communicable diseases:	2.14.1 The PHC facility provides general primary care for leading causes of chronic	2.14.1.1 Guidelines for screening, assessing and treating patients with chronic non-communicable diseases (e.g.

Sub- Topic	Standard	Measurable Criteria
hypertension & diabetes	non-communicable diseases: hypertension, diabetes, cardio-vascular, etc.	hypertension, diabetes, cardio-vascular, etc.) are available and are followed.
		2.14.1.2 Appropriate equipment is available for conducting the assessments.
		2.14.1.3 Patients are counseled about self-guided management (i.e. how to take care of him/herself and prevent problems from occurring) and provided with the necessary services, as appropriate to their needs.
	2.14.2 Case management program established to monitor and follow up patients with non-communicable diseases (diabetes and hypertension)	2.14.2.1 Adequate time for staff to do counseling and follow up.
2.14.2.2 Documentation (by the staff) of effectiveness of case management program monitored by supervisor that includes what happens as a result of counseling, instruction about self-care, any emergencies that occur.		
2.15 Cancer	2.15.1 A cancer screening and prevention program is available.	2.15.1.1 Guidelines for early detection of breast cancer and cervical cancer are available and are followed by trained personnel.
		2.15.1.2 There are policies and procedures for the taking of Papanicolaou (Pap) smears, and responding to the results.
2.16 Mental Health	2.16.1 The PHC facility provides care for patients with mental disorders, within its capabilities.	2.16.1.1 Guidelines, including mental health legislation, for assessing patients attending the mental health service are available and are followed.
		2.16.1.2 There is access to mental health expertise, when required by trained

Sub- Topic	Standard	Measurable Criteria
		personnel
		2.16.1.3 Documentation and monitoring of outcomes of patients counseled and participating in individual or support groups for stress and anxiety.
2.17 Emergency Care & Resuscitation	2.17.1 PHC without emergency unit/room provide limited care & attention to patients with emergency conditions.	2.17.1.1 staff are trained on basic life support
	2.17.2 The PHC facility with emergency unit provides basic emergency care including resuscitation in accordance with organizational policy.	2.17.1.2 PHC have communication system with the ambulance service
		2.17.2.1 Written guidelines for providing primary emergency services are available and are followed.
		2.17.2.2 clear job description is present and followed
		2.17.2.3 Case reviews are undertaken by ER director to assess the quality of treatment and care of patients requiring emergency care.
		2.17.2.4 The service is organized in terms of personnel, facilities, equipment, and procedures, to evaluate, manage, stabilize and transfer patients with emergency conditions.
		2.17.2.5 a list of equipment and supplies which should be available in the ER unit is present .
	2.17.2.6 The health facility has a policy on resuscitation, which includes the level at which resuscitation is provided, by whom, and training and equipment requirements.	

Sub- Topic	Standard	Measurable Criteria
		2.17.2.7 The availability of resuscitation equipment and medicines with clear instructions for use is specified in the organization’s policy on resuscitation.
		2.17.2.8 The personnel are trained in resuscitation and records are kept of their attendance at such training.
		2.17.2.9 Equipment for early cardiopulmonary resuscitation is available within one minute in each area of the facility.
		2.17.2.10 Equipment for early cardiopulmonary resuscitation includes at least a CPR board, oral airways, endotracheal tubes and advanced airway management equipment.
		17.2.11 Where early defibrillation is indicated, there is a defibrillator and an ECG machine.
		2.17.2.12 The resuscitation equipment is available in adult and pediatric sizes.
		2.17.2.13 The drugs available in accordance with a specified list, include those for cardiac and respiratory arrest, coma, fits and states of shock (including pediatric doses), plasma expanders and drugs with narrow therapeutic windows are labeled .
		2.17.2.14 Drawers are clearly labeled with contents.

Sub- Topic	Standard	Measurable Criteria
2.18 Ambulance/ emergency medical services	2.18.1 PHC facility has communication system with ambulance/emergency medical services	2.18.1.1 The organization has a written response and deployment plan including the identification of response areas and the availability of response units including a list of emergency contact information.
		2.18.1.2 There is an effective system for facilitating communication between the personnel of the healthcare facility, the ambulance service and the receiving organizations by mean of telephone, fax or Email.
		2.18.1.3 The individuals who provide patient care in the ambulance services have the required training and experience.
		2.18.1.4 The ambulances are fully equipped to deal with obstetric emergencies.
2.19 School Health	2.19.1 Program in place and functioning to screen school-age children (5-12 years) for vision and hearing problems, stress and developmental delays.	2.19.1.1 Guidelines for school health program are present and followed by trained personnel
		2.19.1.2 Program effectiveness monitored by supervisory staff.
	2.19.2 System for referral of children who are identified with vision and/or hearing problems, stress, obesity, or developmental delays.	2.19.2.1 Outcomes of children referred from school screening program monitored and followed up.
	2.19.3 School dental health program in place with trained personnel and support.	2.19.3.1 Guidelines and health promotion materials and interactive activities involving the community available to promote dental hygiene

3 CLINIC SAFETY

Although the direct provision of care is the primary function of primary care centers, clients and staff are dependent on support services to ensure *safe* care is delivered to meet the needs of the clients. This section covers three important support functions:

- 1.Prevention and control of health facility-acquired infection;
- 2.Environmental safety including waste management; and
- 3.Provision of safe supportive services, such as radiological safety.

This section assesses the extent to which the facility provides a safe environment to its patients, staff and clients. It covers both clinical and environmental safety. Clinical safety includes having a robust infection control program and waste management system in place.

One of the most daunting challenges is to reduce instances of medical harm due to infections. Reducing health facility-acquired infections through good practices is critical to keeping clients safe and controlling costs. Centers must execute infection prevention and control policies supported by facility management. Other critical requirements in maintaining a safe environment for clients and staff and reducing the risk of infections are the cleanliness of the facility. The facilities, including waiting areas, should be clean and comfortable throughout.

Sub- Topic	Standard	Measurable Criteria
3.1 Management of Physical Environment	3.1.1 The facility has a physical environment that is safe to patients, employees and clients	1.1.1 Written “No Smoking” policy available and enforced. 1.1.2 Documented policies for emergency fire plan is available.
3.2 Infection Prevention & Control	3.2.1 The center has an active infection prevention program to reduce the risks of acquiring infections at the center that cover clients, visitors, health care providers, and the community.	2.1.1 An infection prevention & control focal person oversees the program. 2.1.2 There is an infection prevention & control team, involving key clinical and managerial staff, to oversee and evaluate the effectiveness of the program activities. 2.1.3 Risks of infection are identified and processes developed for reducing the risk of infections for staff, clients, visitors and the community. 2.1.4. There is continuous monitoring for infection prevention and control processes through collecting, aggregating and analyzing of surveillance data. 2.1.5 Healthcare workers are trained in these processes during the orientation session to PHC assignment and annually thereafter.
	3.2.2 Infection control policies & procedures are written & followed, including:	2.2.1 There are infection prevention & control policies and procedures for a) through 1). 2.2.2 The policies & procedures

Sub- Topic	Standard	Measurable Criteria
	<ul style="list-style-type: none"> a) Hand hygiene b) Protective barriers c) Processing instruments d) Prevention of blood-born infections e) Safe injection practices f) Housekeeping g) Handling of waste h) Sterile technique i) Dental clinic 	<p>are in keeping with current practice.</p> <p>2.2.3 Appropriate laws and regulations have been applied.</p> <p>2.2.4 Medical & nursing leaders define the types of client situations & the types of personnel protective equipment that is necessary for the client situations, according to recommendations from authoritative references such as CDC or WHO.</p> <p>2.2.5 The staff work in compliance with the infection control policies and procedures.</p> <p>2.2.6 All policies and procedures have been reviewed & revised at least every 2 years.</p>
	<p>3.2.3 Hand hygiene practices are carried out according to policy & procedures.</p>	<p>2.3.1 Hand hygiene facilities are available in areas where patients are being served.</p> <p>2.3.2 All related supplies are available for hand hygiene in the designated areas for seeing patients.</p> <p>2.3.3 Hand hygiene practices are monitored on a regular basis.</p> <p>2.3.4 Actions are taken to improve hand hygiene practices.</p>
	<p>3.2.4 Policies & procedures have been developed for all sterilization processes which include:</p>	<p>2.4.1 There are policies & procedures for all of the processes a) through d) required by the standard.</p> <p>2.4.2 Sterilization methods follow</p>

Sub- Topic	Standard	Measurable Criteria
	<p>a) Receipt, decontamination, cleaning of used items and sterilization.</p> <p>b) Preparation and processing of sterile packs.</p> <p>c) Expiration for sterilized items.</p> <p>d) Proper storage of sterilized items</p>	<p>established authoritative reference recommendations such as CDC or WHO.</p>
<p>3.3 Waste Management</p>	<p>3.3.1 The MoH and other leaders have ensured compliance with laws and regulations related to management of the physical environment.</p>	<p>3.1 All involved staff are familiar with the laws, regulations and facility inspection requirements including those related to waste management.</p>

Sub- Topic	Standard	Measurable Criteria
	<p>3.3.2 The facility properly handles & disposes of its waste products including contaminated materials.</p>	<p>3.2.1 Proper disposal of rubbish trash, debris, and waste materials around the building(s)</p> <p>3.2.2 Waste disposal site is properly maintained and secured from animals and unauthorized persons.</p> <p>3.2.3 Medical wastes are stored in resistant bags that are labeled with a differentiated color for the emergency and delivery rooms.</p> <p>3.2.4 Medical wastes are handled with gloves.</p> <p>3.2.5 Separate box is used for needles. Box is made of materials that can not be penetrated</p> <p>3.2.6 Used needles and sharp disposals are not recapped.</p> <p>3.2.7 Box is sealed when its $\frac{3}{4}$ full</p> <p>3.2.8 Non-medical waste bags are disposed in a special waste container</p> <p>3.2.9 Non-medical waste bags are sealed before they are completely full*</p> <p>3.2.10 Non-medical waste bags are collected from containers at least once per 24 hours</p>

Sub- Topic	Standard	Measurable Criteria
	<p>3.3.3 The facility has a system for proper disposal of waste products including contaminated materials</p>	<p>3.3.1 Written agreement with a designated disposal site that meets government rules and regulations for incineration of medical waste</p> <p>3.3.2 Written procedure for safe handling of medical and laboratory wastes within the facility and during transportation from the facility to the collectors, e.g. wear gloves, covered containers, etc.</p> <p>3.3.3 An appropriate waste disposal schedule according to the type and volume waste materials</p>
<p>3.4 Radiology Safety</p>	<p>3.4.1 Staff radiation exposure measured and monitored by film badges or other measures.</p>	<p>4.1.1 Check records of staff radiation exposure. Records should indicate that staff exposure is within the recommended safe limits.</p>
	<p>3.4.1 All radiology equipment is regularly inspected, maintained, calibrated & appropriate records are maintained.</p>	<p>4.1.1 A schedule of inspection, calibration and documentation of all radiology equipment (Xray machines) is maintained and properly monitored.</p>

4 CLINIC SUPPORT SERVICES

The topic of Clinic Support Services covers the management and support of clinical care, through timely and efficient provision of medicines, diagnostic and other clinical support services. It also covers non-medical services at PHC facilities such as Dental, Environmental Health services and Training (in selected designated PHC Centers at DOH level).

An essential element in the assessment of the patient's disease, condition, impairment, or disability is through correct and clinically appropriate diagnostic tests. Every patient needs to have access to the necessary diagnostic tests to determine his/her diagnosis according to his/her medical condition and his/her individual needs. The facility provides the necessary diagnostic tests in response to the physician's request on time to allow the physician to use test results in his/her treatment. When a facility cannot provide the necessary tests requested, there needs to be a functioning mechanism to refer the patient to the facility where the appropriate tests and care is available. The staff should fully inform the patient of his or her needs and the alternatives.

