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PRIMARY HEALTH CARE PROJECT

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

Quarterly Progress Report- FY15 Quarter 1

October 01- December 31, 2014

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CONTENTS

1 EXECUTIVE SUMMARY 6

2 INTRODUCTION 8

3 QUARTERLY PROGRESS BY TECHNICAL FOCUS AREA 10

1. Support MOH efforts to Strengthen Public Health Surveillance for the Prevention and Control of Priority Diseases 10

1.1 Assistance to the MOH provided improvements of a National Public Health Priority Disease Surveillance Plan 10

2. Strengthen Iraq's Training Program for Immunization 13

2.1 Provide capacity building for vaccinators, supervisors and community-based immunization support teams 13

2.2 Establish a core of TOTs in Immunization Management 15

2.3 Development of Standard Operating Procedures 16

3. Expand Community Outreach Activities among IDP Populations 16

4. PHCPI Legacy/Transition Activities 20

4.1 Model Clinics 20

4.2 TAG Meetings 21

4.3 Key Interventions for the Achievement of MDGs 4 & 5 21

4.4 Community Participation 22

4 MONITORING AND EVALUATION 25

5 CHALLENGES AND SOLUTIONS 34

6 MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER 34

5 ANNEXES 35

Annex 1: Progress towards Deliverables 35

Annex 2: EPI Trainings 35

Annex 3: Epi Info Trainings 36

Annex 4: FY14 Data Call Instrument (October - December 2014) **36**

Annex 5: Project Administration **37**

Annex 6: Quarterly Financial Report **39**

Annex 7: Employee Nationality Data **40**

Annex 8: USAID/PHCP- Security Provider Data Report **44**

Annex 9: Success Stories **45**

Annex 10: Maps **47**

ACRONYMS

AFP	Acute Flaccid Paralysis
AMTSL	Active management of the third
ANC	Antenatal Care
BCC	Behavior Change Communication
BCCCT	Behavior Change Communications
BOQ	bill of quantities
CBI	Community Based Initiatives
LTTA	Long Term Technical Assistance
CDC	Communicable Diseases Control
CDD	Control of Diarrheal Diseases
CHP	Community Health Partnership
COP	Chief of Party
DCOP	Deputy Chief of Party
DG	Director General
DOH	Directorates of Health
EDL	Essential Drug Lists
EHIS	Electronic Health Information
EML	essential medicine list
EmONC	Emergency Obstetrics and
FGD	Focus Group Discussions
FMP	Family Medicine Protocols
GOI	Government of Iraq
HBB	Helping Babies Breathe
HMIS	Health Management Information
HP	Health promotion
HP/CBI	Health Promotion/community
HR	Human Resource
HRTDC	Human Resource Training and
HVP	Health Visitor Program
IDPs	Internally Displaced Persons
IEC	Information, Education and
IG	Inspector General
IMCI	Integrated Management of
ISS	Iraqi Surveillance System
KRG	Kurdistan Regional Governorate
L&M	leadership and Management
LHC	Local Health Committees
MCH	Maternal and Child Health
MDGs	Millennium Developmental Goals
MDSR	Maternal Death Surveillance Record
MNCH	Maternal, Neonatal and Child Health
MoF	Ministry of Finance
MOH	Ministry of Health
NBSD	National Board of Selection of Drugs
MOHE	Ministry of Higher Education
MOP	Ministry of Planning
MOU	Memorandum of Understanding
MR	Medical Records
MSI	Management Systems International
NCD	Non-Communicable Disease
NGO	Non-Governmental Organizations
OJT	on-job training
PHC	Primary Health Care
PHCC	Primary Health Care Center
PHCP	Primary Health Care Project in Iraq
POC	points of contacts
PPH	postpartum hemorrhage
QAIC	Quality Assurance and Improvement
QI	Quality Improvement
RFA	Request for Application
SOP	Standard Operating Procedures
STTA	Short Term Technical Assistance
SWOT	Strengths, Weaknesses, Opportunities,
TAG	Technical Advisory Group
TBA	Traditional Birth Attendants
TBAs	Traditional Birth Attendants
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UNDAF	United Nations Development
UNFPA	United Nations Population Fund
UNICEF	The United Nations Children s Fund
URC	University Research Co., LLC
USAID	United States Agency for International
WHO	World Health Organization

1 EXECUTIVE SUMMARY

The United States Agency for International Development (USAID)-funded Primary Health Care Project in Iraq (PHCPI) is being implemented by University Research Co., LLC (URC), to help the Iraqi Ministry of Health (MOH) put in place key building blocks critical to creating functional health services at the community and facility levels. This report details the activities implemented during the first quarter of fiscal year 2015 (FY15 Q1- October 01-December 31, 2014).

As PHCP finishes FY15 Q1, the project has made progress on many key activities, working effectively with the MOH to achieve our shared goals.

Key achievements during this quarter include:

Support MOH efforts to Strengthen Public Health Surveillance for the Prevention and Control of Priority Diseases

- MOH Surveillance Technical Working Group (TWG) established and key stakeholders as well as an international expert identified to support surveillance strategy development.
- Along with PHCPI, the TWG determined the priority communicable diseases to be included in the National Strategy along with a rationale for each.
- Key goals/objectives of the surveillance strategic plan were identified with sections drafted for the revised surveillance strategy.
- Conducted 12 training workshops on the Epi Info surveillance program for 2 participants from each district in all provinces (except Anbar, Ninawa and Salah Alden) training a TOTal of 261 participants.
- Introduced the MOH to Epi Info 7 and conducted an introductory training course for 16 participants from the CDC.

Strengthen Iraq s Training Program for Immunization

- TWG for immunization established and international expert to support the immunization component identified.
- Conducted meetings with the TWG, USAID/PHCPI STTA and WHO experts to consolidate the draft strategy.
- Revised/developed two standard operating procedures (SOPs) to be used by PHC labs in relation to quality assessment, systematic reporting and coordination with national, sub-regional, regional and international laboratories.
- Developed training curriculums for both the Master Training Program and the Trainers of Trainers program.

- Conducted 34 training courses in EPI for vaccinators across Iraq for a TOTal of 984 participants.
- Conducted 16 training courses in EPI for supervisors across Iraq for a TOTal of 426 participants.
- Conducted two Master Trainer Programs in the Management of Immunization and Surveillance for a TOTal of 46 graduates.

Expand Community Outreach Activities among IDP Populations

- TWG established and forms developed for the IDP Rapid Assessment to be conducted by the MOH.
- Completed and received approval from the MOH for three IDP guidelines: Basic Health Promotion Services, Psychological First Aid and Gender-Based Violence.
- Developed and designed brochures and leaflets with health messages be distributed to IDPs.
- Established a database for facilitators and participants in each training activity.
- Conducted two refresher courses on the guidelines for health promotion TOTs from all the provinces for a TOTal of 22 TOTs.
- Conducted 8 Health Awareness Orientation workshops for Health Volunteers for a TOTal of 206 participants.

2 INTRODUCTION

The USAID-funded Primary Health Care Project in Iraq (PHCPI) has been providing technical assistance and support to the Iraqi Ministry of Health (MOH) since March 2011 to improve the quality of primary health care services throughout the country by: 1) strengthening management systems and processes for primary health care (PHC), 2) improving the quality of services delivered according to evidence-based standards, and 3) expanding effective community partnerships for PHC. The project initially targeted 360 PHC centers (PHCCs) throughout Iraq s 18 provinces, now 298 after the change in scope of work in 2013. Among those, 36 clinics (two per province) were selected to be upgraded by the project to the standard of Model Clinic, or "a PHCC equipped with modern medical equipment, stocked with the needed drugs and medical supplies, staffed with well-trained health care providers who are in full compliance with the national clinical protocols, guidelines, and effectively operate with appropriate organizational and management structure." PHCPI has provided equipment and targeted technical assistance to each of the 36 clinics to help them meet the model standard. Additionally, PHCPI developed and the MOH recently approved the model clinic criteria - a set of 85 standards that need to be met for a clinic to be considered a "model clinic." The MOH intends to use these criteria in its ongoing work to upgrade the remaining 2,000+ public PHCCs throughout the country to the model standard. USAID/PHCPI is assisting the MOH, as part of its exit strategy, to properly plan and budget for the replication initiative.

Beginning in FY14, PHCPI focused its technical assistance on helping the MOH meet its Millennium Development Goals (MDGs) 4&5 of reducing child mortality and improving maternal health in target project areas. The project developed a package of low-cost, high-impact interventions for improving maternal, neonatal, and child health (MNCH) and is currently rolling this out throughout Iraq. Using the project s capacity building strategy honed during the first two years of the project, PHCPI, in partnership with the MOH, has updated a number of clinical guidelines related to MNCH. These guidelines are being introduced to PHC service providers through the cadre of trainer-of-trainers (TOT) developed by PHCPI in each province. The project s MNCH initiative is further strengthened by the work of the local health committees (LHCs) working within the catchment areas of each of the project s target clinics. These LHCs are working in partnership with clinics to increase demand for and use of PHC services, particularly among vulnerable populations, including internally displaced persons (IDPs).

With continued need of the MOH to respond proactively and robustly to the current health crisis, PHCPI will be implementing a series of new activities to assist the MOH. Given PHCPI s strong working relationship with the MOH and its experience dealing with MNCH and IDP issues, the project is well-positioned to provide ongoing technical assistance to the Government of Iraq (GOI) to better allow them to address the emerging health challenges and to support the MOH s efforts to achieve MDGs 4 & 5. Furthermore, MOH will actively participate in activity implementation by providing not only staff time and venues for PHCPI-sponsored events, but by directly sharing the cost of these events with PHCPI.

The objectives/key activities of the project for FY15 are as follows:

1. Support MOH efforts to Strengthen Public Health Surveillance for the Prevention and Control of Priority Diseases
2. Strengthen Iraq s Training Program for Immunization
3. Expand Community Outreach Activities among IDP Populations
4. PHCPI Legacy/Transition Activities

This quarter, PHCPI continued to implement activities aimed at reducing maternal, neonatal, and infant mortality within target areas and initiated activities to support MOH efforts for improved surveillance and immunization across Iraq.

3 Quarterly Progress By Technical Focus Area

The following section describes progress to date on each of the key activities outlined in the PHCPI FY15 work plan.

1. Support MOH efforts to Strengthen Public Health Surveillance for the Prevention and Control of Priority Diseases

1.1 Assistance to the MOH provided improvements of a National Public Health Priority Disease Surveillance Plan

At the end of December 2014, PHCPI's advisors, along with the CDC-TWG developed/revised the final draft for the National Public Health Priority Disease Surveillance Plan. Within the plan, the list of priority diseases and the rational for disease selection was included the diseases status in Iraq (i.e. endemic, eradicated, eliminated), mortality and morbidity and the risk of epidemic. There are seven priority communicable diseases (CDs) included in the strategy, including polio and measles. These two CDs are of top priority due to Iraq s recent deterioration in security. The unrest has caused a negative impact on Iraq s health system structure and function leading to an outbreak of measles and resurgence in poliomyelitis In March 2014, Iraq confirmed its first case of polio in more than a decade and now, there have been two laboratory- confirmed polio cases in recent months in addition to more than 1,000 cases of measles, occurring particularly among refugees and internally displaced persons (IDPs). These two CDs are affecting vulnerable populations including IDPs, mothers and children, groups targeted by PHCPI. Throughout the development of Iraq s Surveillance Strategy, PHCPI has been ensuring a focus on these groups as they represent the most vulnerable and affected both during times of conflict and in general.

In addition to measles and polio, the TWG also selected Hepatitis C as it is currently endemic in Iraq. In 1979 and 1997, Iraq had outbreaks of Crimean-Congo hemorrhagic fever (CCHF), a tick born infection with a very high fatality rate. Additionally, cases have been detected during the last decade. Tuberculosis (TB), also an endemic disease in Iraq with high morbidity, mortality and multi drug resistance, will be included in the list of priority diseases. To be more comprehensive, instead of just adding Corona and/or H1N1 viruses, the strategy includes SARI (Severe Acute Respiratory-tract Infections) with a focus on Corona and H1N1 virus surveillance.

In addition to MDGs 4 & 5, working on these CDs will also help Iraq achieve MDG 6, combat HIV/AIDS, malaria and other diseases. The final list includes:

- Polio
- Measles
- Cholera
- Hemorrhagic fever
- Hepatitis

- Tuberculosis
- SARI viruses

In order to achieve MDGs 4 & 5, Iraq must use active surveillance for these priority diseases through early detection, notification, and collection of data with analysis and interpretation. Through these actions, the MOH surveillance system will be strengthened through the development and implementation of a strategic plan with defined and identified roles and responsibilities, specific targets, and realistic timelines for tracking progress. As provincial governorates adopt the strengthened MOH surveillance system, districts networks will be better equipped to respond to public health outbreaks.

