



العراق | **USAID**
من الشعب الأمريكي

**Governance Strengthening Project
(GSP)**



Kirkuk Health

Service Delivery Improvement Plan (SDIP)

Prepared by

Kirkuk Health Directorate

In cooperation with

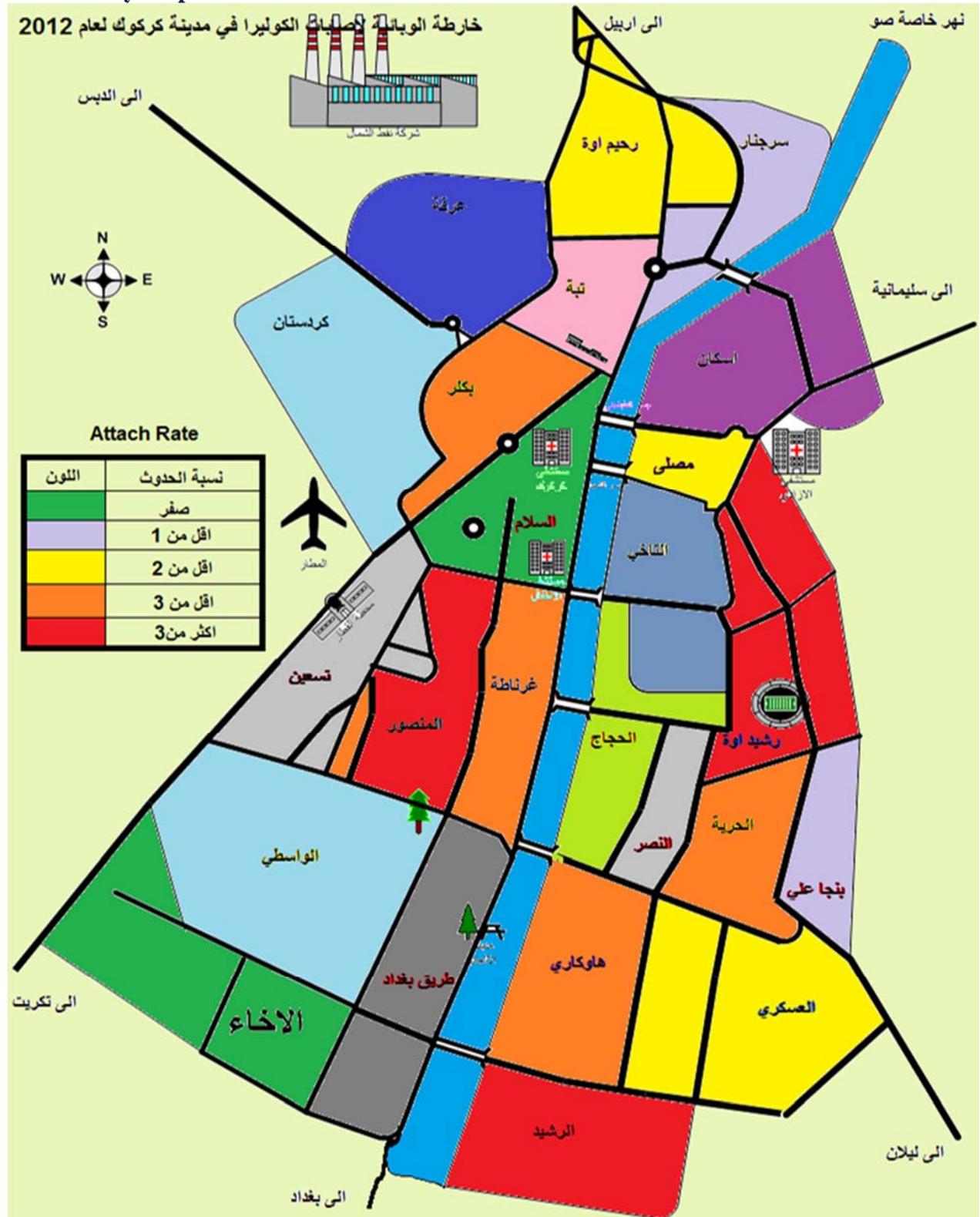
GSP/Taqadum

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Kirkuk - Iraq

Plan for improving primary health care services delivery

Kirkuk City Map

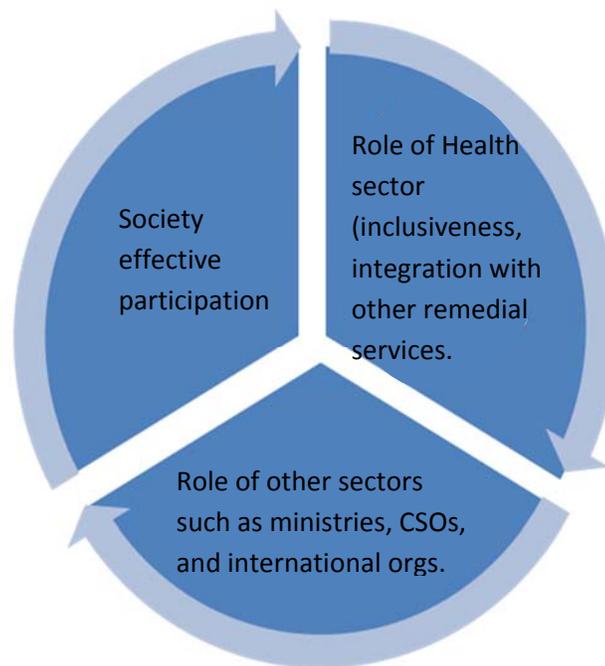


1- Introduction

Introduction

Primary Health Care is the comprehensive and basic health services affordable to all individuals and families in all communities, based on means and techniques that are valid practically, scientifically sound and socially acceptable, with the full participation of the community and its members, at costs that can be affordable to the community and the states at each stage of development.

The primary health care constitutes the effective basis for the provision of health services to citizens, in a comprehensive and integrated manner, according to scientific and practical grounds, and deals with the geographical areas where citizens are living, to ensure access to the preventive and curative services to all of these areas, and to promote the health of the community, which is the main issue of health development. The primary health care is based on three main roles which can be in total summarized in the following chart:



Health care services are often provided at three levels:

First level: primary health care centers that must be deployed in each local community even if it is small (primary care)

Second level: suburban hospitals (sub-districts) and birth centers in different regions (secondary care)

Third level: Central specialized hospitals in the main cities (tertiary care)

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The Service Delivery Improvement Plan (SDIP) 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. It aims to improve services to help Kirkuk health department in addressing issues related to improving its performance and providing better primary health care services to the citizens. In addition, this plan is based on Kirkuk first and second sectors for Primary Health Care which both represent the center of the city of Kirkuk.

The improvement plan consists of two phases:

Phase 1: analyzing, studying and evaluating the current status of the health sector in Kirkuk's first and second sectors for primary health care provided in the previous period.

Phase 2: coming out with a plan to improve the provision of services (SDIP) to address the issues related to the provision of primary health care services performance and to provide immediate and long-term solutions to the deficiencies, if any.

2. Executive summary