Environmental safety requires focused attention on a routine basis. Centers need to be proactive in identifying safety risks and emerging issues and developing and implementing innovative, practical and sustainable processes to manage them, including staff training and awareness; provision of expert advice; and emergency response. Standard principles related to environmental safety and support services should be applied to the physical environment of the facility whenever affordable and possible. Simple and easily readable signage should be posted throughout the center to facilitate orientation and personalize providers and services. Key staff should be easily identifiable using name badges. The facility should be equipped with good lighting, non-slip floor surfaces, stable furniture, and clear walkways.

Sub-Topic	Standard	Measurable Criteria
4.1 Pharmacy & Medical supplies	4.1.1 The provision and distribution of medicines and medical supplies supports the delivery of care	4.1.1.1 Medicines required for patient care are in stock according to the Essential Medicines List (EML) based on the type/level of PHC.
		4.1.1.2 Guidelines for the pharmacy are present and followed by trained staff.
		4.1.1.3 Access to medicines is ensured during operating hours of the clinic.
		4.1.1.4 Designated service provider adheres to Standards of Operating Procedures (SOPs) for the delivery of medicines.
		<p>4.1.1.5 Storage of medicines is in compliance with Good Pharmacy Practice (GPP) principles, including, the following:</p> <ul style="list-style-type: none"> •The existence of a functioning refrigerator to store medicines •A temperature controlled stock rooms for drugs •No non-medical items found in the refrigerator •Stock containers have correct labeling •Door to pharmacy room has a lock •Store is clean and free of insects.

Sub-Topic	Standard	Measurable Criteria
		<p>4.1.1.6 Storage of medicines promotes safety and cost-effective use of the medicines, such as:</p> <ul style="list-style-type: none"> •Stocks are arranged on shelves by therapeutic class with color labels to indicate type of class of drugs. •Drugs with shorter expiry dates are placed in front of those with later expiry dates (FIFO – first in/first out practice is followed) <hr/> <p>4.1.1.7 Practices for dispensing medicines comply GPP principles including:</p> <ul style="list-style-type: none"> •Records of delivery of medicines to patients systematically maintained •Pharmacist explains to patients the dosage, side effects, and possible adverse reaction in use of their medication <p>Pharmacist confirmed that patient knows how and when to take drug/medicine properly.</p>
4.2 Laboratory services	4.2.1 Accessible and effective laboratory services enhance patient diagnosis	<p>4.2.1.1 Laboratory services are available and test results are provided within agreed-upon turnaround times (timely manner for use by physician)</p> <hr/> <p>4.2.1.2 Standard list of tests and reagents available according to the type/level of PHC</p> <hr/> <p>4.2.1.3 A list of standard lab</p>

Sub-Topic	Standard	Measurable Criteria
		<p>equipment and supplies is reviewed and complied with according to the PHC type</p> <p>4.2.1.4 A list of labeled reagents to perform required lab tests is organized by expiry date of materials.</p> <p>4.2.1.5 A system to report equipment malfunction is present and followed up .</p> <p>4.2.1.6 The diagnostic laboratory services provide accurate and reliable results based on external quality assurance (EQA).</p>
a.Radiology services (where available)	<p>4.3.1 PHC with radiology service: Accessible and effective radiology services enhance patient diagnosis</p> <p>4.3.2 PHC Centers without radiology services</p>	<p>4.3.1.1 Trained staff are assigned to work in the PHC.</p> <p>4.3.1.2. A list of equipment and supplies is present .</p> <p>4.3.1.3 A system to report equipment malfunction is present and followed up.</p> <p>4.3.1.4 Documentation of the records is present.</p> <p>4.3.1.5 Radiology and related services (e.g. ultrasonography) are available and provided within agreed-upon time frames.</p> <p>4.3.1.6 Safety measures are applied to protect patients and staff members from unnecessary exposure and badges are checked monthly.</p> <p>4.3.2.1 Referral system and follow up of the referred cases is present</p>

Sub-Topic	Standard	Measurable Criteria
4.4 Environmental services	4.4.1 Environmental safeguards and precautions are adhered to ensure patient and staff safety	4.4.1.1 The clinic complies with laws, regulations and facility inspections that relate to management of the physical environment in relation to clinic support functions.
		4.4.1.2 The clinic has an environmental safety plan that covers the management and disposal of medicines, safe use of radiology equipment, dental equipment and laboratory testing equipment.
		4.4.1.3 An environmental safety committee is in place to oversee implementation of environmental safety plan that ensures safety in relation to water, air, and equipment exposure at the clinic.
4.5 Dental Services	4.5.1 The provision of dental services supports the delivery of quality care by trained staff	4.5.1.1 The clinic has dental service guidelines for care which includes management of dental hygiene equipment and service delivery.
		4.5.1.2. Staff are well trained in the guidelines
		4.5.1.3 A list of equipment and supplies is available and systematically reviewed and restocked as required.

Sub-Topic	Standard	Measurable Criteria
		<p>4.5.1.4 The clinic complies with the guidelines for dental health service delivery including:</p> <ul style="list-style-type: none"> •All dental equipment is properly sterilized according to Infection Prevention Guidelines to prevention clinic acquired infections. •All dental care assessment, diagnosis and treatment procedures are properly documented. •Management of pain is conducted in accordance with clinical standards. <p>4.5.1.5 Active participation in the dental screening within the school health program</p>
4.6 Training Services	4.6.1 A clinical support program is implemented to train and provide continuing professional development to staff.	<p>4.6.1.1 Staff members are oriented to the support service functions and their specific responsibilities.</p> <p>4.6.1.2 Orientation program for newly assigned staff to PHC center is present and carried out.</p> <p>4.6.1.3 Staff members receive on going in-service education and training according to their roles, responsibilities and needs assessment.</p> <p>4.6.1.4 Staff are provided with opportunities to participate in continuing education, research and other educational experiences to</p>

Sub-Topic	Standard	Measurable Criteria
		acquire new skills and knowledge.
		4.6.1.5 A system to record names of staff and type of training received and forwarded to the district and higher levels is present and updated systematically and reviewed continuously to determine who needs training in what areas.

An example of a job analysis is found below:

5 OPERATIONAL MANAGEMENT

Operational Management assesses managerial capabilities in the area of planning, resources allocation, coordination and delegation. It covers the responsibilities required on a day-to-day basis to support and ensure the delivery of safe and effective patient care, including management of human resources, finances, assets and non-medical consumables.

5.1 Human Resource Management

Workforce Planning

Workforce planning is a systematic and proactive approach to aligning strategic planning, human resources and budgeting to meet organizational objectives through:

- Forecasting mission-critical personnel needs;
- Analyzing the current workforce and their accompanying skills; and,
- Developing, implementing and evaluating strategic human resources strategies to close the deficiencies noted.

Once the work is defined and organized, job descriptions are prepared for individual positions to document such information like job title, reporting relationships, duties, and required qualifications. Preparation of job descriptions is preceded by job analysis.

5.1.1 Job Analysis

This is a technical procedure to define a job's duties, responsibilities, and accountabilities. It involves the following:

- Identifying and describing tasks to be carried out
- Identifying competencies and skills necessary for performing the job
- Identifying the environment and conditions under which the job is performed.

Job Analysis Methods:

- Interview method
- Interview with job incumbent
- Interview with supervisor
- Group interview
- Structured questionnaire method
- Observation/Desk audit method

JOB ANALYSIS FORM

Job Title:

Division:

BASIC FUNCTION:

Give a brief definition of the job and the primary reason for its existence. Also describe briefly its functional scope without going into specific details of duties.

WORK PERFORMED: Describe duties performed in order of importance, stating specifically what is done; how, and why each task is performed; frequency; and approximate percentage of time spent on each task.

Duties:

Percentage of
Time:

WORK CONTACTS: (indicate level, frequency, difficulty, and importance of work contacts)

<p>a. Persons contacted:</p> <p>Immediate associates</p> <p>Employees of other units (indicate level)</p> <p>Government Officials (indicate level)</p> <p>Public</p> <p>Contractors</p>	<p>b. Frequency of Contact (daily, weekly, etc.)</p>	<p>c. Nature and Purpose of Contact</p>
<p>INDEPENDENCE OF OPERATION (check applicable items and explain as indicated)</p>		
<p>a. Type of Assignment:</p> <ul style="list-style-type: none"> • Works according to detailed instructions • Works according to standard instructions • Works according to well-defined procedures, and craft or clerical standards • Works according to established or standard procedures • Works according to specialized clerical or technical standards • Determines work methods from several existing alternative methods according to established policies and professional standards • Works under broad assignments according to general directives, policies, and professional standards • Works under broad assignments according to general directives, policies and programs • Specify nature of assignments and explain. 	<p>b. Extent of Check and Supervision Received:</p> <ul style="list-style-type: none"> • Work is regularly checked and closely supervised • Completed work is checked by supervisor • Work is reviewed upon completion of short assignments • Supervisor keeps advised of work progress; spot-checks completed work • Work assignments are subject to review and direction • Consult with supervisor or main issues relating to principles or policies. Completed work assignments or projects are subject to general review. <p>Refers to supervisor only major problems such as those pertaining to complex administrative matters, manpower or materials. Work accomplishments are subject to managerial review and direction. Specify nature of problems referred to supervisor.</p>	
<p>SUPERVISORY RESPONSIBILITY:</p> <p>Supervisory responsibility of the job in terms of the number of employees supervised. Includes all jobs supervised whether directory or through subordinate level of supervision. If no supervision is involved but incumbent provides work direction and controls the work of other employees including contractors. Relevant information should be provided in (b).</p>		
<p>a. Employees supervised (job titles and number of subordinates)</p>	<p>b. Work Direction and Control</p>	

	Provided (give details)	
MANAGERIAL AND FINANCIAL AUTHORITY: explain the specific degree of authority assigned to make decisions on certain administrative or business issues and authority to approve disbursement of funds up to specified amounts		
<p>PHYSICAL EFFORT: (check applicable items and explain)</p> <p>Physical effort to perform the job, Refers to amount and duration of physical exertion for handling materials, use of tools, and operating of machines or equipment.</p> <p>Tools, Equipment and Machinery used:</p> <p>a)Tools ___% of work time b)Equipment ___% of work time c)Machinery ___ % of work time</p>	<p>Position While Working:</p> <p>a)Sitting ___% of work time b)Standing/Walking ___% of work time c)Climbing ___% of work time d)Lifting ___% of work time e)Other ___% of work time</p>	
WORK ENVIRONMENT		
The degree of exposure to work conditions such as dirt, heat, fumes, noise, vibration, etc.		
<p>a)Surroundings:</p> <p>Clean, pleasant Dirt, Grease, Oil Heat Fumes Noise Other</p>	<p>b)Degree (check applicable items)</p> <p>Slight Moderate Intensive</p>	<p>c)Period of Exposure (% of work time)</p>
EDUCATION		
None Literacy Years of schooling (Primary through Secondary)		
SPECIAL SKILLS		
Computer literacy Typing Operating Machines		

Completion of University Education Specify Certificate or Degree if required Professional Qualifications (Specify qualifications if required)	Communication Skills Language skills (indicate level, written/spoken)	
<p>EXPERIENCE</p> <p>Minimum experience required for an average individual, with specified educational background to acquire practical knowledge for performing the whole job</p> <p>Field of experience:</p> <p>Type of job:</p> <p>Minimum years related experience:</p>		

5.1.2 Job Description

A job description is a summary of the most important features of a job. It states the nature of the work and provides information about tasks, responsibilities and context.

Information typically found in job descriptions includes job title, job family, job summary, task statements, reporting relationships and job context indicators.

This is a written formal document that summarizes the important contents of the job in a clear and precise language. It should accurately describe factual duties and responsibilities of the job; how, why, and under what conditions they are carried out.

The job description is, therefore, an important “snapshot” record that outlines the overall functions and duties of the job and specifies the minimum qualifications (education, formal training, and experience) and skills required for recruitment and satisfactory performance.