Build surveillance unit staff capacity through use of Epi Info

PHCPI worked to improve the capacity of surveillance unit staff (two from each district) on the already established Epi Info surveillance program to strengthen capacity on outbreak detection, preparedness and response in the 102 districts across Iraq (excluding Nainawa, Salah Adin, and Anbar), especially those hosting IDPs. Epi Info allows for rapid development of a questionnaire, customization of the data entry process, quick data input and quick analyzing of the data. This will allow the MOH to rapidly create an electronic data entry screen and conduct analyses immediately after data collection, significantly decreasing the response time in case of an outbreak.

MOH Staff working on Epi Info at PHCPI Training

PHCPI, together with the MOH, built surveillance unit staff capacity through the use of the web-based program Epi Info. These trainings helped PHCPI to reach their goal by training 261 participants in TOTal. With this achievement, districts will no longer need to use a paper-based surveillance method and will be able to implement Epi Info, significantly impacting surveillance, analysis and reporting of communicable diseases. Epi Info will allow for real time surveillance and analysis of data as well as improved performance and faster reporting.

Upgrading the MOH to Epi Info 7

Currently, the MOH is using Epi Info 3.5 but, the latest version, Epi Info 7, is the presently maintained Epi Info product line. PHCPI held meetings with directors of the CDC and presented the similarities between

the currently used version and the upgraded version. Epi Info 7 makes data analysis and collection easier and the availability of version 7 on smart phones and tablets allows for high portability of the system, key in areas with high IDP concentrations and remote/rural areas. Based on discussions with the U.S. CDC, the new version enables Arabic translation. PHCPI will work to complete translation of Epi Info 7 making it easier to use and more functional for data collectors. The possibility of web-based data entry allows for real-time analysis. Furthermore, Epi Info 3.5 has a passive map and needs to be manually updated while Epi Info 7 is directly linked to Google Earth giving up-to-date imaging.

PHCPI's Epi Info Trainer familiarizes the Ministry with the newest version of Epi Info.

The PHCPI team discussed the required technical steps to shift from version 3.5 to 7 and the Ministry agreed to perform a central MOH workshop on Epi info 7 for all the section directors of the CDCC. Seven of these sectors of the CDC in Baghdad (including HIV, Zoonotic Diseases, Hepatitis, and GI Infection) rely completely on a paper-based system to report specific aspects of surveillance.

To improve reporting in these units, PHCPI conducted a training course to train two members from each sector within the CDC on Epi Info 7. The Epi Info software is a public domain and available for free to use, copy, translate, and distribute. Two facilitators led the training, one from PHCPI and the second from the CDC (with previous training on Epi info 7 in Morocco). Fifteen doctors and technicians participated in the training which covered form creation, data entry, classic and dashboard analysis. The goal is for the MOH to upgrade to Epi Info 7 and continue the training in different sectors of the CDC and, ultimately, to their DOH and District counterparts. A follow-up training is scheduled in January 2015.

PHCPI Initiated a Pilot using the Electronic Vaccination Record Program (EVP)

The electronic vaccination record program (EVP) is a paper free method to collect child and vaccination team data during immunization campaigns that allows real time monitoring by the campaign leader, accurate collection of data, and geo tracking. Two sectors in Baghdad, 613 and 617, used the application for Iraq's autumn National Polio Vaccination Campaign. PHCPI trained staff using the software on how to use the application in an orientation workshop. The workshop involved the manager of Karkh District, the Al-Mansour MC Manager, a family health specialist, IT manager, IT administrator and an Al-Karkh Surveillance Specialist.

Staff were trained on four allocated Samsung Galaxy Tabs that were also used in the pilot study. Feedback from and challenges for the team revolved around time consuming aspects of entering data as well as lack of ease in entering information for different children of the same family. Additionally, PHCPI staff recommended the development of a way to record children who were immunized in areas other than their home. BEA, who developed the program for the project, is working diligently to ensure incorporation of all suggested changes and a streamlining of the process for implementation.

A second pilot study will be arranged to widen experience and to see outcomes of the new modifications according to future vaccination campaigns. PHCPI's pilot study in Al Karkh and usage during October's polio vaccination campaign contributes needed feedback that allows for the improvement of the Electronic Vaccination Record System PHCPI is developing for the MOH. As PHCPI further refines the system, it is assuring sustainability as well as successful implementation once the MOH conducts nation-wide rollout. Nationwide rollout will allow Iraq to utilize the tablet system for collection of real time data and geo tracking for efficient and streamlined immunizations as well as improved surveillance strategies available down to the clinic and community level.

2. Strengthen Iraq's Training Program for Immunization

2.1 Provide capacity building for vaccinators, supervisors and community-based immunization support teams

PHCPI Developed/Revised SOPs on Cholera, Polio and Measles

PHCPI, jointly with the MOH, revised/developed standard operating procedures (SOPs) to be used by PHC labs in relation to quality assessment, systematic reporting and coordination with national, sub-regional, regional and international laboratories. The development of these SOPs will bridge the gap between lab reporting and standardization leading to improved surveillance at all levels. PHCPI's joint work with the Public Health Directorate (PHD) will ensure improved core capacities for detecting and confirming public health threats, especially those with the potential to extend beyond national borders, according to International Health Regulations (2005), to achieve disease reduction targets set by the MDGs.

USAID/PHCPI Measles, Cholera and Polio Kurdish IEC Materials to be made available for IDPs.

To date, PHCPI with the TWG and CPHL, finalized the SOPs for Cholera and Polio. The SOP for Measles is still being revised by the TWG, PHCPI expert, Dr. Paul Roddy, and immunization advisor will finalize before the end of January 2015.

Revised 2015 National Immunization Plan

Not only is immunization and the prevention of infectious diseases the most cost effective medical intervention available to public health, but it is also the right of every citizen to protect themselves against vaccine-preventable diseases (VPDs). A stronger National Immunization Plan will help Iraq move towards the eradication phase of VPDs. As such, part of the technical assistance provided by PHCPI included review and revision of the 2015 National Immunization Plan by Dr. E.G.P Haran, international immunization expert, Dr. Ahlam Kadhum, Immunization Advisor and Dr. Omar Mekki, WHO immunization consultant.

The revisions included changes to the introduction, current health situation, vision, mission, goal, objectives, targets, implementation strategy, and an addition of a work plan - Gantt chart. These revisions to the 2015 National Immunization Plan will fill identified gaps and deficiencies, and, through a more comprehensive plan, will strengthen Iraq's immunization, improve the MOH's capacity and help Iraq achieve MDGs 4 & 5 on reducing child mortality, improving maternal health and combating diseases.

EPI Trainings for Supervisors and Vaccinators

PHCPI plans to build the Ministry s capacity by training 2,000 of the 23,000 members of priority groups as identified by the MOH with all of them playing an essential role in EPI activities. PHCPI will train 1,500 vaccinators, who carry out both routine immunizations and Supplementary Immunization Activities (SIAs), and 500 supervisors, who are concerned with planning, monitoring and supervision of SIAs.

Through these trainings, vaccinators learn the vital role EPI plays in maintaining and promoting community health through a reduction in morbidity and mortality of vaccine preventable diseases. Workshops demonstrate that the strengthening of routine SIAs is crucial for the achievement of EPI targets and

objectives and training of health staff, local social leaders and NGOs on basic elements of immunization is necessary to achieve quality immunization services.

In addition, the workshops included a presentation on the most important issues of EPI and future challenges, types of vaccines (IPV, BCG, POLIO, Measles, Rota Virus etc.), cold chain management and vaccine storage, and vaccine side effects, diagnosis and treatment.

Since October 2014, PHCPI has trained 984 vaccinators and 426 supervisors.

PHCPI EPI Workshop for vaccinators in Erbil

2.2 Establish a core of TOTs in Immunization Management

The MOH identified a need to establish well-equipped trainers in immunization management and surveillance support across the country. Based on a needs assessment conducted by the MOH, there is a need to train at least 80 trainers in the management of immunization and surveillance systems. PHCPI is conducting a Master Trainer Program (MTP) to establish a core of master trainers from all the provinces who will cascade and sustain the training in immunization and surveillance after the project ends. These trainings will be conducted regionally by PHCPI in Erbil, Baghdad, and Amman, Jordan. A Master's Program and TOT in immunization management has been developed by PHCPI s Immunization Expert that is designed to provide knowledge and skills necessary for training vaccinators and their supervisors on routine immunization and SIAs. The training are broken down into five sections: 1) the routine immunization program, 2) supplementary immunization activities, 3) disease surveillance, 4) supervision and monitoring, and 5) preparing to conduct a successful training. The workshops contain lectures, discussions, role playing, and group work in addition to pre- and post-workshop questionnaires to assess participant's expectations and fulfilment.

Group activities during the Master Trainer Program in Amman

PHCPI completed two of the three trainings by the end of December 2014. Since Amman has access to international experts on immunization and high-quality training facilities to accommodate a large number of master trainers, PHCPI launched its Master Trainer Program in Amman, Jordan with international immunization expert E.G.P Haran. The MOH, with help from PHCPI, selected 23 participants from all provinces across Iraq to attend the eight-day comprehensive master training program on immunization management based on those who are most prepared and will be well placed to facilitate future trainings with the greatest reach.

The second Master Training session was conducted in Erbil from December 20-27, 2014. Twenty-seven participants attended the training that was conducted by four experts, three from KRG and one from Kirkuk, who received their Master Trainer Certificates from PHCPI s initial training in Amman, Jordan. In addition to the program given in Amman, the TOT program in Erbil were able to conduct field visits to two neighboring Primary Health Care (PHC) Clinics for practical application.

Both events were well publicized in the MOH and KMOH websites, newspapers, and social media networks. In January 2015, PHCPI will conduct its third and final training course in Maysan, covering the central and south regions of Iraq.

الاتحاد

Issue (3690)
Tuesday 23/12/2014

أربيل: دورة تدريبية لإعداد خبراء في مجال الرصد الوبائي

PHCPI's Erbil Master Trainer workshop was published by Al-Etihad, the most popular newspaper in Kurdistan

Sustaining PHCPI's EPI initiative

UNICEF will further invest in PHCPI work and resources and use PHCPI trained TOTs and materials to train the additional 20,000 vaccinators and supervisors not targeted by the project. PHCPI s collaboration with UNICEF will allow for the leveraging of resources to ensure an extended reach, successful implementation and sustainable outcomes for the MOH through increased capacity and human resources.

Through UNICEF's use of PHCPI's model as well as trained TOTs, capacity of the MOH's immunization program will be further strengthened to respond to the country's current and future immunization needs.

2.3 Development of Standard Operating Procedures

PHCPI, jointly with the MOH, revised/developed standard operating procedures (SOPs) to be used by PHC labs in relation to quality assessment, systematic reporting and coordination with national, sub-regional, regional and international laboratories. The SOPs for Cholera and Polio have been finalized while the SOP for Measles and Rubella are in the final stages.

These SOPs will bridge the gap between lab reporting and standardization leading to improved surveillance at all levels. PHCPI's joint work with the Public Health Directorate (PHD) will ensure improved core capacities for detecting and confirming public health threats to achieve disease reduction targets set by the MDGs.

3. Expand Community Outreach Activities among IDP Populations

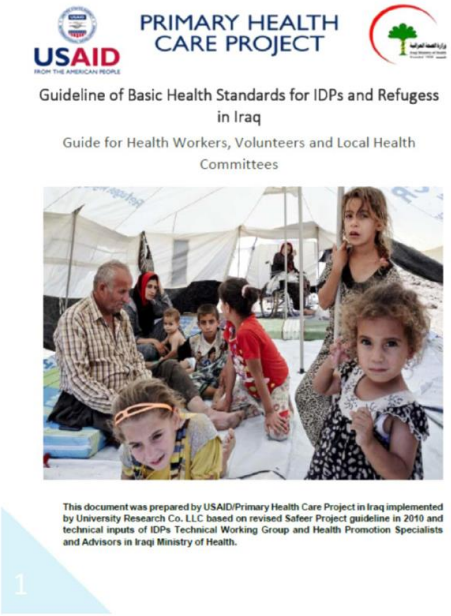
From its inception, PHCPI has been designed to strengthen the Iraqi health sector s capacity to benefit the population as a whole; increasing access to health coverage for key vulnerable populations such as children under five, pregnant women as well as IDPs. As part of these efforts, in 2012 PHCPI surveyed the largest IDP settlements in various regions of Iraq to gain a better understanding of the health-related needs of this population. Among the IDP population, PHCPI will place special focus on pregnant IDP women, children under five, and women or caregivers with children under the age of five.

Rapid Assessment Crucial to Determine IDPs Needs

An assessment to determine and evaluate IDPs needs are crucial but the MOH has performed no such activity yet. The MoDM has performed a general assessment, however, it was not specifically focused on health. The WHO conducted the last "Risk Assessment Study" in June 2014 for only Nainawa. This study focused on the resources of food and water supplies and health facilities. The MOH/DOHs are using a simple form for statistical purposes. Since the MOH is in need of a Rapid Assessment, PHCPI, in agreement with the MOH, developed the forms for the Rapid Assessment in order to prioritize the health needs of IDPs. These forms will be used for the MOH National IDP Health Campaign. This campaign will be the first MOH organized effort to evaluate and improve the health situation of IDPs in Iraq. The committee members stated this activity will involve many topics such as an assessment of IDPs status, introducing health services, and a public information campaign. PHCPI agreed to provide technical support within the timeline of the project on the MOH's rapid assessment methodology, analysis of results and review of assessment tools.

