



FACT SHEET

Component 3: Community Partnerships for PHC

USAID/PHCPI believes that client-centered care is fundamental to the delivery of high quality health services and to patient safety. The project's approach to building effective community participation directly aligns with the Ministry of Health's (MoH) Five Year Strategic Plan, which underscores community participation in health service delivery as a means to expand access to critical health services, especially for underserved and vulnerable populations, and reduce morbidity and mortality. USAID/PHCPI is working with partners at the district and clinic levels to ensure that communities are involved in the design of effective partnership structures and has developed guidelines for community participation in PHC clinic services. As part of the community-driven response, healthcare committees at facility and district levels will be established to seek community inputs. These committees will engage women and civic leaders, representatives from marginalized communities and internally displaced persons (IDPs), and other civic groups to broaden their participation in PHC. The Community Partnership component focuses on:

Developing National Statement of Patient Rights: USAID/PHCPI worked closely with the MoH to draft a Patient's Rights Charter for primary healthcare, closely tailored to the Iraqi context and including broad participation from MoH, the Ministry of Human Rights, Ministry of Higher Education (MOHE), Universities and Medical Colleges, the Health and Environment Committees in Parliament, clinic managers and patients' rights experts. This charter is designed to be easily accessible and comprehensible to the general public and emphasizes rights to services as well as preventative care and access to user-friendly health information and education. The Charter was introduced during a National Patients' Rights Workshop facilitated by USAID/PHCPI and the MoH. The project team will work with provincial and district partners to roll out the Charter as a tool for increasing patient's participation in the design and delivery of health services.

Fostering Behavioral Change Communication (BCC): Working closely with the MoH, USAID/PHCPI developed a strategy for BCC with the goal of raising awareness among individuals and service providers to encourage the adoption of healthy behavioral patterns in order to prevent disease and reduce risks of morbidity and mortality. USAID/PHCPI will utilize public awareness campaigns and other channels of communication (brochures, TV, media, print materials, focus group discussions) to disseminate key BCC messages, linked to strategies to effect improvements in the health status of Iraqi citizens. The project will work with the MoH to engage local community organizations to provide their inputs in BCC messages and strategies and will serve as advocates for local populations, particularly disadvantaged groups like orphans, widows, IDPs, the disabled and religious minorities who suffer from inadequate resources.

Supporting Community Partnerships: USAID/PHCPI developed a strategy to identify and involve targeted NGOs, Civil Society organizations, and influential leaders (e.g., religious leaders) to mobilize the community to take an active involvement in their own health needs, and to work with PHC Clinics to respond to identified and emerging community health care challenges. USAID/PHCPI developed a Community Health Partnerships Handbook, which includes topics such as: 1) best practices for establishing clear terms of reference for local health associations; 2) methods to increase participation from representatives of various communities in local health committees, including business leaders, women's groups, and school administrators; and 3) approaches for training committee/association members on effective community management and education/advocacy on health issues and patients' rights in order to increase demand for quality services. In FY2012, USAID/PHCPI rolled out training on Community Health Partnerships Handbook, to 936 participants from target PHC clinics and health promotion units. As a result of these trainings, the Directorates of Health (DOH) reported that 344 local health committees had been established in the project's target clinics. USAID/PHCPI will continue to follow up with these local health committees to ensure that effective systems are put in place to receive, evaluate, and take action in response to client and community input on primary health care services.