A job description normally provides the following information about the job:

1. Title and organizational unit or location
2. Reporting relationships
3. Basic function or reason for existence: This is a concise synopsis of the role of the job and the primary purpose of its existence (raison d'être). It highlights the functional scope of the job without going into specific details of activities. 1-3 sentences are usually enough; and it may be helpful to write the job summary after defining the essential responsibilities.

4. Duties performed: Duties include those most frequent or important (usually 5-8) with emphasis on result-oriented ones. Duties are listed in logical sequence or in descending order of importance

- Indicate percent of time spent on each respective activity
- Refer to the job, not to the incumbent
- Are explained in accurate and factual statements using clear, crisp and concise language
- Evade gender biased statements
- Avoid general vague phrases such as “assists in” and “participates in”
- start with action verbs in the first person present tense
- Conclude with a disclaimer statement (e.g. performs other related duties as directed). This allows revision/addition of duties in response to changes in work requirements or technology.

5. Work contacts

- Principal internal and external work contacts/relationships
- Nature of contact
- Organizational level contacted
- Frequency of contact
- Importance of contact to the organization’s interests

6. Independence of operation (latitude)

- Manner in which work is assigned and how/when it is reviewed
- Guidelines, prototypes, and protocols available for assistance
- Type of instructions received (how much detailed, thorough, broad, etc.)
- Extent of supervision received
- Complexity of situations calling for decisions
- Frequency of referrals upward for decision or approval.
- Example: “assignments are expressed in terms of broad organizational goals. Goal attainment is assessed with management on a quarterly basis through status reports and formal discussions. Guidelines relative to budgetary control and personnel management are available for reference; but original problem solving is required”.

7. Supervisory responsibility

- Jobs directly supervised (titles)
- Total number of jobs supervised directly and indirectly through subordinate levels
- Work direction for jobs not supervised directly (e.g. contractor personnel)

8. Physical effort

- Essentially for handling materials or operating machines
- Type of physical effort required
- Duration of physical effort
- Percentage of total work time

9. Work environment

- Inconvenient work conditions (heat, fumes, dust, etc.)
- Intensity of identified adverse conditions
- Duration (percentage) of work time

10. Minimum qualifications required: Minimum required of an average incumbent to perform the job satisfactorily in terms of :

- Education
- Training
- Job related experience
- Special skills
- Personality traits
- Desirable Qualifications
- Additional levels of knowledge, experience and skill the ideal new employee would have
- These are particularly useful for comparative assessment of applicants for a vacancy
- Whenever possible, appropriate levels such as “basic”, “intermediate”, or “advanced” may be used to indicate the degree specifically required of each knowledge or skill for superior performance.

An example of a Job Description Template can be found below:

Job Description Template			
Job Title		Directorate/Department	
Division	Section	Grade	
Basic Function			
Duties			Percent Time
Work Contacts			
Independence of Operation			
Supervisory Responsibility			
Physical Effort			
Work Conditions			
Minimum Requirements: a. Education b. Experience c. Special Skills d. Personal Traits			
Compiled by	Date	Reviewed by	Date

5.1.3 Manpower Planning

To be successful, the organization needs to have effective human resources planning. This is an on-going activity that aims to ensure that the organization has:

- the right number of people
- with the right competencies
- at the right time

- in the right place

The planning process involves:

- Analyzing current resources
- Forecasting manpower needs by reference to approved business plans and budgets
- Developing plans to efficiently meet projected manpower needs

Key Manpower Planning Steps:

- Forecast the strategic direction.
- Assess the business and political environments.
- Assess the human resources environment.
- Identify the gaps between the competencies needed and those available.
- Develop solutions and strategies for closing the gaps.
- Formulate an execution plan.
- Implement the plan.

Factors to Consider in Manpower Planning:

- Competition from other organizations for special talent
- Budget limitations
- Turnover rate
- Advances in technology
- Negative image of the public service

5.1.4 Recruitment and Retention

Hiring employees and keeping them interested and motivated should be a top priority in order to achieve objectives. People are the most valuable asset of any organization whether public or private.

The overall aim of recruitment should be to search for and obtain, at minimum cost, the number and quality of employees required to satisfy the manpower needs of the organization

Steps in the Recruitment Process

- Development of selection criteria
- Selection of recruitment approach: internal posting, external advertising, engaging executive search firms, etc.
- Advertising
- Screening applications
- Compilation of a short list of candidates for *preliminary interview*

- Conduct of job based tests as required
- Identification of best 3- 4 candidates for *final interview* by the selection board
- Selection of best candidate
- Completion of reference checks, medical test, and employment contract

Effective Interviewing:

- Review the job description and job specification.
- Prepare a structured set of questions to ask all applicants for the job.
- Before meeting a candidate, review his or her application form or resume.
- Open the interview by putting the applicant at ease and providing a brief preview of the topics to be addressed.
- Ask your questions and listen carefully to the applicant's answers. Ideally, the applicant should have 70% of the time.
- Close the interview by telling the applicant what is going to happen next.
- Write your evaluation of the applicant as soon as possible while the interview is still fresh in your mind.

A sample interview recording form is provided below:

INTERVIEW RECORD					
Family Name (surname)	First Name	Title	Gender	Maiden Name (if any)	
Interview Position	Department	Unit	Interview Date Day Month Year		
EDUCATION:					
Institution (name, place)	From Month/year	To Month/year	Certificates, Degrees obtained	Main topic(s) or Subject(s) of study	
RELEVANT EXPERIENCE					
ASSESSMENT CRITERIA					
Criteria	Excellent	Good	Satisfactory	Unsatisfactory	Remark
Appearance					
Personality					
Communication Ability					
Clarity of thought					
Professional Knowledge					
Education & Training					
Experience					
Special Skills					
APPARENT STRENGTHS FOR THE JOB:					
APPARENT WEAKNESSES FOR THE JOB:					
RECOMMENDATION:					
<input type="checkbox"/> Recommended for Recruitment		Position Title:		Grade	Salary
<input type="checkbox"/> Keep for Future Consideration as					
<input type="checkbox"/> Not Recommended					
SIGNATURE OF INTERVIEW PANEL:					
HR Manager	Subject Matter Expert	Line Manager	Interview Panel Chairman		
INTERVIEW SUMMARY:			APPROVAL OF RECOMMENDATION:		

Current Recruitment Challenges in Iraq

- Shortage of candidates with significant subject matter knowledge
- Low pay
- Brain drain: many Iraqis have left the country
- Security threats

Retention Challenges: Public organizations need to retain high-quality talent or risk high turnover rates. High quality employees want:

- Interesting and rewarding work
- Culture fit
- Work/life balance
- Good environment
- Some involvement in making decisions
- Continuous learning
- Career opportunities
- Fair pay and benefits

5.1.5 Performance Management

Job Evaluation refers to the process of determining the value of each position in relation to other positions in a consistent and systematic manner. It provides a rational basis for classifying jobs on the basis of duties, requirements and complexity; thus establishing an appropriate foundation for sound salary administration.

In the Iraqi public service jobs are placed in respective grades based on titles.

This job classification process does not relate to job descriptions and requirements, nor to objective evaluation criteria.

Basic Methods of Job Evaluation

Method	What is Measured	How it is Measured
Simple Ranking	Whole Job	Compare job against other related jobs; rank them in order of difficulty and importance
Grade Description	Whole Job	Describe levels of responsibility for each grade, then appraise job against job descriptions. Slot the job in the appropriate grade.
Factor- Point Rating	Elements of Job	Select and describe factors. Describe levels or degrees under each factor. Assign a weight for each factor and points value for each level.

		Appraise job against described levels to determine in which level it fits best. Add total points.
--	--	---

Typical Job Evaluation Factors and Weights

Education and Training: This factor covers the minimum level of academic education and formal training required to carry out the duties and responsibilities of the position.

A weight of 15% is normal for this factor.

Experience: Given the level of education and training required, this factor refers to the minimum number of years of relevant experience necessary to perform the job.

A weight of 15% is usual for this factor.

Mental Demands: This factor covers the degree of analytical effort, problem solving ability, creativity, initiative, and judgment required to cope with the duties and responsibilities of the job.

A weight of 18% is acceptable for this factor.

Independence of Action: This factor refers to the extent performance of the job is guided by policies, procedures, and precedents; the degree of supervision received; as well as the authority assigned to make decisions without referring to higher levels

A weight of 12% is appropriate for this factor.

Accountability: This factor measures the likely consequences of error on the job and their limitation by supervision or checking. Consequences include the impact of decisions or recommendations on the actions of others, the image of the organization, savings or expenditures, damage to equipment, harm to customer relations, etc.

A weight of 10% is acceptable for this factor.

Supervisory Responsibility: This factor covers the responsibility to supervise, direct and guide staff in terms of the numbers and levels of employees supervised both directly and indirectly.

A weight of 10% is adequate for this factor.

Work Contacts: This factor refers to the external and internal business contacts required to perform the job; taking into consideration the nature, frequency, level, and purpose of contacts.

A weight of 10% is appropriate for this factor.

Work Environment: This factor relates to the degree and duration of exposure to inconvenient work conditions such as heat, fumes, noise, vibration, etc.

A weight of 5% is reasonable for this factor.

Physical Effort: This factor refers to the amount and duration of physical exertion for handling material, using tools and operating equipment.

A weight of 5% is suitable for this factor.

Performance Management

Performance management is an essential tool to create a culture of achievement at both the organizational level and the individual level. It provides management with a measure of each employee's performance and gives employees feedback on their achievement.

It involves the evaluation of an employee's work and conduct over a period of time. This is normally one year in conjunction with the annual budget and business plan. Some organizations have also mid-year appraisals.

At the organizational level, performance appraisal allows the organization to:

- Determine the degree to which its work is being accomplished
- Assess the contributions of individual employees and/or work teams toward organizational goals; also allowing for recognition of individuals deserving of incentive rewards
- Identify training and career development needs
- Determine staff movements (e.g. promotion, transfer, termination)

At the individual level, it assists in:

- Providing employees with management feedback concerning their performance
- Identifying individual training and development needs
- Guiding decisions on matters of pay, career advancement, and staff movements.

Requirements for success:

- Commitment of corporate management
- Objectivity and impartiality of supervisors and their compliance with established yardsticks
- Standard criteria for measuring performance against job responsibilities
- Fair link between performance and pay
- Involvement and training of supervisors and employees to gain their understanding and acceptance of the system

Appraisal Factors	
Performance Factors	Job Knowledge
	Quantity of Work
	Quality of Work
	Powers of Expression (Initiative, Creativity, Discipline)
Behavioral/Personality Factors	Dependability
	Adaptability
	Punctuality
	Bearing and Character
Leadership Effectiveness Factors	Supervisory Skills
	Planning/organizing work
	Problem solving
	Judgment

Guidelines for Conducting a Sound Performance Appraisal

- Provide continual feedback throughout the year. Performance problems should be addressed immediately. The performance rating at the end of the year should not be a surprise to either party
- Prepare for and schedule an appraisal interview in advance

- Create a relaxed environment that encourages good performance through support rather than fear of failure
- Involve the employee actively in the appraisal discussion
- Focus on behaviors, not on the employee's personality
- Avoid emphasis on or bias with recent behavior\
- Reinforce your evaluation with specific examples
- Alternate discussion over both positive and deficient aspects in the employee's performance
- Share with the employee the specific consequences of good performance (rewards) and of poor performance (sanctions)
- Agree on an action plan for the next year including targets and time frames
- Ensure that the employee understands what was discussed in the appraisal review
- Guard against the "halo" effect and the "Lucifer" effect
- Suppress personal bias, emotions, and preferences
- Resist central tendency or the temptation to consistently give middle of the road average ratings

A sample performance evaluation form can be found below:

PERFORMANCE APPRAISAL REPORT
PROFESSIONAL STAFF CATEGORY

Name		Job Title		Grade	Unit
Starting Date	Current Remuneration	Performance Review Period			
Performance Levels					
	Performance Rating	Description			
1	Outstanding	Performance consistently exceeds standard job requirements and normal expectations. Employee demonstrates ability superior to that of colleagues at similar job level and contributes to the development of work methods and procedures.			
2	Good	Performance frequently exceeds job requirements. Employee contributes beyond normal expectation and well above average of employees at comparable levels of responsibility.			
3	Satisfactory	Performance meets job requirements satisfactorily and occasionally exceeds expected results.			
4	Marginal	Performance barely meets job requirements. Better efficiency and/or training required.			
5	Unsatisfactory	Performance does not meet minimum expectations and requirements. Improvement is essential; corrective action might be required.			
A - Key Competencies					
Appraisal Factors		Rating	Comments		
Job Knowledge Level of expertise in job, understanding of responsibilities and tasks, and grasp of work procedures.					
Quantity of Work Amount of work accomplished and speed in completing tasks.					
Quality of Work Accuracy, thoroughness, and reliability of work.					
Industry Diligence, enthusiasm and energy in carrying out job duties.					