IDP Guidelines Finalized and Available in Three Languages

In its efforts to expand community outreach activities among IDPs, PHCPI aims to identify and provide support to key vulnerable IDPs in six target provinces—Erbil, DOHuk, Sulaymaniyah, Baghdad, Karbala and Najaf. PHCPI worked jointly with the MOH to develop guidelines on health topics of importance to IDPs including Prevention and Control of Communicable Diseases, Maternal & Child Health, Trauma, Non-Communicable Diseases, and Mental Health, to be used during IDP outreach activities.


USAID
PRIMARY HEALTH CARE PROJECT

Guideline of Basic Health Standards for IDPs and Refugess in Iraq

Guide for Health Workers, Volunteers and Local Health Committees

This document was prepared by USAID/Primary Health Care Project in Iraq implemented by University Research Co. LLC based on revised Safeer Project guideline in 2010 and technical inputs of IDPs Technical Working Group and Health Promotion Specialists and Advisors in Iraqi Ministry of Health.

1

PHCPI completed the process of editing, formatting and designing IDP guidelines for Basic Health Promotion Services and Psychological First Aid based on notes and comments from the MOH and technical advisors in English, Arabic and Kurdish. The MOH sent PHCP an official letter of approval for the guidelines. The IDP Guideline for Basic Health Promotion Services follows the process of enabling people to increase control over their health and their determinants, thus, leading to improved health. Psychological First Aid for Refugees and IDPs gives a framework for supporting people in ways that respect their dignity, culture and abilities. Despite its name, psychological first aid covers both social and psychological support.

Violence has increased in Iraq after ISIL operations especially among vulnerable groups like IDPs and refugees. Women, girls and children in Iraq are at higher risk of becoming victims of gender based violence (GBV). Regardless of the form that gender-based violence takes, it is a human rights abuse, and a barrier to social, political, and economic participation. USAID programs have contributed to preventing and responding to gender-based violence around the world. Given its importance at this stage, the project developed a guideline on gender based violence for health and community workers in Iraq focusing on

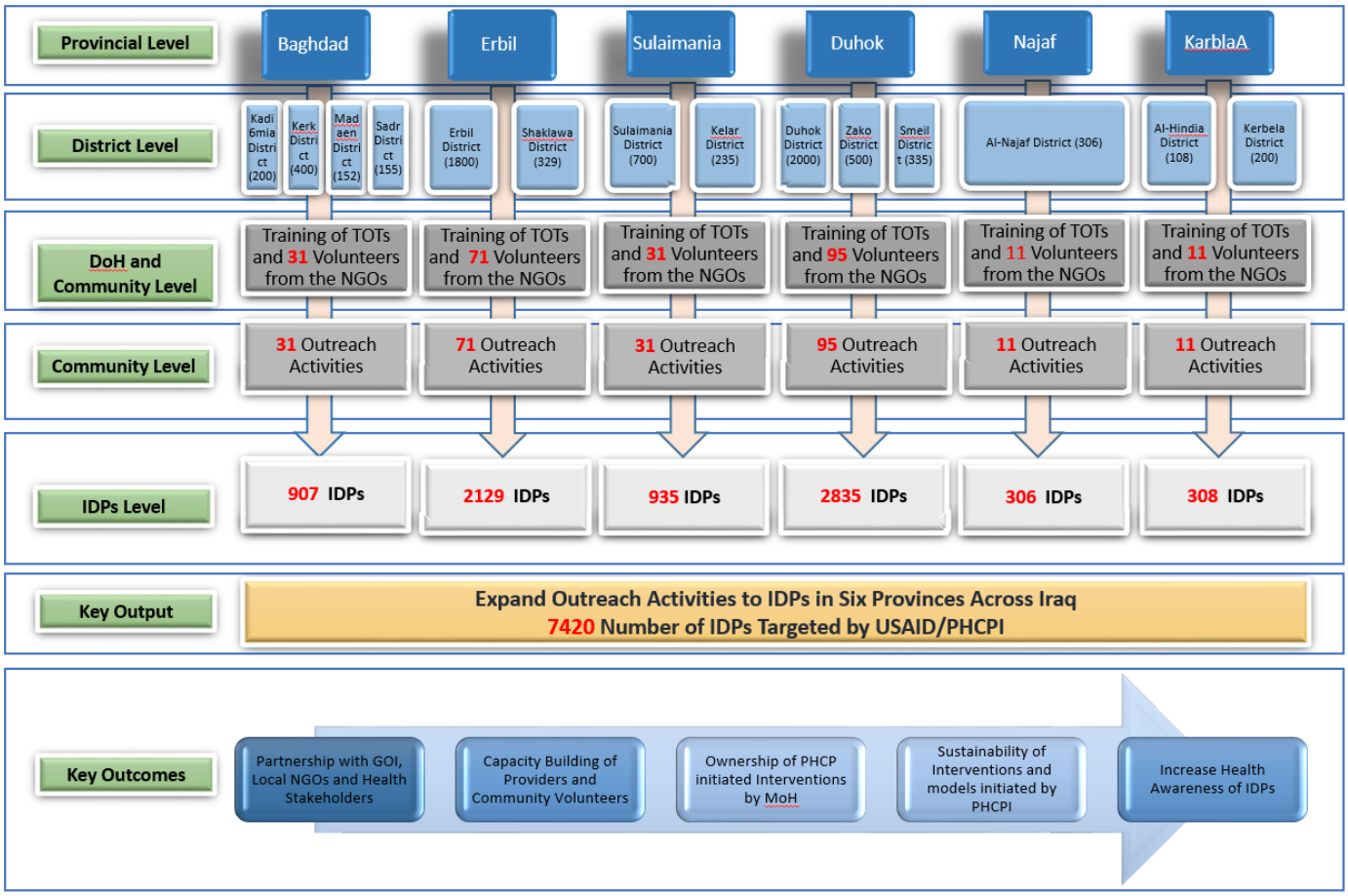
prevention of and response to GBV especially in emergencies to provide appropriate assistance to survivors/victims. PHCPI's GBV guideline for women, girls and children in Iraq at higher risk of becoming victims of GBV, are finalized in English with Arabic and Kurdish versions in process.

These guidelines were prepared by PHCPI in an effort to assist the MOH address the health needs of IDPs in order to have widely agreed upon standards for use in Iraq in which people leave their homes due to wars and internal conflicts. They are designed, as a first step, to create awareness and sensitization among health care professionals and community workers who interact with those impacted by conflict, especially IDPs and refugees, and have a position in which they can contribute to the assistance of survivors.

Outreach Methodology

PHCPI, jointly with the MOH, finalized the outreach methodology for providing health awareness sessions to IDP families and accessing key vulnerable IDPs. There are 296,856 IDP families in PHCPI's six target governorates (Erbil, Sulaimaniyah, Najaf, Baghdad, DOHuk and Karbala) and PHCPI will target 2.5%, or 7,420 of all IDP families, allowing PHCPI to access over 37,000 IDPs. Two hundred and fifty outreach activities are required to reach all 7,420 families.

In order to reach the IDPs, PHCPI, with the MOH, conducted 8 orientation workshops for health volunteers. Over two hundred health volunteers will cover key topics and messages related to maternal and child health, personal hygiene and protection from communicable diseases such as polio, measles and cholera.



Health Orientation Workshops for Health Volunteers

PHCPI developed training materials for the MOH to use while rolling out IDP guidelines to NGOs and health volunteers. PHCPI trained 22 MOH Health Promotion Unit staff on these guidelines, who in turn trained NGO members and health volunteers from the selected provinces. PHCPI worked closely with the MOH to identify volunteers from the NGOs who participated in the MOH Health Promotion Unit trainings and conduct IDP awareness sessions in the targeted communities, training 206 health volunteers.

The orientation workshops, conducted for NGOs working in the targeted provinces, provided relevant health information and appropriate methods for reaching IDPs. Participants learned about health messages to raise IDPs awareness of relevant health issues and ways to improve their health. The workshop familiarized attendees to the IDP guidelines developed and finalized by both the MOH and PHCPI. Additionally, participants learned how to provide psychological first aid for IDPs to help them to overcome adversity and difficulties that they are experiencing among the IDP population. The health volunteers will conduct outreach activities for IDPs in the six-targeted provinces for improved health and to provide them with support. PHCPI plans to reach at least 6,000 IDP families in the targeted provinces in the upcoming months. The NGOs trained by the project, have been actively posting upcoming activities with PHCPI on social media networks. The posts show the eagerness and commitment of each organization to begin these outreach activities.

NGOs posting on Social Media regarding Health Volunteer trainings and upcoming outreach activities.

Health Messages Developed for IDPs

PHCPI developed and designed health messages in forms of brochures and leaflets to be distributed to the IDPs. These health messages will address the main concerns and problems facing IDPs in Iraq. The messages concentrate on proper nutrition, food safety, and ways to avoid food poisoning. They will be distributed during the outreach activities in addition to the health education handouts previously developed by the project, focusing on the topics of antenatal care, vaccinations, child nutrition, diarrhea management, acute respiratory infections and personal hygiene.

4. PHCPI Legacy/Transition Activities

4.1 Model Clinics

Nafa'a Akrawy Clinic: Moving Towards Certification

The USAID/PHCPI Model Clinics initiative was established in partnership with the Iraqi Ministry of Health (MOH) to support the Ministry's efforts to improve the quality of Primary Health Care (PHC) services. The initiative aimed to upgrade 36 selected Primary Health Care Clinics (PHCCs) across all 18 Iraqi Provinces into an agreed-upon model standard (Due to the current security situation, two clinics in Al Anbar Governorate were damaged and are no longer participating in the Model Clinics initiative). PHCPI and the MOH envision a Model Clinic as "a clinic equipped with modern medical equipment, stocked with the needed drugs and medical supplies, staffed with well-trained providers who are in compliance with MOH clinical protocols and guidelines and efficiently functioning within a reliable health system." Through the use of its cost share and other routine budget resources, the MOH intends to upgrade the remainder of the 298 clinics targeted under the PHCPI project to this model standard.

As such, PHCP with the MOH and KMOH certified 33 of the remaining 34 model clinics. One clinic in Erbil, Nafa'a Akrawy Clinic, was not approved by the KMOH for structural reasons outside the scope of PHCPI project. PHCP has continued to follow-up with the KMOH through several meeting with the DG of Public Health, PHCC Manager, Manager of Nafa'a Akrawy Clinic, and other top KMOH officials to certify the clinic as a Model Clinic. The KMOH is currently working on the structural rehabilitation of the clinic and will finish work and set a date for the certification ceremony by February 2015.

Model Clinics Continue to Implement PHCPI-developed SOPs and Guidelines

PHCP continues field visits to the already graduated model clinics to ensure proper execution of the guidelines and SOPs developed by the project. Several field visits were conducted over the three months and the continual use of SOP forms, procedures and guidelines were noted throughout each visit.

Replication Plan- Phase II

The project's initiative to upgrade and graduate model clinics (MCs) resulted in 33 certified MCs across the country. Now, the MOH will take the lead in upgrading two PHCCs from each governorate for the first phase

of the replication plan. The MOH selected 22 new clinics (2 from each DOH excluding KRG and the provinces with ISIL), which were selected from the remaining 324 PHCCs in PHCPI catchment areas.

To streamline the Model Clinic certification process, the MOH and PHCPI agreed on a Steering Committee and an Implementation Committee with committee members identified and their roles outlined. Additionally, Model Clinic Assessment Committees were identified and will use the same criteria and standards as Phase I Model Clinics for Phase II. The quality assurance department, in cooperation with the Engineering Project Directorate, nominated four assessment committees to finalize the primary assessment for replication.

To date, The MOH has completed the preliminary assessment of 16 PHC clinics in Najaf, Dhi Qar, Diwaniya, Karbala, Wasit, Muthanna, Basra, and Maysan. Each PHC clinic that was assessed was given a list of requirements necessary to reach compliance with Model Clinic criteria. The PHC clinics will have one month to implement the MC criteria before a second assessment is conducted.

4.2 TAG Meetings

USAID/PHCPI collaborated with the MOH to form a National Technical Advisory Group (TAG) as an on-going mechanism for donor coordination and technical collaboration to promote quality improvement in PHC. The TAG includes members from relevant MOH sections, other government ministries, NGOs, donors, and other international organizations such as USAID, WHO, UNFPA, UNICEF. The National TAG has held ten meetings to date, the last being completely led by the MOH.

Due to the current health crisis in the country, in large part because of the influx of IDPs and refugees from neighboring countries, and the measles and polio campaigns, the MOH had postponed the TAG meeting from December 2014 to January 20, 2015.

