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من الشعب الأمريكي

**Governance Strengthening Project
(GSP)**

Diyala Health

Service Delivery Improvement Plan (SDIP)

Prepared by

Diyala Health Directorate

In cooperation with

GSP/Taqadum

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Diyala - Iraq

1.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 Diyala, and to empower 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 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 Diyala 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 the 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 Baquba.
 - 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.
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Administrative boundaries of Diyala Province



Diyala lies to the east of the capital, Baghdad, and located about 57 km away, with the Diyala River running through it. The river flows from Iranian territory and pours into the Tigris River. Diyala is famous for the cultivation of citrus fruits. The Baquba district is the provincial center and affiliated to it are the district of Balad Ruz and Muqdadiyah, which is famous for the cultivation of pomegranates, Khanaqin and Khalis. the province is also famous for Hamrin

Mountainous series and its beautiful basin. The province also houses Diyala Dam and Lake Hamrin

Executive Summary:

The mechanisms of analysis used in the review of the performance indicators of Diyala 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 health service provided to citizens, and as follows

Health Service management: The health service delivery management is considered as one of the important and impactive 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 impactive elements are the financial resources (investment and operational budget,) and human resources (starting from the health directorate's management and staff and workers of the health centers). 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 the 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.

2. challenges and problems facing the Diyala health department which would significantly contribute to the quality of service provided to the citizens:

Infrastructure: Diyala Health department is facing a major challenge with regard to buildings of health centers within the district of Baquba. In order that for every 10,000 inhabitants there is one health center according to the national standard, the Diyala Health Department needs to build additional 38 major health centers in the district of Baquba because the number of the existing major health centers is 21 centers bringing to 59 the total number of health centers

Moreover, there is a number of health centers in need of rehabilitation or destruction due to the outdated and unfit building. The other problem faced by the Department is that some of health centers are not owned by the health department but by Baquba municipality and this hampers rehabilitation or demolition and rebuilding.

The security situation: One of the main things and problems facing the health sector in the province of Diyala is the bad security conditions and that have led to the migration of a significant number of doctors who are now working outside the province, as well as poor security in some areas which led to the reluctance of the medical, health and administrative staff to work there, thus leading to non-access to health services like vaccination campaigns by some restive areas. this matter requires a serious handling of this problem and the need to find appropriate solutions for fear of a great imbalance taking place in the health services.

3. Phases of work on preparing the service improvement plan:

The Diyala 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 Diyala Health Department has relied on the use of measurements that have been collected in Baquba's first and second sectors with an emphasis on the most vulnerable aspects in order to develop impactive 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.

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 Diyala 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. 1 includes the standards used and pursued by Diyala Health Department.

4.progressive methodology

The SDIP 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?

1-5 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 Diyala 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:

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

First: SWOT analysis for Diyala Health Department:

Strengths :

- 1) existence of a high-standard administrative system tracking all the administrative controls in all the health institutions
- 2) Investing and managing the creative ideas in a good way to achieve the goals of creating a health information technique and establishing health information system competing against the global health information systems.
- 3) Material and moral support for all human resources and building health institutions that will serve the health system in the province
- 4) easy access to diagnostic and therapeutic services would lead to stronger health system.
- 5) an existing strategy plan for the construction and rehabilitation of primary care centers (primary and secondary)
- 6) providing curative and preventive services by opening medical patrols, health houses and mobile clinics in remote and outlying regions and areas
- 7) the presence of integrated care for the child health strategy (immunization, care).
- 8) The success achieved in the fight against the transitional diseases in general, and dealing with the epidemic outbreaks in particular.
- 9) the existence of rapid response teams for quick handling of any epidemic or emergency health problem
- 10) Improving synergies with relevant department and authorities and civil society organizations
- 11) Implementing some surveys that have helped provide the database required for health planning
- 12) Covering the hospitals in the primary health care methodology (creation of public health units and sections in each hospital)

Weaknesses

- 1) Lack of all medical staff (resident, gradation, practitioner, and specialist)
- 2) Scarcity of some health job titles such as (Laboratory assistant, radiologist, chemical, bacteriological, Computer Programmer, statisticians, accountants, maintenance technician, drivers, Assistant Dentist, assistant pharmacist, optician, storekeeper)
- 3) Lack of infrastructure specially lands on which the health centers are to be built.
- 4) Coordination between primary and secondary health care is still weak, especially with regard to the referral system.