The analysis mechanisms followed in reviewing the performance indicators of Kirkuk's first and second sectors for the Primary Health Care in the provision of the service, compared with the national standards and preference according to the direct impact on the performance indicators to ensure the quality and continuity of service and response to citizens' complaints, have yielded a set of basic elements and also provided immediate and long-term solutions that would improve the service provided to citizens and as follow:

Management of health service: the health services provision management is considered as an important and effective element in the development of community's health, which reflects positively on the community's healthy and economic growth, while the lack of the service would adversely impact the public health of the community. The service management is based on vital elements that must be invested efficiently and effectively to deliver integrated and high quality service to the citizens. Among the elements that have the most impact are:

1. **Financial resources** (investment and operating budget and the effective use of revenues generated).
2. **Human Resources** (starting from the Department's management, the engineering staffs and workers of projects).
3. **Available resources of supplies** (medical and health supplies and ambulances).

So, the financial resources are one of the important elements but not the sole element governing the service provision since the management of human resources through the organized operations and advance planning as well as optimal investment of available resources of supplies would achieve the required impact and reach the goals of the department and the local government as well as the strategic objectives of national development.

It is worth mentioning that the department's integrated financial planning with the rest of the services sectors, as well as integration in drafting the operating budget in line with the drafting of the investment budget would bring positive impact and ensure efficient operation and sustainability of vital projects.

3. progressive methodology

The (SDIP) includes the following questions:

1. Where are we now?
2. Where do we want to be?
3. How can we 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 status of the performance of primary health centers belonging to the Health Department of Kirkuk, and is measured against the key performance indicators. The data of "Where are we now?" Can be accessed using the relevant technologies, namely:

First: SWOT analysis through diagnosing the strengths- weaknesses- opportunities-threats.

Second: key Performance indicators analysis-These two techniques help understand and summarize the Directorate's environment and performance.