4.3 Key Interventions for the Achievement of MDGs 4 & 5

MOH Uses PHCPI-developed Materials for Continued Trainings for IMCI, ANC, PNC, and TBAs

One of PHCPI's legacies, the establishment of a large pool of MOH subject matter specialists and trainers, well equipped with academic and practical skills, training materials, curricula, guidelines, protocols and handbooks, will serve as an important foundation for the MOH to build upon the community engagement in PHC program management that PHCPI has put in place.

Over the past months, the MOH conducted several workshops using PHCP developed material and using the TOT cadre trained by the project. In Wasit and Baghdad on PHCPI's integrated management of childhood illness (IMCI) to train physicians working in the PHCCs. The workshops used PHCPI-revised guidelines and wall charts. In Baghdad Rusafa DOH, 4 courses for 53 doctors from all PHC clinics for antenatal care (ANC) and post natal care (PNC) were organized by the DOH. TOTs trained previously by the project facilitated these workshops and a symposium was conducted for Saving Mothers: Maternal Death Surveillance and Response (MDSR) in the presence of the Director General of the Al-Rusafa DOH. USAID/PHCPI support in establishing the foundation for this effort was recognized during the workshops and the symposium. Also, The MOH continues to train Traditional Birth Attendants (TBAs), expanding outside the project's catchment areas using PHCPI's TBA training tools. These tools were provided to each province, particularly the catchment areas hosting IDPs. The MOH has reported moving forward with the

TBA initiative developed and supported by the project. Since October 2014 in Baghdad Al-Karkh DOH, the MOH has trained 80 TBAs using PHCPI TBA training tools and guidelines.

4.4 Community Participation

MOH Takes Leading Role in PHCPI Communication Plans

While PHCPI remains actively involved with MOH communication and media activities to ensure continued visibility and awareness of PHCPI's past successes and achievements as well as future goals and activities, the MOH has taken a leading role in raising PHCPI's awareness and visibility. The Media Manager announced that the Ministry's website has a link on its front page directly to the PHCPI website. On the Ministry's website, under its activities, the song "Your Health is Our Goal" has been published and circulated. Links to PHCPI's TV spots can also be viewed here:

- Vaccination (song) : https://www.youtube.com/watch?v=pRG4pidJiJU
- Diarrhea (spot) : https://www.youtube.com/watch?v=m_LTSBBpoME
- Pregnant Care (spot) : https://www.youtube.com/watch?v=s7K1rdI3YJg
- Breastfeeding (spot) : https://www.youtube.com/watch?v=_LR9uEsZocs

Ministry of Health to Conduct Health System Performance Assessment

The MOH issued a ministerial order signed by HE, Dr. Adeelah Himood, to reform the health system in Iraq including all DOHs. The MOH has included USAID/PHCPI as a key partner to provide technical advisory support to help MOH achieve this goal. PHCPI advisors will participate in the MOH's meetings and workshops to provide technical advisory support as required.

MoH Staff participating in group discussions for Iraq's Health Care Reform

The first workshop was conducted in Maysan and attended by a PHCPI representative, Media & Communication Advisor, concerned staffs from the middle and southern provinces, DoPH DG, Dr. Ziyad Tariq representing the Minister of Health, MOH Inspector General as well as DGs of Basra, Wasit, Diwaniya and Muthanna DOHs.

This workshop is the starting point for health system reform in Iraq. The workshop addressed three major topics: Primary Health Care, Information Technology, and the Health Visitor Program. The agenda included field visits to Health Districts, PHCCs and the Teaching Hospital to look at the Health Visitor Program, especially following up maternal and child health, immunization and health surveillance.

The Maysan DOH DG expressed his thanks and appreciation to USAID/PHCPI for the efforts the project has made and is still making. He praised the fruitful and sustainable cooperation with USAID which had a significant contribution in supporting the national program of Health Visitors, one of the key factors to the health system reform in Iraq.

During the 2nd Health System Reform Workshop, the Deputy Minister of Health for Administrative Affairs, Dr. Khamees Al-Saad, recognized the fruitful partnership with USAID as well as PHCPI's efforts in increasing community awareness and participation in improving health services across Iraq. This workshop was conducted during the period of November 22-25, 2014 in Baghdad. The workshop was organized by the Karkh DOH and was attended by a number of DGs from all provinces. PHCPI advisors participated in the workshop and provided technical advisory support.

In his remarks, Dr. Alsa'ad stated "the strategic integration between media, outreach and health education as well as collaboration with USAID's PHCPI, governmental and non-governmental institutions are key factors in raising community awareness. Further, strategic integration helps to activate, train and develop staff who work in media, outreach and health education."

MOH Supports PHCPI's Training Efforts across Iraq

Affirming productive and sustained partnership, the MOH issued an order, approved by HE the Minister of Health and endorsed by Public Health Director General, confirming that the MOH will cover the transportation and lodging for MOH trainees who participate in USAID/PHCPI supported events, including training courses and workshops on Immunization, Surveillance and IDPs. The letter was directed to all Directorates of Health (DOHs) in Iraq, including DOHs in KRG.

PHCPI Model Clinic Chosen to be Accredited by WHO

The MOH has begun to work on PHCC accreditation throughout Iraq based on WHO Quality Criteria for Accreditation. PHCPI recommended review of the PHCCs upgraded by PHCPI and declared as high scoring Model Clinics for MOH accreditation according to WHO Accreditation Standards. The MOH, in accordance with PHCPI's suggestion, chose four clinics, one of which is a certified Model Clinic to be assessed by an accreditation team from the MOH that were trained by the WHO. This initial assessment will be in preparation for potential accreditation by the WHO.

MOH conducted Health Awareness Campaign for Turkmen IDPs in Babil

Working closely with the MOH, 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. As part of its efforts to provide support to IDPs, Babil DOH conducted a health awareness campaign for Turkmen IDPs in the province. This step confirms MOH and DOH efforts to sustain PHCPI community mobilization and Behavior Change Communication (BCC) initiatives. PHCPI provided training to Health Promotion Unit staff from Babil DOH, among other DOHs, and established a core of TOTs in BCC and Community Partnerships who are now leading the current campaign demonstrating sustainability of PHCPI's BCC initiative.

MOH Distributes Health Awareness Messages during the Arbaeen Pilgrimage

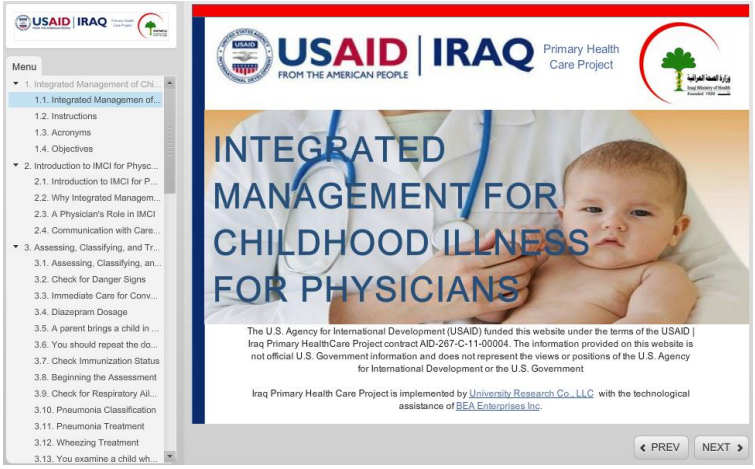
The Health Promotion Unit in Karbala DOH published and distributed health awareness messages and posters on nutrition, hand washing, drinking clean water and Patients' Rights to educate visitors about better hygiene and sanitation practices during the Arbaeen Pilgrimage in Karbala.

PHCPI, jointly with the MOH, developed the Community Mobilization and Behavior Change Communication (BCC) initiative on mobilizing and intensifying the IPC and outreach activities at the community level, and

has provided training to Health Promotion Unit staff from Karbala DOH among other DOHs and established a core of over 100 TOTs in BCC. This awareness campaign during the Arbaeen Pilgrimage demonstrates and affirms the DOH's commitment to USAID/PHCPI initiatives.

PHCPI E-Courses Now Freely Available Online

PHCPI assisted the MOH to update over 30 managerial and clinical guidelines to current international standards. Of these 30 guidelines, PHCPI developed 24 e-courses to allow primary health care staff access to continuing education. Two more are now currently in development. These courses help to ensure the sustainability and continued impact of USAID/PHCPI interventions. These courses are being implemented across Iraq and have been shared with the MOH and all DOHs. PHCPI is promoting effective application and monitoring implementation to ensure the most efficient and impactful rollout.



USAID/PHCPI courses are now freely available online and it is possible for anyone to enroll in one of the PHCPI-designed courses by logging into PHCPI's website: http://olms.phciraq.org/. The MOH has also included the link on it's website to allow access for all health providers

Users will be able to register through the link above and be able to take a free course, test and receive a certificate upon completion. These training courses have been designed to help primary health care staff improve their management and clinical skills. Courses are self-guided and have quizzes embedded to help participants assess their learning. Resources and reference materials to accompany the training courses can also be downloaded from the course page. All of these courses are available in Arabic, Kurdish, and English.

This will allow MOH, DOH, and PHC clinic staff to take the course in the convenience of their own homes and will build MOH capacity at an exponential rate compared to the conventional 25 participant courses held in a training hall.

4 MONITORING AND EVALUATION

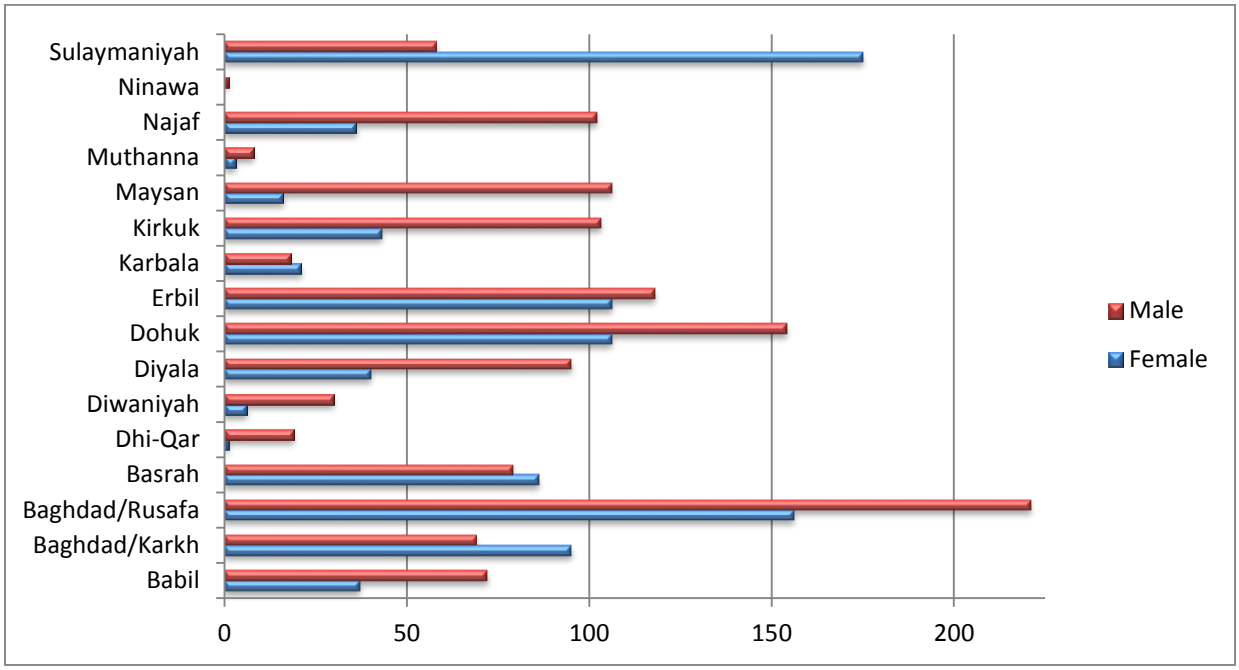
Table 1: Number of Participants by Provinces

Province	Female	Male	TOTal
Babil	37	72	109
Baghdad/Karkh	95	69	164
Baghdad/Rusafa	156	221	377
Basrah	86	79	165
Dhi-Qar	1	19	20
Diwaniyah	6	30	36
Diyala	40	95	135
DOHuk	106	154	260
Erbil	106	118	224
Karbala	21	18	39
Kirkuk	43	103	146
Maysan	16	106	122
Muthanna	3	8	11
Najaf	36	102	138
Nainawa	0	1	1
Sulaymaniyah	175	58	233
Wasit	8	10	18
TOTAL	**935**	**1263**	**2198**

Of the **2,198** participants reached this quarter, 935 (43%) were female. The overall $\frac{\text{Female}}{\text{Male}}$ ratio = 74%, and varies widely by province:

- In Baghdad/Karkh, Basrah and Sulaimaniyah, the trainees are more likely to be female than male.
- In the remaining provinces, trainees are significantly more likely to be male than female.

