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Governance Strengthening Project  
(GSP)

## **Diwaniyah Health**

**Primary Health care Sector**

# **Service Delivery Improvement Plan (SDIP)**

*Prepared by*

**Diwaniyah Health Directorate**

*In cooperation with*

**GSP/Taqadum**

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Diwaniyah Health Directorate

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### **Introduction:-**

The primary health care sector is paid increasing care and attention for being one of the key areas of human development in particular and for the country's course of development in general in as benefitting from the advanced health services represents a dedication to the fundamental human principles and rights, with all man's different social and geographical affiliations and others. This care has been embodied through a series of reforms and programs that included various components of health system and included in their entirety measures intended primarily to support this sector so that it becomes able to take up its role in empowering the development process and ensuring healthy life for all citizens.

This course is confirmed through the strategies adopted in the development of primary health care sector with the problems this sector is facing in various stages as this strategy at its inception was focused on developing the health infrastructure, and confronting the communicable diseases and endemics, with interest shifting at the beginning of the eighties to raising the quality of health services and supporting the advanced medicine in parallel with enhancing the gains especially with regard to confronting the widespread diseases.

### **Executive summary:**

- 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 Diwaniya and enabling the 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 the Department and at the same time will ensure that the business particulars and problems will be day after day under control. The plan aims to improve the services to help Diwaniya Health Department in addressing the issues related to improving its performance and providing the best services to the citizens. This plan includes a comprehensive study on the department's resources and actual potentials compared to the Department's announced goals with the aim of achieving such goals. In addition, this plan is based on results of studies conducted by Diwaniya Health department, and consists of two phases:
- The first stage is to determine the status of systems of operating and managing the health services of Diwaniya Health Department provided over the past period.
- The second stage is to come out with the (SDIP) plan to address issues related to service delivery performance and to provide immediate and long-term solutions to the deficiencies, if any.

The mechanisms of analysis used in reviewing the performance indicators of Diwaniya Health department Health department - 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 services, and response to the citizens' complaints, a set of basic elements and provided immediate and long-term solutions that would improve the service provided to citizens, as explained in the next chapters.

### **Health Service management:**

The health service delivery management is considered as one of the important and effective elements in the development of community health, which reflects positively on the growth of community economically,





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

**"Where are we now?"**

The answer to this question requires a comprehensive and objective review and a review of the current state of performance and practices of the health institutions in Diwaniya 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 Department.

**First: analyzing and assessing the internal and external environment (SWOT):**

Developing the plan to develop the health work of the health institutions for the period from 2015 until the end of 2019 by identifying the department's message and means of achieving this message through the specified targets within a time period and identifying those responsible for executing these activities to reach the desired targets

SWOT analysis helps in determining realistic, short, medium and long term objectives in order to:

- Correcting the weaknesses
- Enhancing the strengths
- Preventing the threats
- Seizing the opportunities
- Achieving the vision

**SWOT ANALYSIS**

**Strengths**

1. Keeness of medical, health and nursing staffs on providing the best diagnostic, therapeutic and preventive services.
2. Continued establishment of general hospitals, specialized centers and primary health care centers for the purpose of developing and increasing the diagnostic, therapeutic and preventive services.
3. Commitment by the senior management and decision makers to support human resources through appointing them centrally like the graduates of Medical colleges and health and nursing professions.
4. Provision of therapeutic and preventive services by opening medical patrols, health houses and mobile clinics in remote areas and outlying villages.
5. The existence of Integrated Child Health Care Strategy (immunization, Care, School Health, Effective epidemiological monitoring)
6. Success made in the fight against the transitional diseases in general, handling the epidemic outbreaks in particular.
7. The existence of rapid response teams for quick handling of any epidemic or emergency health problem
8. improvement in partnership with the departments, relevant authorities and civil society organizations
9. Implementation of some of surveys that have helped to provide the database necessary for health planning
10. Covering the hospitals in primary health care methodology (creation of divisions or public health units in each hospital)



### **Weaknesses**

1. The presence of those escaping the primary health care services
2. lack of means of health education and lack of educational programs which lead to weakness of the relationship between health service providers and community members due to the lack of constant contact with each other.
3. The job description is below the required level.
4. Old regulations and legislation currently adopted by the Ministry of Health as most of them need to be reconsidered.
5. lack of all medical staff (resident, gradation, practitioner, specialist) and scarcity of some other health and administrative job titles such as ( Laboratory assistant, radiologist, chemical, bacteriological, Computer Programmer, statisticians)
6. The budget is disproportionate with the actual requirement of upgrading the infrastructure.
7. Insufficient support provided to the cadres of primary health care, with no allowances disbursed for the training programs in health institutions for the trainees and no replacements for the purpose of training them in the event of the transfer of principal staffs.
8. a significant lack of infrastructure and number of buildings of primary health care institutions.
9. Coordination between primary and secondary health care is still weak, especially with respect to the referral and feedback system.
10. The health information system is not at the required level in terms of data collection and analysis
11. deficiencies in the application of the electronic information system and non-application of e-governance system
12. the need to reconsider the unified standards for health information systems commensurate with the reality of health work as well as health programs approved by the ministry
13. Most of the medical and health and administrative staff in the health institutions perform extra work (duplication of work between the public and private sector) leading to the fragmentation of efforts and thus weakening the work.
14. Poor training for medical and health staffs because of (the challenges of the security situation, lack of personnel, especially doctors in health centers).
15. methodology of maintenance of service and medical equipment in health institutions is not at the required level
2. managerial and supervisory skills of the staffs are still not at the required level
3. problems related to environmental sanitation, whose effects have reflected on the control of the transitional and non-transitional diseases, especially the school environment, thus affecting the provision of school health services and pupils' health.
4. The community's idea of services provided by health centers considering them as treatment centers only, has affected the preventive services and primary health care services.

### **Opportunities.**

1. Stable security currently enjoyed by the province.
2. The presence of the provincial council in Diwaniya having legislative and financial powers.
3. donor support for our department's projects.



4. The presence of Primary Health Care Council to coordinate with the relevant service departments and make recommendations.
5. The existence of local radio stations, newspapers and social media networks.
6. The presence of private medicine warehouses providing part of the initial needs of the health care centers of medicines.
7. The presence of preference mechanism (not activated currently) at the Ministry of Health for admission into post-graduate studies and granting of financial allocations for the job gradation doctors and health and nursing personnel.
8. The possibility of contracting with companies for the purpose of providing services and cadres according to the (Service for a price) system approved by the Ministry of Health.

### **Threats**

1. spreading of some epidemics
2. lack of a census of the population to be used in measuring the population density in order to achieve national health standards
3. Tribal threats and blood money claims (tribal arbitration).
4. Presence of many remote villages in the province and lack of means of transport and paved roads to facilitate villagers' access to the primary health care centers.
5. Increasing migration of doctors and health staff out of the country due to the general security situation.

### **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 standard measurable standards:

- 1- Measurable quantitative standards that include four basic standards covering most of the primary health service 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 Al-Talee'a training health center, Third Al-Sadr health center and Fourth Al-Sadr health center, using the score cards (annex 2) for the first time in Diwaniya which contain 6 sets of standards including most of the primary health service standards as follows:
  - a- infrastructure
  - b- centers' staffs
  - c- appliances
  - d- medicines and vaccines
  - e- budget
  - f- laboratory

The performance indicators have been reviewed against the standards, with diagnosing the weaknesses, determining the gap value, providing recommendations that would contribute to



uplifting the service delivery performance in the entire province. The service indicators have been provided at the provincial center level including Diwaniya First sector and Diwaniya second sector.