4. stages of primary care services improvement plan development

First: SWOT analysis

SWOT analysis helps identify short, medium and long-term realistic goals with a view to:

- Rectifying the weaknesses
- enhancing the strengths
- preventing the threats
- seizing the opportunities

Strengths:

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1. The existence of effective primary health care programs covering the majority of curative and preventive services required to be provided to citizens that are applied and implemented in the sectors of health institutions (the Kirkuk first sector, the Kirkuk second sector).
2. The existence of local plans based on centralized and created plans which are modified to suit the mechanism of applying the programs in the health institutions and including all normal and emergency cases for different aspects of the service.
3. The presence of medical, health, nursing laboratory and technical staff who are trained and experienced enough to ensure delivery of curative and preventive services.
4. Dedication of medical, health and nursing staffs constantly in providing the best curative and preventive services, despite the obstacles they face, especially the war on terrorism and the displacement of 250,000 people to Kirkuk.
5. Continuing to establish specialized hospitals and health centers for the purpose of increasing and developing medical and health services.
6. Providing medicines and vaccines to primary health care sectors on an ongoing basis.

Weaknesses:

1. Primary Health Care centers existing in the first and second sectors of Kirkuk for Primary Health Care does not fit with the number of population in the geographical area where the population was (800.000) in 2014 and the number of health centers was (30). There are primary health centers serving a large proportion of population exceeding (60,000) inhabitants such as the Al-Hurriya Primary Health Care Center.
2. The presence of a noticeable shortage in the number of medical, health and administrative personnel working in primary health care centers, which leads to poor delivery of services and the implementation of preventive and curative programs in health centers for example the number of doctors working in the primary health care centers of the Kirkuk Department of Health / first and second sectors of Kirkuk for primary health care is (164) which is not commensurate with the population density of the geographical area and so is the case for all health and administrative personnel working in the health care centers
3. Some medical, health and nursing, laboratory and technical staff need re-training or basic training.

Available opportunities:

- 1- There is an unlimited support from the governor of Kirkuk to the Department of Health in order to provide better health service to the citizens (as he himself is a doctor).
2. There is a good support from the chairman and members of the Kirkuk Provincial Council to the Department of Health.
3. A noticeable support from the United Nations organizations involved in health (especially the World Health Organization and UNICEF) as well as by the US Agency for International Development (USAID) and other world organizations, and some civil society organizations in Kirkuk.
4. The existence of an active support from the media, religious leaders, educational supervisors, and teachers to the Department of Health in securing community mobilization for the implementation of primary health care programs.

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5. The existence of the Petro-dollar budget which could be utilized for the development of infrastructure.

Threats:

1. The presence of more than 250,000 displaced people in Kirkuk not accommodated in camps but scattered in all neighborhoods, has affected the health services delivery in Kirkuk through:

A- The doubling number of health institutions visitors has led the services to be provided by the same number of cadres at the health institutions and thus these staffs are under daily stress.

B- Inadequacy of medicine and health supplies especially that the Ministry of Health is providing the medicine to the province depending on the population of the province before 2014 and has not been allocated an additional quota for the province to account for the displaced persons fleeing the provinces under the grip of terrorism.

C- likelihood of transfer of Communicable Diseases to the province of Kirkuk, such as leishmaniasis, grain of Baghdad, measles and hepatitis Alviriose diseases since noticeable numbers of the displaced have come from infected provinces and have contracted such diseases.

D- The federal government has not allocated any amounts to the province of Kirkuk from the emergency budget for the purchase of medicines and living supplies for the displaced.

2. Lack of investment budget for the years 2014 and 2015, and insufficient operational budget.

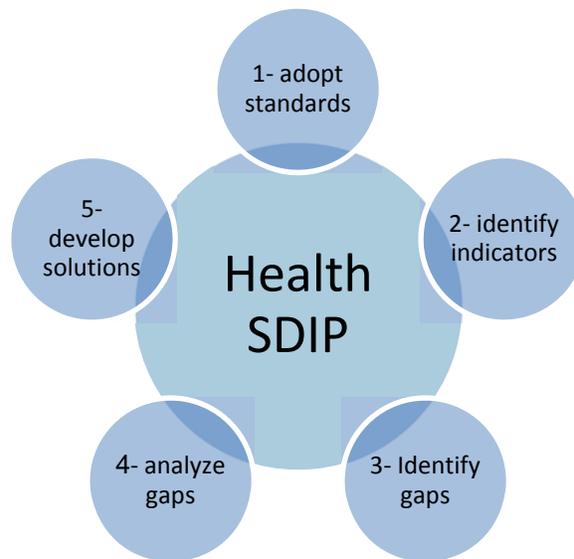
3. The presence of environmental contamination due to the presence of the two Northern Oil and North Gas companies and Laylan Cement Plant and other pollutants, adversely impacts public health.

3. Inadequate community awareness about primary health care programs carried out in health institutions, and the community's role in the success of the programs, as well as how to control the transitional diseases.

4. No unified media channel for the province targeting all the community components of Kirkuk to communicate the Department's messages to the community.