- 5) Electronic health information system is still not at the required level in terms of data collection and analysis at the district level
- 6) 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) Problems related to environmental sanitation, whose effects reflected on the control of the transitional and non-transitional diseases, especially the school environment, thus affecting the school health services provisions and health of students
- 8) The budget does not match the actual requirement to upgrade the infrastructure
- 9) Maintenance service and medical devices methodology in health institutions are not at the required level
- 10) Managerial and supervisory skills of the staffs are still not at the required level
- 11) A need to reconsider the unified standards for health information systems that are commensurate with the reality of health work as well as health programs that are approved by the ministry
- 12) Health institutions managers are not familiar with the health information technology so that it can be acted upon

Threats:

- 1) poor security situation has led to increasing migration of doctors and health staffs to outside the province. Also the inability of the patient to reach the health institutions to obtain treatment 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.
- 3) Insufficient main health centers.
- 4) Lack of awareness among citizens about the nature of medical, health and preventive services provided to them.
- 5) The existence of problems in reaching remote areas
- 6) disproportionate distribution of health institutions and human resources
- 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) Demographic changes
- 8) The absence of a general census to be adopted in measuring the population density in order to achieve national health standards

Opportunities:

- a- Coordinating with international organizations in the field of supporting the roving health teams and civil society organizations in the field of citizens' awareness
- b- Finding groups of health volunteers from the society
- c- Attracting the foreign experiences to create cooperation in the field of health services
- d- High coordination with the College of Medicine/ Diyala University

Second, performance indicators:

Taqadam 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:

- 1- measurable quantitative 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 Al-Tahreer Second health center, Al-Tahreer First health center and Al-saray 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- infrastructure**
 - b- center's staff**
 - c- appliances**
 - d- medicines and vaccines**
 - e- budget**
 - f- laboratory's capabilities**

The service indicators have been provided at the level of the province's center including Baquba'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

➤ **Indicator of primary health centers coverage :**

After studying the data on the reality of coverage of service and infrastructure of health centers in the Baquba first and second sectors and based on the population of each sector, it is supposed that 50 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 21 health centers distributed to the first sector of Baquba (51 centers) and Baquba second sector (6 centers) thus Baquba district needs 38 centers.

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 low
- 2) Financial Issues: additional funds need to be allocated. 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: no impact on the gap
- 5) Capacity building: This impact of this element on the gap is low
- 6) Technical obstacles: no impact
- 7) Authorities: no impact on the gap
- 1) 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 high
- 2) 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
- 3) 10) Misuse of resources: no impact
- 4) 11) Maintenance and operation: the need to increase attention to the maintenance of buildings. The impact of this element on the gap is low
- 5) 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 medium
- 6) 13) Logistic support: no impact on the gap
- 7) 14) Others (internal displacement and migration): The internal displacement and migration due to the security situation has led to increasing population density in the regions into which they displaced have fled, thus increasing the gap. This impact on the gap is medium

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It has been evident from the explanation above that the following elements have the highest impact on the gap: 1) financial issues, 2) infrastructure, 7) coordination

#	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
1	Coverage of primary health centers One health center for every 10000 inhabitants	financial issues	Allocating funds from the operating budget to cover the needs of residential areas of health patrols to make up for the health centers’ services temporarily until the health centers construction is completed	The need to coordinate with the Ministry and the province to increase funds allocated for the construction of health centers from the Regional Development budget for the province and from the investment budget for the Ministry of Finance and setting transitional goals to secure the construction of health centers to bridge the gap in 6 years (end of 2020) to close the gap entirely taking into account the population growth rate of the province according to guidelines and in line with population density
		infrastructure	Assessing and identifying the health centers that need to be rehabilitated, with a time schedule for their rehabilitation	The need to prepare a plan by the governorate, municipal departments and urban planning for the purpose of allocation of land to suiting the Department of Health in the areas that need health services so that health centers can be constructed on these lands