Powers of Expression Ability to express thoughts clearly in discussions and in writing.		
Initiative Ability and willingness to work without direction, to anticipate organizational needs, and to produce constructive proposals.		
Creativity Ability to perceive innovative new approaches to enhance work efficiency.		
Dependability Reliability in carrying out responsibilities with minimum supervision and willingness to complete tasks even outside working hours.	Rating	Comments
Discipline Willingness to conform to work rules and official instructions.		
Attitude & Cooperation Interest in the job and cooperation with associates and clients.		
Punctuality Conscientious attendance at established hours and meeting commitments in a timely manner.		

E- Summary Highlights	
Main Aspects of Strength and Weakness in Employee's Performance	
Type and Purpose of Training Required	
F- Assessment of Potential	
Employee's potential aptitude for promotion to a higher level of responsibility now or in the near future.	
G- Comments and Signatures	
Unit Manager's Signature	Date
Department Director's Comments (Optional)	
Department Director's Signature	Date
Employee's Comments (Optional)	
Employee's Signature	Date

Employee Discipline

To be effective, administration of discipline should be consistent with statutory legislation and internal regulations in the organization.

- Discipline should be firm but fair.
- Discipline should be corrective, not punitive.
- Discipline should be progressive, linking consequences with severity.
- Disciplinary action should be taken within a reasonable period of time; it should not be unduly delayed.
- Discipline should ensure careful scrutiny of facts and circumstances. Employee should have the opportunity to state his explanation or justification.
- Discipline should be determined in the light of uniform policies and standard procedures.
- Disciplinary action should be kept private and confidential.
- Disciplinary actions should be always documented and placed on employee records along with supporting evidence.

5.1.6 Human Resources Information System

One of the key tasks of the Human Resources Department in ministries is the collection and maintenance of a consistent set of information on employees that could ultimately be centralized and linked to payroll. Bringing consistency into the methodology for collecting employee information is becoming urgent in the context of a wide spread ghost workers phenomena in Iraq. It should be supported by technology which increases the speed and accuracy of the work and reduce the paperwork burden associated with human resources programs and functions. The recently completed census of public sector employees in Iraq takes an important step in this direction.

This is an information system solution to comprehensively manage all aspects of the employment status of employees throughout their career with the organization. The system provides a database of important information about employees in a central location so that when such information is required the data can be retrieved and used to facilitate various HR decisions. To this end the system should be able to:

- Develop a comprehensive profile of current employees (name, education , training, prior experience, current position, performance ratings, grade, salary, language proficiency, special skills, career path, training received, special achievements, bonus payments, disciplinary record, etc.)
- Provide support to various salary administration activities (including job descriptions, position evaluation, formulas for deduction of tax and voluntary/statutory contributions from salary)
- Provide support to management decisions on personnel matters such as merit reviews, promotions, transfers, and special assignments.

- Facilitate design, implementation and evaluation of training and career development plans.
- Provide support for compensation and benefits programs.
- Enable generation of accurate payroll and timely payment of salaries.

Such technology can effectively:

- Process and track personnel actions such as hire, transfer, promotion, remuneration changes and the like.
- Provide for an electronic file of the personnel actions of each employee.
- Provide a method for applying via a website or other electronic portal and responses to applicants can be sent electronically.
- Analyze the credentials of candidates for hire, transfer or promotion against an established set of criteria and provides a list of potential eligible candidates.
- Provide a self-service portal so that employees may update personal information such as name changes, address changes, etc.
- Provide an audit trail to assure compliance with established rules, regulations and procedures.

5.2 Financial resource management

The process of financial resource management is an integral part of PHC clinic management, requiring a series of inputs and constant evaluation of needs in the target community being served. Financial management focuses on controlling, accounting for, conserving, and investing an organization's resources (cash, employees, inventory, equipment, and time) to meet planned objectives.

Financial management skills include:

- accounting for financial transactions;
- planning for operational activities, equipment purchases, and uses of labor;
- costing and pricing of goods and services;
- forecasting revenues and future expenses (sources and uses of funds);
- monitoring and controlling the use of resources.

The Financial Management Cycle

The financial management flow pictured below is designed to ensure that all transactions are captured such that public needs are met at a level that ensures that the available resources are used in the best possible way to meet the health needs of the community being served; while also guaranteeing the public trust that expenditures are reasonable, fair, and legitimate.



Financial Planning involves assessing the current resources available; linking those resources to service plans; and determining a budget. The budget should guide how money will be spent in order to achieve the goals set for the PHC clinic. Planning involves designing the PHC clinic

health plan and getting a clear picture of the range of inputs (personnel, vehicles, equipment, etc.) needed, as well as how these will be combined to achieve priority goals.

Resource Allocation involves allocating resources available across PHC clinic services. This process will be determined with a thorough evaluation of the health needs of the target community, as well as an understanding of an individual clinic's position relative to secondary and tertiary centers in its area.

Management involves the daily operational standards, monitoring of expenditures, and safeguards in place to ensure that financial policies are in compliance.

Evaluation and Assessment involve thorough reviews and reports of previous budget expenses; linking projections to expenditures to service outputs and analyzing the process to determine efficacy and sustainability. This part of the process will determine the Financial Planning stage for the next budget year.

A successful financial management plan distributes resources and services according to a strategic plan that balances needs, demands and resources, while ensuring the level, quality and quantity of services rendered.

The relationship between general clinic managers and financial managers is a balanced cycle that relies on good communication and agreement between both sides. Finance and general managers must work as a team to monitor the financial activities of the organization, evaluate the results, and identify needed changes to work processes and procedures, budgets, or planned uses of resources. *Clinic General Managers* organize systems, structures, work processes, and policies. They recruit and train staff to ensure that efficient, transparent, and appropriate financial and administrative actions are executed, while *Finance Managers* implement the established policies and practices. Managers across the organization must use financial information to make decisions about activities and adjust plans as circumstances or available resources change.

The benefits of integrating financial management and operations management include:

- ensuring that assets already obtained will be kept safe, in good working order, and available for the use of programs that require them;
- deciding what will be bought and how, so that the best value is obtained;
- allowing for enhanced revenue generation through proper pricing of goods and services that is acceptable to clients;
- safeguarding the organization and the individuals involved in its ownership, management, or program implementation by ensuring that financial transactions are conducted lawfully and ethically;
- creating an organization that fairly compensates staff for their work while at the same time allowing for the provision of quality services that serve the broadest possible client base.

Senior management must demonstrate that financial accountability and compliance are expected at all levels. Clinic guidelines in the areas of financial management should prohibit fraud and embezzlement, and forbid all staff from giving or receiving bribes or having inappropriate financial dealings with family members. Financial policies and standards of practice for essential accounting and office operations functions should be clearly documented and shared with all staff. Management must ensure that orientation, training, revision, and review occur on a routine basis. Financial policies and procedures should be crafted in a way that protects the clinic from risk. These policies and procedures should comply with applicable laws and donor requirements and should support mission and financial goal.

The principles of good internal control and financial oversight should be built into organizational systems. These principles are:

- obtaining the best value for the PHC clinic system;
- adhering to previously budgeted and approved spending limits;
- complying with government, donor, or management policies that determine allowable costs.

Managing Financial Controls: Personnel, Policies, and Procedures

Clinic managers who are responsible for financial controls must establish clear policies and procedures for staff to follow. This includes, creating a controlled internal environment, where individual duties are outlined; approval and signature processes are clear; and segregation of duties for each position are defined, can contribute to well-managed financial processes. Personnel and human resources must be closely involved with the financial managers to guarantee that all staff are aware that they have a role to play in a healthy financial environment in their workplace, even when they are not directly finance or administrative staff.

Typically, the financial policies affecting clinic management can be grouped into three main areas of controls:

Administrative controls: these relate to decision-making and transaction authorizations. Timesheet approval, travel authorization, and purchase orders are all examples of internal administrative financial management.

Accounting controls: these include sales, purchasing, receipts of cash from sales or funding sources, payout of payroll, etc. These controls ensure that entries are in accordance with accounting standards, are mathematically correct, and are properly charged during budgeting or accounting.

Data Processing Controls: these include protection of access to computer systems, financial and managerial reports, etc. Usage of passwords and limited access rights prevent changes to data, deletion of data, and incorrect entries in financial or accounting records.

Written policies and procedures for operations and finance must be established, routinely reviewed and updated, and distributed to all staff. It is impossible to hold staff accountable for certain behaviors if expectations are not in writing and training is not provided.

Compliance with the stated policies and procedures is required, and an employee's failure to follow prescribed procedures should be subject to disciplinary action. Breaches are grounds for reprimand or dismissal.

Managers' roles and responsibilities related to financial dealings must be clearly defined in their job descriptions, and the managers must have adequate skills, knowledge, and authority to carry out their responsibilities. This should include non-finance managers who have responsibilities for managing budgets or approving costs on behalf of their programs and projects. Support and program staff with responsibility for compliance must also be trained and have adequate skills, knowledge, and authority to carry out their roles.

Important Internal Financial Management Controls:

Employees receive and sign individual employee job descriptions that outline clearly defined financial responsibilities and authority

- Each employee receives and signs an updated organization chart that shows lines of responsibility, authority, and transaction approvals
- Finance, logistics and operations staff possesses the necessary education, training, and experience to carry out their work function.
- All staff has access to policy manuals.
- All staff are oriented to and trained on organizational policies when they are hired and throughout their tenure, especially when policies are added, modified, or rescinded.
- Written procedures are maintained regarding financial and accounting practices, account coding, and activity coding schemes
- Written procedures exist for travel and procurement.
- Financial records are subject to internal and/or external audit routinely, preferably once a year. All variances from budgets or expected results are documented and reconciled promptly, and disciplinary action taken when warranted.
- Standard forms and templates, such as travel authorizations, purchase orders, timesheets, and leave requests, are used for planning and documenting routine administrative activities.

- Procurement policies are documented and applied consistently to enable fair and open competition to the greatest extent practical.
- Best value is considered when making purchasing decisions.
- Purchasing functions are kept separate from accounting functions.
- Financial transactions and related operational activities are approved before the organization commits resources and in accordance with approved work plans and operating budgets.
- Checks and cash are maintained in a secure area, generally a fireproof safe, with limited access.
- Systems are in place to ensure the appropriate business use of supplies, equipment, and other assets.
- Property and other assets are protected or insured to the greatest extent possible against theft, fraud, fire, or other catastrophic loss.
- A staff member who does not normally have responsibility for receiving or tracking assets conducts a physical inventory at least once a year to verify the location and condition of all assets.
- Financial records are safeguarded and retained, as necessary.
 - Computerized financial records are archived for future reference and to satisfy tax, donor, and audit requirements. Computerized accounting and operations files are protected from damage caused by power outages and surges and are routinely backed up.
 - Paper documents are maintained in an orderly manner and kept on file for the mandated number of years to satisfy audit or donor requirements. Paper files are protected from fire and water damage.
 - Access to paper and/or computer files is limited to those who have a professional need and adequate authority, and sensitive and confidential files are maintained in password-protected files, locked files, or secure offices.

