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**Governance Strengthening Project
(GSP)**

Babil Health

Hillah City

Service Delivery Improvement Plan (SDIP)

Prepared by

Babil Health Directorate

In cooperation with

GSP/Taqadum

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Babil - Iraq

I. INTRODUCTION

The Service Delivery Improvement Plan (SDIP) is a strategic business plan designed to address a variety of management issues, with the aim of improving the delivery of health services in the field of primary health services in the province of Babylon, and to empower Babil Health Department to achieve its short, medium and long term objectives. The SDIP plan will enable the development of a long-term vision for the management of Babil Health department and at the same time will ensure that the issues will be day after day under control. This plan includes the planned application of resources in order to achieve these goals and also aims at helping Babil Health Department in addressing issues related to improving its performance and providing better services to citizens. In addition, this plan is based on the achievements of Babil Health Department, and consists of two phases:

- The first stage is to determine the status of services in primary health care sector and manage the available resources in the district center of Hilla.
- The second stage is to come out with the (SDIP) plan to address issues related to delivery of health services performance and to provide immediate and long-term solutions to the deficiencies, if any.

Administrative boundaries of Babil Province



The word Babylon means the Door of God but has turned into the word Babylon after the fall by the Sumerians of Empire of Babylon base, and was established by King Hammurabi around 2100 BC, stretching from the Arabian Gulf in the south to the Tigris River in the north. Hammurabi ruled for 43, during which the Babylonian civilizations flourished and his era is considered as the golden age of the Iraqi lands with the hanging gardens of Babylon, which were one of the Seven Wonders of the world and there were eight gates the most huge of which

was Ishtar Gate, housing Marduk Temple inside the walls at the great religious festivals plaza, located outside the city. The ancients called it by several names, like (Bablonya) meaning the land Babylon between the two rivers Babylon, and Mesopotamia. Babylon is located to the south of the capital Baghdad, some 90 km away, through which the Euphrates River, which flows from Turkish territory and into Shatt al-Arab passes. The province of Babil also houses many religious monuments and holy shrines and is famous for its agricultural nature. Hilla district is the province's center and there are other districts within the province of Babylon which are Mahaweel, Musayyib and Al-hashmiah.

II. EXECUTIVE SUMMARY

The mechanisms of analysis used in the review of the performance indicators of Babil health department -primary health care section, in the provision of the service, compared with national standards and preference according to the direct impact on the performance indicators to ensure the efficiency and quality the primary health care services, a set of basic elements and provided immediate and long-term solutions that would improve the health service provided to citizens, and as follows

III. HEALTH SERVICE MANAGEMENT

The health service delivery management is considered as one of the important and impactful elements in the development of community health, which reflects positively on the growth of community both health wise and economy wise, while the lack or poorness of the service would negatively reflect on the public health of the community. The service management is based on vital elements that must be utilized efficiently and impactively to deliver high-quality and integrated service to the citizens.

Among the impactful elements are the financial resources (investment and operational budget, and effective use of revenues generated) and human resources (starting from the health directorate's management, medical, nursing, health, engineering staff and workers of the health centers) and the available resources of (medical and health) supplies. The financial resources are one of the significant elements but not the only element governing the provision of the service as the management of the resources is conducted through organized processes, pre-planning and investment of the resources in a way that would achieve the desired impact of reaching the objectives of Babil Health Directorate and the local government as well as the strategic objectives of the national development.

It is worth noting that the directorate's integrated financial planning with the rest of the service sectors and also integration in drafting the operating budget in a way that would go in line with

the drafting of the investment budget, would achieve the positive impact and ensure efficient operation and sustainability of the vital projects.

I. CHALLENGES AND PROBLEMS FACING BABIL HEALTH DEPARTMENT- PRIMARY HEALTH CARE SECTOR- WHICH WOULD SIGNIFICANTLY CONTRIBUTE TO THE QUALITY OF SERVICE PROVIDED TO THE CITIZENS.

Infrastructure: Babil health department is facing a major challenge with regard to buildings of health centers within the district of Hilla. In order that for every 10,000 inhabitants there is one health center according to the national standard, the Babil Health Department / primary health care sector needs to build additional 58 major health centers in the district of Hilla because the number of the existing major health centers is 22 centers bringing to 80 the total number of health centers. Moreover, there is a number of health centers in need of rehabilitation, destruction and construction due to the outdated building. The other problem is that some of health centers are owned by Babil health department and this hampers rehabilitation or demolition and rebuilding.

2. PHASES OF WORK ON PREPARING THE SERVICE IMPROVEMENT PLAN:

The Babil Health Department, in collaboration with the USAID-funded Taqadum program, has completed the gap analysis model which has been proposed by Taqadum program to actively contribute to the gap analysis. The importance of the gap analysis model for the services provided to citizens lies in:

1. Determining the indicators and use of scientific method in the analysis of all elements contributing in creating the gap in the indicator of services provided to the citizens compared with the benchmark.
2. Identifying the amount of gap in the primary health services and the priority of the elements influencing the creation of the gap through their power of influence.
3. Developing the proposed immediate and long-term solutions to address the elements influencing the gap in order to reduce it.