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		coordination	Designating a coordinator from Diyala Health Department with the local government to follow up on allocating lands and health projects	Coordinating with the Ministry and Governorate to develop a long-term strategic plan to build health centers meeting the actual needs and bridging the gap
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Indicators of staffs working in the health center:

When examining the numbers of cadres working in the health centers in Baquba’s first and second sectors Baquba and comparing them against the national standard of the number of cadres supposed to be available in the health center so that they can work in accordance with the standards approved by the Ministry of Health, it has been established that there is an acute shortage of staff in addition to the poor distribution of cadres, Table 1 below shows the value of the indicator for the health and administrative staffs and the amount of the gap for each of them.

Staffs of health center	Value of indicator	Amount of gap
3 doctors for every 10000 inhabitants (2 males+ one female doctor)	%22	78%
One x-ray and sonar doctor for each center	%0	100%
six medical assistants for every 10000 inhabitants	%54	46%
2 pharmacist assistants for every 10000 inhabitants	%8	92%
One dentist assistant for every 10000 inhabitants	%1	99%
One laboratory practitioner for each center	%37	63%
4 Technicians/ laboratory assistants for every 10000 inhabitants	%10	90%
One optician for every 10000 inhabitants	%2	98%

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8 admin. assistants for each center	%9	91%
8 supporting and service staffs for each center	%70	30%

Table (1) represents the value of the indicator for health and administrative staffs

Elements causing the gap and the extent of their impact

1. Human Resources (health service providers): Have a high impact on the gap
2. 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
3. Infrastructure: a need to expand and rehabilitate some health centers. The impact on the gap is medium
4. supplies: a need to increase the quantity of furniture and service and medical appliances and also service cars. The impact of this element on the gap is medium
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 insufficient business travel inside and outside Iraq so that they can gain new ideas uplifting the health reality. The impact of this element on the gap is medium
6. Technical obstacles: no impact on the gap
7. authorities: no impact on the gap
8. Coordination: poor coordination between The Ministry of health and the Ministry of Higher Education to increase the number of colleges and seats to plug the shortage in the staffs specially the medical staffs, with the difficulty in obtaining the official approvals in transferring the staffs between the provincial health departments. The impact of this element on the gap is high
9. Political interventions: political interventions lead to poor distribution of medical, health and technical cadres and would affect the priorities in the distribution. The impact of this element on the gap is low.
10. Misuse of resources: inadequate distribution of medical and health centers for reasons related to the security or social conditions has led them being concentrated discriminately at the regions. the impact of this element on the gap is medium
11. Maintenance and Operation: no impact on the gap
12. security conditions: multiplicity of personal threats against the medical staffs and not protecting them has led the doctors to flee the province The impact of this element on the gap is high

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13. logistic support: a need to show attention to all the medical and health staffs by rewarding them and offering them letters of thanks and appreciation and holding continuous meetings with them to keep communicating with them. The impact of this element on the gap is medium

It has been established that the following elements have the highest impact on the gap: 1) human resources, 8) coordination and 12) security conditions

#	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	Human resources providing the service	Transferring and distributing the staffs according to the population density and the health centers’ needs in addition to enrolling the staffs in quick courses based on the health centers’ needs of specializations	Increasing the operating budget allocations to contract with staffs from inside and outside the country
		coordination		Coordination with the Ministry of Higher Education and the Commission of institutes to increase the number of seats allocated to the medical, health and nursing and administrative staff for the purpose of bridging the shortfall in personnel under a five-year well-thought plans in addition to granting scholarships to graduates of secondary studies to raise the academic level according to the department’s needs of job titles

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		Security conditions	Solutions outside the department's power	Solutions outside the department's power
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➤ **set of standards of medical appliances and other equipment at health center**

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 can deliver 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 Baquba.