**challenges and financial problems facing Diwaniya Health Department which significantly contribute to deteriorating quality of service provided to the citizens**

- 1- The total allocation for the year 2013 is(175,693,044,877) one hundred and seventy-five billion six hundred ninety three million forty-four thousand eight hundred and seventy-seven dinars
- 2- Total expenses for the year 2013 are (158,859,239,246) One hundred and fifty-eight billion eight hundred and fifty-nine million two hundred and thirty-nine thousand two hundred and forty-six dinars
- 3- Total revenue for the year 2013 (2,337,234,006) is two billion, three hundred and thirty-seven million two hundred and thirty-four thousand six dinars.
- 4- The actual total expenses for the year 2014 are (145,807,099,296) One hundred and forty five billion eight hundred and seven million and ninety nine thousand two hundred and ninety six dinars
- 5- Total revenue for the year 2014 (2,329,586,272) to two billion, three hundred and twenty nine million five hundred and eighty-six thousand two hundred and seventy-two dinars.

**Expenditure chapters for 2014**

- 1- salaries
- 2- contractors' wages
- 3- stationary and printed materials
- 4- water and sewerage
- 5- electricity bills
- 6- fuel
- 7- employees' uniform
- 8- food
- 9- medicines
- 10- combating and prevention materials
- 11- laboratory and medical materials and supplies
- 12- supplies for the patients
- 13- water and electricity maintenance
- 14- maintenance of means of transport
- 15- furniture maintenance
- 16- facilities maintenance
- 17- record maintenance
- 18- non-residential buildings
- 19- means of transport
- 20- Machineries, equipment and appliances
- 21- internet services
- 22- rewards
- 23- pupils' allocations
- 24- facility guarding fees



25- publishing and media expenditure

26- renting means of transport

27- cleaning fees

**status of sluggish projects**

#	Name of tender	Name of company	Completion percentage%	Number and date of actual commencement	Remarks	Reasons of sluggishness	Proposed solutions
1	Establishing Al-urroba Typical health center	Anwar Al-Ja'fari Company	%80	2008/8/31 according to administrative decree 8107 dated 2008/9/10	The Acceleration committee was sent to the Ministry of Health / Department of projects and engineering services for the purpose of discussing the mechanism of disbursing the project dues. Work is underway to complete what has been commenced.		The project has been started after the settlement of the topic of the disbursement mechanism with the Ministry.
2	Establishing Al-Chleha sub-health center	Ardh Handasat Al-Murooj general Contracting Company	%75	2011/10/12 According to Administrative Decree 181 dated 2012/1/15	Work has been suspended due to the presence of an investigative committee - The company has been informed that it should resume the work, according to the letter No. 11608 on 30/05/2013 - Further to the letter of the inspector general's office to stop the disbursement.		It has been decided to grant a suspension period to Ardth handasat Al-Murooj company by administrative order No. 7612 on 09.07.2014 for the period from the date of issuance of the administrative order No. 11144 on 04/11/2013 on withdrawing the work from the company and up to cancellation of the decision to



					<p>and not to stop the work</p> <ul style="list-style-type: none"> <li>- A request has been submitted to calculate suspension period for the executing company</li> <li>- The request has been submitted to the Ministry of Health to express its opinion to calculate the past period as a suspension period</li> <li>- Our department sent a communication to the ministry to cancel the withdrawal of the work, and a committee has been formed to take stock of the work executed -matters at the Central Committee</li> </ul>	<p>withdraw the administrative order No. 3153 on 18/3 / 2014 and according to the instructions and guidelines, the commencement was on 22/07/2014 with a review statement sent by the committee overseeing the contracts to take legal action</p>
3	Al-Shamiya health care sector	Izdihar Al-Iraq Company	%25	2008/11/6	<p>1. Procedures to withdraw the work have been initiated, with a letter sent to the executing company informing it of the work withdrawal and to show up to</p>	<p>-procedures for work withdrawal have been initiated, with a letter sent to the executing company informing it of the work withdrawal and to show up and still it has not</p>



					<p>make a statement of the works accomplished, pending legal action from the court 0</p> <p>2. a committee at the Ministry has been formed grouping the Director of Projects Department and a member of the inspection and a member of the contracts and membership of the engineering department for the purpose of considering the matter</p> <p>3. A committee has been formed to take stock of the works carried out and the remaining works</p>	<p>shown up to make the measuring estimates according to the attached Committee</p> <p>-A letter was sent from the province of Diwaniyah to the Ministry of Health to cancel the work withdrawal</p> <p>- The procedures of measuring estimate committee have been completed, and a committee has been formed to make a statement of uncompleted works for announcing them again</p>
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**How is the performance improvement process conducted?:**

A- Identifying the gaps in performance:

- collecting updated performance indicators
- testing the indicator to reach the required accuracy
- Reading and analyzing the gaps in comparison with the standard using the analysis elements
- building the conclusions

B- Developing the service improvement plan including:

- Immediate solutions spot the positive change in performance indicators
- Long-term solutions
- adopting periodic reports methodology to



**Work stages in developing the service improvement plan:**

The Diwaniya 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. 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 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 in the province.

The Diwaniya Health Department has relied on the use of measurements that have been collected in Diwaniya’s district center 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.

**Population density**

The numbers of population adopted are the numbers supplied to the committee by the primary health care sectors in the province and for each center and which were taken from the coordinates of the Statistics Department in Diwaniyah, which provides the province’s departments with approximate numbers, according to the annual population growth rate estimated at 3% almost every years, according to the table below:

	Name of sector	population
1	Diwaniya’s first sector	221409 inhabitants
2	Diwaniya’s second sector	347785 inhabitants
3	Al-Hamza sector	222106 inhabitants
4	Ifaq sector	182822 inhabitants
5	Al-Shamiya sector	258379 inhabitants
	total	1232501 inhabitants

Province’s population= 1,232,501 inhabitants

**Diwaniya’s district population= 569,194 inhabitants**

**Health centers’ coverage indicator**

Minimum number of population density is one main health center for every 10000 inhabitants, thus the standard need for health centers will be as per the following formula:

**Number of health centers= population number**



10000 inhabitants

569194

10000 =56 Standard need at Diwaniya district center of health centers

- Noting that the actual number of health centers=21

Health center under construction= one health center ( Al-Nahdha health center)

**Based on above, the need by the provincial center of health centers =35 primary health care centers**

Noting that there are 16 sub-health centers ( serving 5000 inhabitants) managed by health staff and providing part of primary health care services

Information of standard and indicator and calculating the gap between them			
#	standard	indicator	gap
1	Service coverage	%37.5	%62.5

Distribution of main health centers at the province's center and sub districts belonging to it by sector as indicated in the table below:

#	Name of sector	Total number of operating centers	Non-operating centers
1	Diwaniya first sector	10	-
2	Diwaniya second sector	11	1

We notice a difference between the Planning department and Performance and Quality Assessment department in determining the standard of population density

The table below represents the difference in the two standards

Population density standard 1:10000	Population density standard 1:20000
standard need in the district of Diwaniyah of health centers = 56	standard need in the district of Diwaniyah of health centers = 28



<p><b>The actual existing operating health centers= 21 centers</b></p> <p><b>Province's need of health centers</b></p> <p><b>56-21 = 35 centers (gap)</b></p>	<p><b>The actual existing operating health centers= 21 centers</b></p> <p><b>Province's need of health centers</b></p> <p><b>28-21 = 7 centers (gap)</b></p>
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**We conclude from this table the definition of the standard which is a single health unit (not a health center) for each 10,000 inhabitants and for each health center at least two health units.**