4. The results of the analysis which represent the proposed immediate and long-term solutions will be inputs to develop the respective service improvement plan for primary health care sector in the province of Babil. The Babil Health Department has relied on the use of measurements that have been collected in Hilla's first and second sectors with an emphasis on the most vulnerable aspects in order to develop impactful solutions to reduce the gap and improve the services provided to citizens through immediate and long-term solutions. The successful use of the model will lead to accurate results that would help determine the right, realistic and executable solutions to reduce the gap and improve the health service for primary health care sector...

Analysis of elements causing the gap in the service delivery:

It included analyzing (14) elements associated with one of the above mentioned service standards relating to administrative, legal, financial, and technical aspects, as, after completing their analysis, the weakness or deficiency in each element and the percentage of its influence on the gap was identified, and consequently choosing elements with most influence on the gap. The health department of Babil has identified these elements and developed immediate and long-term solutions that impactively contribute to the reduction of the value of the gap. In the next chapter, we will be analyzing all the performance indicators compared with the standards using the analysis elements in detail, and finally developing solutions to the elements with the most influence on the gap. Appendix No. I includes the standards used and pursued by Babil health Department...

3. PROGRESSIVE METHODOLOGY

The SDIPH includes the following questions:

- 1- Where are we now?
- 2- Where do we want to be?
- 3- How to get there?
- 4- How can we guarantee success?

5.1 Where are we now?

The answer to this question requires a comprehensive and objective review and a review of the current state of performance of the health centers belonging to Babil Health department as measured by the key performance indicators. The data of 'Where are we now?' can be obtained using the relevant techniques, which are:

First: (SWOT) analysis by diagnosing strengths - weaknesses, -opportunities-threats

Second: (Key Performance indicators analysis - these two techniques help understand and summarize the environment and performance of the directorate.

SWOT analysis helps identify short, medium and long-term realistic goals in order to:

- enhance the strengths
- correct the weaknesses
- seize the opportunities
- prevent the threats

First: SWOT analysis for Babil Health Department

Strengths

- 1) There is a good numbers of health and nursing staff who can be utilized in the process of expanding the coverage of primary health care service in the province.
- 2) The existence of preliminary approvals for the opening of a number of primary and branch health centers to ensure increased coverage ratio
- 3) The existence of centrally supported programs designed by the Ministry of Health and the World Health Organization and the presence of high-level management system tracks all administrative controls in the whole health institutions
- 4) Material and moral support for all human resources and building of health institutions that will serve the health system in the province
- 5) Easy access to diagnostic and therapeutic services would lead to stronger health system.
- 6) An existing strategy plan for the construction and rehabilitation of primary care centers (primary and secondary)
- 7) The existence of acceptable numbers of sub-health centers and health houses (26 Healthy Houses), distributed to the regions according to the approved ministerial guidelines would

contribute to the provision of therapeutic and preventive services and raising the coverage indicators

- 8) The presence of integrated care for the child health strategy (immunization, care, school health, effective epidemiological surveillance)
- 9) The success achieved in the fight against the transitional diseases in general, and dealing with the epidemic outbreaks in particular.
- 10) The existence of rapid response teams for quick handling of any epidemic or emergency health problem
- 11) Covering the hospitals in the primary health care methodology (creation of public health units and sections in each hospital)

Weaknesses

- 1) Small number of all primary health centers and medical staff (graduation, practitioner, specialization, such as family medicine, radiology and Sonar)
- 2) The scarcity of some health job titles (such as a laboratory assistant, radiographer, Computer Programmer, statisticians, accountants, maintenance technician, assistant dentist, assistant pharmacist, and optician)
- 3) Insufficient financial allocations by the ministry or the public budget to pay attention to such sector.
- 4) Coordination between primary and sub- health care is still weak, especially with regard to the referral system.
- 5) The mechanism of distribution of medical staffs controlled by the ministry and the imbalance in the duration of the rotating residence and graduation for the new doctors.
- 6) The weakness of the training aspect of medical and health cadres because of (the challenges of the security situation, lack of personnel, especially doctors in health centers)
- 7) Old buildings of the health institutions.
- 8) Maintenance methodology for service and medical devices in health institutions is not at the required level
- 9) Managerial and supervisory skills of cadres working in the health centers are still not at the required level
- 10) The need to reconsider the unified standards for health information systems commensurate with the reality of health work as well as health programs that are approved by the ministry
- 11) The lack of an integrated health system and this in turn leads to a lack of integration of quality, and efficiency of primary health care services.
- 12) Free medication and malingerers lead to stressing the health institutions and waste of medicines and medical services.

- 13) Not pursuing the health centers management system according to the principles of modern human resources management (that the health center director is specialized in the management of primary health care centers or holds a degree in institutional management)

Opportunities:

- 1) There are initial approvals to open new major and sub- health centers to expand primary health care service coverage.
- 2) The government's interest in primary health care sector and provision of the best possible quota for construction projects to Babil health department to open new medical centers.