Figure 1: Gender distribution by province/DOH



Frequency of training activities also varies widely, with more trainings given in Baghdad (24 % overall) than other provinces. PHCPI manages training through its Baghdad Office, and the breakdown for each region is given below:

Table 2: Training TOTals by Region, FY15Q1

Regional	Provinces	% (N) of TOTal Training
Central	Baghdad, Babil, Anbar, Karbala, Diyala, Wasit	38%
North	Erbil, Sulaimaniyah, Salah Aldeen, Kirkuk, DOHuk, Nainawa	39%
South	Basrah, Dhi-Qar, Diwaniyah, Maysan, Muthanna, Najaf	22%

Figure 2: Breakdown by Province of Percentage of Participants in PHCP Activities

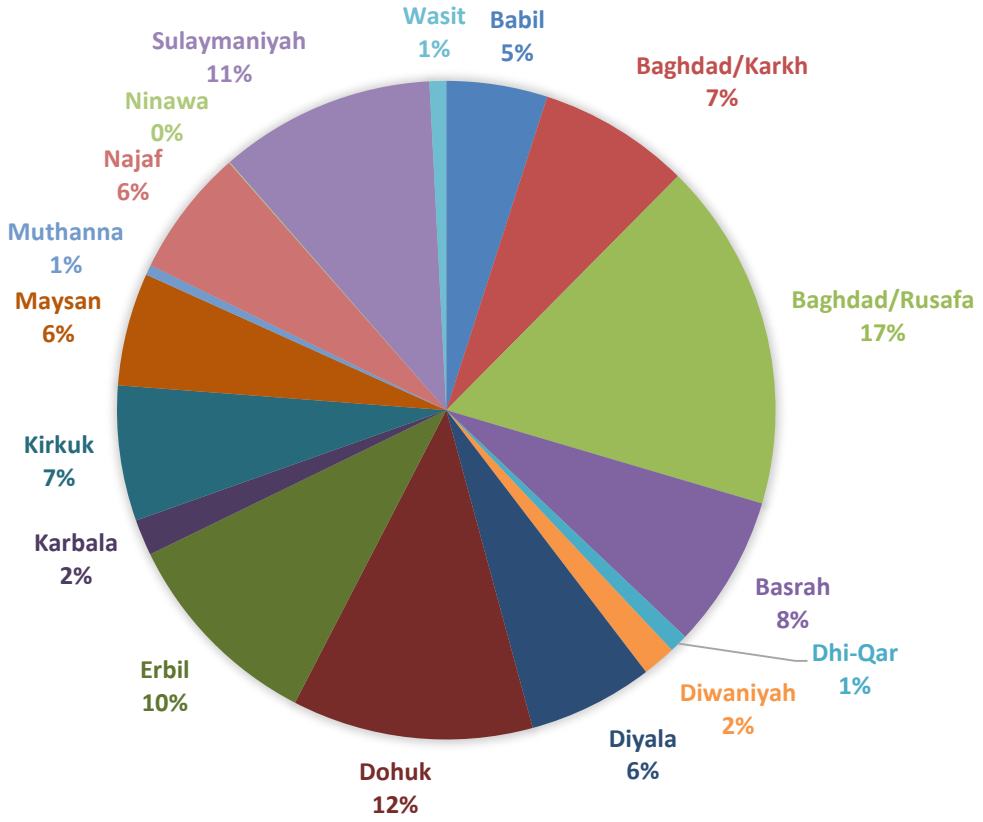


Figure 2 displays the relative distribution of all training in each province conducted over the quarter. The top five provinces in regards to the TOTal amount of trainings given are Baghdad, DOHuk, Sulaymaniyah, Erbil and Basrah in declining order.

Table 3 below provides a complete list of activities undertaken by PHCP during this quarter, including partnership meetings, planning workshops, and rollout training courses. During this quarter, PHCP activities reached 2,195 participants throughout Iraq.

Table 3: Summary of PHCP Activities October – December 2014

Events Name	Location	Type	Female	Male	Facilitator	Total
follow up activities of the project regarding EMONC and menopause	Baghdad/Rusafa	Meeting	1	0	0	1
Premarital counselling & TBA training	Baghdad/Rusafa	Meeting	1	0	0	1
follow up activities of the project regarding Newborn Screening and discuss the work plan actions for the extension of immunization component	Baghdad/Rusafa	Meeting	3	3	0	6
discuss the work plan actions for the extension of immunization component	Baghdad/Rusafa	Meeting	2	5	0	7
follow up on the Training plan of guide line and SOPs developed by PHCPI	Baghdad/Rusafa	Meeting	1	2	0	3
IDP General Work plan Discussion	Baghdad/Karkh	Meeting	0	2	0	2
Follow-up on Cost Share Contribution with regard PHCPI Model Clinics	Baghdad/Rusafa	Meeting	2	3	0	5
IDP services from the MOH	Baghdad/Rusafa	Meeting	1	1	0	2
nursing standard activities	Baghdad/Rusafa	Meeting	0	1	0	1
IDPs Community - Based Assessment Plan Discussion	Baghdad/Rusafa	Meeting	1	1	0	2
Follow-up on Model Clinics replication plan /Phase II	Baghdad/Rusafa	Meeting	1	2	0	3
IDP plan of action discussion	Baghdad/Karkh	Meeting	0	2	0	2
Review Iraqi SOPs with CPHL (TWG)	Baghdad/Rusafa	Meeting	3	2	0	5
Strengthen Surveillance for priority diseases with MOH	Baghdad/Rusafa	Meeting	2	9	0	11
Follow-up MOH/PHCPI Model Clinics / Phase 1	Baghdad/Rusafa	Meeting	0	3	0	3
Review MOH immunization plan, WHO and regional Immunization	Baghdad/Rusafa	Meeting	0	1	0	1
Review MOH immunization plan, WHO and regional Immunization	Baghdad/Rusafa	Meeting	2	3	0	5
Discussion of Community - Based Assessmentfor IDPs (Rapid Assessment)	Baghdad/Rusafa	Meeting	3	0	0	3
Follow Up on the implementation of the SOPs At Clinics/ meeting at policy makers	Baghdad/Karkh	Meeting	0	2	0	2
Follow-up on the implementation of Management Handbook standards in the clinics	Baghdad/Karkh	Meeting	1	1	0	2

Follow up on the implementation of pharmaceutical supply Management guideline applied at the level of PHCCs	Baghdad/Karkh	Meeting	1	3	0	4
Follow up on the presence/ use of the new integrated MR	Baghdad/Karkh	Meeting	3	0	0	3
Review for tha draft strategic plan of surveillance system	Baghdad/Rusafa	Meeting	3	11	0	14
Training on EPI for Supervisors	Baghdad/Karkh	Workshop	14	9	2	23
Training on EPI for Supervisors	Baghdad/Karkh	Workshop	18	4	1	22
Training on EPI for Supervisors	Baghdad/Rusafa	Workshop	18	14	1	32
Training on EPI for vaccinators	Baghdad/Rusafa	Workshop	9	17	1	26
Identification and recruitment of IDP community volunteers to conduct ACSM activities	Baghdad/Rusafa	Meeting	1	1	0	2
Conduction of Community - Based Assessment (Rapid Assessment)	Baghdad/Rusafa	Meeting	3	0	0	3
Follow-up on Cost Share Contribution with regard PHCPI Model Clinics	Baghdad/Rusafa	Meeting	1	2	0	3
Training on EPI for Supervisors	Baghdad/Rusafa	Workshop	13	16	2	29
Training on EPI for vaccinators	Baghdad/Rusafa	Workshop	12	14	1	26
draft review of strategic plan of surveillance system	Baghdad/Rusafa	Meeting	5	12	0	17
Follow-up MOH/PHCPI Model Clinics / Phase 1	Baghdad/Rusafa	Meeting	0	2	0	2
Follow-up on Model Clinics replication plan /Phase II	Baghdad/Rusafa	Meeting	0	3	0	3
Strengthen Surveillance for priority diseases with MOH	Sulaymaniyah	Meeting	0	3	0	3
Review Iraqi SOPs with CPHL (TWG)	Baghdad/Rusafa	Meeting	4	3	0	7
Training on EPI for vaccinators	Maysan	Workshop	7	18	2	25
Training on EPI for vaccinators	Najaf	Workshop	1	23	2	24
Field visit to Kanikorda PHC	Sulaymaniyah	Meeting	0	1	0	1
Training on EPI for vaccinators	Baghdad/Rusafa	Workshop	9	12	1	21
Training on EPI for vaccinators	Baghdad/Rusafa	Workshop	16	13	1	29
draft a revised Immunization plan	Baghdad/Karkh	Meeting	0	2	0	2
Follow up presence/ use of the new integrated MR	Baghdad/Rusafa	Meeting	2	1	0	3
Training on EPI for vaccinators	Basrah	Workshop	23	3	2	26
Training on EPI for vaccinators	Basrah	Workshop	20	9	2	29
meeting with key persons at KMOH	Erbil	Meeting	0	3	0	3
Training on EPI for vaccinators	Maysan	Workshop	5	23	2	28
Training on EPI for vaccinators	Najaf	Workshop	10	18	2	28

Training on Epi Info surveillance program	Baghdad/Rusafa	Workshop	10	13	3	23
Draft review of strategic plan of surveillance system	Baghdad/Rusafa	Meeting	2	6	0	8
Training on EPI for Supervisors	Maysan	Workshop	2	24	1	26
Training on EPI for vaccinators	Najaf	Workshop	11	13	2	24
Conduct workshop for SOP revision in the presence of STI	Baghdad/Rusafa	Meeting	2	3	0	5
meeting with the CDC TWG/develop SS objectives	Baghdad/Rusafa	Meeting	0	4	0	4
review the revised draft of Immunization plan	Baghdad/Rusafa	Meeting	1	2	0	3
Training on EPI for vaccinators	Babil	Workshop	12	20	2	32
Training on EPI for vaccinators	Basrah	Workshop	15	13	2	28
Training on EPI for vaccinators	Basrah	Workshop	8	9	2	17
Training on Epi Info surveillance program	Babil	Workshop	2	20	1	22
Training on EPI for vaccinators	Maysan	Workshop	2	30	1	32
Training on EPI for vaccinators	Najaf	Workshop	10	17	2	27
Developing of IDPs Guidelines	Baghdad/Rusafa	Meeting	2	1	0	3
Conduct workshop for SOP revision in the presence of STI (direct with dr.ahlam)	Baghdad/Karkh	Meeting	2	3	0	5
Training on EPI for Supervisors	Najaf	Workshop	4	23	2	27
Orientation Workshop for Health Volunteers	Baghdad/Karkh	Workshop	18	1	0	19
Review the revised draft of Immunization plan by STTA	Baghdad/Rusafa	Meeting	0	1	0	1
Training on EPI for Supervisors	Basrah	Workshop	4	16	1	20
Training on EPI for Supervisors	Basrah	Workshop	5	19	1	24
Training on EPI for vaccinators	Babil	Workshop	14	19	2	33
Training on Epi Info surveillance program	Wasit	Workshop	6	19	1	25
Training on Epi info7 surveillance program	Baghdad/Rusafa	Meeting	2	9	0	11
TOT in Immunization management	Baghdad/Karkh	Training Course	12	9	0	21
Orientation Workshop for Health Volunteers	Baghdad/Karkh	Workshop	16	2	0	18
Draft surveillance strategy for priority communicable disease	Baghdad/Rusafa	Meeting	0	3	0	3
Follow-up on Cost Share Contribution with regard PHCPI Model Clinics	Baghdad/Rusafa	Meeting	1	1	0	2
Training on EPI for vaccinators	Erbil	Workshop	16	9	2	25
Conduct workshop to complete the SOP revision in the presence of STI	Baghdad/Rusafa	Meeting	2	3	0	5

Follow-up on MOH/PHCPI Model Clinics / Phase 1	Baghdad/Rusafa	Meeting	0	2	0	2
Refresher workershop for BCC core team	Erbil	Workshop	3	3	4	6
Training on EPI for vaccinators	Diyala	Workshop	9	26	2	35
Training on EPI for vaccinators	Sulaymaniyah	Workshop	36	1	2	37
Follow-up on MOH/PHCPI Model Clinics / Phase 2	Baghdad/Rusafa	Meeting	0	2	0	2
Training on Epi Info surveillance program	Baghdad/Karkh	Workshop	13	7	1	20
Training on EPI for vaccinators	Diyala	Workshop	6	27	2	33
Training on EPI for vaccinators	Erbil	Workshop	15	10	2	25
Follow up on referral system	Baghdad/Rusafa	Meeting	0	1	1	1
Follow up presence/ use of the new integrated MR	Baghdad/Rusafa	Meeting	1	1	0	2
Training on EPI for vaccinators	Diyala	Workshop	11	22	2	33
Training on Epi info7	Baghdad/Rusafa	Workshop	4	11	0	15
Finalizing immunization plan draft	Baghdad/Rusafa	Meeting	1	2	0	3
Follow up on the Training plan of guideline and SOPs developed by PHCPI	Baghdad/Rusafa	Meeting	2	0	0	2
Review strategic plan draft for communicable disease surveillance	Baghdad/Rusafa	Meeting	2	4	0	6
Training on EPI for vaccinators	Erbil	Workshop	15	8	2	23
Training on EPI for vaccinators	Kirkuk	Workshop	12	24	1	36
Training on EPI for vaccinators	Kirkuk	Workshop	6	25	1	31
Training on EPI for vaccinators	Sulaymaniyah	Workshop	31	5	2	36
Follow-up on MOH/PHCPI Model Clinics / Phase 2	Baghdad/Rusafa	Meeting	0	2	0	2
Training on EPI for vaccinators	Erbil	Workshop	14	10	2	24
Training on EPI for vaccinators	Sulaymaniyah	Workshop	30	8	2	38
Training on EPI for Supervisors	Erbil	Workshop	9	11	2	20
Training on EPI for vaccinators and Supervisors	DOHuk	Workshop	19	12	2	31
Training on Epi Info surveillance program	DOHuk	Workshop	5	15	3	20
Follow-up MOH/PHCPI Model Clinics / Phase 1	Baghdad/Rusafa	Meeting	0	2	0	2
Follow-up on Model Clinics replication plan /Phase II	Baghdad/Rusafa	Meeting	1	1	0	2
Review strategic plan draft for communicable disease surveillance	Baghdad/Rusafa	Meeting	0	1	0	1
Training on EPI for Supervisors	Babil	Workshop	8	20	1	28
Training on EPI for Supervisors	Diwaniyah	Workshop	3	22	2	25