5. Lack of lands in sufficient areas in regions that need health centers

Second: Key Performance indicators analysis



The Kirkuk health directorate in collaboration with Taqadum program funded by the US Agency for International Development (USAID) has been pursuing national standards and then measuring the indicators on the basis of these standards so that the Directorate is able to complete the gap analysis model which has been proposed by Taqadum program to actively contribute in the gap analysis. The importance of the gap analysis model 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 index of services provided to citizens compared with the benchmark.
2. Determining the priority for the elements influencing the gap in services through their power of impact.
3. Developing the proposed immediate and long-term solutions to address the elements impacting the creation of 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 prepare the plan to improve the respective service in the province.

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The Kirkuk Health Directorate has used the average of measurements that have been collected in Kirkuk's first and second sectors 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 the immediate and long-term solutions. The successful use of the model will lead to accurate results helping identify the right, realistic and executable solutions to reduce the gap and improve the service. It include analysis of (14) elements associated with one of the above mentioned service standards relating to administrative, legal, financial, and technical aspects, and after completing the analysis the weakness or deficiency in each element and proportion of its impact on the gap were identified, and subsequently the element having the most impact on the gap was chosen. The Kirkuk Health directorate has identified these elements and developed immediate and long-term solutions that effectively contribute to the reduction of the gap value.

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

1. Measurable quantitative standards that include four basic standards covering most of the primary health service, as follows:

a. Covering the primary health centers, one health center for every 10,000 inhabitants

B. Cadres working in the health center

C. Medical and other devices at the health center

D. Health services provided by the health center.

2. Qualitative standards whose amount of indicators have been calculated through field visits to three primary health centers, Al-Akha' Health Center, Al-Rasheed Health Center in Dumez area and Bader Health Center in the 1 June area, with (Score Cards) being used for the first time in Kirkuk, which include six sets of standards including most of the primary health service standards and as follows:

a. Infrastructure

B. Staffs operating in the center

T. Appliances

W. Medicines and vaccines

C. budget

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H. Laboratory

The service indicators have been provided at the provincial center level including Kirkuk’s first and second sectors.

The performance indicators have been reviewed against the standards while diagnosing the vulnerable areas and determining the value of the gap and making recommendations that would contribute to improving the performance of service delivery across the province.

Standard 1: Covering the primary health care centers

They cover Kirkuk’s first and second sectors for primary health care:

A- 30 main primary health care centers.

B- 5 medical patrols (Technical Institute, Temporary holding centers, home for the elderly, juvenile prison, disciplinary prison)

The construction of the projects below has been completed but there has been a delayed supply of furniture and medical equipment due to the lack of budget for primary health care centers in neighborhoods (March 1, Barodjanh, Ronaka, Al-Urooba) which need to be furnished and equipped)

The table below shows the numbers of primary health care centers belonging to Kirkuk’s first and second sectors for Primary Health Care as a proportion to the population density in the geographical area of the two sectors

#	Primary health care Sectors	Population density for each sector	Number of main actual health centers de facto for each center	Number of standard main health centers for each sector (assuming that each center serves 10000 inhabitants)	Deficiency in main health centers	indicator%	gap%
1	Kirkuk’s first sector	356522	17	$36 = \frac{356522}{10\ 000}$	19	%47	%53
2	Kirkuk’s second sector	440606	13	$44 = \frac{440606}{10\ 000}$	31	%30	%70
	Total	797128	30	$80 = \frac{797128}{10\ 000}$	50	%38	%62

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Gap analysis:

1. Human resources: The impact of the gap is low
2. Financial issues: lack of operating budget and investment budget and regional development budget impacts the gap significantly.
3. Infrastructure: Insufficient number of health centers that cater to the needs of citizens, according to the population density in the first sector of Kirkuk: 91 health centers and a shortage in Kirkuk’s second sector, (31) health center.
4. Supplies (lack of equipment, devices, materials, fuel, generators, and furniture): Insufficient budget impacts the gap significantly, as it has not been possible to furnish four main health centers and a fully constructed hospital with furniture construction and medical devices.
5. Capacity building: would not impact the gap significantly.
6. Technical obstacles: Their impact on the gap is medium in terms of the failure to provide land plots
7. Authorities (introduction of other administrative, financial, legal, technical authorities): Their impact on the gap is low in terms of the lack of absolute powers of approving the establishment of health centers without reference to the ministry.
8. Horizontal and vertical coordination: This does not impact the gap
9. Political interventions: They do not affect the gap.
10. Misuse of resources: old buildings and inadequate space of health centers and medical units to cover the required medical service to the residents. The impact of this on the gap is low
11. Maintenance and Operation: poor maintenance and supplies of buildings. The impact on the gap is low
12. Security conditions: They do not impact the gap in the center of Kirkuk.
13. Logistic support: It does not impact the gap.