Threats:

- 1) Poor security situation and the inability of the patient to reach the health institutions to obtain treatment, which leads to the dispersal of human resources effort
- 2) The presence of a number of children who escape vaccination leads to the spread of epidemics and diseases, since the initial diagnosis begins at the primary health centers.
- 3) Weak and insufficient health care centers.
- 4) Lack of awareness and health education among citizens about the nature of medical, health and preventive services provided to them.
- 5) The existence of problems in reaching remote areas
- 6) The idea of community about the services provided by health centers considering them as treatment centers only has affected the preventive services and primary health care services.
- 7) The absence of a general census to be adopted in measuring the population density in order to achieve national health standards

Second, performance indicators:

Taqadum Project has been providing support for the local government to improve the process of supervision and monitoring of the delivery of services to raise the level of services provided to citizens through the adoption of two types of standards:

- I- measurable standards, which include four standards covering the most of the primary health services and as follows:
 - a- Coverage of primary health centers

- b- Staffs working in health centers
 - c- Medical devices and other equipment at the health center
 - d- Coverage of health services
- 2- qualitative standards whose indicators have been calculated through field visits to three primary health centers which are the Typical Al-Asatidha Center, Al-Quds health center and Al-Khalisa health center, with the score cards of appendix 2 being used for the first time containing 6 sets of standards including most of the primary health service standards as follows:
- a- Readiness of infrastructure for health care centers
 - b- availability of center's staff
 - c- availability of appliances and equipment
 - d- medicines and vaccines
 - e- budget
 - f- laboratory's capabilities
- 3- Babil Health Department has been working according to these standards with indicators provided at the province's center/ Babil district level. The performance indicators have been reviewed in comparison with the standards, diagnosing areas of weakness, determining the value of the gap and making recommendations that contribute to improving the service delivery in the above-mentioned district.

The service indicators have been provided at the level of the province's center including Hilla's first and second sectors. The performance indicators have been reviewed against the standards, with weaknesses identified, gap value determined and recommendations provided to uplift the service delivery in whole province

Field polls

Field polls are visits to the health centers and identify the reality of services provided to the citizens and the problems and obstacles facing them and the staff of the center. Some health centers have been chosen randomly in different sectors like Al-Asatidha health center, Al-Quds center in Kirkuk's first sector and Al-Khalisa center in Kirkuk's second sector to identify the reality, with the international standard being matched against the population density to identify the percentage of gaps existing at the health center.

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Typical Al-Asatidha health center, founded in 2007-2008 Covering 33441 inhabitants		
Name of standard	assessment%	gap%
infrastructure	88.8	11.2
Center's staffs	58.3	41.7
appliances	83.3	16.7
Medicines and vaccines	77	22.3
budget	33.3	66.7
laboratory	100	No gap

Al-Quds health center, founded in 1958, covering 23319 inhabitants of the residential area		
Name of standard	assessment%	gap%
infrastructure	61	39
Center's staffs	62	38
appliances	58	42
Medicines and vaccines	55	45
budget	33.3	66.7
laboratory	22.2	77.8

Al-Khalisa Health center, founded in 1968, covering 40000 inhabitants of		
Name of standard	assessment%	gap%
infrastructure	66	34
Center's staffs	37.5	62.5
appliances	62.5	37.5
Medicines and vaccines	77.7	22.3
budget	33.3	66.7
laboratory	50	50

Name of health center	average	
	indicator%	gap%
Typical Al-Asatidha	% 73.45	% 26.55
Al-Quds	% 48.58	% 51.42
Al-Khalisa	% 54.5	% 45.5

Through the above tables and analysis of indicators, we find that:

1. Al-Quds Health Center is included in demolition and reconstruction within the five-year plan for the Babil health department and the presence of squatters on the center's land. The center is included in the demolition and reconstruction within the Russian loan.
2. For the center's staffs, we find that the number of Medical units (3 doctors per 10,000 inhabitants) is inadequate as in Al-Asatidha center there must be four medical units but the actual number is 6 doctors only 6 and medical assistants with no radiologist and x-ray doctor. As for Al-Quds health center the actual number is 3 Doctors and at Al-Khalisa center there are 4 doctors only
3. No x-ray machine at Al-Quds health center or at Al-Khalisa health center
4. the existence of scarcity and lack of most of health job titles such as radiographer , medical assistant, assistant pharmacist, male nurse, laboratory practitioner and a lack of administrative and service staffs
5. As for medical devices there is a need for x- ray machines in Al-Quds and Al-Khalisa health centers, as well as sterilizing devices in the three centers since the existing number is inadequate.
6. As for medicines and vaccines, there is a fluctuation in the arrival of some vaccines and the area of the pharmacy is inadequate at Al-Quds and Al-Khalisa health centers.
7. There are no financial allocations for any health center.
8. There are cracks in the roof of the lab room and its area at Al-Khalisa and Al-Quds centers is insufficient.

Indicator of primary health centers coverage:

After studying the data on the reality of coverage of service and infrastructure of health centers in the Hilla first and second sectors and based on the population of each sector, it is supposed that 80 main health centers are provided based on the national standard (one health center per 10,000 inhabitants) noting that the current available main health centers are 22 health centers distributed to the first sector of Hilla (11 centers) and Hilla second sector (11 centers) thus Hilla district needs 58 centers. The indicator value was 28% and the size of the gap in the coverage of primary health centers in the province center is 72%.