**Elements causing the gap and the extent of their impact:**

- 1) Human resources: the need to increase engineering and technical staffs able to follow up on the implementation of health centers establishment projects. The impact of this element on the gap is low
  - 2) Financial issues: the need to allocate additional funds to set up health centers. The impact of this element on the gap is high
  - 3) Infrastructure: existence of health centers that need to be rehabilitated or demolished and bridge the shortfall in the health centers. The impact of this element on the gap is high
  - 4) Supplies: No impact on the gap
  - 5) Capacity building: no impact on the gap
  - 6) Technical obstacles: no impact on the gap
  - 7) Authorities: no impact on the gap
  - 8) Coordination: the need for greater coordination with the local government for the purpose of increasing financial allocations to increase building of health projects as well as increasing coordination with the ministry for the same purpose. Also, there are weaknesses in coordination with the municipalities and urban planning in allocating land intended for the construction of health centers. The impact of this element on the gap is high
  - 9) Political interventions: political interventions may affect 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 on the gap
  - 11) Maintenance and operation: no impact on the gap
  - 12) Security conditions: no impact on the gap
  - 13) Logistic support: no impact on the gap
  - 14) Other: no impact on the gap
- The above analysis shows that the following factors have the biggest impact on the gap,:
- 2) Financial issues
  - 3) infrastructure
  - 8) Coordination

**Recommendations**



Stand ar d	Order of basic elements having impact on the gap (3)	Immediate solutions	Long-term solutions
Prima ry health center s covera ge	<b>Financial issues</b>	<b>Securing therapeutic and preventive campaigns for remote, or high-risk areas using the potentials available</b>	Coordinating with the Ministry and Governorate to develop a strategic plan to plug the gap within 6 years ( end of 2020) by building 1-2 health centers annually in Diwaniya’s first and second sectors
One health center for every 10000 inhabi tants	<b>infrastructure</b>	Developing an action plan to assess and identify the health centers that need to be rehabilitated	<b>1- using the vertical construction to increase the spaciousness of health institutions</b> <b>2- converting the sub-health centers into main centers by adding new buildings to the sub-health centers according to the planning guidelines</b>
	<b>coordination</b>	<b>Increasing horizontal and vertical coordination to follow up on land allocation</b>	

**Indicators of working staffs**

The numbers of personnel working in every health center have been calculated on the basis of standard structure approved by the Ministry of Health for health centers (one health center for every 10,000 inhabitants), as follows:

- 1.2 doctors per 10,000.
2. Care physician for every 10,000.
3. A radiologist and sonar in the case of there is an x-ray machine or sonar.
4. One dentist for every 10,000.
5. One pharmacist for every 20,000.
6. One laboratory specialist per 10,000.
7. Medical assistant for every 20,000.
8. Two assistant Pharmacists per 10,000
9. One assistant Dentist for every 10,000.
10. Four Laboratory assistants per 10,000.



11. Preventative assistant per 20,000, or 2 for every (50-100) neighborhood.
12. One health researchers per 20,000.
13. One optician per 10,000.
14. Two radiologists for each device + developer.
15. One male nurse per 10,000.
16. One female vaccinator per 10,000..
17. One administrative per 10,000 inhabitants
18. One statistician or statistical assistant.
19. One clerk or assistant clerk.
20. Accountant
21. Computer operator
2. Two Maintenance Technicians.
3. One ticket dispenser
4. One tickets recorder.
5. Two service employees for each medical unit provided that the number does not exceed 8 per center.
6. One guard
7. One gardener
8. Two drivers in the case of availability of a car.
9. One store warden.
10. An accredited mail agent

**Actual existing staffs working in primary health care sectors at Diwaniya Health department in proportion to the standard number in 2014 by job title**

Staffs/Sectors	Diwan iya 1	Diwa niya2	Actual total	Standar d number	shortfa ll	increas e	Indicat or value	Gap amount
Physician	14	13	27	112	85	-	%24.1	%75.89
Care physician	13	14	27	56	29	-	%48.2	%51.78
x-ray and sonar physician	0	0	0	56	56	-	%0	%100
Dentist	12	14	26	56	30	-	%46.4	%53.57
Pharmacist	6	2	8	28	20	-	%28.57	%71.4
Laboratory specialist	0	3	3	56	53	-	%5.35	%94.64
Medical assistant	197	193	390	336	-	54	%116	-
Assistant pharmacist	11	10	21	112	91	-	%18.75	%81.25
Assistant dentist	2	1	3	56	53	-	%5.35	%94.64
Laboratory assistant	24	30	54	224	170	-	%24.1	%75.89
Preventive assistant	8	27	35	28	-	7	%125	-
Health researcher	0	14	14	28	14	-	%50	%50
optician	3	2	5	56	51	-	%8.9	%91



assistant radiologist/ developer	3	1	4	168	164	-	%2.38	%97.62
Male nurse	195	205	300	56	-	244	%535.7	-
Female vaccinator	0	1	1	56	55	-	%1.78	%98.2
administrator	9	20	29	56	27	-	%51.78	%48.2
Statistician/ assistant statistician	1	2	3	56	53	-	%5.35	%94.64
Clerk/assistant clerk	14	19	35	56	23	shortfall	%58.92	%41
accountant	2	0	2	56	54	-	%3.57	%96.4
Computer op	1	Physician				85	35	%94.64
Maintenance technici	2	10	9	Care physician	112	95	29	%16.96
Ticket disp	3	x-ray and sonar physician				21		
Ticket recorder	5	Dentist				30	14	%92.85
Service pers	0	1	Pharmacist	56	55	20	%1.78	%98.2
guard	Total				185	59	%90.4	
gardener	8	10	18	56	38	-	%32.14	%67.85
driver	0	2	2	56	54	-	%3.57	%96.4
Store warden	3	5	8	112	102	-	%7.14	%92.85
Accredited mail agent	3	2	5	56	51	-	%8.9	%91
Other job titles	1	0	1	56	55	-	%1.78	%98.2
Total	27	45	72	-	-	-		
	580	681	1161	2464	1986	305		

We conclude from the above table that:

**First:**

The main need of staffs working at health centers is the medical staffs who undertake to provide the medical service as outlined in the table below:

**Second:**

**The shortfall in health staffs is 651 employees.** The shortfall in medical staffs can be plugged by utilizing the increase in some nursing staffs after changing their job titles to the job titles that are suffering from a shortfall.

**Third:**

**The shortfall is evident in the administrative and service staffs, which reaches 243 employees**

**Elements causing the gap and extent of their impact**

1. Human Resources (health service providers): it has a high impact on the gap
2. Financial issues: - insufficient 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
3. Infrastructure: -A need to expand and rehabilitate some of the health centers. The impact of this element on the gap is medium



4. Supplies: no impact

5. Capacity building: a shortage of trained medical and health cadres and their acquisition of skills within specialized courses in their fields as well as the lack of business travels inside and outside the country for the purpose of gaining new ideas promoting the health situation. The impact of this element on the gap is high

5. Technical obstacles: no impact

7. Authorities: The powers delegating wide authorities to health institutions would help a lot by changing job titles from titles of high numbers to titles of small numbers. The impact of this element on the gap is high

8. Coordination: lack of coordination between the Ministry of Health and the Ministry of Higher Education for the purpose of increasing the number of colleges and academic seats to secure the shortfall in cadres, especially medical ones and the possibility of restricting the admissions to Medical colleges and other scarce specializations according to the province's share based on a planning study determining the annual need for each province of doctors and pharmacists. There is also a difficulty in obtaining official approvals in the transfer of cadres between the health departments in the provinces. The impact of this element on the gap is high

9. Political interventions: They lead to poor distribution of medical, health and technical cadres in a manner affecting the distribution priorities. Its impact on the gap is medium

10. Misuse of resources: an imbalance in the distribution of medical and health personnel between health centers for reasons of security or social conditions, has led to a concentration of some areas. The impact of this element on the gap is low