5.3 Inventory management (non-clinical)

Inventory management is the process of overseeing the constant flow of elements into and out of an existing inventory. This process must be carefully controlled in order to ensure that operation of the clinic is not put into jeopardy by insufficient stock of needed components, as well as preventing overstock of items—which can lead to overspending, misleading budget projections, and waste in the case of expired products. Non-clinical inventory essential to running a health clinic may include such items as soap for hand washing; office supplies for recording patient visits, such as pens, patient history forms, folders, etc.; and office equipment, such as printers, computers, and their paraphernalia.

Inventory management is vital in any office or service environment: Properly maintaining adequate stocks ensures uninterrupted service to the client or patient. Management of inventory involves:

Performing a stock count

- Maintaining proper inventory records
- Determining when to re-order
- Determining how much to re-order
- Placing orders properly
- Inspecting delivery of new orders
- Ensuring proper storage of inventory

Balancing the various tasks of inventory management means paying attention to three key aspects of any inventory:

The first aspect has to do with time. In terms of materials acquired for inclusion in the total inventory, this means understanding how long it takes for a supplier to process an order and execute a delivery.

Inventory management also demands that a solid understanding of how long it will take for those materials to transfer out of the inventory be established. Knowing these two important lead times makes it possible to know when to place an order and how many units must be ordered to keep production running smoothly.

Calculating what is known as *buffer stock* is also key to effective inventory management. Essentially, buffer stock is additional units above and beyond the minimum number required to maintain production levels. For example, the manager may determine that it would be a good idea to keep one or two extra units of a given machine part on hand, just in case an emergency situation arises or one of the units proves to be defective once installed. Creating this cushion or buffer helps to minimize the chance for production to be interrupted due to a lack of essential parts in the operation supply inventory.

Inventory management is not limited to documenting the delivery of raw materials and the movement of those materials into operational process. The movement of those materials as they go through the various stages of the operation is also important. Typically known as a *goods or work in progress inventory*, tracking materials as they are used to create finished goods also helps to identify the need to adjust ordering amounts before the raw materials inventory gets dangerously low or is inflated to an unfavourable level.

Sub-Topic	Standard	Measurable Criteria
5.1 Human Resource Management	5.1.1 A personnel file is maintained for each employee	1. A personnel file for each employee
		2. Each file contains adequate personnel documents, including job description; contract; Scope of Work, etc.
		3. Staff members receive proper orientation to HR policies, forms, and their individual job descriptions and expectations.
	5.1.2 A clear Job description is available for each title	1. Staff roles and responsibilities is clearly defined
		2. Job description is communicated to all staff
5.1.3 A clear system for regular employee assessment and evaluation is present	1. Staff involved in regular reviews to assess their performance	
	2. Policies and procedures for work ethics & satisfactory conduct are communicated	
	3. Staff receive ongoing training according to their role & responsibilities	
5.2 Financial resource management	5.2.1 Expenditure is managed and monitored to ensure efficiency & legality	1. Policies & Procedures are understood and followed for all financial processes
		2. Procedures ensure expenditure meets defined service needs
		3. PHC manager regularly monitors, analyzes & reports overall expenditure to ensure compliance
5.3 Inventory management (non-clinical)	5.3.1 Inventory management reflects planned needs and budgets and reduces the risk of fraud and corruption	1. Focal point for inventory management is present Needs are identified in the annual plans and budgets.
		2. Policies & Procedures are followed for all Procurement & inventory management
	5.3.2 Efficient management of stock ensures that supplies meet planned service needs at all times	1. Information systems support the effective management of stock.
		2. Stock is maintained in a designated area
		3. Stock is monitored and variances are addressed.
	4. Potential loss or theft risks are identified and managed.	

6 FACILITY AND EQUIPMENT MANAGEMENT

Facilities and Equipment Management encompasses the established requirements for clean, safe, and secure physical infrastructure (buildings and ground, medical equipment and safety and security) that are functional and well-managed; thus it measures the facilities' compliance with a wide range of structural standards. The goal of this section is to provide a safe, functional, supportive, and effective environment for patients, staff members and other individuals in the PHC center. This is crucial to providing quality patient care, achieving good outcomes, and improving patient safety.

Achieving this goal depends on the following:

- Knowledge of national laws, regulations and procedures for facility and medical equipment maintenance and management.
- Strategic and ongoing planning by PHC center leaders that take into account the physical building; the need for clear circulation of occupants; equipment; supportive environment; and the resources needed to safely and effectively support the services provided.
- Performance of periodic and ongoing inspection and monitoring of PHC building and equipment to reduce risk and provide a safe physical space for patients, staff and visitors.
- Educating PHC staff about the role of the center in safely, sensitively, and effectively supporting patient care. The MoH educates staff about the physical characteristics necessary for attaining such an environment, and the processes for monitoring, maintaining, and reporting on the center's physical environment.

This section refers to a number of key elements and issues that contribute to affecting the way the space feels and works for patients, families, staff, and others within the PHC delivery system. Certain key elements and issues that can be significant in their ability to positively influence patient outcomes and satisfaction and improve patient safety include the following:

- Security
- Privacy (visual and auditory)
- Efficient layouts that support staff and overall functional operation
- Clarity of access and clear patient flow (both exterior and interior circulation)
- Light (both natural and artificial)

When appropriately designed and managed as part of the physical environment, these elements create safe, welcoming, and comfortable environments that support and maintain patient dignity and respect. This allows for ease of interaction; reduces stressors; and encourages family participation in the delivery of care. These key elements and issues need to be incorporated into PHC center services and are made up of three basic but essential components: the building, the equipment and the people.

Effective facility and equipment management lead to:

- Reduction of and increased control over physical hazards and risks
- Prevention of accidents and injuries
- Maintenance of safe conditions for patients, staff and others visiting the PHC center
- Maintenance of an environment that is sensitive to patient needs for comfort, social interaction, and positive distraction.

6.1 Buildings and Grounds

Periodical inspection of the PHC center's building and grounds can alert maintenance staff to hazards that might cause damage to the building and those who use it. PHC staff must ensure through inspection that the entire center's physical infrastructure is compliant with the set regulations. Focus issues for building and grounds include:

- Ensuring that the space provided is adequate for current and future needs.
- High quality facility with appropriate layout, adequate finishes, fittings and building services to provide patients a welcoming and comfortable environment.
- Appropriate access, waiting and circulation to provide a sequence of spaces that guide patients and staff to their destination. Waiting rooms should be of a generous size and provide appropriate levels of privacy.
- Treatment rooms - it is usually better to allow separate 'clean' and 'dirty' treatment rooms. Clean rooms are for those procedures that do not generate large amounts of waste materials.
- Secure entrances and controlled access around the building.

Facility Inspection Checklists can include:

I.Safe and orderly operating conditions:

- 1.All areas are clean and orderly
- 2.The layout of the facility allows for effective flow of patient care.
- 3.There are no tripping hazards, wet spots, grease/oils, protruding objects, miscellaneous debris
- 4.Open pits, tank ditches, etc., are covered or provided with standard guard rail protection. Unguarded holes or openings in floors are properly covered
- 5.Warning and hazard signs are posted where they are required.
- 6.The exterior building has a sign identifying numbers posted for emergency response
- 7.Emergency exits are correctly marked, visible and accessible
- 8.There is sufficient lighting and ventilation

II.Fire Safety:

- 1.Fire extinguishers are clearly accessible with their seals intact; properly mounted to wall panels; with current inspection tags securely attached.

- 2.The correct number of fire extinguishers required for the facility is present and suitably located in the building.
- 3.Flammable and combustible liquids are properly labeled and stored
- 4.Exits are properly marked, accessible and free of storage.

III.Electrical Safety:

- 1.Access to electrical panels is clear and not obstructed
- 2.Access to switches and circuit breakers is clear and not obstructed
- 3.Protective covers in place over boxes, raceways, fittings, etc.
- 4.Power cabinets and breakers are properly labeled
- 5.Electrical panel directories are in place and accurate
- 6.Door/panel that encloses the electrical panel box is either bolted or locked

IV.Amenities and sanitation:

- 1.Ensure comfort and adequate sanitation and washing places are available and accessible to all staff.
- 2.Availability of washing facilities with hot/cold water, soap and appropriate means of towels.
- 3.Ensure the work of sanitation and safety linked to the main drainage system

V.Furniture:

- 1.The required furniture and equipment are available and functioning appropriately.
- 2.Patient and staff accommodation in the PHC outpatient service is adequate for the personnel to provide patient care.
- 3.The required furniture and equipment is available in accordance with established lists and is functioning properly.
- 4.Stretchers and wheel chairs are available and are functioning properly.
- 5.Oxygen supplies (oxygen cylinders or air enriches) meet the patient needs.
- 6.The consultation rooms and all PHC rooms are clean, well ventilated, well maintained and adequately equipped
- 7.Surfaces, floors and entrances are free of any holes or slippery slope which is likely to cause anyone to slip or fall or lose control
- 8.Garage and the entrance should not lead to instability or loss of control of vehicles and a private ambulance.

6.2 Management of Equipment and Utilities

Facilities management and medical devices maintenance is an essential part of the functions and duties of PHC centers. The main purpose for efficient and successful management is to ensure that facilities are safe and clean and medical devices and equipment used in patient care are efficiently and properly suited to accomplish the mission of the center in providing better services to citizens.

The first step in Maintenance Management Planning and the main task of this plan is to ensure that equipment used in patient care is safe, works accurately, and that all service devices are protected, ready, and convenient for employees, patients and visitors to PHC centers. The most important factors of the maintenance plan include:

1. Determine the responsibility of management and supervision of the medical equipment
2. A comprehensive inventory of equipment is kept at the clinic with classification of physical hazards associated with them.
3. Determine the priority according to the importance of devices and equipment and utilities required.
4. Determine the required activities (maintenance, inspection, repair, organization, training) for equipment maintenance.
5. Determine the type of maintenance such as predictive, corrective or periodical maintenance.
6. Identify the names and locations of engineers and technicians who are responsible for the activities (inspection, repair, and maintenance).

To identify needs and controls associated with the proper use and proper medical equipment, PHC Clinic managers should focus on:

1. Verifying the documents for each device as well as determining the equipment classification.
2. Verifying the proper installation of equipment.
3. Verifying electrical safety.
4. Verifying after-sales procedure.
5. Overseeing periodical and preventive maintenance.
6. Establishing proper training of technical staff.
7. Identifying and understanding the duties of employees according to their competencies
8. Identifying and assigning the party responsible for each device.
9. Drafting a plan to determine the maintenance schedules

An assessment of all medical equipment through the use of a classification system based on the functions of the device and its clinical applications and the possibility of failure based on the life cycle of the device is also necessary. The advantage of this classification is in the prioritization of maintenance and repairs for each device and is rated according to:

1. Work and function devices according to their importance to healthcare services:
 - a. Intensive care services device.
 - b. Surgical Intensive Care device.
 - c. Natural treatment devices.
 - d. Monitoring equipment.
 - e. Hardware diagnostics and physiological monitoring.
 - f. Pathological analysis (laboratory).
 - g. Laboratory equipment.
 - h. Services related to non-patients

2. Equipment life history - some devices are classified by date of use or operation reference to the history card of each device. This classification helps to take the appropriate decision whether or not to switch the device off from service inside the PHCs center

3. Equipment Utilization
 - a. Continuous use
 - b. Low use
 - c. Normal use

Planning for medical equipment maintenance requires PHC centers to adopt the following steps and procedures:

1. Develop an inventory of all devices inside the PHC center followed by creating an equipment maintenance card. The card contains information on the device as:
 - a. Position
 - b. Device number
 - c. Year
 - d. Origin
 - e. Contact dealer
 - f. Storage number
 - g. Maintenance schedules
 - h. Information on the operation and maintenance books -
 - i. Documentation of maintenance services performed
 - j. Hours of operation of the device
 - k. Spare parts
2. Create maintenance schedules for each device. Types of maintenance schedules can be: daily, weekly, monthly, semi-annual, annual. The duration is classified in terms of maintenance procedure and works into three levels:
 - a. First level PM1 - This includes the required daily audit, inspection, cleaning, lubrication, simple calibrations (Daily Walk Around).