Elements causing the gap and its impact:

- 1) Human resources: the need to increase engineering and technical staffs that are able to follow up on the implementation of health centers construction projects. The impact of this element on the gap is medium

- 2) Financial Issues: When providing sufficient financial allocations there will be a possibility of providing infrastructure. The impact of this element on the gap is **high**
- 3) Infrastructure: the existence of health centers that need to be demolished or rehabilitated and bridging the shortfall in the health centers. The impact of this element on the gap is high
- 4) Supplies: The impact of this element on the gap is medium
- 5) Capacity building: This element has no impact on the gap
- 6) Technical obstacles: The impact of this element on the gap is medium
- 7) Authorities: The impact of this element on the gap is high as there are obstacles:
- 8) Coordination: a need for greater coordination with the local government for the purpose of increasing the financial allocations to increase building of health projects as well as increasing coordination with the ministry for the same purpose. Also, there is poor coordination with the municipalities and urban planning for the purpose of allocation of land intended for the construction of health centers. The impact of this element on the gap is medium
- 9) Political interventions: political interventions may impact the distribution of health centers across the province without reference to the priorities in the construction of health centers. The impact of this element on the gap is medium
- 10) Misuse of resources: no impact
- 11) Maintenance and operation: the need to increase attention to the maintenance of buildings. The impact of this element on the gap is low
- 12) Security conditions: poor security situation has led to the suspension of some health centers projects. The impact of this element on the gap is low
- 13) Logistic support: The impact of this element on the gap is low
- 14) Others: This item does not impact the gap

It is clear from the above explanation that the following elements have the highest impact on the gap:

- 1- Financial Issues
- 2- infrastructure
- 3- Authorities

#	standard	Order of basic elements (that have been given score 3:high impact” which contribute to reducing the gap value according to priority	Immediate solutions	Long-term solutions
I	Coverage of primary health centers One health center for every 10000 inhabitants	financial issues	Trying to obtain financial allocations suitable for the area, population and plans developed	Making the financial allocations progressive to be commensurate with the population increase and plans developed
		authorities	Granting authorities for virements between the budget chapters and creating new expenditure chapters according to actual need	Creating a legislation enabling to restrict the department’s revenues to develop the health reality
		infrastructure	Utilizing the self-experiences and asking the help of consultative and specialized bureaus to develop plan commensurate with the population increase and plans developed for upgrading the health reality	

Indicators for cadres working in the health center:

When examining the numbers of cadres working in the health centers, the Hilla first and second sectors and comparing them to standards approved by the Ministry of Health , it was established that there is a shortage in the number of medical, health and administrative staffs in addition to the poor distribution of cadres. Table I below shows the value of the indicator for health and administrative staffs and the amount of the gap for each of them.

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Table I shows the indicator value for health and administrative staffs

Staffs of health center	Value of indicator	Amount of gap
3 doctors for every 10000 inhabitants (2 males+ one female doctor)	%34	66%
One x-ray and sonar doctor for each center	5%	95%
One dentist for every 10000 inhabitants	88%	12%
One pharmacist for every 20000 inhabitants	95%	5%
One male nurse for every 10000 inhabitants	175%	None
One female nurse for every 10000 inhabitants	69%	31%
six medical assistants for every 10000 inhabitants	52%	48%
2 assistant pharmacists for every 10000 inhabitants	20%	80%
One dentist for every 10000 inhabitants	21%	79%
One laboratory practitioner for each center	Zero	100%
4 Technicians/ laboratory assistants for every 10000 inhabitants	30%	70%
One optician for every 10000 inhabitants	4%	96%
8 admin. assistants for each center	59%	41%
9 supporting and service staffs for each center	200%	None

Elements causing the gap and their impact

2. Human Resources (health service providers): Have a high impact on the gap as there is a shortage of specialist cadres such as family medicine, radiology and sonar, laboratory practitioner and an assistant dentist
3. Financial issues: lack of operating budget for the purpose of bridging the shortfall in the health, medical and technical personnel through contracting. The impact of this element on the gap is medium
4. Infrastructure: no impact on the gap
5. Supplies: no impact on the gap
6. Capacity building: a shortage of trained medical and health cadres and their acquisition of skills within specialized courses in their fields as well as specialized courses opened within the province for scarce specializations: such as x-ray, sonar radial , radiologist, and assistant Dentist. The impact of this element on the gap is high
7. Technical obstacles: high impact on the gap as there are no training centers in the Ministry of Health and its institutions are authorized specialized and accredited by the Ministry of Higher Education
8. Authorities: high impact on the gap
9. Coordination: The impact of this element on the gap is high vertically: re-distribution of medical staffs horizontally: The Ministry of Higher Education needs to adjust the central admission policy at the Medical College in line with the actual requirement
10. political interventions: high impact on the gap as the political interventions lead to poor distribution of medical, health and technical cadres and would affect the priorities in the distribution which affects the type of medical service provided.
11. Misuse of resources: the impact of this element on the gap is low
12. Maintenance and Operation: The impact of this element on the gap is low
13. The security conditions: The impact of this element on the gap is low
14. Logistic support: The impact of this element on the gap is low
15. Other: Modifying and updating the health system in general, for example, modifying the payroll system and the introduction of the incentive system and the separation of the public sector from the private sector and making the health service in return for a price and the inability of the health insurance system in these areas and not providing appropriate medical service. The impact of this element on the gap is high

It has been established that the following elements have the highest impact on the gap:

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- 1- human resources
- 2- capacity building
- 3- technical obstacles
- 4- authorities
- 5- vertical and horizontal coordination
- 6- political interventions
- 7- other

#	standard	Order of basic elements (that have been given score 3:high impact” which contribute to reducing the gap value according to priority	Immediate solutions	Long-term solutions
2	Staffs working at health centers	authorities	Authority of contracting in a way that would harmonize with the needs of the primary health sector	
		Human resources	Redistributing the staffs within the health institution based on the needs	Creating new job titles meeting the actual needs
		Capacity building	Holding specialize, extensive, continuous and successive training course for the staffs	Creating special training centers and institutes
		Vertical and		Horizontal: coordination