11. Maintenance and Operation: no impact on the gap

12. The security conditions: no effect on the gap

13. Logistic support: the need to pay attention to all medical and health cadres by covering them in reward schemes and letters of thanks and appreciation and holding ongoing meetings for the purpose of communicating with them. The impact of this element on the gap is medium

14. Other: no impact on the gap

It is evident from the explanation above that the following items have the highest impact on the gap: 1) Human Resources 2) Financial issues 5) capacity building 7) authorities 8) coordination



**Recommendations**

#	Standard	Order of basic elements (which have been assigned score 3 “high impact”) which contribute to reducing the gap value according to priority	Immediate solutions	Long-term solutions
2	Staffs working in health centers	Human resources providing the service	Re-transferring the staffs and distributing them by population density and need of the health centers using a fair mechanism ensuring regular delivery of health service	Coordinating with the local government and Ministry of Health to contract with friendly countries and companies ( service against payment) to attract the required staffs especially the medical staffs due to the big shortage in such staffs
		Coordination		Coordinating with the Ministry of Higher education/ College of Medicine in Al-Qadisiya University to benefit from the Family medicine and community medicine students within the staffs of the training health centers while they are pursuing their studies
		Authorities	Enrolling the health and nursing staffs of redundant job titles in course to rehabilitate them to be engaged in scarce job title functions	Granting scholarships to graduates of nursing studies high schools to raise their scientific level as needed by the department of job titles to those who completed the health gradation scheme.
		Capacity building	Enrolling the working health staffs in quick development courses as needed by the health centers	Coordinating with the local government and the Ministry of Health for the purpose of training doctors inside and outside Iraq for the purpose of obtaining qualification certificates to bridge the shortfall in the Family Medicine and Community Medicine specialization.



**Indicator of appliances, equipment and vehicles**

The table below shows the standard requirement for devices, equipment and vehicles for (123)main health centers based on the population density of the province of Diwaniya, in addition to the existing number of such equipment and shortages, which should be provided for the purpose of matching the standard number of the devices for health centers.

Medical and other appliances of the health center	Standard number	Actual number	shortfall	Indicator value	Gap amount
One cardiograph	56	4	52	%7.1	%92.8
One fixed x-ray machine	56	9	47	%16	%84
One sonar	56	6	50	%10.7	%89.3
One dental chair	56	20	36	%35.7	%64.3
5 sterilization devices for each center	280	41	239	%14.64	%85.34
One ambulance for each health center	56	14	42	%25	%75

**Analysis of elements having impact on the gap:**

- 1) Human resources: the need to increase staffs working on the devices .The impact of this element on the gap is medium
- 2) Financial resources: the need to allocate amounts of money for the purchase of medical equipment to supply the existing health centers with missing items and also in case of an increase in the number of health centers required for the target and which require an increase in medical and service equipment, ambulances and service vehicles. The impact of this element on the gap is high
- 3) Infrastructure: buildings need to be increases for using and accommodating the equipment The impact of this element on the gap is low
- 4) Supplies: The need to increase the number of devices accessory to medical devices like voltage regulators and generators and fuel. The impact of this element on the gap is medium
- 5) Capacity building: the need to prepare and groom technical medical, health staffs trained on the devices through development courses within and outside the country. The impact of this element on the gap is medium
- 6) Technical obstacles: no impact on the gap
- 7) Authorities: lack of powers to purchase critical and large appliances, with the ministry abstaining from granting powers for the purchases and being reluctant to fill the gap, all these have led to a significant shortfall in the number of devices. High impact
- 8) Coordination: poor coordination with the local government for the purpose of providing financial resources to meet the shortfall, as well as coordination with the ministry for the same purpose. The impact of this element on the gap is high
- 9) Political interference: no impact on the gap



10) Misuse of resources: non-observance of power supply adequacy sometimes when operating the equipment specially the X-ray equipment, sonar and dental chair, leads to breakdowns. The impact of this element on the gap is low

11) Maintenance and Operation: Although the appliances supply contract includes maintenance services for a period of one year or more in some cases, still there is a shortage of specialized technical staffs specialized in maintenance. The impact of this element on the gap is medium

12) Security conditions: no impact on the gap

13) Logistic support: no impact on the gap

14) Other: no impact

It is evident from the explanation above that the following items have the highest impact on the gap: 2) financial issues 7) authorities 8) Coordination

**Recommendations**

Standard	Order of basic elements having impact on the gap	Immediate solutions	Long-term solutions
Medical and other appliances of the health center	Financial issues	Conducting a campaign to repair and maintain the medical appliances and equipment of the health centers at Diwaniya's first and second sectors using the available resources	Allocating funds to purchase equipment, ambulances and service cars from the investment plan and ensure funds to maintain them if financial allocations are available in the future budget
	authorities		Approaching the Ministry of health or transferring the powers from the Ministry to the Department to purchase critical appliances
	coordination	Coordinating with the provincial council, Ministry of Health and international and humanitarian organizations to provide part of the department's required medical appliances	

**Indicator of health service coverage**



It represents the standard for performance and efficiency of health centers and in providing curative and preventive health services. Table 3 below represents the indicators for efficiency of health center performance

set of health service coverage standards			
service	indicator	gap	National target
**immunization service ( single measles vaccination)	%89.77	%10.23	%90
Preventive services for children below five**			
Total number of visits	Number of children visiting the health centers as an annual average within the district of Diwaniya is 11225	n/a	Monthly target for the number of children below five is 7228
Using IMCI guidebook in treating children below five	%78.89	%21.11	
Children below normal weight	3.2% of the total number of children in the area which is 98337 children	n/a	
Pregnant care			
Total number of visits	2481 is the number of pregnant's visits as a monthly average	n/a	
Pregnant' first visit	914 is the number of first visits by pregnant within the district of Diwaniya	gap 651	** the national target is 1565 visits as a monthly average
Pregnant' fourth visit	319 is the of fourth visits by pregnant within the district of Diwaniya	1246 gap	** the national target is 1565 visits as a monthly average



Dental health ( number of visitors)	11286 visitors treated/11742 visitors as a monthly average= 96.1%	n/a	National target is 80%
Referral service ( number of referrals)	8431 referrals as a monthly average	n/a	7.6 is the ratio of referrals as a monthly average

**Analysis of elements having impact on the gap**

- 1) Human resources: sharp shortage in the medical and health cadres specialized for the purpose of working on health programs to the fullest. The impact of this element on the gap is high
- 2) Financial resources: a lack of funds for the purpose of supporting medical and health personnel during the implementation of other health campaigns and health programs. The impact of this element on the gap is high
- 3) Infrastructure: lack of units operating on these programs comes from the need for providing separate rooms for each program at the health center: The impact on the gap is medium
- 4) Supplies: the need to provide necessary requirements for the application of these programs, such as vaccines refrigerated cases, freezers and refrigerators. The impact is low
- 5) Capacity building: the need to train staff working on the programs. The impact on the gap is high
- 6) Technical obstacles: no impact on the gap
- 7) Authorities: no impact on the gap
- 8) Coordination: lack of coordination with the departments of Health, the Ministry and the World Health Organization for the purpose of following up on the health programs and campaigns on-site and providing the requirements of the program’s success in addition to providing vaccines from transfers between health departments: the impact of this element on gap is low
- 9) Political interference: no impact on the gap
- 10) Misuse of resources: no impact on the gap
- 11) Maintenance and operation: no impact on the gap
- 12) Security conditions: no impact on the gap
- 13) Logistic support: lack of material support for cadres working in the primary health care programs and lack of transport fares disbursed to dentists implementing the full regular dental care program. The impact of this element on the gap is low