Immediate and long-term solutions

standard	Elements causing the gap	Immediate solutions	Long-term solutions
Coverage of primary health centers	Financial issues	Coordinating with the Governorate of Kirkuk and the provincial council to ensure financial support to supply the fully constructed centers with furniture, appliances when the Regional development budget and petrodollar for the four health centers are	Ensuring the financial support to build health centers in coordination with Kirkuk Governorate and provincial council.

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		received.	
	infrastructure	Coordinating with Kirkuk municipality to ensure a land plot of required area to build health centers in Al-Huriya, Arafa, sarchanar, Teachers' neighborhood and Rahimawa	Building health centers in the areas with high population density in Kirkuk's first and second sectors
	supplies	n/a	Ensuring financial support to purchase medical appliances, equipment and others for primary health centers

Standard 2: staffs working at health center

Kirkuk's first and second sectors are suffering from a noticeable shortage of staff required to discharge the daily business and apply the primary health care programs.

#	Job description	Required number		Currently existing at Kirkuk's first and second sectors	shortage	increase	Indicat or calcula tion	gap
		standard	The requir ed					
1	doctor	3 for every 10000 inhabitants	240	76	164		%32	%68
2	dentist	1 for every 10000 inhabitants	80	46	34		%58	%42
3	pharmacist	for every 20000 inhabitants	40	15	25		%38	%62

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4	x-ray and sonar doctor	1 for every health center	30	2	28		%7	%93
5	Male nurse	1 for every 10000 inhabitants	80	221		141	%276	#
6	Female nurse	1 for every 10000 inhabitants	80	35	45		%44	%54
7	Medical assistant	6 for every 10000 inhabitants	480	96	384		%20	%80
8	Assistant pharmacist	2 for every 10000 inhabitants	160	8	152		%5	%95
9	Assistant dentist	1 for every 10000 inhabitants	80	2			%2.5	%97.5
10	Laboratory assistant and pathologist	4 for every 10000 inhabitants	320	162	158		%51	%49
	optician	1 for every 10000 inhabitants	80	2	78		%2.5	%97.5
	Admin. assistant	8 for every health center	240	48	192		%20	%80
	Service and supporting staff	8 for every health center	240	59	181		%25	%75

the nursing staffs are currently doing the jobs of medical assistants at the health centers

Gap analysis

1. Human resources: lack of adequate number of doctors and health and nursing cadres who are not distributed in a way that plugs the shortfall in the health centers. This has much impact on the gap
2. Financial issues: lack of additional financial allocations given to doctors, health practitioners and health staff working in the implementation of primary health care programs. This has much impact on the gap.
3. Infrastructure: This does not impact the gap
4. Capacity building: a significant shortfall in the number of graduates of medical preliminary and specialized studies especially family medicine in a way that would not cover the primary health care needs. This has much impact on the gap.
5. Authorities (introduction of other administrative, financial, legal, and technical powers,): This has much impact on the gap
6. Horizontal and vertical coordination: No impact on the gap
7. Misuse of resources: non-distribution of medical and health workers at health institutions. This greatly impacts the gap
8. Political interventions: This has a medium impact on the gap.
9. Maintenance and Operation: This does not impact the gap.

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10. Security conditions: This has a low impact on the gap in the city of Kirkuk (some doctors may be exposed to the threat of abuse, kidnapping and murder for multiple security, sectarian and criminal reasons).
11. Supplies: This does not impact the gap.
12. Technical obstacles: This does not impact the gap.
13. Logistic support: This does not impact the gap.
14. Displacement and Migration: This significantly impacts the gap as the displaced to Kirkuk are currently deployed throughout the city, giving a negative impact on the quality of service delivery in terms of the inability of the staff to provide the services.

Immediate and long-term solutions

standard	Elements causing the gap	Immediate solutions	Long-term solutions
Staffs working at health center	Human resources	Assigning the staffs who have completed one actual service year in the health insurance areas to work inside the city of Kirkuk as needed provided that this would not affect the service delivery at gradation areas (villages and rural areas.)	Delegating to the director general of Kirkuk health department the power of contracting to plug the shortfall in staff.
	Financial issues	n/a	Coordination with the Ministry of Finance in order to determine additional financial allocations for: A Family Physicians B practicing doctors C radiologists and sonar D staffs working on the application of primary health care programs C. rare staffs such as radiographer
	Capacity building	n/a	:First: opening rehabilitation course for:

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			<ul style="list-style-type: none"> a- doctors to work as family doctors b- sonar doctors c- nursing staffs to work as radiographers d- nursing staffs to work as assistant dentists <p>Second: asking the Health Institute in Kirkuk to graduate assistant pharmacists, radiographers and other specializations</p>
	Misuse of resource	Keeping the displaced in certain locations (camps) or caravans to follow up their health conditions and opening a primary health care center for them.	Redistributing the staffs according to the structure and the need of the health centers in Kirkuk.
	other (displacement and migration)	n/a	Keeping the displaced in certain locations (camps) or caravans to follow up their health conditions and opening a primary health care center for them.