Training on EPI for Supervisors	Diyala	Workshop	11	13	2	24
Training on EPI for Supervisors	Erbil	Workshop	5	11	2	16
Training on EPI for Supervisors	Kirkuk	Workshop	9	17	2	26
Training on EPI for Supervisors	Sulaymaniyah	Workshop	23	2	2	25
Training on EPI for vaccinators	Kirkuk	Workshop	9	26	2	35
Training on EPI for vaccinators and Supervisors	DOHuk	Workshop	13	15	2	28
Follow up implementation of Referral Process	Baghdad/Karkh	Meeting	2	2	0	4
TWG review and revise national immunization plan of 2015	Baghdad/Rusafa	Meeting	1	1	0	2
Conduct workshop to finalize the draft SOP to be submitted to the USAID	Baghdad/Rusafa	Meeting	3	2	0	5
Review the National surveillance Strategy	Baghdad/Rusafa	Meeting	1	0	0	1
TOT in Immunization management and Surveillance	Erbil	Training Course	5	20	4	25
Orientation Workshop for Health Volunteers	DOHuk	Workshop	12	30	0	42
Training on EPI for vaccinators and Supervisors	DOHuk	Workshop	21	8	2	29
Follow up on the implementation of many tasks	Baghdad/Karkh	Meeting	2	1	0	3
Orientation Workshop for Health Volunteers	Erbil	Workshop	22	20	2	42
Orientation Workshop for Health Volunteers	Sulaymaniyah	Workshop	27	7	2	34
Training on EPI for Supervisors	Sulaymaniyah	Workshop	14	12	2	26
Training on Epi Info surveillance program	Basrah	Workshop	12	10	2	22
Training on Epi Info surveillance program	Dhi-Qar	Workshop	3	22	1	25
Orientation Workshop for Health Volunteers	DOHuk	Workshop	9	33	2	42
Training on EPI for vaccinators and Supervisors	DOHuk	Workshop	11	23	2	34
Orientation Workshop for Health Volunteers	Karbala	Workshop	16	3	0	19
Review strategic plan draft for communicable disease surveillance	Baghdad/Rusafa	Meeting	1	3	0	4
Training on Epi Info surveillance program	Erbil	Workshop	5	20	1	25
Orientation Workshop for Health Volunteers	Baghdad/Karkh	Workshop	1	18	0	19
Training on Epi Info surveillance program	Karbala	Workshop	5	18	2	23

Training on Epi Info surveillance program	Kirkuk	Workshop	6	10	0	16
Training on EPI for vaccinators and Supervisors	DOHuk	Workshop	14	15	1	29
Follow-up on Model Clinics replication plan /Phase II	Baghdad/Rusafa	Meeting	1	5	0	6
Training on Epi Info surveillance program	Sulaymaniyah	Workshop	10	15	1	25

5 Challenges and Solutions

In response to the devolving security crisis in Iraq since early June, PHCPI developed a business continuity plan to provide PHCPI staff in Iraq with clear operational and security guidelines and policies on the operations and management of the project in this unique environment. PHCPI staff on the ground are continuing project activities to the best of their ability.

For security consideration, PHCPI hired ex-project employees for the activities in some of the provinces. Furthermore, most of the administrative authorities in these provinces are not allowing non-resident people to enter/work in those provinces.

6 Major Activities Planned for Next Quarter

Support MOH efforts to Strengthen Public Health Surveillance for the Prevention and Control of Priority Diseases

- Finalize and present to MOH the National Strategy for Surveillance of Priority Communicable Diseases

Strengthen Iraq s Training Program for Immunization

- Finalize and present to the MOH three standard operating procedures (SOPs) for Cholera, Polio, and Measles to be used by PHC labs in relation to quality assessment, systematic reporting and coordination with national, sub-regional, regional and international laboratories
- Finalize and present to the MOH the National Immunization Plan
- PHCPI will build the capacity of 2,000 members of priority groups as identified by the MOH with all of them playing an essential role in EPI activities. PHCPI will finish training:
  - 1,500 Vaccinators: carry out both routine immunizations and SIAs
  - 500 Supervisors: are concerned with planning, monitoring and supervision of SIAs
- Establish a core of TOTs in Immunization Management
  - At least 80 trainers trained as TOTs in immunization and surveillance management

Expand Community Outreach Activities among IDP Populations

- At least 4,000 – 6,000 IDP families (25,000 persons) reached by the project
- Finalize and present to the MOH GBV guideline for IDPs

Nafa a Akrawy Clinic

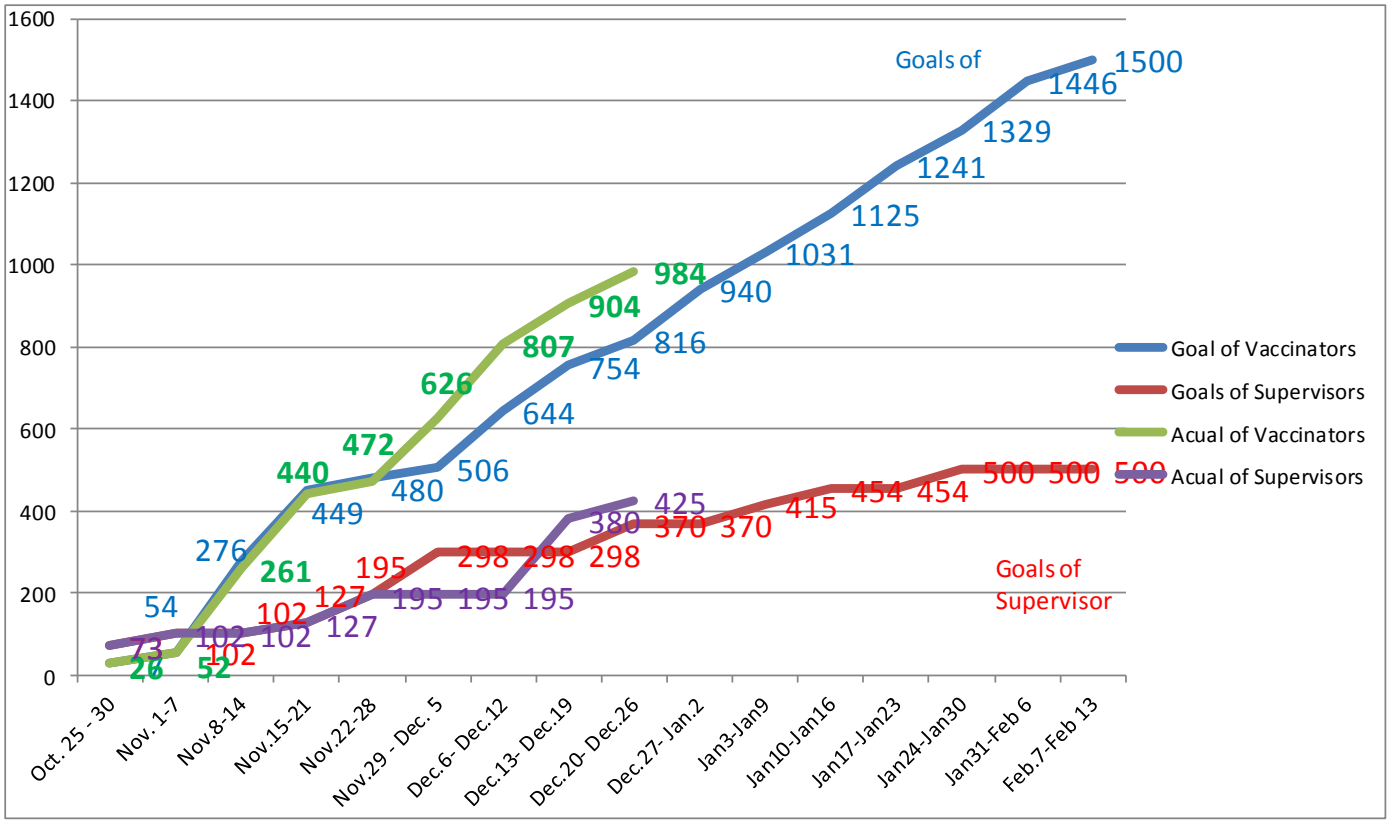
- Graduate Nafa a Akrawy clinic to a Model Clinic.

5 ANNEXES

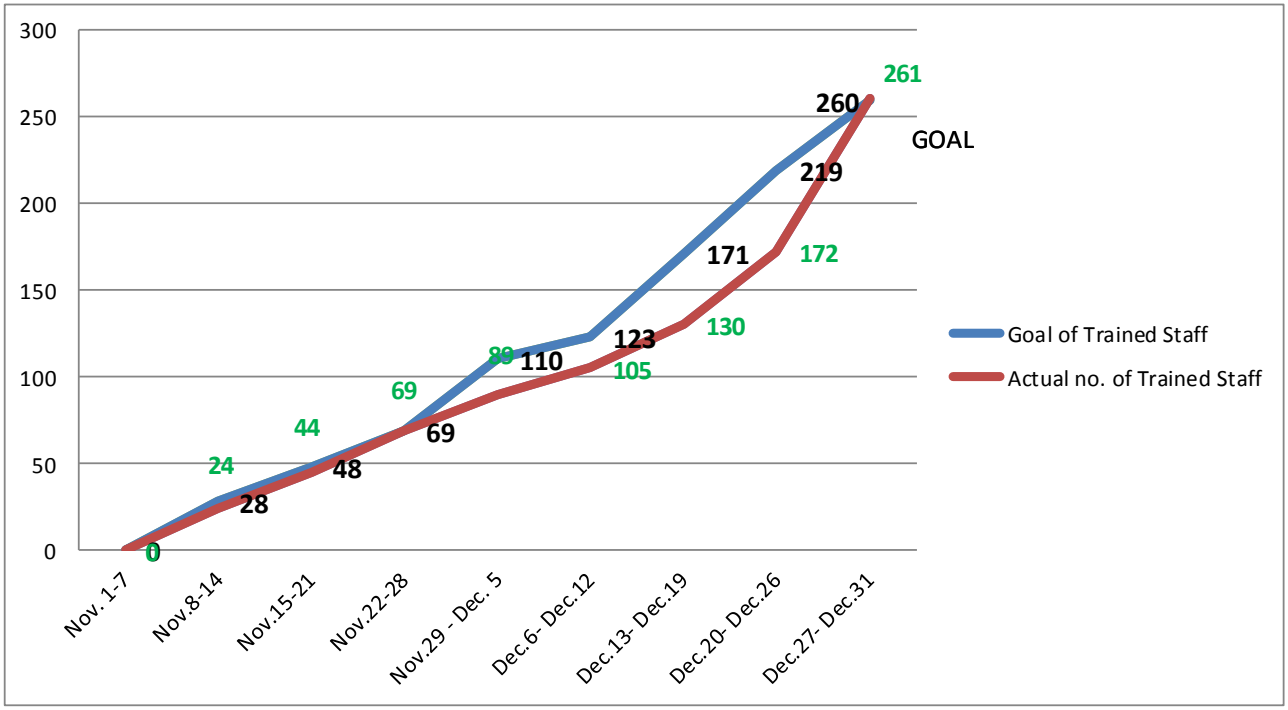
Annex 1: Progress towards Deliverables

Event's Name	October 1 – December 31, 2014	Goal	Percent Complete
Training on EPI for Vaccinators	984	1,500	66%
Training on EPI for Supervisors	426	500	85%
TOTal for EPI	**1,410**	**2,000**	**71%**
Training on Epi Info surveillance program	261	260	100%
Orientation Workshop for Health Volunteers	206	200	103%
Immunization Master Trainers	46	80	58%

Annex 2: EPI Trainings



Annex 3: Epi Info Trainings



Annex 4: FY14 Data Call Instrument (October - December 2014)

Performance Indicator	Achieved FY15-Qtr 1	FY 2015 Annual Target	LOP Target	Remarks
Number of staff trained on surveillance strengthening systems	261	260	100%	Target exceeded. At least two district surveillance unit staff were trained from 130 districts throughout Iraq on the existing Epi Info. In addition, PHCPI started training CDCC staff on Epi Info 7.
Number of vaccinators completed immunization training program	984	1500	66%	Target will be achieved in FY15Q2.
Number of supervisors completed immunization training program	426	500	85%	Although not an indicator, PHCPI trained supervisors as well as vaccinators who are concerned with planning, monitoring and supervising SIAs
Number TOT trained in Immunization and surveillance Management	46	80	58%	Although not an indicator, PHCPI trained 46 out of a planned 80 TOT Master Trainers by the end of the extension project

Performance Indicator	Achieved FY15-Qtr 1	FY 2015 Annual Target	LOP Target	Remarks
Number of IDPs reached directly or indirectly by project activities	0	25,000	0%	This activity starts in FY15Q2
Number of guidelines/materials developed to address needs of IDPs	3	2	150%	Target exceeded. After the development of two guidelines (Basic Health Promotion Services and Psychological First Aid for Refugees and IDPs) a need for a third guideline was evident: Gender-Based Violence guideline for women, girls and children in Iraq.
Number of clinics certified as "Model Clinics" in collaboration with MOH	33	34	97%	Target not achieved. Two clinics in Anbar are unreachable due to security reasons, one in Erbil not approved by KMOH for structural reasons outside the scope of PHCPI project. PHCPI is following up with KMOH to continue work with this clinic and expected to certify in FY15Q2.