14) Other (poor awareness of the citizen): lack of or insufficient health awareness among citizens about the nature of health programs work at the centers would negatively impact achievement of the desired goal. Its impact on the gap is medium

It is evident from the explanation above that the following items have the highest impact on the gap: 1) Human Resources 2) Financial issues 3) capacity building

**Recommendations**

Standard	Order of elements having impact on the gap	Immediate solutions	Long- term solutions
Set of health services coverage standards	Human resources	The possibility to transfer the surplus medical, health, administrative, supporting and service personnel from hospitals and health institutions to health centers	Coordinating with the Ministry of Higher education and technical Institutes Commission to increase the seats to meet the actual needs by our health institutions of staffs within a five-year plan and granting scholarships to the staffs of Diwaniya health department to leverage the employees' efficiency
	Financial issues		<ol style="list-style-type: none"> <li>1- preparing a study on the price of curative and diagnostic medical services except the categories covered by the free health care services</li> <li>2- providing material support by the Ministry, Governorate and humanitarian organizations to render the primary health care programs a success ( supporting the staffs and purchasing service vehicles, fuel and necessary appliances and equipment)</li> </ol>
	Capacity building	Developing an annual plan to hold training course and seminars to the staffs and preparing special training agendas on the programs according to the Ministry's plan. Training the staffs by the Department's staffs who are experience and who had been enrolled in course previously	training the medical, health and technical staff working in primary health care programs inside and outside Iraq to raise their scientific level and exchanging experiences so as to ensure the development and continuity of the programs provide that training is conducted before the distribution to health centers



**Field surveys:**

Field surveys are visits to health centers to identify the reality of services provided to citizens and find out the problems and obstacles faced by citizens and staff working at the center and then randomly choosing some health centers at various sectors to get to the reality of the situation at various health centers and matching the international standard for the population density to know the proportion of the gaps in the health center across the health sector.

- 1-Al-Talee’a Training health Center at Diwaniya’s first sector
- 2-The Third Al-sadr health center of Diwaniya’s second sector
- 3- The Fourth Al-sadr health center of Diwaniya’s second sector

**Name of health center: Al-Tale’a Training health center/ Diwaniya’s first sector**

**Year of center establishment: 1965**

**Number of population of the center’s geographic location: 14234 inhabitants**

Field of assessment	indicator	suitable (classification 3)	Partially suitable (classification 2)	Unsuitable (classification 1)	remarks
<b>infrastructure</b>	1- condition of walls and roofs is good	3			<b>Although there are traces of dampness on the walls, the building has been repaired in a good way that hides the visible defects</b>
	2- uninterrupted power supply at the health center	3			
	3- available usable water continuously	3			
	4- The center is tidy and clean as required	3			
	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)	3			
<b>Staffs working at the</b>	<b>medical units:</b> 3 doctors for every 10000 inhabitants( 2 males + one female) and six	3			<b>Staff is not commensurate with the international standard according to population density. The health center also covers the need of visitors who are not</b>



<b>center</b>	medical assistants for 10000)				covered by the geographical area, or covered by health programs covering all the area of the district (the elderly, checkup of the disabled, checkups of health control unit like checking up bakery and restaurant workers, examination of government employees concentrated in the center area ...)
	2-x-ray and sonar unit: one x-ray and sonar doctor, one developer and 2 radiologists for each center		2		No sonar physician, two radiologists are available
	3-dental medicine unit: one dentist and one assistant dentist for every 10000	3			
	.4 pharmacy unit: one pharmacist for every 20000 and 2 assistant pharmacists for every 10000		2		No pharmacist, two pharmacist assistants are available
	5-nursing unit: one male nurse and one female nurse for every 10000 inhabitants	3			
	6-laboratory unit: one laboratory practitioner for each center and 4 technicians/ laboratory assistants for every 10000		2		No laboratory practitioner, 3 laboratory assistants are available
	7-administrative staff: 8 admin. assistants for each center			1	Number of staffs are disproportionate with the international standard Only one is available
	.8 Supporting and service staffs: 8 for each center		2		One night guardsman and eight facility protection personnel. No gardener available, two daily wage helpers ate available
<b>appli</b>	1- one cardiograph	3			



<b>ances</b>	2- one fixed x-ray machine	3			
	3- one sonar	3			
	4-dental chair	3			
	5-sterilization device	3			
	6-availability of laboratory devices required for basic tests	3			
	7- all other equipment of refrigerators and air-conditioners and others are existing	3			
	8- one ambulance for each center			1	No ambulance available
	<b>Medicines and vaccines</b>	A list of basic medicines and vaccines is available in good quantities and continuously	3		
Long expiry date of medicines and vaccines		3			
The space of the pharmacy room is appropriate and the medicines are sorted out in their cabinets.		3			
<b>budget</b>	Financial allocations for the center are sufficient			1	<b>Ceiling: one million dinars a month divided into two grants, each 500 thousands burdened by the routine of classification, inability and approvals. Status quo: 1,500,000 for 2014</b>

Name of standard	Assessment by score	gap%
<b>infrastructure</b>	15\15	%0
<b>Staffs working at the center</b>	24\22	%8,39
<b>Appliances and equipment</b>	24\22	%8,39
<b>Medicines and vaccines</b>	9\9	%0



Health services	Assessment by percentage	Gap amount
immunization	%100	%0
Visits by children below five	%96	%4
IMCI program	%58,24	%41,76
Pregnant's first visit	%97	%3
Pregnant's fourth visit	%72	%28
Dental health	%92	%8

**GAP ANALYSIS**

1. Infrastructure: The presence of dampness in some walls of the health center's rooms but the administration has made some renovations and repairs to cover the defect.
2. Working staffs: 4 doctors, 2 dentists are available, with no pharmacists, radiologists and Sonar, having nursing staffs, 8 medical assistants, three Laboratory Assistants, 2 Pharmacist assistants, 2 assistant dentists, and one administrator only, one night watchman and 4 day-wage helpers .
3. Appliances: 2 dental chairs only, 4 sterilization devices only, no x-ray and Sonar devices, no ambulance.
4. Medicines, vaccines and laboratory: this center is characterized by the availability of all medicines and vaccines, as well as the scarce medicines distribution unit, and receiving visitors more than other centers due to its privileged location amid many departments and schools and tests for food control, pilgrims, appointments and others are conducted therein
5. Budget: The health center's expenditures amounted in 2014 to 1,500,000 Dinars in spite that the allocation is one million dinars a month, but the red tape determined for obtaining spending approvals makes it impossible to reach the ceiling of twelve million monthly.
6. Immunization: The average number of children under one year who have been given the single measles vaccine monthly was 35 children and the target is 35, so the number of those escaping the vaccination is (0).
7. visits by children under five: the average monthly visits by children is (177) and monthly target is (184) , so the number of children who did not visit the health center is 7 per month.
8. The IMCI program: the number of children covered by the program is (219), and the number of visitors is (376) children, so the proportion of children covered is  $(219 \div 376 = 58.24\%)$
9. First visit by the expectant mother: the monthly target for the health center for the year 2014 was (35) and the average number of monthly visits was (34), with no gap.
10. Fourth visit by the expectant mother: the target was (35) and the average number of monthly visits was (26) and standard  $(90\% = 32)$  , so the number of drop-outs is (6).
11. Dental health: number of patients was (218) and the number of those treated was (201) and standard  $(80\% = 175)$ , with no gap.
12. Referral service: Monthly referral rate is 121. No gap.