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	horizontal coordination	Vertical: Coordination with Ministry of Health to meet immediate needs. Horizontal: coordination with the Ministry of Higher education to meet the needs of the Health department of required medical specializations	with the Ministry of Higher education to meet the health department needs of required medical specializations
	Technical obstacles	Creating quick and extensive specialized training course to meet the needs of health care sector	Obtaining approvals to create centers and institutions for training on scarce specializations to meet the health sector needs
	Political interventions	Developing an approved mechanism for staff distribution preventing the impact of external interventions by depending on data of Statistics Unit within the Planning Department Structure	Banning the partisan, political and religious activities and their impacts inside the health institution and its management
	other	Granting extraordinary financial and administrative authorities for the director general with regard to granting incentives to health care staffs	Legislating laws on overtime work of health institutions, with incentives

➤ Indicators for a set of standards of medical appliances and other equipment at the health center

They the set of standards of medical appliances and other equipment represent the number of medical appliances and equipment that need to be available at the health center so that it delivers the service according to national standards. Looking at Table 2, we can determine the value of indicator for each appliance which gives an impression about the amount of deficiency in equipment and appliances and thus giving an impression about the quality of primary health care sector performance in Babil provincial center.

Table 2 shows the indicator value for medical equipment and appliances at Hilla primary health care sector

Medical appliances and other equipment at the health center	Value of indicator	Amount of gap
One cardiograph	73%	27%
One fixe x-ray machine	18%	82%
One sonar	119%	لا توجد
One dental chair	168%	لا توجد
5 sterilization devices for each centers	35%	65%
One ambulance foe each health center	9%	91%

Analysis of elements impacting the gap

- 1) Human resources: This element has no impact on the gap
- 2) Financial resources: the need to allocate amounts of money in the event of increasing the number of health centers for the desired goal, which requires an increase in medical and service equipment and ambulances and service cars. The impact of this element on the gap is high
- 3) Infrastructure: This element has no impact on the gap
- 4) Supplies: a need to increase the number of devices accessory to such medical devices like voltage regulators, generators and fuel. The impact of this element on the gap is medium

- 5) Capacity building: the need to prepare and groom medical, health, technical staffs that are trained on the devices through development courses. The impact of this element on the gap is medium
- 6) Technical constraints: supplying the ambulances exclusively from the State Company for Auto Trading and not to grant the powers to buy cars from the private sector and restricting the movement of ambulances to the Immediate Ambulance Service Division. The impact of this element on the gap is high
- 7) Authorities: Yes, there is a need to create financial, legal and technical powers. The impact of this element on the gap is high
- 8) Coordination: vertically: the financial and technical authorities for the general managers. The impact of this element on the gap is high

- 9) Political interventions: The impact of this element on the gap is low
- 10) Misuse of resources: failure to observe appropriate power supply sometimes when operating the equipment especially X-ray equipment and sonar and dental chair, thus leading to breakdowns. The impact of this element on the gap is low
- 11) Maintenance and Operation: There are no adequate staffs trained to deal with the modern equipment and the need for paying attention to maintenance contracts with the private sector. The impact of this element on the gap is high
- 12) Security conditions: The impact of this element on the gap is low
- 13) Logistic support: The impact of this element on the gap is low
- 14) other: no impact

It has been established from the above explanation that the following elements have the highest impact on the gap:

- 1- financial resource
- 2- technical obstacles
- 3- authorities
- 4- vertical and horizontal coordination
- 5- maintenance and operation

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#	Standard	Order Of Basic Elements (That Have Been Given Score 3:High Impact” Which Contribute To Reducing The Gap Value According To Priority	Immediate Solutions	Long-Term Solutions
3	Medical appliances and other equipment at health center	Financial resources	Providing sufficient financial allocations to plug shortage in scare appliances	Repairing the medical appliances instead of purchasing them
		authorities	Transferring the authority to purchase ambulances to the general management of the health department and exclusively to the director general	Opening a section or unit for the Immediate Ambulance Service at health sectors
		Technical obstacles	Transferring the authority to purchase ambulances to the general management of the health department and exclusively to the director general and not to depend on the public sector	
		Maintenance and operation	Granting authority of contracting with the private sector for appliance maintenance	establishing specialized maintenance workshops
		Vertical and horizontal coordination	Expanding the financial and technical authorities of the director general to meet the	

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			needs of primary health care sector	
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➤ Set of health service efficiency standards

It represents standards of health centers performance and efficiency in delivering curative and preventive health services. Table 3 shows the indicators for health center performance Efficiency

Table 3: shows indicators of performance of health service for the primary health care centers set of health service efficiency standards			
service	indicator	gap	National target
**immunization service (single measles vaccine)	%68	22%	90%
preventive services for children below five**			
Total number of visits	Number of children visiting the health centers as a monthly average within Hilla district (19725)		National average of visits
use of IMCI guide in treating children under five	%54	36%	90%
Children below normal weight	%1	n/a	National average of children below normal weight
Pregnant care			
Total number of visits	4608 is the number of pregnant's visits as a monthly average	n/a	
Pregnant's first visit	1814 1814 the number of pregnant's first visits within Hilla district	gap 20%	2251 National average target for pregnant's first visit
Pregnant's fourth visit	527 the number of pregnant's fourth visits within Hilla district	gap 77%	2251 National average target for pregnant's fourth visit