Annex 5: Project Administration

Expatriate Staff Travel:

- Hala Jassim Al-Mossawi – COP (Nov 6 – 26, 2014)

Short-Term Technical Assistance Visits during the Quarter:

- E.G.P. Haran – STTA (Nov 23 – Dec 3, 2014) (Amman, Jordan)

Short-Term CCN Local Personnel:

In addition to the project CCN FT & PT staff, there are a number of short-term personnel that joined the project during the period (Oct – Dec 2014):

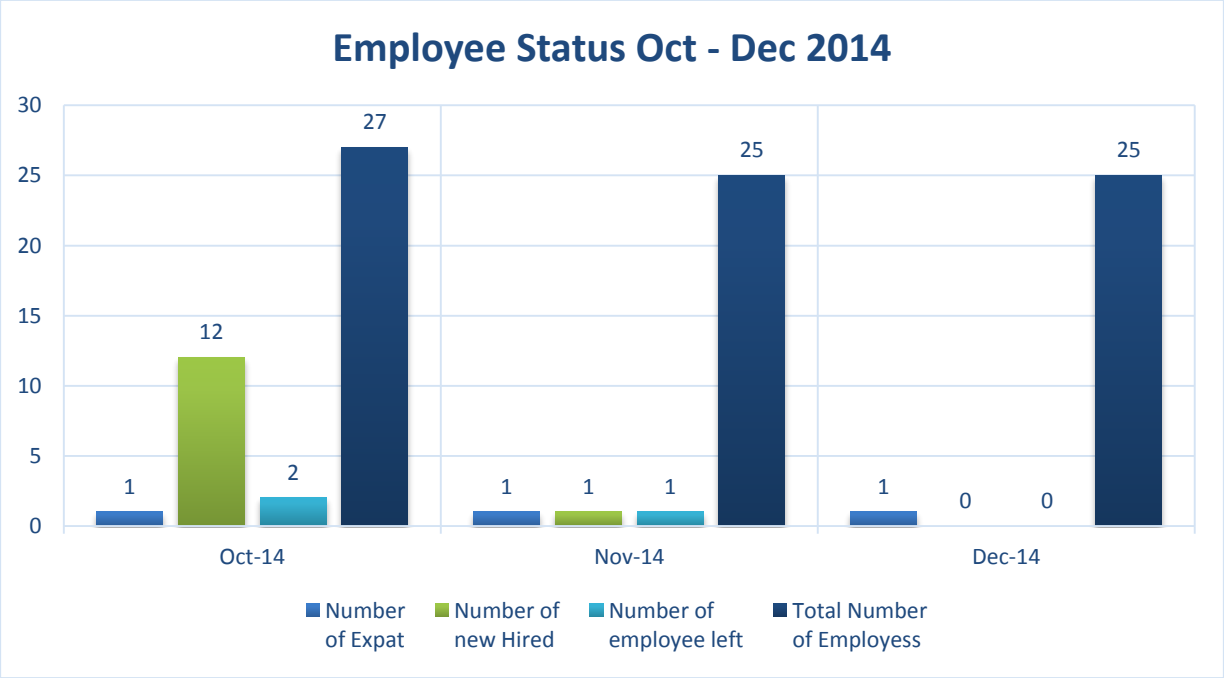
- Ahmed Alaa - Lawyer (Oct 1, 2014)
- Adel MOHammed - Certified auditor accountant (Oct 1, 2014)
- MOHammed Ali - GZ Coordinator (Oct 1, 2014)
- Sameer Fleih - Training Curriculum development (Oct 22, 2014)
- Ali Imad - Translator (Nov 7, 2014)
- Thulfikar Ali - Diyalah Province (Dec 1, 2014)
- Aram Hussain - Kirkuk Province (Dec 8, 2014)
- Karazan Rafiq - Sulaymania Province (Dec 8, 2014)
- Ibrahim Ahmed - Outsource Kurdish Translator (Dec 11, 2014)
- Sarah Saleh - DOHuk Province (Dec 14, 2014)
- Hussien MOHammed - Training Coordinator in Karbala (Dec 24, 2014)

Project Staffing:

The table below shows the status of the staffing as of December 31, 2014.

Personnel Count			
Expatriate Personnel	**Male**	**Female**	**Sub TOTal**
Baghdad	0	1	1
Sub TOTal	0	1	1
CCN Personnel	**Male**	**Female**	**Sub TOTal**
Baghdad	19	5	24
Basrah	0	0	0
Erbil	0	0	0
Sub TOTal	19	5	24
TOTal			**25**

The chart below shows the status of hired and resigned staff between Oct – Dec 2014:



Annex 6: Quarterly Financial Report

QUARTERLY FINANCIAL REPORT

FINANCIAL REPORTING FOR THE PERIOD OF

October 1 - December 31, 2014

[FY15 QUARTER 1]

CLIN	CATEGORY	ITEMIZED BUDGET	PRIOR EXPENDITURES	OCTOBER 2014	NOVEMBER 2014	DECEMBER 2014	EXPENDED TO DATE	BALANCE AVAILABLE
1	Direct Cost	$24,527,568	$ 22,587,282	$ 220,474	$ 254,646	$ 219,922	$23,282,323	$ 1,245,245
2	Subcontracts	$28,920,145	$ 26,614,835	$ 1,286,342	$ 307,560	$ 81,432	$28,290,169	$ 629,976
3	Other Direct Costs	$ 1,371,776	$ 1,309,277	$ 6,764	$ 4,264	$ 4,123	$ 1,324,429	$ 47,347
4	Indirect Costs	$ 9,146,523	$ 8,355,308	$ 155,619	$ 91,552	$ 68,072	$ 8,670,552	$ 475,971
	Total Estimated Cost	$63,966,012	$ 58,866,702	$ 1,669,199	$ 658,023	$ 373,549	$61,567,473	$ 2,398,539
	Fixed Fee(6.5%)	$ 5,534,180	$ 4,419,925	$ 108,498	$ 42,772	$ 24,281	$ 4,595,476	$ 938,704
	Total Cost Plus Fixed Fee	**$ 69,500,192**	**$ 63,286,627**	**$ 1,777,697**	**$ 700,794**	**$ 397,830**	**$ 66,162,949**	**$ 3,337,243**

SUMMARY	
TOTAL OBLIGATED FUNDS:	$ 69,500,192
TOTAL EXPENDED FUNDS:	$ 66,162,949
BALANCE:	$ 3,337,243

Annex 7: Employee Nationality Data

USAID/Iraq - Prime Contractor/Grantee Staffing in IRAQ Breakdown BY NATIONALITY		
Directions: include staff count as of quarter end 12/31/2014		
No.	Nationality	Contractor/Grantee Employee count
80	Iraq	24
184	United States of America	1
Total		**25**

Annex 8: USAID/PHCP- Security Provider Data Report

USAID/Iraq - Security Contracts, FY15 Quarter 1 Report

Acquisition

Prime/Subcontractor	Total Number of Private Security Contractor and Subcontractor Personnel	Contact/Grant Number	Fund (IRRF, ESF, etc)	Type of Security Provided by Subcontractor		Obligations for Prime Contract/Grant	Expenditures for Prime Contract/Grant	Obligations for Security	Expenditures for Security as of 12/31/14
University Research Company, LLC (contractor) Sallyport Global Services, Ltd. (subcontractor)				PSD		$ 69,500,192	$ 66,162,949	$ 11,287,163	$ 10,035,029
Subtotal	**0**				**$ -**	**$ 69,500,192**	**$ 66,162,949**	**$ 11,287,163**	**$ 10,035,029**

Assistance

Name Of Recipient/Sub-award:	Total Number of Private Security Contractor and Subcontractor Personnel	Agreement/Grant Number	Fund (IRRF, ESF, etc)	Type of Security Provided by Subcontractor	Not To Exceed Amount	Obligations for Prime Contract/Grant	Expenditures for Prime Contract/Grant	Obligations for Security	Expenditures for Security as of 12/31/14
Subtotal	**0**				**$0**	**$0**	**$0**	**$0**	**$0**
Total Program Funded					**$0**	**$69,500,192**	**$66,162,949**	**$11,287,163**	**$10,035,029**

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PRIMARY HEALTH CARE PROJECT

SUCCESS STORY

USAID/PHCPI Supports MOH during Autumn Polio Campaign

In March 2014, Iraq confirmed its first case of polio in more than a decade. PHCPI provided immunization & Polio-related technical support.

USAID/PHCPI Mass Media Campaign Public Service Announcement for Child Vaccinations

Vaccinators go out to the local souk in Thi-Qar to vaccinate children under 5 for the Autumn Polio Campaign

Photo: MOH

Application of EVP as a pilot study during the campaign

In October 2014, the second round of Iraq's autumn National Polio Vaccination Campaign began in all provinces across Iraq including Kurdistan Region. The campaign lasted for 5 days and was carried out by primary health care clinics (PHCCs) and field teams. Ministry of Health (MoH) and all Directorates of Health (DoHs) have harnessed all of their capacities to implement the second round of the campaign. The MoH announced that the campaign has covered more than 5 million children under five, including 450,000 children that have already been vaccinated in Nainawa province despite the difficult security situation.

USAID/PHCPI has contributed greatly to the MoH's polio vaccination campaign efforts through the development and distribution of IEC materials, an Acute Flaccid Paralysis (AFP) field manual, and through funding MoH TV polio awareness spots aired across Iraq. AFP is the most common sign of polio and is used as a surveillance indicator during polio outbreaks. PHCPI's manual is used by communicable disease surveillance staff, including the vaccinators and supervisors who were trained by the project, to assist primary health care workers to better diagnose, manage and report cases of AFP.

Additionally, PHCPI is implementing an electronic vaccination record system (EVP), which is a paper-free method to collect child and vaccination team data during immunization campaigns that allows real time monitoring by the campaign leader, accurate collection of data, and geo tracking. Two sectors in Baghdad/Al Karkh, 613 and 617, used the application as a pilot study during the campaign. PHCPI's pilot study in Al Karkh and usage during October's polio vaccination campaign contributes needed feedback that allows for the improvement of the EVP System PHCPI is developing for the MoH. As PHCPI further refines the system, it is assuring sustainability as well as successful implementation once the MoH conducts nation-wide rollout. Nationwide rollout will allow Iraq to utilize the tablet system for collection of real time data and geo tracking for efficient and streamlined immunizations as well as improved surveillance strategies available down to the clinic and community level.

The MoH called upon everyone to have their children vaccinated as soon as possible. Eleven thousand static and mobile teams implemented the campaign across Iraq and were being supervised by 1,000 vaccinators and supervisors from the MoH.

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PRIMARY HEALTH CARE PROJECT

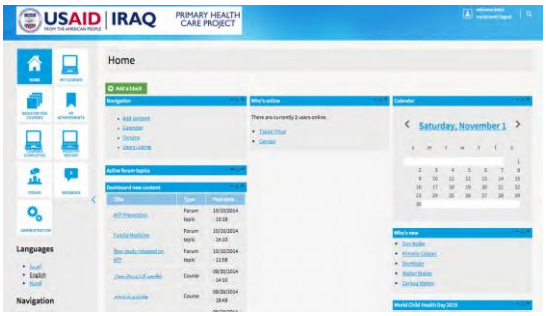
SUCCESS STORY

USAID/PHCPI E-Courses Now Freely Available Online

PHCPI developed 24 e-courses to allow primary health care staff access to continuing education.