Standard 3: medical and other appliances at the health center

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#	Name of appliance	Required number		Currently existing at Kirkuk's first and second sectors	shortage	increase	Indicat or calcula tion	gap
		standard	The requir ed					
1	cardiograph	1 for each health center	30	20	10		%66	%34
2	fixed x-ray machine	1 for each health center	30	5	25		%17	%83
3	sonar	1 for each health center	30	14	16		%47	%53
4	Dental chair	1 for each health center	30	32		2	%107	
5	Sterilization device	1 for each health center	150	41	109		%27	%73
6	ambulance	1 for each health center	30	6	20		%44	%56

Gap analysis

- 1- Insufficient number of health and nursing staffs qualitifed enough to work on medical appliances. This would significantly impacts the gap for example, when there are one sonar device and one cardiograph but both are unused.
- 2- Financial issues: insufficient allocations to staffs working on devices and financial allocations which are not enough to purchase the appliances. This would significantly impacts ensuring the medical devices
- 3- infrastructure: It does not impact the gap
- 4- Capacity building: presence of health and nursing staff members who are not trained on using and maintaining the medical appliances at health centers. Though there is one, but it is not being used.
- 5- Authorities (Introduction of financial authotities): This would have a medium impact on the optimal use of the appliances
- 6- Horizontal and vertical coordination: This has no impact on the gap
- 7- Misuse of resources: a low impact on the gap
- 8- Political interventions: no impact on the gap
- 9- Maintenance and operation: This has a medium impact on the gap due to the insufficient number of maintenance workers at the health centers. In spite that appliances are available, some of them are out of order.
- 10- Security conditions: no impact on the gap
- 11- Supplies: high deficiency of appliances, thus significantly impacting the gap
- 12- Technical obstacles: no impact on the gap

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Logistic support: no impact on the gap -13

Immediate and long-term solutions

standard	Elements causing the gap	Immediate solutions	Long-term solutions
Medical and other appliances at health center	Financial issues	n/a	Allocating additional funds from the regional development budget and petro-dollar to purchase medical appliances to plug the existing shortage and provide projects ' future needs
	Human resources	n/a	Allocating job titles for maintenance and operation and training them on the use of modern appliances
	supplies	Transferring the appliances from hospitals to health centers if there is surplus	Organizing the projects for purchasing the required appliances from the regional development budget and petro-dollar when received
	Capacity building	Training the health and nursing staffs on the use of existing appliances in terms of preparing specialist and development course regularly	Allocating courses on maintenance, operation and training on the use of modern devices

Fourth indicator: health services coverage

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

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#	Type of service	required percentage	Number of targeted people	the number in 2014	Indicator calculation	gap
1	Immunization service Vaccination with measles vaccine	%90	26923	21765 have been vaccinated	%80.8	9.2 %
2	Visits of children under five	%80	110801	52361 people who had their visits registered	%47	%33
3	using IMCI guide	%80	110801	67025 who were treated using the guide	%60.5	19.5 %
4	Children below normal weight	There is no national target	110801	2236 children below normal weight	%2	
5	Pregnants' first visit	%80	27899	17853 first visit pregnant	%64	%16
6	pregnants' fourth visit	%80	27899	13972 fourth visit pregnant	%50.8	29.2 %
7	Dental care Regular dental care					
8	Referring children under five to hospitals	No national target	110801	3954 have been referred	%3.8	

Gap analysis

1. Human resources: the significant shortage of medical and health personnel working in the implementation of health programs has a significant impact on the gap
2. Financial resources: the lack of allocations for employees working on the application of health programs has a medium impact on the gap
3. Infrastructure: the deficient number of health centers and the presence of health centers serving a large number of citizens have a medium impact on the gap

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- 4. Capacity building: it has a significant impact on the gap
- 5. Authorities: the lack of authorities to allocate allowances for employees working on health programs implementation has a medium impact on the gap
- 6. Horizontal and vertical coordination: poor coordination with the World Health Organization, UNICEF and other organizations has a low impact on the gap
- 7. Misuse of resources: non -distribution of staff according to the structure, need and equality in the distribution of rewards have a medium impact on the gap