**Name of health center: Fourth Al-Sadr health center/ Diwaniya's second sector**

Year of center establishment:2009

Number of population of the center's geographic area: 25664 inhabitants

Area of evaluation	indicator	suitable ( classification 3)	Partially suitable ( classification 2)	Unsuitable ( classification 1)	remarks
<b>infrastructure</b>	1- condition of walls and roofs is good	3			
	2- uninterrupted power supply at the health center	3			
	3- available usable water continuously	3			
	4- The center is tidy and clean as required	3			
	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)	3			
<b>Staffs working at the center</b>	<b>1-medical units:</b> 3 doctors for every 10000 inhabitants( 2 males + one female) and six medical assistants for 10000)		2		
	2-x-ray and sonar unit: one			1	



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



	2- one fixed x-ray machine			1	
	3- one sonar			1	
	4-dental chair	3			
	5-sterilization device		2		
	6-availability of laboratory devices required for basic tests	3			
	7- all other equipment of refrigerators and air-conditioners and others are existing	3			
	8- one ambulance for each center			1	
<b>Medicines and vaccines</b>	A list of basic medicines and vaccines is available in good quantities and continuously	3			
	Long expiry date of medicines and vaccines	3			
	The space of the pharmacy room is appropriate and the medicines are sorted out in their cabinets.	3			
<b>budget</b>	Financial allocations for the center are sufficient			1	



Name of standard	Assessment by score	Gap %
infrastructure	15\15	%0
Staffs working at the center	24\16	%33.33
<b>Health services</b>	<b>Assessment by percentage</b>	<b>Gap amount</b>
immunization	24\18 %88,6	%25 %11,4
Visits by children below five	%96	%4
<b>IMCI program</b>	%128	لا توجد فجوة
<b>Pregnant's first visit</b>	%59	%61
<b>Pregnant's fourth visit</b>	%12,69	%87,31
<b>Dental health</b>	%0	%100

**GAP**

### ANALYSIS

1. Infrastructure: the building is modern but it is located in a subserviced area and the outer street is unpaved causing dirt and dust into enter the center. Waiting chairs are benches within the building but adequate
2. Working staff: 3 doctors, one dentist are available, with no pharmacists, radiologists and sonar physicians, nursing cadres, 8 medical assistants, 2 laboratory assistants, one assistant pharmacist, no assistant dentist, one radiologist, one administrator only and five daily wage helpers.
3. Appliances: no cardiograph, one dental chair only one which is currently out of order, 4 sterilization devices, no ambulance.
4. Medicines, vaccines and laboratory: a good quantity of medicines is available, with a record of essential drugs of long expiry dates, suitable space of the pharmacy and laboratory, a store of medicines is available with cold chain and appliances needed to carry out basic examinations.
5. Budget: The health center's expenditures for 2014 amounted to: 1,000,000 dinars, and although the allocation is only one million dinars a month disbursed in two advances, the red tape required for obtaining approvals makes it impossible to reach the ceiling of twelve millions a month.
6. Immunization: the average number of children less than one year receiving of single measles vaccine monthly was 42 and the target was 45 so the number of those escaping the vaccine is (3).
7. Visits by children under five: the average monthly visits by children is (249) and monthly target is (258) , so the number of children who did not visit the health center is 19 a month.
8. The IMCI program: the number of children covered by the program is (369) a year, and the number of visitors is (289) children for 2014, so the proportion of children covered is  $(369 \div 289 = 128\%)$
9. First visit by the expectant mother: the **monthly** target for the health center for the year 2014 was (51) and the average number of monthly visits was (42), standard 90%, so the gap was 4 dropouts.
10. Fourth visit by the expectant mother: the target was (51) and the average number of monthly visits was (8) and standard  $(90\% = 42)$  , so the number of drop-outs is (34).



11. Dental health: The target for the numbers of visitors was (293) and the number of those treated was (0) and standard (80%), so there is a gap and the reason is the repeated breakdown of the dental chair.

12. Referral service: Monthly referral rate is 445. No gap.

**Name of health center: Third Al-Sadr health center/ Diwaniya's second sector**

**Year of center establishment:20 12**

**Number of population of the center's geographic area: 18050 inhabitants**

Area of evaluation	indicator	suitable ( classification 3)	Partially suitable ( classification 2)	Unsuitable ( classification 1)	remarks
<b>infrastructure</b>	1- condition of walls and roofs is good	3			
	2- uninterrupted power supply at the health center	3			
	3- available usable water continuously	3			
	4- The center is tidy and clean as required	3			
	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)	3			
<b>Staffs working at the center</b>	<b>1-medical units:</b> 3 doctors for every 10000 inhabitants( 2 males + one female) and six medical assistants for 10000)		2		<b>The staffs are not suitable for the international standards according to population density</b>
	2-x-ray and sonar unit: one x-ray and sonar doctor, one developer and 2 radiologists for each center			1	<b>No x-ray and sonar in the center and therefore no staffs are available.</b>



					One female doctor and two male doctors with a sufficient number of medical assistants
	3-dental medicine unit: one dentist and one assistant dentist for every 10000		2		One dentist and one assistant. The staffs are not suitable for the international standards according to population density
	.4 pharmacy unit: one pharmacist for every 20000 and 2 assistant pharmacists for every 10000			1	No pharmacist, only one assistant pharmacist is available. The staffs are not suitable for the international standards according to population density
	5-nursing unit: one male nurse and one female nurse for every 10000 inhabitants	3			
	6-laboratory unit: one laboratory practitioner for each center and 4 technicians/ laboratory assistants for every 10000			1	No laboratory practitioner, one laboratory assistant is available. The staffs are not suitable for the international standards according to population



					density
	7-administrative staff: 8 admin. assistants for each center			1	One only
	.8 Supporting and service staffs: 8 for each center		2		Five only
appliances	1- one cardiograph	3			
	2- one fixed x-ray machine			1	One moving x-ray machine which is currently out of order
	3- one sonar			1	n/a
	4-dental chair	3			
	1- sterilization device		2		Three sterilization devices and one is out of order
	6-availability of laboratory devices required for basic tests	3			
	7- all other equipment of refrigerators and air-conditioners and others are existing	3			
	8- one ambulance for each center			1	No ambulance
	Medicines and vaccines	A list of basic medicines and vaccines is available in good quantities and continuously	3		
Long expiry date of medicines and vaccines		3			
The space of the pharmacy room is appropriate and the medicines are sorted out in their cabinets.		3			



<b>budget</b>	Financial allocations for the center are sufficient			<b>1</b>	<b>Ceiling: one million a month in two grants of 500 thousand Status quo: 1,500,000 during 2014</b>
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Name of standard	Assessment by score	gap%
infrastructure	15\15	%0
Staffs working at the center	24\15	%37,5
Appliances and equipment	24\17	%29,2
Medicines and vaccines	9\9	%0

Health services	Assessment by percentage	Gap amount
immunization	%86,2	%13,8
Visits by children below five	%96	%4
IMCI program	%54,23	%41,76
Pregnant's first visit	%67	%33
Pregnant's fourth visit	%20	%80
Dental health	%94,2	%5,8

**GAP ANALYSIS**

1. Infrastructure: the building is modern but is located in a subserviced area and the outer street is unpaved causing dirt and dust into enter the center.
2. Working staff: 3 doctors, one dentist are available, with no pharmacists, radiologists and sonar physicians, nursing cadres available, 8 medical assistants, 1 laboratory assistant, one assistant pharmacist, one assistant dentist, one administrator only and five daily wage helpers.
3. Appliances: one cardiograph, one dental chair only, 4 sterilization devices, one of which is out of order, no ambulance.
4. Medicines, vaccines and laboratory: a good quantity of medicines is available, with a record of essential drugs of long expiry dates, suitable space of the pharmacy and laboratory, a store of medicines is available with cooling chain.
5. Budget: The health center's expenditures for 2014 amounted to: 1,500,000 dinars, and although the allocation is only one million dinars a month disbursed in two advances, the red tape required for obtaining approvals makes it impossible to reach the ceiling of twelve millions a month.