- b. Second level PM2 – Periodic maintenance performance (weekly, monthly, etc.). Steps of maintenance work to be performed are found in the documentation for each device.
 - c. Third level PM3 - semi-annual and annual maintenance for the purposes of repairs, replacement parts, and over-all repairs.
3. Prioritization of medical equipment and its importance to the doctor and patient is done as following:
- a. Priority A - Appliances or equipment that must operate continuously; have an effect on the safety of patients at the center; or the center cannot do without them.
 - b. Priority B - Appliances or equipment that could be stopped for a short period and do not affect services.
 - c. Priority C - Appliances or equipment that does not affect the continued functionality if stopped for a maintenance process.
4. Determine the human resources required to conduct maintenance based on the priorities that have been mentioned above. In addition, the distribution of responsibilities to do maintenance and repairs appropriate to their qualifications, as follows:
- a. First level: operators and semi-skilled workers who work directly with equipment and devices can be trained on conducting simple actions required in the first level of maintenance.
 - b. Second level: professionals with an engineering background and some experience in the field of medical equipment maintenance and periodic maintenance performance at the districts.
 - c. Third level: engineers or technicians, who have the experience and the potential for all maintenance types and repairs. This category requires the development of their skills and consistent training.

6.3 Safety and Security

Safety and occupational health is interested in maintaining the safety and health of the human resource, by providing work environments free of the causes of accidents, injuries, or occupational diseases. It is a set of procedures, rules and regulations in the legislative framework aimed at preserving the rights of the workers; protecting them from risk of injury at work; and maintaining property from the risk of damage and loss.

Objectives of safety and occupational health:

1. Protection of the human element from the risk of injury in the work environment by preventing exposure to accidents, injuries and occupational diseases.
2. Preservation of the basics of physical components of the facilities and contents of the equipment from damage and loss as a result of accidents.
3. The provision and implementation of all safety and occupational health to ensure a safe environment achieve the prevention of risks to human and physical elements.
4. Targeted occupational safety and health knowledge that instills a level of comfort and security in the hearts of employees when performing their duties.

Accidents generally occur either as a result of improper behavior or unsafe conditions. Workers can avoid accidents by developing safe work habits, while management can ensure sufficient training, both in workplace conduct and in the proper handling of tools and equipment, to encourage proper workplace conduct.

Risk analysis functions: Risk analysis is a system used to understand and introduce the principles of safety and health in workplace operations. Risk analysis tests the levels of risk at every step, as well as determining the best way to control and prevent the risks associated with a specific task or job function, through proper training and creation of safer working environments. The most important benefit of the application of risk analysis jobs is to know the risk associated with a particular job or task, which can raise awareness of occupational safety and health of employees, and increase the level of communication between workers and supervisors.

Risk analysis is carried out as follows:

1. Select the job function for analysis. It is important to sort to determine the risk of individual functions to then determine which must be given first priority. Selection can be made by:
 - Reviewing records of injuries and selecting the functions where incidence is historically highest
 - Choosing new jobs or jobs that have recently undergone modifications
 - Selecting functions that are performed for long periods
2. Partition the function to its sequential steps: After selecting the function that will be analyzed, pare out the steps that are taken to complete the individual task.
3. Identify the risks of each step
4. Determine best practices to prevent or overcome the risks at each step. This may involve:
 - Elimination of hazards
 - Substitution or compensation
 - Isolation
 - Controlled engineering

- Administrative controls
- Use of Personal Protective Equipment (PPE)

Workplace safety for PHC centers includes several areas of coverage unique to the health field. Clinic managers must ensure that systems are in place to address safe sharp disposal; safe waste disposal; dealing with contaminated laundry; and methods for sterilizing and cleaning contaminated equipment. Methods to address these areas of clinic safety are addressed in Topic 3 of this manual.

Emergency Management Plan

A comprehensive plan to deal with disasters and emergency situations that PHC centers may be exposed to is necessary to help ensure the safety of personnel, patients, and the facility. The objective of the emergency management plan is to respond to crises and emergencies in the PHC centers. This may include forming and training a team of crisis management and emergency responders with specific duties and tasks to serve as a general framework for the implementation of evacuation plans, firefighting, and rescue operations.

Success of the plan to respond to crises and emergencies is mainly dependent on the Crisis Management Team and the extent of its ability and training on how to detect warning signals of crisis; how to take preventive action; and how it manages actual confrontation and containment of damage. This also depends on the tools and equipment available and the instructions governing the method of implementation of the plan.

6.4 Hygiene and Cleanliness

Environmental hygiene:

Environmental sources and reservoirs of potentially pathogenic microorganisms exist in all settings, especially health care facilities. Microorganisms may be transmitted to people through exposure to contaminated air, water and aqueous solutions, or environmental surfaces. However, infection from such exposure is rare. A risk of infection exists when potentially pathogenic organisms exist in sufficient numbers in environmental sources or reservoirs and they have the means to gain entry to a susceptible host. Infection control involves ensuring that practices are in place to reduce this risk through:

- 1.Minimizing environmental sources and reservoirs:
 - Maintenance of ventilation systems
 - Maintenance and minimization of aqueous reservoirs
 - Cleaning/general housekeeping
- 2.Minimizing opportunities for organisms to gain entry to a host:
 - performing hand hygiene prior to contact with each patient and between procedures
 - following the principles of asepsis, including the practice of skin antisepsis prior to invasive procedures in health care settings

- Use of negative pressure and protective environments where indicated

3.Environmental sampling:

Practices to limit environmental contamination should be undertaken on the basis of scientific evidence, logic and cost-effectiveness.

Routine sampling of the environment (air, water and environmental/inanimate surfaces) is neither cost effective nor supported in the literature. Targeted environmental sampling may be performed for a defined purpose; however it should be outcome focused and planned in consultation with the elements of infection control that are easily accessible and in good repair, and by limiting unnecessary horizontal surfaces, furnishings and other items in the health care environment.

4.Routine cleaning and frequency:

Cleaning should be performed on a routine basis by trained staff using a standard method. Tasks should follow a logical order from ‘clean’ to ‘dirty’. A means for evaluating the quality of cleaning practice is recommended. The number of people, activity level, amount of moisture, presence of material capable of supporting microbial growth and type of surfaces (horizontal or vertical) present in the facility will influence the amount of cleaning required.

5.Cleaning equipment:

Cleaning equipment used in healthcare facilities should be cleaned and stored to dry between uses; should be well maintained; and should be designed to minimize dispersion of dust during use. Appropriate equipment includes mops with detachable heads, laundered or single-use cloths, and vacuums (central or portable) fitted with appropriate filters.

6.Cleaning methods

Dust minimization is important; damp dusting, vacuuming and wet mopping are the preferred cleaning methods. Emphasis should be placed on horizontal surfaces and frequently accessed fittings. Periodic cleaning of high areas, ceiling vents and infrequently accessed fixtures is also action Control Guidelines infection control team

Waste management plan

Facilities must have a clinical and related waste management plan, reviewed at least every year, which takes into consideration the following areas:

- Measures to collate and annually review the waste categories, volumes, weights and frequency of waste removal
- Education and training of personnel involved in waste management to minimize risk of injury and facilitate efficient disposal (e.g., safe waste handling procedures, standard precautions)
- Risk management strategies, including spill management
- Waste segregation procedures

- Requirements for waste containers (in compliance with existing legislation, standards or guidelines for design, color, symbols)
- Designated waste storage facilities (including a means to secure clinical waste)
- Arrangements for transportation, treatment and disposal procedures
- Waste minimization strategy, including recycling
- Baseline waste auditing and monitoring, goals to reduce waste generation, and a plan for achieving these goals within a specified timeframe

6.5 Linen and Laundry

This guideline aims to provide an approach to the safe management of linen and laundry. Important highlights include the risks of infection associated with handling dirty laundry; keeping clean laundry from the risk of recontamination; and identifying appropriate preventative measures to reduce the risk, protect patients, staff and the wider community; and provide staff with a broad outline in relation to the management of linen and laundry.

Categories of used linen:

Soiled	Used linen which are free from body fluids and not used on infected patients
Foul or infected	<ul style="list-style-type: none"> • Linen from infected patients. • Linen which are wet with blood and other body fluids
PHC Center-owned items	Personal items, curtains

Staff training must include:

- All staff who deal with laundry (clean or used) should be aware of the guidelines on linen and laundry
- Clean laundry should be handled in such away that contamination is avoided including during transport and storage
- Staff must not hand-carry loose used linens, or leave them on the floor, in order to minimize environmental and personal contamination.
- Care should be practiced when stripping bed as shaking may cause an increase in airborne bacteria

- All staff must ensure that no extraneous items are disposed of with used linen, such as dentures, spectacles, sharps, incontinence pads, and tissues, as they may harm the laundry operators or cause damage to machineries.
- Staff should wear aprons and gloves when handling linen from infected patients or whenever handling linen contaminated with body fluids
- Staff should wash their hands after handling used linen, and after removing gloves and aprons.

Storage of clean laundry:

- Clean linen must not be stored in a washroom, bathroom, laundry room or staff changing room
- The designated storage area should be kept clean and free from infestation by insects and rodents
- Clean laundry should be stored above floor level
- Clean laundry should be kept tidy to avoid recontamination
- Clean laundry should not be kept in are as freely accessible to patients.

Special articles:

- Mattresses used for patient care should have a washable protective cover
- They should be wiped down with detergent and water, rinsed and dried between patient use or whenever visibly soiled
- Mattresses which are heavily soiled or torn should be discarded and replaced
- Patients' personal laundry should be given to relatives if possible
- If they are sent to the PHC Center's laundry service provider, they must be sent according to agreed protocol to ensure that they are returned

Laundry Room

The laundry room on the ward is for the use of washing. However, it is the ward staff's responsibility to ensure that the room and the equipment therein are kept to a satisfactory hygienic standard

- Ward laundry room should be away from clinical or food preparation areas
- The washing machines should be in good working order and kept clean
- The worktops should be kept clean and free from visible contamination by the use of detergent and water
- Dirty laundry should be placed directly into the machine and not sorted out on the worktops
- No manual rinsing of soiled laundry by staff is allowed. Fecal solid bulk may be disposed of in the toilet and the laundry put on pre-wash to remove stains
- Laundry from patients with an infection should not be washed in ward laundry rooms as there is no assurance that pathogenic organisms would be removed

Accountability and Responsibility

Ultimately, the Director of an individual PHC Center is responsible for the organizational adoption of this guideline.

The Infection Control Specialist is the lead person responsible for the preparation and implementation of infection control policies and guidelines and is responsible for giving expert advice and training related to all infection control practice. The ICS is responsible for ensuring that the guideline is raised and reviewed at the Infection Control Committee to ensure that evidence-based guidelines are available for all staff. The ICS is also responsible for working with the director to develop organizational strategy for Infection Control.

Services Unit: This includes the Administration Manager (district level) and the Service manager (PHC level). The Services Unit is responsible for ensuring that all staff are familiar with the policy and that safe management of linen and laundry is carried out in their areas in accordance with legislation, PHC Center policies, and best practice.

All Clinical Staff: All clinical staff must ensure they have read and understood the policy, and incorporate the guidance on the management of linen and laundry into their clinical practice.

Non-clinical Staff: All non-clinical staff who have anything to handling linen and laundry must ensure they are aware of their role in the prevention of healthcare associated infection.