- 8. Political interference: has no impact on the gap
- 9. Maintenance and operation: has no impact on the gap
- 10. Security conditions: have no impact on the gap in Kirkuk
- 11. Supplies: have no impact on the gap.
- 12. Technical obstacles: have no impact on the gap
- 13. Logistic support: lack of allocations to transfer those assigned field duties, such as the vaccination teams charged with following up on those declining to vaccinated and dentists charged with organized dental care of students and the lack of rewards have all a medium impact the gap

14. Other:

A- Weak awareness of citizens of health awareness about the importance of health programs would negatively reflect on achieving the desired goal. This has a medium impact on the gap

B- Doubling numbers of health centers visitors because of the large numbers of displaced people in the city of Kirkuk lead to an increased burden on the staffs and thus leading to poor implementation of the programs to reach the desired goals and this has a significant impact on the gap

standard	Elements causing the gap	Immediate solutions	Long-term solutions
Medical and other appliances at the health center	Human resources	Re-distributing the staffs to the health centers according to the structure and need	Coordinating with the Ministry of Health to: <ul style="list-style-type: none"> a- enrich the department with additional medical, nursing, health and laboratory staff b- determining job description to appoint technicians, administrators and service personnel c- ensuring central capacity building training course

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	infrastructure	n/a	Geographic areas for the centers that serve large numbers of citizens
	Capacity building	<p>Coordinating with the UN organizations and international organizations to ensure the following:</p> <ul style="list-style-type: none"> a- material support for field campaigns to follow up on those escaping the vaccination and care visits b- material support for those working on primary health care programs at health centers whose coverage percentage with this service low c- material support for training course to develop the capacities of those 	Regular and periodic training course

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		<p>working on program implementation</p> <p>d- Printing and distributing health messages and promotional materials for the services provided to the citizens</p>	
	<p>Displacement and migration</p>	<p>Coordinating with the UN organizations and international organizations to ensure the following:</p> <p>a- Vaccinating the displaced and registering the visits of pregnant and children according to the national tables.</p> <p>b- providing nutrients treating malnutrition</p> <p>c- printing and distributing</p>	<p>Keeping the displaced in specific locations (camps) or caravans to follow up on their health condition and opening a primary health care center for them</p>

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		<p>health messages and promotional materials for the services provided to the citizens</p> <p>d- providing mobile clinics in sufficient numbers to provide curative and preventive services to the displaced and citizens</p>	
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Third: field polls

Field polls are visits to the health centers and identify the reality of services provided to the citizens and the problems and obstacles facing them and the staff of the center. Three health centers have been chosen randomly to identify the reality, with the international standard being matched against the population density to identify the percentage of gaps existing at the health center and the health sector

1. Al-akha' primary health care center

The number of population of the geographic area served by the health center is 17602 inhabitants in 2014. The percentages of evaluating the health center as per the qualitative assessment form indicated in the below appendix were as follows:

Name of standard	Assessment %	Gap %
infrastructure	%89	%11
Center's staff	%79	%21
appliances	%88	%12
Medicines and vaccines	%100	N/A

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budgets	%100	N/A
laboratory	%100	N/A

GAP ANALYSIS

1. Infrastructure: a shortage of drinking water facilities quite often as it is supplied by night with no night guard to run the pumps, causes a lack of supplies. There is a waiting room in the center but not equipped with an air-conditioner, just ceiling fans.
2. Working staff: no developer and radiographer, there is an assistant pharmacist only and no pharmacist, with only one laboratory assistant not four.
3. Appliances: There is no x-ray machine at the health center and the sonar device is not used due to lack of trained personnel to operate it efficiently and correctly

2. Badr primary health care center

The number of population of the geographic area served by the health center is 23210 inhabitants in 2014. The percentages of evaluating the health center as per the qualitative assessment form indicated in the below appendix were as follows:

Name of standard	Assessment %	gap%
infrastructure	%78	%22
Center's staff	%58	%42
appliances	%71	%29
Medicines and vaccines	%89	%11
budgets	%33	%67
laboratory	%100	N/A

Gap Analysis

1. Infrastructure: there are cracks in the roof of radiology room, and the electrical current and voltage are continuously fluctuating 140 to 160 volts.
2. Staff: There are no assistant doctors at the center, no assistant dentist, and no assistant pharmacist in the pharmacy, but there is one medical assistant doing their jobs and instead of four laboratory assistants there is only one.
3. Appliances: There is only one Autoclave device in the center.
4. Medicines and vaccines: the pharmacy's area is too small to fulfill the purpose.
5. Budget: No financial allocations.
3. Supplies: No x-ray machine at the health center and the sonar device is not being used due to lack of trained personnel to operate it efficiently and correctly.