6. Immunization: the average number of children under one year receiving single measles vaccine monthly was 21 and the target was 44, standard 90%=40, so the number of those escaping the vaccine is (19).
7. Visits by children under five: the average monthly visits by children is (719) and monthly target is (184) , so the number of children who did not visit the health center is 7 a month.
8. The IMCI program: the number of children covered by the program is (3121) a year, and the number of visitors is (719) children.
9. First visit by the expectant mother: the monthly target for the health center for the year 2014 was (50) and the average number of monthly visits was (10), standard ( 90%=45), so dropouts 35
10. Fourth visit by the expectant mother: the target was (51) and the average number of monthly visits was (8) and standard (90% = 42) , so the number of drop-outs is (34).
11. Dental health: The number of visitors was (191) and the number of those treated was (180) and standard (80%=153), so there is no gap.
12. Referral service: Monthly referral rate is 585. No gap.



**Where do we want to get to?**

**Vision, message and goals of Diwaniya Health Department**

**A- DEPARTMENT'S VISION**

A health system ensuring the provision of health services meeting all the requirements of the individual and society and pursuing the development of primary health care services according to the possible health standards.

**B- MESSAGE**

The five-year plan aims to develop the health care services in order to provide the best services to reduce the morbidity and mortality rates through ensuring and providing medicines, medical appliance, equipment and supplies of good quality and seeking to groom and train the specialized medical staff having good efficiency to gain access to an integrated and good health system

**C- GOALS**

1. Reducing mortality and sick rates among children less than five years during the period 2009 to 2014 by 5% from 2007 levels.
2. Securing proper healthy food and water for the citizens, whether local or imported according to the approved specifications by 2014.
3. Eliminating congenital tetanus disease.
4. Controlling the Communicable Diseases by 2014 according to the specific ratios specified for the type of disease.
5. Controlling hepatitis disease in 2014 by 100%.
6. By 2014, reducing the diseases of malnutrition for children less than 5 years by 7%.
7. Curbing administrative and financial corruption in the health system through the application of integrity strategies.
8. Adopting an effective monitoring system to follow up on the adoption of professionalism, competence and integrity and for all the technical operations relating to the provision of curative, preventive, diagnostic and emergency services and processes for the circulation of medicines and medical supplies.
9. Development of infrastructure and the level of services and the environment ( ) for the primary health care institutions to access high quality services by 2014.
10. Development of health services (primary, secondary and tertiary) "to good access integrated quality services for all citizens.
11. Increasing the annual allocations by 10% of the national budget and 15% of the Regional development budget.
12. Establishing, rehabilitation and development of the emergency units in primary health care centers in remote areas and sub-districts.
13. Developing the ambulance services.
14. Securing human cadres in all primary health care sector institutions to meet the future



needs and develop them continuously.

**Summary of recommendations proposed for immediate and long-term solutions):How can we get there?**

**1- increasing and developing the human resources:**

- Requesting the Ministry of Higher Education to enrich the Department with medical and scarce specializations and proposing allocating a percentage of central admission in the repulsive provinces according to a five-year plan
- Contracting with the “service for a price” companies to provide scarce cadres
- Opening a medical institute of running the department to graduate scare health specializations

**2. increasing the financial resources:**

- requesting the funders (Ministry of Health, provincial council, humanitarian and international organizations), to increase the financial allocations to support the primary health care programs
- Raising the medical service prices (except free health services).
- Adopting self-financing system and the law of the Popular Clinics and clinics on duty and private suites for emergency and birth wards after providing a legislative basis for a and well grounded health system.

**3- expanding the infrastructure base to bridge the gap within 6 years 9 end of 2020)**

- Expanding the main health centers horizontally and vertically, and upgrading the sub-health centers to main centers and establishing mobile medical patrols serving in areas lying far from the health center.
  - Forming a working group from the department in coordination with the province and the relevant departments to allocate land for the construction of health centers.
  - Constructing health centers, according to a joint plan between the Ministry of Health and the provincial council within the specified time limit.

**4. purchasing and maintaining the appliances and equipment:**

- Contracting with “service for a price” companies to equip the health centers with laboratory and diagnostic appliances.
- Developing a plan with the ministry and the Provincial Council for the purchase of services in line with the health buildings expansion plan



. Claim of the Ministry of Higher Education to provide the specializations of medical appliances engineering and their technicians

**5-capacity building and development:**

-Training the health cadres locally (as there is a training center at the Department) according to updated scientific programs

- Dispatching the training competencies abroad or hiring foreign trainers

. Granting scholarships for redundant male nurses in the structure of health centers (Those working on health care programs) to develop their scientific level, and replenish the scarce job titles.

**6. Activating the authorities:**

- Exploit the powers of the legislative provincial council and the Supreme Council of Health, headed by the governor to fill the legislative vacuum to issue instructions serving and facilitating the provision of primary health care service.

- After the transfer of powers: - changing the surplus job titles to scarce ones
- Amending the mechanism of disbursing the risk allocations to encourage employees to get involved in scarce specializations
- Transferring the chapters of disbursements in the budget to support the construction and development of health centers and primary health care programs

**7. Coordination:**

- With the Ministry of Higher Education (to develop plans of the annual requirement of medical and health cadres)
- With international organizations to support primary health care programs
- With the local government and the Ministry of Health, to build centers, purchase hardware, develop and train the capabilities

**8. Best use of available resources:**

- Financial resources: Reducing unnecessary spending
- Human resources: As in the two experiences of Nursing high schools and appointment of graduates of sciences as male nurses
- Infrastructure: Investment of spaces, and not to respond to land donations requests if they are not in line with the plans

. Appliances, equipment and furniture: purchases must be from reputable origins, repair workshops, selling the damaged items



9. Maintenance and operation: creating practical circumstances to improve the maintenance of medical devices, equipment and vehicles

- Training the health staffs on the operating and placing boards on the method of operation and maintaining the electricity sources
- Providing maintenance staff, reducing the routine for purchasing spare parts and encouraging the domestic market to provide them
- Adding the Item (training on maintenance of devices) to the procurement contracts and prolonging the maintenance period for several years

**10-getting past the security and tribal threats:**

- **Activating the Doctor and Employees Protection Law and placing its clauses on the corridors of health institutions**
- **Conducting educational seminar to curb the phenomenon of tribal arbitrations against the doctors, as the authority concerned with the complaints is the Ministry of Health not the doctor**

**Performance Monitoring and evaluation ( how can we guarantee success?)**

Diwaniyah Health Department has a division to manage the quality and evaluate performance, so in order to ensure the success of service delivery improvement Plan (SDIP), it is important to take the following steps

- Conduct ongoing 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 writing technical reports to decision-makers containing exact description of the problems and challenges and what is required, why and how.
- Making a solid database containing all the needed data provided that this data is updated on an ongoing basis,
- Making field visits to get opinions of the citizens and use these opinions as feedback.
- Monitor the citizens' complaints box at the Department in coordination with citizens' complaints office in the provincial council and the Office of the Governorate.
- Participating in the public meetings so that the department becomes close to the citizen.
- Developing plans based on actual need coupled with figures and tables to convince the decision-makers, especially after the transfer of jobs from the ministry and coordination with the Office of the Governorate and other service departments. This would allow the management to determine the actual and potential success and failure early enough to facilitate timely adjustments.



- The Diwaniyah Health Directorate Director oversees the implementation of the SDIP Plan and reports to the Development and Planning Council in the province (PPDC) the Governor's Office. They will provide strategic guidance on the effective implementation of the plan.