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

Medical appliances and other equipment at the health center	Value of indicator	Amount of gap
One cardiograph	100%	0%
One fixe x-ray machine	28%	72%
One sonar	40%	60%
One dental chair	87%	13%
5 sterilization devices for each centers	45%	55%
One ambulance foe each health center	71%	29%

Analysis of elements having impact on the gap:

- 1) Human resources: the need to increase staffing working on the devices. The impact of this element on the gap is high
- 2) Financial resources: the need to allocate funds 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) Infrastructures. A need to increase facilities for using and accommodating the devices. The impact of this element on the gap is low
- 4) Supplies: a need to increase the number of devices accessory to medical devices like voltage regulators, generators and fuel. The impact of this element on the gap is medium

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5) Capacity building: the need to prepare technical medical and health staffs trained on the devices through development courses within and outside the country. The impact of this element on the gap is

6) Technical obstacles: no impact on the gap

7) Authorities: no impact on the gap

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 medium

9) Political interference: no impact on the gap

10) Misuse of resources: failure to paying attention to power supply when operating the devices sometimes especially 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 contract for the supply of appliances includes a period of maintenance for a year or more in some cases, still there is a shortage of technical personnel 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

It has been found from the explanation above that the following items have the highest impact on the gap: 1) Financial issues 2) capacity building 3) Human resources

#	standard	Order of basic elements 9which have been assigned score 3” high impact”) which contribute to reducing the gap value according to priority	immediate solutions	Long-term solutions
3	<input type="checkbox"/> Medical appliances and other	Financial issues	Allocating funds to purchase appliances and equipment from	Allocating amounts of money to secure the purchase of appliances,

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	equipment at the health center		available resources as well as coordinating with international and humanitarian organizations	equipment and ambulances and service cars from the investment plan and the regional development plan in coordination with the province and the Ministry of Health as well as securing funds for maintenance
		Capacity building	Enrolling the staffs in quick courses to work on the devices and equipment according to their respective specializations	Enrolling the medical, health, nursing and technical staffs in long-term development courses inside and outside the country to gain experience and skills and develop them according to their respective specializations
		Human resources		Approaching the Ministry of Higher Education to enrich the health Ministry with medical and health staffs to work on the devices according to their respective specializations as well as technical maintenance staffs

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a set of health service efficiency standards			
service	indicator	gap	National target
**immunization service (vaccine) for single measles)	%71	24%	
preventive services for children below five**			
Total number of visits	Number of children visiting the health centers is 19308 as a monthly average within Baquba district	n/a	Monthly target for the number of children below five is (8429)
Using the IMCI guide in the treatment of children below five	%75	25%	The program is applied in 19 main health centers only and is under development
Children below normal weight	%0,4	n/a	
pregnant care			
Total number of visits	Number of visits by pregnant as a monthly average is 4218	n/a	
Pregnant's first visit	Number of first visits by pregnant within Baquba district is 1039	gap 873	** national target 1912 visits as a monthly average
Pregnant's fourth visit	Number of fourth visits by pregnant within Baquba district is 820	1092 gap	** national target 1912 visits as a monthly average
Dental health (number of visitors)	9535 visitors being treated/ 9880 visitors as a monthly average=96%	n/a	%80 National target

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Referral service (number of referrals)	7281 referrals as a monthly average	n/a	7% Percentage of referrals as a monthly average
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Table 3 shows the performance indicators of health service for primary health centers

➤ **set of health service efficiency standards**

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

Elements having impact on the gap:

- 1) Human resources: severe shortage in the specialized medical and health cadres working on health programs to the fullest. The impact of this element on the gap 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 programs. The impact of this element on the gap is high
- 3) Infrastructure: lack of units working on these programs. There is a need to provide separate rooms for each program at the health center: The impact of this element on the gap is medium
- 4) Supplies: the need to provide requirements for the application of these programs, such as cold stores for vaccines, freezers and refrigerators. The impact of this element on the gap is low
- 5) Capacity building: the need to train staff working on the programs. The impact of this element 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 follow up on the field application of health programs and campaigns, and providing requirements of success of the programs in addition to the provision of vaccines from transfers between health departments: The impact of this element on the gap is low

- 9) Political interventions: 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: poor security negatively and significantly reflects on achieving the goal for vaccinated children and the application of health programs because of the exodus of citizens between the districts and also reflects on the lack of follow-up by the department of the health institutions. The impact of this element on the gap is high
- 13) Logistic support: the lack of material support for cadres working in the primary health care programs and non-disbursement of transport fares for dentists who are implementing the regular dental care program as full. This impact of this element on the gap is low
- 14) Other (poor awareness of citizen): lack or insufficient health awareness among citizens about the nature of health programs work at the centers negatively reflect on achieving the desired goal. This impact of this element on the gap is high

It has been established from the explanation above that the following items have the highest impact on the gap: 1) Human Resources 2) financial issues 3) capacity building 4) Other (lack of awareness among citizens)

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#	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
5	Set of health service efficiency standards	Human resources	Possibility of transferring redundant medical, health, administrative and supporting staffs from hospitals and health institutions to the health centers in addition to the service departments	Coordinating with the Ministry of Higher education and Commission of technical Institutes to increase the seats to cover the actual needs of our health institutions of staffs within a five-year plan and granting scholarships
		Financial issues	Providing material support by the ministry, governorate and humanitarian organizations to render the preventive programs a success (supporting the human cadres and purchasing service cars, fuel, equipment and necessary equipment)	Raising the medical service and health prices at the health centers symbolically so as to ensure the provision of funds to be owned by the department to cover the purchases of necessary appliances, equipment and service cars and hire staff from abroad & reconsider some laws, let’s say that the income earned by the health centers and hospitals go to the Ministry of Health instead of the Ministry of Finance

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				to provide financial revenue to be used by the department to support preventive and therapeutic programs for improving the situation of health services provided to the citizens.
		Capacity building	Training the staffs by the department's experienced staffs who have already been enrolled in course, and preparing an annual plan to conduct training course and seminars for human cadres and preparing special training material on the programs according to the Ministry's plan	Coordinating with the Higher Education Ministry to open medical specializations in the field of primary health care. Sending medical and health staffs working in preventive programs to outside and inside Iraq to leverage their academic standards and sharing experience to develop the programs and keep them running
		Other (lack of citizens' awareness)	Conducting awareness campaigns for citizens through television programs and media advertising and communicate with citizens through conducting field visits and support of civil society organizations working in this field and re-broadcasting the "health angles" show on Diyala Satellite Channel	Continuing the citizens' awareness campaigns especially for women and exploring innovative means to communicate the medical piece of information easily and clearly

Qualitative standards

Their indicators have been calculated through field visits to three primary health centers which are **Al-Tahreer Second health center, Al-Tahreer First health center and Al-saray health center**, with the score cards of appendix 2 being used for the first time in Baquba containing 6 sets of standards including most of the primary health service standards as follows:

- g- infrastructure
- h- center’s staff
- i- appliances
- j- medicines and vaccines
- k- budget
- l- laboratory’s capabilities

The table below represents the value of indicator and gap for each set of standards for each health center visited, with the general average of the value of indicator and gap for each health center.