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Dental care(number of visitors)	13344= total number of visitors 6575= total number of treated people	30%	National target %80
Referral service (number of referrals)	8961 referrals as a monthly average	n/a	11% Percentage of referral as a monthly average

Elements having impact on the gap:

- 1) Human resources: reconsidering the standard structure of immunization units at primary health centers in a way that would harmonize with the programs implemented by the Ministry of Health and WHO, as this would have a direct impact on the application of these programs. The impact on the gap is high
- 2) Financial resources: The impact of this element on the gap is low
- 3) Infrastructure: insufficient number of units working on these programs. There is a need to provide independent rooms for each program at the health center. This element has no impact on the gap
- 4) Supplies: The impact of this element on the gap is low
- 5) Capacity building: the need to train staffs working on the programs. The impact of this element on the gap is medium
- 6) Technical constraints: creating a new ministerial structure for immunization units at the primary health centers to suit the programs implemented by the Ministry of Health and WHO. The impact of this element on the gap is high
- 7) Authorities: This element’s impact on the gap is low
- 8) Coordination: horizontal: a need for coordination with the civil society organizations, provincial councils, religious and audio visual media institutions to raise the citizens’ awareness about the importance of vaccines... The impact of this element on the gap is high
- 9) Political interventions: no impact on the gap
- 10) Misuse of resources: no impact element on the gap
- 11) Maintenance and Operation: no impact on the gap
- 12) Security conditions: bad security conditions would negatively and significantly reflect on achieving the goals for vaccinated children and application of health programs due to citizens being displaced between the districts, and would reflect on the follow-up by the department of the health institutions. In general, the Babil province center’s security is stable, so this element has no impact on the gap.
- 13) Logistic support: no impact on the gap
- 14) other: (poor awareness of the citizen): insufficient of lack of citizens’ health awareness about the nature of the centers’ health programs would negatively reflect on

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achieving the required target and also retention of experienced and efficient immunization staffs. High impact on the gap.

It has been established from the above explanation that the following elements have the highest impact on the gap:

- 1- human resource
- 2- technical obstacles
- 3- horizontal and vertical coordination
- 4- other

#	standard	Order of basic elements (that have been given score 3:high impact” which contribute to reducing the gap value according to priority	Immediate solutions	Long-term solutions
5	Set of health service efficiency standards	Human resource	Opening training course to groom the efficient staffs for primary health immunization course with the potential of transferring the surplus medical, health, administrative and supporting from hospitals and health institutions to health centers as actually needed.	Retaining and developing these staffs to upgrade the health reality
		Technical obstacles	Supporting the health care unit with available health staffs	Seeking to create a new ministerial structure for immunization units at primary health centers to meet the province’s needs
		Horizontal and vertical coordination	Enhancing the awareness role of local audio and visual media outlets to take	Establishing a media center for health services at Babil health department in coordination with the rest of departments to spread

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			their role in citizen’s awareness of the primary health care role	health awareness especially the departments of the Ministry of Education and Ministry of Higher Education
		other	Not to transfer these staffs outside their field of work at the primary health care unit especially those with experience and efficiency in the field of immunization and supporting them financially	Continuing with citizen’s awareness campaigns especially women and exploring innovative means to communicate the medical information easily and clearly

5.2 Where do we want to be?

Based on the information collected in the analysis of the situation, it is possible to develop and clarify the goals and objectives of primary health care service, derived from the mission and vision of Babil health department. There should be an agreement on standards and performance targets, which fall under the name of SMART (specific, measurable, achievable, realistic and time bound).

Vision of Babil health department:

Health for everone....

As best as possible....

To reach a healthy society and sound environment

Message of Babil Health Department:

I. Investing the human, scientific and material resources to provide the finest medical and health services and utilizing these resources to expand the coverage of health and medical services in order to ensure that service is accessed by every citizen in the province to reduce morbidity and mortality and improve the health and humanitarian standard of Iraqi people

2. Keeping pace with scientific development in the field of medicine and public health and encouraging leadership in this field
3. Encouraging tertiary service (acting upon specialized centers system) and to provide all conditions for the success of service delivery

Objectives of Babil Health Department:

1. **Building and the opening of main and sub- health centers and increasing the coverage of primary health services, as there are initial approvals for the opening of the four main health centers and 55 sub- health centers. Initial approval means that these centers have all the planning controls and conditions for their opening.**
2. **Land acquisition for the construction of health centers**
3. **Preparation of medical and health cadres trained on all primary health care programs (7 programs) during six months to be prepared for this purpose and in coordination with the relevant authorities**
4. **Promoting health awareness and health education in the community and on an ongoing basis and through health promotion programs at the health centers and through the audio-visual media in coordination with civil society organizations for this purpose**
 - a- **Enhancing the immediate ambulance service as there are initial approvals to increase immediate aid stations in the city center (ambulance center in Al-Sawb Al-Kabeer and another one in Al-Sawb Al-sagheer**
 - b- **Increasing the number of medical and health personnel in coordination with the Ministry of Health and the Ministry of Higher Education, according to the gap indicated in the above tables and ensuring the existence of necessary supplies to ensure their access by remote areas in the province.**
 - c- **Preparation of medical and technical cadres enough to work on medical devices and maintain them on a regular basis**
 - d- **Increasing revenue of health departments in accordance with the powers granted to the minister to and general manager of Babil health department to provide sources of income that will help in providing better services**
 - e- **work in future on the development of a health system that is associated with a health insurance system allowing more room for the Ministry of Health to invest and recruit cadres and institutions**