**The strategy pursued for the service delivery performance improvement plan for health sector**

**-1- reducing the morbidity and mortality rates for children under five.**

1-Paying attention to preventive matters such as the provision of vaccines on an ongoing basis throughout the year and the vaccination of those escaping the vaccination periodically

2-Issuing guidance to pay attention to the drainage channels on an ongoing basis in order to serve the environment and in line with the legislation on environment care.

3-Developing educational awareness programs regarding health for different segments of the society.

4-Showing interest in providing life-saving drugs on an ongoing basis throughout the year in sufficient quantities to avoid shortages that could arise

5-providing some medical supplies and devices such as respiratory resuscitation devices and accessories, such as the trachea tube.

**6- Securing proper and healthy food and water for citizens whether local or imported according to approved specifications:**

7. Stringent control on food imported from abroad with periodic and continuing examination.

2 - Providing proper and healthy food for schools, kindergartens and activating the school feeding and sensitive categories nutrition program.

8. Securing safe healthy food for children, pregnant and lactating women through developing and activating the role of health centers.

9. Taking food samples from domestic and imported foods and destroying foods unfit for human consumption.

10. Organizing seminars for shop owners and food factories.

11. Checking the workers and securing their safety from Communicable Diseases.

12. Paying attention to monitor drinking water supply for all regions through daily tests of water purification plants and monitoring the water purification plants and stations with RO technology.

**7- Elimination of neonatal tetanus disease.**

8. Strengthening the health prevention system through continuous vaccination campaigns for pregnant throughout the year.



9. Increasing the awareness campaigns about the seriousness of the disease and childbirth at home.
10. Continuing to follow up on pregnant escaping vaccination.
11. Educating midwives about the importance of delivery tools cleanliness and correct sterilization ways by conducting ongoing awareness sessions for them.
- 8- Continued control of childbirth wards and ensuring sterilization and hygiene mechanisms.

#### **-4 Controlling the communicable diseases according to the rations specified for the disease type**

- 1- Quarterly course for the laboratory, health, statistical and medical cadres.
2. Taking preventive measures for those in touch with the afflicted patients.
3. Quarterly course for the general community and civil society organizations on Communicable Diseases prevention.
4. Promoting the Communicable Diseases prevention system through the vaccination of children against measles, polio and trivalent vaccine.
5. Educating the citizens and the community on the dangers of these diseases and means of their spread and ways to prevent them.
1. Promoting the prevention against diseases transmitted by insects by conducting spraying activities.
2. Strengthening the role of school health in monitoring the transmission of disease among students and awareness campaigns for students and teaching staff

#### **. -5 Control of viral hepatitis.**

1. Strengthening the epidemic surveillance system against the disease through the campaigns of control of surgical theatres, the Blood Bank and open food shops.
2. Health education for citizens and workers of health institutions through health awareness programs.
- 3-increasing the percentage of coverage of viral hepatitis vaccine type B for categories prone to risks

#### **-6 Reduce the malnutrition diseases for children under the age of 5 years.**

1. Full breastfeeding for 6 months at a rate of 90% with continued breastfeeding for two years.
2. Correct handling the cases of dehydration and malnutrition caused by diarrhea.
1. health education and awareness of the dangers of children malnutrition diseases through ongoing family campaigns and programs at health centers and hospitals.

#### **7 reduction of administrative and financial corruption in the health system through the application of integrity strategies.**

1. Fighting financial and administrative corruption through the control, audit and inspection of health institutions and holding the defaulters accountable
2. Applying the ministerial laws, directives, regulations and instructions to everyone without exception.
3. Public awareness of health care sector personnel about the health system items and the foundations of the functional integrity through awareness programs, illustrative posters, and informative articles.
4. Announcing all tenders and appointments in the Department to spread the concept of transparency.
5. Developing streamlined mechanisms in conducting transactions.



6. Developing a program to evaluate the performance of employees.

**-8 developing the Infrastructure and level of services and environment of primary health care institutions sector to access high quality services**

1. Improving the level of health institutions buildings through the rehabilitation campaigns for damaged buildings.
2. Expanding the existing buildings and adding new suites to serve the need of the health center and updating the designs according to international health standards
3. Following up on and monitoring the improvement of primary health care sector institutions cleanliness.

**-9 Developing the health services (primary, secondary and tertiary) down "to good quality integrated for services for all citizen.**

1. Developing the provision of therapeutic services and improving the diagnostic and therapeutic radiology services.
2. Improving the services for patients with hereditary blood disease.
3. Developing the quality control system.
4. Strengthening capacity in the field of pollution control in health institutions.
5. Raising the level of laboratory services provided in health institutions and seeking to keep pace with the laboratory devices development by replacing the old appliances with modern ones.
6. Working to raise the efficiency of laboratory assistants by holding training sessions for them in the Central Public Health Laboratory of Diwaniya to keep pace with the work development
7. Working to create medical centers in various accurate medical specialties and working to develop the specialized medical centers currently existing "and supplying the needs for specialized hardware and specialized staff.

**10- Increasing the annual allocations.**

1. Approaching the relevant authorities to increase the department's specializations in line with the department's needs through the provision of estimates needed to carry out the activities required for the development of health work in the next five years.
2. Developing the financial and accounting systems through training those working on them.

**-11- Establishing, rehabilitating and developing emergency units at primary health care centers**

1. Opening smaller emergency units in all health centers, equipped with life-saving drugs and appliances with training special cadres on emergency action.



2. Creating and constructing the outpatient clinics at the emergency entrance to ease the crowdedness in emergency section and non-admission of simple cases.
3. Supplying the emergency suite and outpatient clinics with medical and office equipment and stores providing trained nursing staffs for them.
4. Maintaining and repairing the various emergency appliances.
5. Purchasing and installing an enteroscope for the purpose of diagnosis and treatment of different cases without resorting to opening the abdomen.
6. Raising the level of information of nursing staff working in the Emergency Division to provide the best nursing services in emergencies.
7. Expanding, developing, building and adding an extension to emergency unit and operations theatre, lounges and lobbies for the entry of men and women in the emergency theatre.
8. Rehabilitating the employees of the Emergency Section scientifically in terms of courses and business travels inside and outside the country and developing their work constantly.
9. Connecting the Emergency Section in all hospital departments to Internet for easy flow of information.
10. Loading the information of emergency cases, statistics and the entry and exit cards onto the computer for storing and documentation purposes.
11. Supplying the emergency Radiology Unit with fixed x-ray machines and maintaining and rehabilitating the building continuously and maintaining the sewage, water and electricity networks on a regular basis.

#### **12-developing the ambulance services**

- 1- Opening refreshment courses for staffs, two courses a year so that they acquire developed information.
- 2- providing a number of modern ambulances

#### **13-Securing staffs at all primary health care sector institutions to meet the future needs and developing them continually**

- 1- Securing the specializations of medical, engineering, administrative and service personnel for health centers that will be created in the future.
- 2- Distribution of medical and health cadres fairly in all health institutions, according to population density and the availability of the staffs.



3- Informing the Ministry of Health of the Department's staff status to state the need for medical and health specialists, residents and nursing staff.

4. Developing the scientific capacity of the medical and nursing staffs through the activation of continued medical and nursing education program.

**14-developing and expanding the IT software at all the institutions of the Ministry of Health and expanding the statistical database**

1- The electronic manpower program which includes making a solid database containing information of all employees of the Department of Health in accordance with the ministerial instruction

2- Expanding and updating the statistical database by computerizing the work of statistics units in our health institutions and using the Internet for the development of statistical work and conducting statistical research

**Prepared by the Control and Supervision Unit  
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