Health center	population	infrastructure		Center’s staff		appliances	
		indicator	gap	indicator	gap	indicator	gap
Al-Saray health center	14625	%87	%13	%79	%21	%92	%8
First Al-tahree health center	55 thousands	%87	%13	%71	%29	%92	%8
Second Al-tahree health center	32 thousands	%100	%0	%67	%33	%88	%12

	Medicines and vaccines		budget		laboratory	
	indicator	gap	indicator	gap	indicator	gap
Al-Saray health center	%100	%0	%0	100%	%100	%0
First Al-tahree health center	%89	%11	%0	100%	%67	%33
Second Al-tahree health center	%100	%0	%0	100%	%83	%17

Health center	average	
	indicator	gap
Al-Saray Health center	%76	%24
First Al-Tahreer	%67	%33

Health center		
Second Al-Tahreer Health center	%73	%27

Through the above table and the indicators analysis we conclude the following:

1. The lack of a financial allocation like advances for health centers.
2. Infrastructure of the first Al-Tahreer center needs maintenance because the center's building is old
3. The first Al-Tahreer Health Center serves more than 55 thousand people and there is only one doctor at the retirement age as well as one dentist. This center needs support in terms of medical and administrative staff.
4. There is a severe shortage of some medical job titles in the three health centers such as laboratory assistant, laboratory practitioner and assistant pharmacist, as well as shortages of radiologists and sonar and this would enhances the analysis of the above quantitative indicators about the scarcity in administrative, medical and health staffs.
5. The list of medicines and vaccines is available very well and work on the national campaigns for vaccines is underway in full swing but needs support of its employees morally and materially

"2-5 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 the department, derived from the mission and vision of the 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 Diyala Health Department

Access by citizens of the best curative and preventive services

Message of Diyala Health Department

Providing integrated health institutions for health services

Goals of Diyala Health Department

- 1- rehabilitation and expansion of some of the health centers (9 centers) during a period of 3 years
- 2- land acquisition for the construction of health centers so as to ensure one health center per 10,000 inhabitants until 2020 (38 centers)
- 3- Preparation of trained medical and health cadres on all primary health care programs through a time schedule prepared for this purpose and in coordination with the relevant authorities
- 4- the provision of modern medical equipment for primary health care services, according to the gap indicated above within five years
- 5- promoting health awareness and health education in the community on an ongoing basis through health promotion programs in health centers and through the, audio-visual media and coordination with civil society organizations for this purpose
- 6- Increasing the numbers of medical and health staffs through coordination with the Ministry of Health and Ministry of Higher Education according to the gap indicated in the tables above and ensuring necessary supplies so that they can access the remote areas of the province.
- 7- preparing sufficient medical and technical staffs to work on medical appliances and maintaining them periodically
- 8- Increasing the revenues of the health offices by 15% in the three years to come to provide income helping in providing better services

3-5 How can we get there?

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

- 1- 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.
- 2- Determining the priority of the elements influencing the gap in services through their power of influence.
- 3- Developing the proposed immediate and long-term solutions to address the elements impacting the gap in order to reduce the gap.
- 4- The results of the analysis which represent the proposed immediate and long-term solutions will be inputs to prepare the plan for improving the respective service in the province.

The Diyala health department has adopted the use of measurements collected in the 16 administrative units with a focus on the most vulnerable units in order to develop effective 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 helping to identify the right, realistic and executable solutions to reduce the gap and improve the service.

"4-5 "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 Diyala 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 Diyala Health Directorate, with the preparation of quarterly and annual progress and performance reports. The Director General of Diyala 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) For the purpose of encouraging medical staff to work in remote areas by giving them a priority in the higher studies and providing material support through a bonus in addition to providing housing for them (doctors house)**
- 2) Seeking to develop a plan to train medical and health personnel on preventive programs inside and outside the country in the long term, and training the cadres by the experienced cadres of the Directorate who were previously enrolled in sessions in the near term**
- 3) Benefitting as much as possible from international organizations for the purpose of increasing support for health services in the province**
- 4) Continuous coordination with the local government in the province for the construction and rehabilitation of health centers and supporting health programs**
- 5) Continuous communication with the Ministry of Health to monitor variables and updates**
- 6) Coordination with Higher Education Ministry to provide medical and health personnel required for health institutions**