5.3 How can we get there?

The Babil health department in collaboration with Taqadum program funded by the US Agency for International Development (USAID) has completed the gap analysis model developed by Taqadum program to actively contribute to the gap analysis. The importance of analyzing the gap in the services provided to citizens lies in:

- Using the scientific method in the analysis of all elements impacting the creation of the gap in the indicator of services provided to citizens compared with the benchmark.
- Determining the priority of the elements influencing the gap in services through their power of influence.
- Developing the proposed immediate and long-term solutions to address the elements impacting the gap in order to reduce the gap.
- The results of the analysis which represent the proposed solutions, immediate and long-term solutions will be inputs to prepare the plan for improving the respective service in the province.

5.4 How can we guarantee success?

In order to ensure the success of improving the service delivery Plan (SDIP), it is important to carry out continuous supervision of standards and indicators for assessing the progress achieved to improve performance and its external factors at all levels, and to provide data and feedback using appropriate mechanisms in report writing. This allows the management to identify the actual and potential success and failure early enough to facilitate timely adjustments. There should be a committee within the Health Directorate of Babil to be responsible for coordinating the activities and evaluating the performance in line with the agreed targets on a monthly basis. This report will be submitted to the Director General of the Babil Health Directorate, with the preparation of quarterly and annual progress and performance reports. The Director General of Babil Health Directorate supervises the SDIPH implementation and sends reports to the Provincial Planning and Development Council (PPDC) and the Office of the Governor as needed. They will provide strategic guidance on the successful implementation of the plan.

5.5 proposed recommendations for immediate solutions

- 1) **Obtaining the powers for acquiring land and operations of construction of new health centers and the granting of authority of transfers between chapters of the budget and the introduction of new chapters for disbursement according to the actual need.**
- 2) **Charging fees for the health services from the departments and agencies and ministries that refer employees to our institutions for treatment provided that these fees are paid or deducted from their offices or ministries rather than the employee himself.**
- 3) **raising the value of the printed material, or the value of the ticket which is now (500) Iraqi dinars to any possible value in a way that would not burden the citizen and matches the quality of service provided at the primary health care centers, according to social study used in this regard (Babil Health Department is ready to adopt this studying)**
- 4) **linking the sectors to hospitals or vice versa, and merging them administratively to ensure not to limit the work of specialty doctors at hospitals only and expanding the scope of work to include health centers with the unification of the administration to ensure control. This measure also provides maximum benefit for hospitals and specialist centers from the health database provided by the health visitor program and activating the feedback.**
- 5) **Charging health service fees from citizens who wish to be referred to sub-health care sector (at their request, not based on the opinion of the treating physician).**
- 6) **Providing poor people and for whom a statement or instructions are issued like the displaced and the wounded and people with special needs, etc ... with a free card so that they can visit the primary health care centers**
- 7) **Creating rapid and intense specialized training courses to meet the needs of primary health care sector, such as courses for radiologists, x-ray and sonar personnel and courses for vaccinators.**
- 8) **Obtaining the approvals for creating training centers and institutes for training scarce specializations in line with the health sector need and taking advantage as much as possible from international organizations for the purpose of increasing support for health services in the province**
- 9) **Continuous coordination with the local government in the province for the construction and rehabilitation of health centers and supporting health programs**
- 10) **Continuous communication with the Ministry of Health to monitor variables and update and develop model standards in line with the aspirations of the World Health Organization for primary health care services.**

- I 1) Coordinating with the Higher Education Ministry to provide medical and health personnel required for health institutions (such as radiologists and sonar personnel, community medicine, family medicine, radiologist, optician, assistant pharmacist and laboratory assistant and assistant dentist)**
- I 2) Increase awareness role by the local audio and video media to take up their role in educating the citizens on the primary health care**
- I 3) Emphasizing the need to adopt the health center management system according to the principles of the modern system of Human Resource Management (that the health center director must be specialized in the management of primary health care centers or holds a degree in institutional management)**

Conclusion:

The Health Department has been adopting the plan developed in cooperation with the Taqadum project whose sublime purpose is to provide better primary health service to the center of Babil province for the citizens with available capacities. Through the development of a realistic strategy for the disbursement of resources by formulating real feasibility studies for the projects to be implemented to reduce the gaps in the service standards and thus ensuring the best health services. The Department of Health in the province must be enabled to find funding resources to supplement its operating budget and also help in the application of existing laws and enactment of laws and regulations if required in order to achieve the goals of Babil health department in particular and the goals of the Iraqi Ministry of Health in general

Appendix 1 model of standards adopted by Babil health Department

#	standard	Description of standard	Unit of standard	Data required for measuring the standard	description	Measuring unit
1	Primary health centers coverage	This standard makes it clear whether the health center is enough for the number of citizens and appropriate in terms of infrastructure to provide the health services and convenience, and is represented by:	%	A.standard number of health centers(population number of center district) is 10000	Number of health centers supposed to be available to cover the needs of center's district population	number
		B total number of health centers		Number of centers currently existing at center's district	number	
		I- One main health center for every 10000	Conformity of description of standard	$100 \times \frac{B}{A}$ = indicator calculation		%