Sub- Topic	Standard	Sub-Topic	Measurable Criteria
6.1 Buildings & Ground	6.1.1 Available PHC clinic infrastructure is appropriately used	Provision of health system	6.1.1.1 Regular evaluation of the functional suitability of available facilities is undertaken.
			6.1.1.2 The layout of the clinic is planned or adapted to ensure that there is space to meet service and patient needs.
	6.1.2 The land Of bulging belong MOH	Statements Possession right	6.1.2.1 The layout of the clinic is owned to MOH legally
	6.1.3 The Building is maintained to ensure safety and promote a positive image of the PHC clinic	Services are to provide at hygienic healthy atmosphere	6.1.3.1 The clinic holds regular, documented and comprehensive inspections of its physical facility, which are acted upon.
	6.1.4 Waiting areas provide adequate shelter for patients	Proper waiting place are ensured to the clients	6.1.4.1 Waiting areas are appropriately located; adequate for the number of patients using them; and must be comfortable for the patients.
			6.1.4.2 Waiting areas protect patients from exposure to the elements.
6.1.5 Grounds are maintained to be safe and orderly	Condition of Floors & Routes Provide	6.1.5.1 A regular maintenance program ensures that PHC clinic	

		safety and security	<p>grounds are safe for all users and provide an attractive environment for patients.</p> <p>6.1.5.2 Ease of entry, exit and movement for the ambulance, as well as being wheelchair accessible.</p> <p>6.1.5.3 Emergency vehicle access roads to nearest hospital should be appropriately mapped out, and ambulance staff should have proper orientation to the different routes.</p>
6.2 Management of Equipment and utilities	6.2.1 Electrical power, water and sewage systems are functional and adequate for the needs of the PHC clinic	Ensure that all the facilities are matching the needs.	6.2.1.1 Site and floor plans depict the location and layout of the main services (that is, water, sanitation and electricity). and regularly checked, inspected and maintained continuously
	6.2.2 Medical equipment are functional and adequate for the needs of the PHC clinic	To ensure that medical equipment are matching the needs	6.2.2 Ensure that all medical equipment's will be regularly maintained, including, inspection, testing adjustment, cleaning etc. is carried out at suitable intervals as recommended by the

			Manufacturer or as per statutory requirements dictate.
6.3 Safe and secure environment	6.3.1 People and property are actively protected to minimize security risks and ensure safety	Providing the security to the PHC clients	6.3.1.1 Security systems safeguard the building, patients, visitors and staff
			Building layout and security systems protect vulnerable patients.
			6.3.1.3 Internal and external lighting is adequate and maintained to protect patients, visitors and staff.
			6.3.1.4 All security incidents are reported and prompt action is taken to address any identified security risks, particularly those involving violence towards patients or staff.
			6.3.1.5 Awareness of safety and security issues is promoted throughout the PHC clinic.
			There is documented certification from the Local Fire Authority that the PHC clinic complies with relevant

			fire safety regulations.
			6.3.1.7 There are regular emergency drills.
6.4 Hygiene and cleanliness	6.4.1 The buildings and grounds are kept clean and hygienic to maximize safety and comfort	clean and Safety environment ensures good health services	6.4.1.1 All areas of the PHC clinic are kept clean according to standard operating protocols, including critical areas of public use (especially toilets) and areas for patient care.
			6.4.1.2 Appropriate cleaning materials and equipment are available and properly used and stored.
			6.4.1.3 Infection control procedures relating to cleaning are followed in all areas of the PHC clinic.
			6.4.1.4 Internal and external areas are managed to minimize the risk of pests, and infestations are dealt with promptly and effectively.
6.5 Linen and laundry	6.5.1 Linen and laundry services are managed to meet the needs of PHCCs	Support the clinical need and health services ensures good	6.5.1.1 Adequate stocks of linen are maintained to ensure that items are always available.
			6.5.1.2 The laundry

		health services	service is effectively managed and delivered (either on-site or out-sourced) to meet the needs of the PHC clinic.
			6.5.1.3 Policies and protocols are followed for the handling of all laundry in line with infection control and safety requirements.
			6.5.1.4 Relevant staff in the PHC clinic are provided with information and training on their role with regard to infection control and safety requirements for linen management
			6.5.1.5. Linens stained with blood or other body fluids are collected and separated from other laundry by staff using appropriate infection reduction protocols (i.e. wearing gloves, disposing in plastic bags, etc.)

7 MANAGEMENT OF INFORMATION

Management of Information measures the availability, completeness and accuracy of patient and family records. An assessment of the facility's capacity to collect and analyze data for the purpose of monitoring of services is necessary at the management level to ensure the best possible patient care is available.

It is widely accepted that health managers and service providers need better access to reliable information and better ways to use this information to monitor performance and manage services. The effective management of the entire health system depends on the appropriate use of timely and accurate information by personnel at all levels. This use of information depends, in turn, on the ability of the HIS to generate useful information. An HIS that is well designed and functions well should support the key processes needed to manage health services.

Not all information is needed at all levels at all times. Managers, donors, and the central government may need different information at different times to meet their reporting requirements and make decisions. For example, managers of donor-funded projects typically work on a quarterly or biannual reporting cycle and the donor on an annual reporting cycle, while the Ministry of Health may require three to five years' worth of data to demonstrate impact and guide policy.

There is a core set of information that managers at all levels need, but only the smallest subset of that information is needed at the national level. At the district and facility levels, managers need disaggregated information on an ongoing basis because this is where actions are taken in response to operational data (e.g., stock-outs and dropouts).

Monitoring operational indicators is less important at the national level. Rather, national level decision-makers need indicators that measure the impact of health programs and services on health status over a longer term. Therefore, an HIS should be designed to serve all its clients by providing reliable information in the short, intermediate, and long terms.

The table below shows general subcategories for Health Information collection at the PHC clinic level:

Health Information Subsets	
<i>Surveillance:</i> Detection and notification of diseases and risk factors, follow-up investigation, and outbreak control measures	
<i>Routine Service Reporting:</i> Recording and reporting of facility-based, outreach, and community-level services in terms of case monitoring and monitoring service task performance (quality), service output and coverage performance, and resource availability and use.	
<p><i>Specific Program Reporting</i></p> <ul style="list-style-type: none"> •Reproductive and Family Health Planning •Immunization •Tuberculosis control •STI prevention and management •Integrated Management of Childhood Illness •Water and sanitation •Food hygiene and safety 	<p><i>Administration and Management</i></p> <ul style="list-style-type: none"> •Budget and Financial management •Human Resource Management •Training administration •Essential drugs and supplies management •Facilities and equipment development and maintenance •Health research management •Data and document management •External resources management
<i>Vital Registration:</i> Civil and health system registration of births, deaths, family formation, and migration	

7.1 Improving Information Management

Functions and Responsibilities: Because a HIS is linked to the health management cycle, a prerequisite for improving a HIS is a clear understanding of the functions and responsibilities of each health service, program, level of operations, and sector (public, private, community, etc.) involved in delivering health services.

Improving Processes: Any change to health recording and reporting should be made for the purpose of improving the performance of health services. It is important to seek ways to meet information needs at higher levels of the health system without asking managers and providers to record and report data not used at the service delivery level.

Strengthen Existing Systems: Most PHC clinics already have some form of records management in place. It is more cost efficient, timely, and less disruptive to integrate and build on existing systems than to create entirely new ones.

Build Personnel Skills: These skills include the recording, reporting, transmission, processing, presentation, analysis and interpretation of data, and the use of data for decision-making. Computers can be used for database maintenance, report generation, data analysis, and communications if computer systems and software can be maintained locally with existing staff. It may prove useful to continue to use paper-based systems while building on the parallel systems at different levels of PHC service delivery until a fully-integrated computerized system can be introduced.

7.2 Medical Records

One of the key standards for measuring the success of a medical facility is the accuracy, ease, and completeness of medical records. More importantly, as part of an optimally-functioning PHC Clinic, good medical records are essential for the continuity of care of patients. Adequate medical records enable reconstruction of each patient contact without reference to memory-either the practitioners' or the patients'. It is therefore imperative that records are comprehensive and utilize industry standard abbreviations, symbols, and definitions, to allow multiple caregivers at different stages of the process a complete understanding of the patients' care to date. Good medical records summarize the key details of every patient contact. On the first occasion a patient is seen, records should include:

- Relevant details of the history, including important negatives
- Examination findings, including important negatives
- Differential diagnosis
- Details of any investigations requested and any treatment provided
- Follow-up arrangements
- Discussions with patient, including recommendations for further examinations.

Effective Medical Records at PHC Clinics:

Medical records at the PHC level should follow an established format that covers a comprehensive system of care (curative, preventative, laboratory, radiology, nursing, etc.). Designing the data collection and reporting tools to produce a finely-honed collection instrument will lessen workload on all staff at different levels of PHC treatment and increase cost-effectiveness, by overall reducing repetition in information collection, testing, and time spent repeating patient histories.

Clinical records comprise handwritten and computerized notes; correspondence between health professionals; laboratory reports; x-ray and other imaging records; clinical photographs; videos

and other recordings; and printouts from monitoring equipment. As the material contained within clinical records consist of sensitive personal data, it is imperative that they are kept securely, both to prevent damage/tampering as well as to prevent unauthorized access. With patient permission, records can be shared with other members of the clinical team, especially in the situation of medical referrals.

7.3 Patient Referral System

A patient referral system is a process in which a health worker at one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case.

The process of directing, re-directing or transferring, a patient to an appropriate specialist or agency should use a systemic process. Usually the referral is done from a unit of lower complexity to a unit with a higher resolution capacity.

The factors affecting the functioning of a referral system include: capabilities of first level (PHC); availability of skilled medical and assisting staff; training capacity; organizational arrangements; cultural issues, political issues, and traditions. For a referral system to work at its best; relationships between service providers are formalized and referral procedures agreed. At all levels of the health system, primary health care services need to be functioning appropriately.

An effective referral system ensures a close relationship between all levels of the health system and helps to ensure people receive the best possible care closest to home. It also assists in making cost-effective use of hospitals and primary health care services. Support to health centers and outreach services by experienced staff from the hospital or district health office helps build capacity and enhance access to better quality care.

An effective health referral system should have:

- Clear responsibilities and limitations for each level.
- Protocols and referral guidelines set for clinical conditions and available at PHC level.
- Communication and transportation aids affordable to the client; in general communications are by the referral form, but may in addition be by phone, fax and E-mail.

Effective Management of Referral Systems Include:

- 1.A referral form that is standardized throughout the network of service providers ensures that the same essential information is provided whenever a referral is initiated.
- 2.The referral form is designed to facilitate communication in both directions; the initiating facility completes the top part or the outward referral.

3. Every patient referred out should be accompanied by a written record of the clinical findings, any treatment given before referral and specific reasons for making the referral.
4. The referral form should accompany the client (often carried by them) and give a clear designation of to which facility the patient is being sent. A carefully filled referral card can help the client get timely attention at the receiving facility.
5. In some situations it will be possible and necessary to communicate with the receiving facility to make an appointment or other arrangements for the referral, or to let them know of the pending arrival of an emergency case.
6. If the client is very ill, it might be necessary for a health worker to accompany them to the receiving facility.
7. The decision to refer might be frightening or distressing for the client and their family so it is important that the health workers have empathy and give the client relevant information such as:
 - Reasons and importance of the referral, risks associated with refusal of referral.
 - How to get to the receiving facility – location and transport
 - Who to see and what is likely to happen
 - The process of follow-up on their return
8. Health workers can show empathy in understanding the implications of referral for the client and their family or support network. The client may be:
 - Frightened of the unknown, frightened of becoming more ill or even dying.
 - Concerned about meeting the costs of transport, treatment and family accommodation.
 - Concerned about leaving work that needs to be done.
9. Each facility in the network should have a referral register to keep track of all the referrals made and received. Information from the register is used to monitor referral patterns and trends. A standardized referral register used throughout the network of service providers can facilitate this.

Supervision and Capacity Building

Facility managers and supervisors at all levels should monitor all referrals made to and from facilities in their area each month. Usually between 5% and 10% of clients seen in a primary health care facility will be referred to a higher level for diagnostic services or more specialized care. Supervisors should discuss referred cases regularly and identify those which should have been properly treated at the facility itself without referral as well as those cases which should have been referred but were handled locally.