Conclusion

The Diyala Health Department is running its business efficiently and impactively in order to provide the best services to the citizens using the available capabilities through a realistic strategy for the disbursement of resources through the development of realistic feasibility studies for the projects to be implemented to reduce the gaps in the service standards and thus ensuring the best services. The Department of Health in the province must be enabled to find funding resources to supplement its operating budget and also help it in the application of existing laws to protect the infrastructure from intentional sabotage.

appendixes

Appendix 1 model of standards adopted by Diyala health Department

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#	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
		1. One main health center for every 10000	Conformity of description of standard	B total number of health centers	Number of centers currently existing at center's district	number
				$100 \times \frac{B}{A} = \text{indicator calculation}$		%
2	Staffs working at health center	This standard represents that the number of its staffs should be sufficient to provide basic health services: enghtening Project	%	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	

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		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				
		One dentist for .3 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				
		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/lab oratory				

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		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	
		1. medical appliances		B- number of active appliances in the health centers	Number of currently active appliances at the health centers	
		a- one cardiograph				
		b- one fixed x-ray machine		$100 \times \frac{B}{A} =$ indicator calculation		
		c- one sonar				
		d- one dental chair				
		e- 5 sterilization devices for each center				
					Conformity of description of	

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			standard	
		. 4 One ambulance for each center	%	
4	Coverage of health services	This standard represents the extent of efficiency of health services, and is represented by:		
		1. Immunization service (measles vaccine)		A. percentage of vaccinated children (number of vaccine recipients/ children below one year* 100 B. national target (%90) Gap measurement: standard(national target)- indicator(percentage registered at sector/ department
		2. treatment of children below five		a- number of visits registered at the center/ sector monthly b- national average of visits Gap measurement: standard(national average of visits)- indicator(registered number of visits
		a- total number of visits		
		b- those having diarrhea and treated using IMCI guide	%	a- percentage of treatment using IMCI (number of children treated with it/ total number of children having diarrhea and treated in the center) b- national target/ national average Gap measuring:A-B
		c- those afflicted with cure respiratory infections and treated using IMCI guide		percentage of treatment using IMCI (number of children treated with it/ total number of children having respiratory infections and treated in the center) b- national target/ national average Gap measuring:A-B
		d- children below		percentage of .A children below normal weight as registered/ Gap measuring:A

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		normal weight	number of these children/ total number at the area/sector	
			b- national target/ national average	
		3. pregnant care		Gap measuring:A-B
		a- total number of visits	a- number of visits recorded in the center/ sector monthly	
			b- national average of visits	
		b- pregnant's first visit	a- percentage or number of visits registered in the center/ sector	Gap measuring:A-B
			b- national target or national average	
		c- pregnant's fourth visit	a- percentage or number of visits registered at the center/sector	Gap measuring:A-B
			b- national target or national average	
		4. school health(number of beneficiary students)	a- percentage of beneficiary students(number of beneficiary students/ number of students enrolled in schools belonging to the center or sector)	Gap measuring:A-B
			b- national target or national average	
		5. dental health(number of visitors)	a- number of service visitors at the center	Gap measuring:A-B
	b- national average			

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				of number of service visitors at the center	
		6. chronic diseases(number of visitors)		a- number of service visitors at the center	Gap measuring:A-B
				b- national average of service visitors at the center	
		7. referral service(number of referrals)		a- number the center’s monthly referral cases	Gap measuring:A-B
				b- national average of referrals	
		8. availability of laboratory tests: a- (blood percentage test for pregnant) b- Hepatitis b+c		a- percentage of pregnant whose blood percentage has been tested or the number of those intending to marry and whose Hepatitis has been tested	Gap measuring:A-B
				b- national average	

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 at the center	1-medical units: 3 doctors for every 10000 inhabitants(2 males + one				

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	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				
	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 admini. assistants for each center				
	7- administrative staff: 8 admini.				

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	assistants for each center				
appliances	1- one cardiograph				
	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				

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	their cabinets.				
budget	Financial allocations for the center are sufficient				
laboratory	Area of laboratory				
	Available basic tests as per the Ministry's standards				