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2	Staffs working at health center	This standard represents that the number of its staffs should be sufficient to provide basic health services:	%	A-standard number of staffs working at the health center (population number* standard number is 10000	Minimum number of staffs required for offering health services at the centers with good efficiency meeting the needs of citizens benefitting from that center	
		1. 3 doctors for every 10000 inhabitants (2 males+one female)		B- total number of staffs working at the health center	Actual number working at the center	
		2. One x-ray and sonar doctor for each center				
		3. One dentist for every 10000 inhabitants		$100 \times \frac{B}{A} = \text{indicator calculation}$		
		4. One pharmacist for every 20000 inhabitants				
		5. One male nurse for every 10000 inhabitants				
		6. One female nurse for every 10000 inhabitants				
7. 6 medical assistants for every 10000 inhabitants						

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		8. 2 assistant pharmacists for every 10000 inhabitants			
		9. One assistant dentist for every 10000 inhabitants			
		10. One laboratory practitioner for each center			
		11. Four technicians/laboratory assistants for every 10000 inhabitants			
		12. One optician for every 10000 inhabitants			
		13. 8 admin. assistants for each center			
		14. 8 supporting and service staffs for each center			
3	Medical appliance and other equipment at health center	The number of medical appliances and their quality are appropriate for providing the services to the health center visitors, including the following:	%	a- standard number of health centers (in the sector: depends on number of centers)	Minimum number of appliances or equipment that need to be available to provide the proper service at the health center.
		I. medical appliances		B- number of active appliances	Number of currently active
		a- one cardiograph			

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		b- one fixed x-ray machine		in the health centers	appliances at the health centers	
		c- one sonar		$100 \times \frac{B}{A}$ = indicator calculation		
		d- one dental chair				
		e- 5 sterilization devices for each center				
		Conformity of description of standard				
		One ambulance for each center	%			
4	Health services coverage	This standard represents the extent of efficiency of health services, and is represented by:	%			
		I. Immunization service (measles vaccine)		a- percentage of vaccinated children (number of vaccine recipients/ children below one year* 100	Gap measuring: standard) national target) Indicator: registered percentage at sector/ department	
				A national target		

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			(%90)	
		2. treatment of children below five:	a- number of visits registered at the center/ sector monthly	Gap: standard(national average) Indicator(registered number of vests
		a- total number of visits	b- national average of visits	
		b- using IMCI guide in the treatment of children under five	a- percentage of children below five covered by IMCI(number of covered children/ total number of visitors)	Gap measuring:B-A
			B.national target/ national average (90%)	
		c- children below normal weight	A . percentage of children below normal weight as registered/ number of these children/ total number at the area/sector	Gap measuring:B-A
			b- national target/ national average	
			a- percentage of children below	Gap measuring:B-A

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			normal weight as registered/ number of these children/ total number at the area/sector	Gap measuring:B-A	
			b- national average for children below normal weight		
			d- pregnant care		
			a- total number of visits		
		b- pregnant's first visit	a- percentage or number of registered visits at the center/ sector	Gap measuring:B-A	
			b- national target or national average		
		c- pregnant's fourth visit	a- percentage or number of registered visits at the center/ sector	Gap measuring:B-A	
			b- national target or national average		

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		d- (dental health(number of visitors)	a- number of service visitors at the center	Gap measuring:B-A
			b- national number of service visitors at the center	
		e- chronic diseases (number of visitors)	A -number of service visitors at the center	Gap measuring:A-B
			b-national target80%	
		f- referral service (number of referrals)	a- number of monthly referrals of the center	Gap measuring:B-A
			b- national average of referrals	

Appendix 2 scorecard template

Name of health center:

Year of establishing the center:

Number of population of center's geographic area:

Area of evaluation	indicator	suitable (classification 3)	Partially suitable (classification 2)	Unsuitable (classification 1)	remarks
infrastructure	1- condition of walls and roofs is good				
	2- uninterrupted power supply at the health center				
	3- available usable water continuously				
	4- The center is tidy and clean as required				
	5- available good waiting room for the visitors with an air-conditioner and enough chairs (32 chairs in the room and corridors of the center)				
Staffs working					

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at the center	1-medical units: 3 doctors for every 10000 inhabitants(2 males + one female) and six medical assistants for 10000)				
	2-x-ray and sonar unit:one x-ray and sonar doctor, one developer and 2 radiologists for each center				
	3-dental medicine unit: one dentist and one assistant dentist for every 10000				
	.4 pharmacy unit: one pharmacist for every 20000 and 2 assistant pharmacists for every 10000				
	5-nursing unit: one male nurse and one female nurse for every 10000 inhabitants				
	6-laboratory unit: one laboratory practitioner for each center and 4 technicians/ laboratory assistants for every 10000				
	7-administrative staff: 8 admin. assistants for each center				
	8 .Supporting and service staffs: 8 for each center				
appliances	1- one cardiograph				

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	2- one fixed x-ray machine				
	3- one sonar				
	4-dental chair				
	5- sterilization device				
	6-availability of laboratory devices required for basic tests				
	7- all other equipment of refrigerators and air-conditioners and others are existing				
	8- one ambulance for each center				
Medicines and vaccines	A list of basic medicines and vaccines is available in good quantities and continuously				
	Long expiry date of medicines and vaccines				
	The space of the pharmacy room is appropriate and the medicines are sorted out in their cabinets.				
budget	Financial allocations for the center are sufficient				
laboratory	Area of laboratory				
	Available basic tests as per the Ministry's standards				