Supervisors at higher care facilities should also check the back referrals received to determine whether the information is adequate and being acted upon by the facility. At earlier care facilities, management should follow up with cases that have been referred but feedback has not yet been received to assure that the client has arrived at the higher level. Issues regarding timing, promptness and completeness of information sent should be collected and analyzed; the results of this analysis can be covered at meetings with hospital and clinic staff together to identify how to address gaps, including clinical training or strengthening of particular parts of the referral system or its procedures. In-service education and capacity strengthening can be reinforced by good supervision.

Sub- Topic	Standard	Measurable Criteria
7.1 Family Medical Records	7.1.1 PHC facility uses standardized diagnosis codes, procedures codes, symbols abbreviations and definitions	1. Standardized diagnosis codes are used & monitored
		2. Standardized procedure codes are used & monitored
		3. Standardized definitions, symbols & abbreviations are used & monitored
	7.1.2 PHC initiates & maintains a medical record for every family member assessed or treated	1. Individual patient record is maintained through the use of a unique identifier to each family member
		2. Patient record initiated for each family member
		3. A process in place to ensure only authorized staff who make entries on the patient record
	7.1.3 Patient records contain sufficient information to identify patient, support diagnosis, justify treatment and document course and results	1. Patient record contain sufficient information to identify patient, support diagnosis, justify treatment and document course and results
		2. Patient record contains information on prevention, health education and other wellness services provided
		3. Emergency Care patient includes arrival time and mode, condition of patient after care and any follow-

		up instructions
		4. Patient receiving continuing care, the record must contain a summary of all known significant diagnoses, drug allergies, current medications and any past history relevant to the case as hospitalization & surgeries
	7.1.4 Records & Information are protected against loss, destruction and unauthorized access or use	1. Medical record storage areas are clean and neat
		2. Manual paper-based/electronic records are well protected from fire, water and pests
		3. Passwords to automated software has multiple authorization levels
		4. Software backup processes are described and in place
7.2 Information Management	7.2.1 PHC facility collects and analyze aggregate data to support patient care, PHC center management and QI program	1. Aggregate data and information support patient care, organization, & QI program
		2. PHC provides data/reports to higher levels up as district and MOH
	7.2.2 PHC meets the information of: Patients, providers of services, PHC manager and district and provincial	1. PHC implement strategies to meet needs of patients, providers,

	levels	managers & supervisors
		2. Strategies are appropriate to center size, complexity & services
		3. Standard operating protocols are followed for data collection & data flow
	7.2.3 Confidentiality, security and integrity of data and information are maintained	1. PHC facility has processes to ensure confidentiality & security of data & information
		2. PHC facility has processes to ensure integrity of data & information
		3. PHC has identified those permitted to access each category of data & information

8 COMMUNITY PARTICIPATION

Community Participation entails the active collaboration between PHC facilities and the local community. This is done to ensure an integrated, accessible and effective health care system for the catchment population and the active contribution of all role-players in preventing diseases and ensuring effective care and rehabilitation.

8.1 Community Partnership

Community partnership is a process of empowering the community and building its capacity to decide and experience full rights in the formulation of policies, planning, development, implementation, achievements and progress that concern and affect the quality of life of members of that community. Successful community partnerships allow the community to influence aspects of health care delivery, through its commitment and ownership to the planning process. This process is reflected by all the achievements made in decision-making related to management, organization, resources, economics, and delivery of health programs, especially to vulnerable members of the community.

The MoH can support community partnership by developing policies which enable people to change their lifestyles and achieve better health through their own action. All forces will thus be mobilized to address the health problems common to local society and enhance their own health status. Influencing the stakeholders who shape public policies, such as policy-makers, legislators, influential groups, syndicates, media, and religious and community leaders is a prerequisite to community partnership. Community partnership needs sustained support from all levels.

The goals community partnership should strive to attain are the following:

- Investment in factors which will address social and economic determinants of health and achieve the best health gains for the community.
- Creation of positive, health-enhancing and supportive living and working conditions and physical environment with clean, healthy and safe air, water and land for a better quality of life.
- Creation of opportunities for all individuals, families, groups and civic organizations to access information, develop and maintain the capacities and skills needed to make choices that enhance health.
- Reorientation of health services systems in order to provide equitable and appropriate quality services for all people.

Priorities for community partnership will change depending on locations of the communities in question; there will be differences in goals/objectives for rural v. urban PHC centers; wealthier

for less affluent areas; those serving large populations of IDPs or refugees, etc. However, all community partnership models should have the following priorities in mind:

- development and health,
- focusing on people as the recipients and beneficiaries of health,
- development of the primary health care infrastructure,
- integration of different members of the community, especially vulnerable groups such as IDPs and women,
- bridging the gap between community and health services,
- sustainability of health care and sound financing,
- health promotion and protection, and
- quality health care techniques, methods and tools.

Bridging the gap between community and health services

At times, there may be distinct differences between the priorities and concerns of the community versus those of the health services sector. However, quality health care services are now striving to attain community satisfaction. While the community usually has multiple individual interests, the overarching, common goal for both a disparate, multi-faceted community as well as the members of the health services sector is overall good health for all. Through community involvement, it is possible to reach a balance between those individual interests and the shared, overarching goals. Community partnership should address the factors determining health status, which are a product of a complex array of social factors, such as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, equity and reorientation of health services. It should enable people to have increased control over their health and to improve it, emphasizing positive, life-enhancing matters, not just the removal of negative aspects. The focus is on developing people's capabilities, skills, knowledge and resources; it is on strengths not weaknesses or problems. In this way, community partnership enhances health care delivery.

It is of paramount importance to encourage influential decision-makers who shape public policies and relevant stakeholders to recognize the role and contribution the community can make in attaining health for all and to ensure their commitment to supporting and encouraging initiatives in this regard. Major socioenvironmental risk conditions, such as poverty, low social status due to occupation and/or education, work structure and unemployment or underemployment, discrimination due to gender, inadequate housing and homelessness, and natural resources depletion (e.g. food stocks), should be addressed with the understanding that they are of a long-term nature but still have a bearing on health status.

Health professionals involved in mobilization of the community should start with a clear vision and policy regarding the role of community. They should seek to understand the community and

its subtle processes. Based on this understanding, the next step is to be understood by the community through respect, humility, and candidness. By building the trust of both parties, it is possible to synthesize initiatives for change in a way that ensures community involvement.

8.2 Health promotion and disease prevention

Health is a human right and a responsibility to which the community should contribute. In view of current demographic and epidemiological changes, it is now essential that people become involved in health promotion and disease prevention and are encouraged to lead a healthy lifestyle. The experiences of disease prevention programs in mobilizing the community should be extended to address the emerging burden of noncommunicable diseases, violence and accidents. All of these have a strong social etiology which calls for a strategy to mobilize all the potential of communities to take action against the increasing threat posed by these new epidemics.

Quality health care is an important attribute of any public health action. The quality health care approach recognizes that client or customer satisfaction is a vital aspect of the health care system and the most important indicator of quality. Raising public awareness of the importance of quality of care will lead to the forming of public opinion on the subject and, in the long run, will ensure the much desired contribution and input of the community in health issues.

Sub- Topic	Standard	Measurable Criteria
8.1 Community Partnership & mobilization	8.1.1 PHC facility defines the population which it will provide access to services	1. PHC facility has data & information that profiles the population and/or geographic area for which it will provide services
		2. There is a process in place to update data and information.
		3. The PHC center works collaboratively with other organizations to identify & include vulnerable populations within its defined area
	8.1.2 PHC facility cooperate to identify healthcare problems and services needed within community	1. PHC has defined the geographic region/community it will serve
		2. PHC has identified the agencies & organizations which it will partner to identify and meet health
		3. Community Health needs are identified
		4. Needs assessment is periodically updated
	8.1.3 PHC facility has an active Local PHC Council (LHC) with active representation and participants from the community	1. PHC facility establishes the LHC at facility level with clear roles and responsibilities
		2. PHC facility includes community members in its LHC structure with clear

		individual roles and responsibilities
		3. Monthly meetings are scheduled for the LHC with minutes of meeting written and shared with PHC staff and higher levels
		1. PHC manager/ leaders participate and/or lead in community debate on health issues
	8.1.4 PHC facility participates actively as a member of its community & region	2. PHC participates with the community in health & disease surveillance, analysis, control & reporting.
		3. PHC understands its role I regional & local disaster training and education in preparation and readiness for crisis response
8.2 Behavioral Change Communication	8.2.1 The commitment of the PHC facility to BCC is evident in its mission statement, collaborative agreements and relevant policies & community participation	1. The mission statement reflect PHC facility commitment to BCC
		2. PHC center participates in community-based BCC programs
		3. PHC center utilizes education material that are in an understandable format for targeted BCC audience including at-risk groups using different communication tools and media

8.3 Health Promotion & Disease prevention	8.3.1 The commitment of the PHC facility to health promotion & disease prevention is evident in its mission statement, collaborative agreements and relevant policies & community participation	1. The mission statement reflect PHC facility commitment
		2. PHC center participates in community-based health screening, immunization and other Public health programs
		3. PHC center participates in community health education activities
		4. PHC center utilizes education material that are in an understandable format for targeted audience including at-risk groups using different communication tools and media

9 QUALITY IMPROVEMENT

One of the goals of the Ministry of Health is to have in place a Quality Improvement Program. A Quality Improvement Program is a system to monitor and improve the quality of care provided by its facilities.

Primary Health Care Centers that are committed to the welfare of their clients and the community work to continuously improve their services and reduce the risks to clients. To improve quality and reduce risks, the center must constantly evaluate (measure) its performance and use that information to identify ways in which it can improve. This self-evaluation and an action plan for improvement must be planned and continuous. The focus of these efforts should be on the systems and processes, not solely on individual performance. Health center leadership and leadership at the district and directorate level must also ensure and support that they develop a culture of quality that does not focus on “who is to blame.”

Good decisions are made with good information. Consequently, health centers need to be engaged in a process of collect, aggregate and analyzing data concerning its performance. Quality is improved when the center ensures that care follows “best practices” that are based on professional literature and on individual opinion, experience, or routine. The health center must also be able to identify significant unexpected or adverse events and intensively analyze them to understand their underlying causes and, as a result, make the necessary effective changes.

This chapter emphasizes that continuously planning (which includes designing, monitoring, analyzing, and improving clinical and managerial processes) must be well-organized and have clear leadership to achieve maximum benefit. Quality Improvement includes performance improvement: assessing the extent to which a facility has an organized manner of identifying and analyzing problems as well as taking the required corrective measures to improve services affected by these problems.

Documents typically reviewed to assess functioning of a Quality Improvement program at facility level:

1. Quality improvement and client safety plan
2. List of required indicators in relation to quality improvement goal (agreed upon topic/aim/objective for improvement).
3. Indicator data (run charts) in relation to improvement goal
4. Clinical guidelines
5. Reviews of Quality Improvement team minutes including action plans
6. Reports of patient satisfaction
7. Notes from Supervisors visits

Sub- Topic	Standard	Measurable Criteria
9.1 QI Team	9.1.1 Quality Team established and functioning at PHC	9.1.1.1 Quality team formed
	9.1.2 Minutes kept of meetings held of QI team	9.1.2.1 Minutes in binder present
9.2 QI Action Plan	9.2.1 Action plan developed, reviewed, and updated quarterly	9.2.1.1 Action plan present
9.3 District/Province Improvement Collaborative	9.3.1 Objectives for Improvement Collaborative agreed upon/developed	9.3.1 Objective for IC present
	9.3.2 Indicators selected to monitor progress toward meeting Improvement Collaborative objective.	9.3.2 Indicators for IC identified
	9.3.3. Monitoring and reporting of indicators for Improvement Collaborative for District/Province	9.3.3 Indicators monitored and documented

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