PHCPI IPC e-course on PHCPI's LMS website

PHCPI IMCI for Physicians e-course on PHCPI's LMS website



PHCPI's LMS website where MOH staff can access e-courses and track progress for continuing education

PHCPI has worked to build the capacity of the MOH and PHC clinics to respond to the needs of the Iraqi population and to assist the MOH in achieving its country-level health priorities, such as meeting its Millennium Development Goals (MDGs) by 2015. The project is placing particular emphasis on low-cost, high-impact interventions to reduce maternal and child morality.

The project has assisted the MOH to update over 30 managerial and clinical guidelines, printed and distributed to PHCCs in three languages and trained over 20,000 MOH staff on the clinical guidelines. These courses are being implemented across Iraq and have been shared with the MOH and all DOHs. PHCPI is promoting effective application and monitoring implementation to ensure the most efficient and impactful rollout.

Of these 30 guidelines, PHCPI developed 24 e-courses to allow primary health care staff access to continuing education. Two more are now currently in development. These courses are now freely available online and it is possible for anyone to enroll in one of the PHCPI-designed courses by logging into PHCPI's website: http://olms.phciraq.org/. The MOH has also included the link on it's website to allow access for all health providers. These courses will help to ensure the sustainability and continued impact of USAID/PHCPI interventions.

Users will be able to register through the link above and be able to take a free course, test and receive a certificate upon completion. These training courses have been designed to help primary health care staff improve their management and clinical skills. Courses are self-guided and have quizzes embedded to help participants assess their learning. Resources and reference materials to accompany the training courses can also be downloaded from the course page. All of these courses are available in Arabic, Kurdish, and English.

This will allow MOH, DOH, and PHC clinic staff to take the course in the convenience of their own homes and will build MOH capacity at an exponential rate compared to the conventional 25 participant courses held in a training hall.

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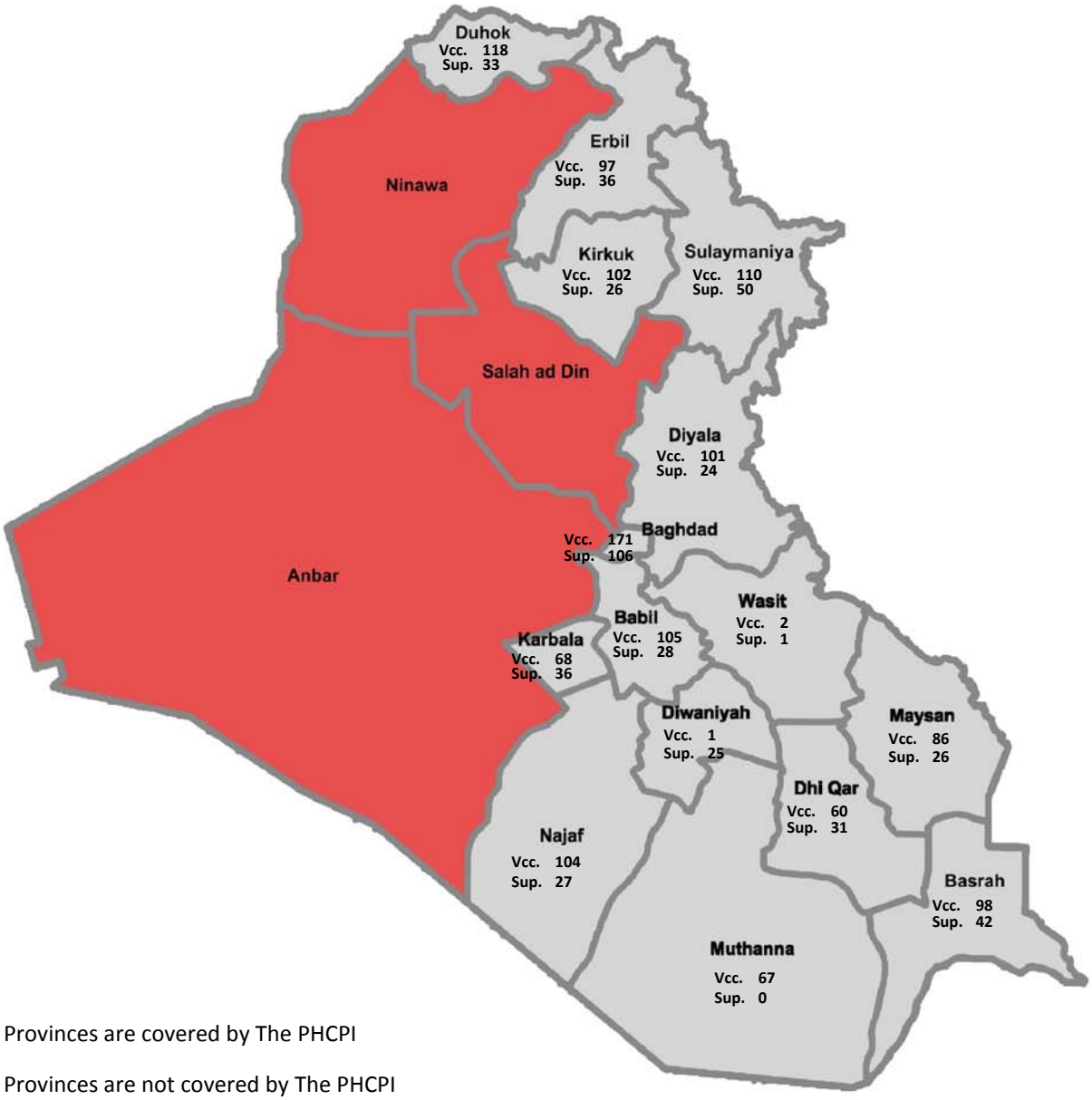
PRIMARY HEALTH CARE PROJECT

Number of EPI for Vaccinators Completed Immunization Training Program Distributed by provinces



Provinces are covered by The PHCPI

Provinces are not covered by The PHCPI

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PRIMARY HEALTH CARE PROJECT

Number of staff trained on "EpiInfo"
Distributed by provinces

Provinces are covered by The PHCPI

Provinces are not covered by The PHCPI

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PRIMARY HEALTH CARE PROJECT

Number of TBAs distributed by provinces

Provinces are covered by The PHCPI

Provinces are not covered by The PHCPI

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Provinces Targeted by USAID/PHCP Outreach Activities for IDPs 2014-2015

PRIMARY HEALTH CARE PROJECT

Duhok Area **6553** km2, total population **1180158**
18 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **133040**
Number of IDPs in the province **571084**
No. of IDPs in the catchment area of the PHCCs **230**
No. of IDPs families reached by project 855

Ninawa Area **37323km2**, total population **3438104**
22 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **794946**
Number of IDPs in the province **6439**
No. of IDPs in the catchment area of the PHCCs **300**

Kirkuk Area **9679 km2**, total population **1470167**
14 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **116176**
Number of IDPs in the province **244352**
No. of IDPs in the catchment area of the PHCCs **No Information**

Salah-Aldin Area **24363km2**, total population **1474882**
17 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **205213**
Number of IDPs in the province **29029**
No. of IDPs in the catchment area of the PHCCs **No Information**

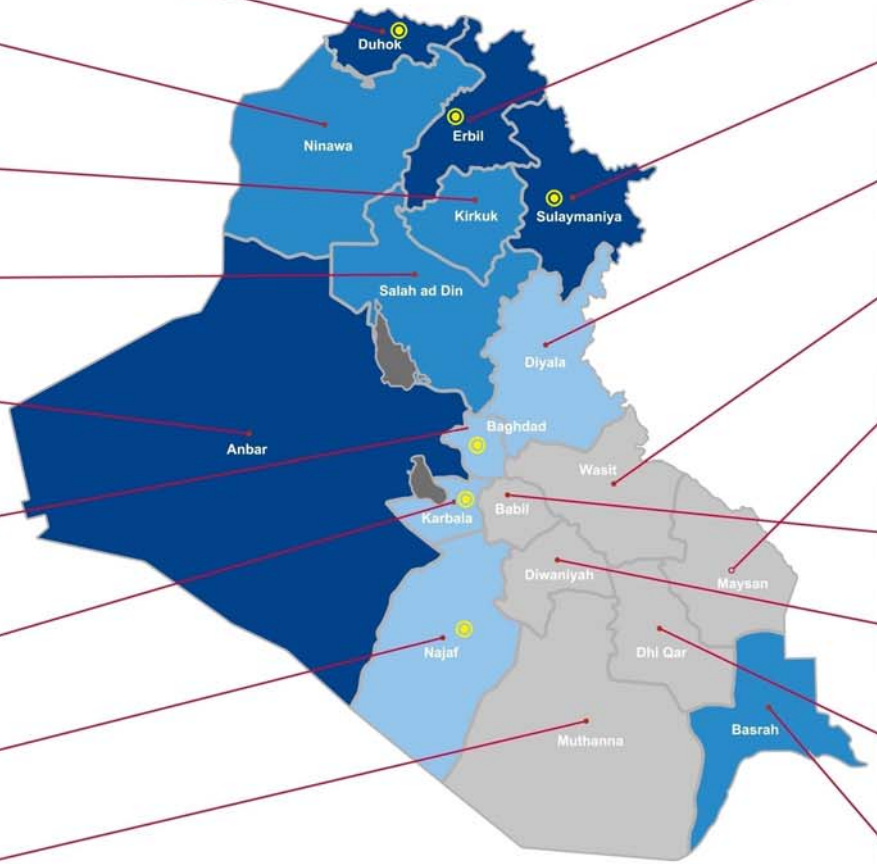
Anbar Area **137808 km2**, total population **1636831**
20 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **254100**
Number of IDPs in the province **307564**
No. of IDPs in the catchment area of the PHCCs **No Information**

Baghdad Area **4555 km2**, total population **7457773**
40 PHCCs (4 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **1700150**
Number of IDPs in the province **196463**
No. of IDPs in the catchment area of the PHCCs **823**
No. of IDPs families reached by project 377

Karbala Area 5034 km2, total population **1122400**
23 PHCCs (13 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **536523**
Number of IDPs in the province **61661**
No. of IDPs in the catchment area of the PHCCs= **21000**
No. of IDPs families reached by project 318

Najaf Area **28824 km2**, total population **1354180**.
20 PHCCs (2 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **789617**
Number of IDPs in the province **60153**
No. of IDPs in the catchment area of the PHCCs **40183**
No. of IDPs families reached by project 191

Muthanna Area **51740 km2**, total population **753024**
20 PHCCs (6 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **294361**
Number of IDPs in the province **4272**
No. of IDPs in the catchment area of the PHCCs **850**



Erbil Area **15074** km2, total population **1703243**
19 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **565561**
Number of IDPs in the province **403960**
No. of IDPs in the catchment area of the PHCCs **500**
No. of IDPs families reached by project 778

Sulaymaniya Area **17023 km2**, total population **1944007**
20 PHCCs (IDPs are registered at all clinics as normal visitors)
Total population in the catchment area of the PHCCs **342461**
Number of IDPs in the province **194047**
No. of IDPs in the catchment area of the PHCCs **500**
No. of IDPs families reached by project 380

Diyala Area **17685 km2**, total population **1512737**
17 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **325720**
Number of IDPs in the province **37957**
No. of IDPs in the catchment area of the PHCCs **No Information**

Wasit Area **17153 km2**, total population **1271708**.
18 PHCCs (9 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **387465**
Number of IDPs in the province **24363**
No. of IDPs in the catchment area of the PHCCs= **3775**

Maysan Area **16072 km2**, total population **1023690**.
18 PHCCs (14 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **458758**
Number of IDPs in the province **4753**
No. of IDPs in the catchment area of the PHCCs **1220**

Babil Area **5119 km2**, total population **1908214**
19 PHCCs (No information of IDPs at all clinics)
Total population in the catchment area of the PHCCs **388793**
Number of IDPs in the province **44323**
No. of IDPs in the catchment area of the PHCCs **No Information**

Diwaniyah Area **8153 km2**, total population **1191106**.
20 PHCCs (18 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **697373**
Number of IDPs in the province **13821**
No. of IDPs in the catchment area of the PHCCs **3273**

Dhi-Qar Area **12900 km2**, total population **1930635**
20 PHCCs (2 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **753731**
Number of IDPs in the province **7686**
No. of IDPs in the catchment area of the PHCCs **158**

Basrah Area **19070 km2**, total population **2572425**.
15 PHCCs (1 PHCCs of IDPs)
Total population in the catchment area of the PHCCs **491500**
Number of IDPs in the province **8122**
No. of IDPs in the catchment area of the PHCCs **500**

References
Area and Total Population / MoH Report 2013
PHCCs Selected by USAID/PHCP
Total Population in the Catchment Area of the PHCCs / MoH Report 2013
No. of IDPs in the Province / WHO report on IDP through Nov 18, 2014

	Provinces with IDPs population targeted by USAID/PHCP
	1 to 30000 IDPs
	30000 to 50000 IDPs
	50000 to 100000 IDPs
	100000 to 500000 IDPs