

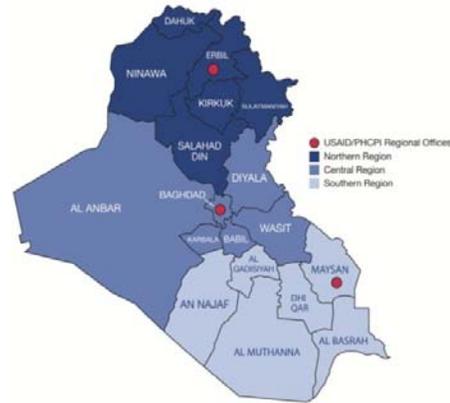


Fact Sheet

Primary Health Care Project in Iraq (PHCPI) Program Description

The health status of the Iraqi people has significantly declined over the past two decades. The under-five mortality rate is now 44 per 1000 live births, with the majority of these children dying from pneumonia, diarrheal disease, and premature birth.¹ Child malnutrition has increased steadily, with incidence of low birth weight exceeding 10%. Maternal mortality rates have increased to 84 per 100,000 live births as access to quality antenatal and safe delivery services has declined.² As the country moves forward with stabilization and reform, ensuring access to routine, high quality, and equitable healthcare has emerged as a critical need and the Government of Iraq (GoI) has responded by renewing its commitment to improving the quality of Primary Health Care (PHC) services. To assist with these efforts, USAID awarded University Research Co. LLC (URC), in partnership with Management Systems International (MSI), the four-year Primary Health Care Project in Iraq. PHCPI has been designed to provide support to the Iraqi Ministry of Health (MoH) to achieve its strategic goal of better quality PHC services. PHCPI will help the MoH put in place key building blocks to support the delivery of quality PHC services at the community and facility levels, especially those that target reductions in maternal and neonatal mortality, so that Iraq can meet its Millennium Development Goals (MDGs) by 2015.

In consultation with the MoH, USAID/PHCPI identified 360 primary health care clinics across Iraq’s 18 governorates to be the focus of USAID/PHCPI’s interventions. However, the project will also impact the health system’s higher levels, as the project is also working to build the capacity of MoH staff at the national and provincial levels to strengthen its health care strategies, policies, and guidelines. In addition to its country headquarters in Baghdad, USAID/PHCPI has regional offices in Erbil (northern Iraq) and Maysan (southern Iraq) to facilitate implementation of project activities.



Strengthening Supportive Management Systems: USAID/PHCPI is working to strengthen the quality of PHC delivery in Iraq through the development of highly functional management systems. Effective management and leadership systems will provide the underpinning for efforts to build more accessible and sustainable quality health services. Working with counterparts at the national, provincial, and district levels, the project team is assisting in building skills for planning and management and updating and revising operational guidelines. The team is also delivering tailored trainings and technical assistance programs that fill skills gaps and link good management practices to enhanced health outcomes.

Improving the Quality of Clinical Care: USAID/PHCPI’s strategic approach to strengthening the quality of PHC services incorporates innovative quality improvement (QI) models to improve compliance with evidence-based standards of care. The project is working closely with MoH counterparts to establish standards of care, develop and introduce QI programs, expand high-quality in-service training programs, and develop an agenda for conducting research to fuel further evidence-based improvements.

Fostering Community Partnerships: USAID/PHCPI believes that client-centered care is fundamental to the delivery of high quality health services and patient safety. The PHCPI is working with partners at the district and clinic levels to ensure that communities are involved in the design of effective partnership structures. This work includes developing guidelines for community participation in PHC clinic services. While most outreach will be directly to citizens/patients, USAID/PHCPI is also working with local civil society organizations and NGOs to engage communities in designing and delivering services to meet their needs. Current outreach is focusing on vulnerable groups within communities, including women and internally displaced persons, to ensure that all Iraqis have a voice and a stake in their own health care.

¹ WHO. Iraq health profile, 2009. <http://www.who.int/gho/countries/irq.pdf>.
² The above indicators were taken from the Iraqi Ministry of Health Annual Report, 2010 and MoH Statistics records 2010.