3. Al-Rasheed primary health care center

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The number of population of the geographic area served by the health center is 22615 inhabitants in 2014. The percentages of evaluating the health center as per the qualitative assessment form indicated in the below appendix were as follows:

Name of standard	Assessment %	gap%
infrastructure	%78	%22
Center's staff	%71	%29
appliances	%67	%33
Medicines and vaccines	%89	%11
budgets	%33	%67
laboratory	%83	%17

Gap Analysis

1. Infrastructure: The building is old and some rooms are damp.
2. Staff: no x-ray machine and lack of sufficient staff trained to use the sonar device, and shortage of assistant dentists and pharmacists, and there is a need to appoint two administrators.
3. Appliances: There is a need for personnel trained to use the ECG and sonar devices. There is no x- ray machine at the center, and no any ambulance or service car. The center needs another dental chair and 2 sterilization devices.
4. Medicines and vaccines: the medicines are scarce
5. Budget: The budget is not sufficient.
6. Laboratory: the laboratory's space is insufficient and needs to be expanded.

Where do we want to be?

To answer this question, the vision of Kirkuk Health department needs to be made clear, with a message developed. The goals must be specified, measurable and executable within a reasonable time frame.

5. Vision, message and goals

Vision of Kirkuk health department:

A developed primary health care system meeting the needs and fulfilling all the internationally adopted standards and to keep up with the variables in the community to ensure the rights of humanity especially equity and equality

Message of Kirkuk health department

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Comprehensive primary health care programs meeting the requirements of the individuals and community at all life stages are in place at all the different types of health institutions

Goals of Kirkuk Health Department:

1. Coverage of health services required by international standards.
- 2- Updated and integrated health system.
- 3-reducing the mortality rate of children less than one year of age to the global average of 24 per 1,000 and we want to get to 19 per 1,000 live births.
4. Reducing the maternal mortality rate to 20 deaths per 100,000 live births.
- 5-control of Communicable Diseases in accordance with the Third millennium Development Goals (MDGs)
6. Reducing the sick and premature mortality rate for people with non- transitional diseases.
7. Building a fully accurate electronic information system for health institutions fully.
8. Providing medicines in required quantities and at regular intervals.

How can we get there?

The primary health care programs must be developed, coverage of these programs ensured at every place, specialized and regularly trained staff provided, ongoing financial support for the equipping the primary health care centers with required appliances and an excellent health system provided. A citizens' satisfaction questionnaire can be conducted to ensure the quality of health services provided to them.

The Kirkuk Health department has adopted using the average of measurements that have been collected at the units within the center 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 determine the right, realistic and executable solutions to reduce the gap and improve the service.

How can we guarantee success?

In order to ensure the success of 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 the appropriate mechanisms in report writing. This allows the administration to identify the actual and potential success and failure early enough to facilitate timely adjustments. There should be a committee within the

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Department of Health in Kirkuk to be responsible for coordinating the activities and evaluating performance in line with the agreed targets on a monthly basis. This report will be submitted to the Director General of Health in Kirkuk, with the preparation of progress and quarterly and annual performance reports. The Director General of Kirkuk Health shall oversee the implementation of the SDIP, field supervision and monitoring, data collection and analysis on a regular basis, providing feedback, and submitting field surveys and studies.

6. Recommendations

To ensure the SDIP success and after what was put forward during the Erbil workshop, it has been agreed to come out with the following recommendations:

- 1- Seeking to render the plan a success through the formation of a committee to follow up on the mechanism of implementing the plan for improving the quality of primary health care services according to the authorities transfer process.
- 2- Seeking to unify the standard through which the work must be assessed by the planning, inspection and technical departments. For example, for the number of primary health care centers compared with the number of population there, there is a difference in the standards of the relevant departments (planning 20000, public health 20000 and quality management 10000), we recommend unifying the standards for a scientific and accurate identification of the gap.
- 3- Establishing central maintenance branch belonging to the general directorate equipped with technical staff and potentials required for maintaining the breakdowns of appliances of the primary health care centers.
- 4- Increasing the number of courses and larger targeting of staff working at primary health care centers and how to use and maintain the medical appliances.
- 5- Encouraging the medical staff to work in remote regions and we recommend giving them a priority in the higher studies and providing material support for them through rewards in addition to providing accommodations for them (Doctors' home)
- 6- Increasing the number of teams controlling the communicable diseases and seeking to develop a training plan for medical and health staff on preventive programs inside and outside Iraq on the long run and also training the staff by the Directorate's staff who are experienced and who had already taken courses on the short run.
- 7- Benefitting as far as possible from the international organizations to increase the support of the health services in the province and coordinating with most of the civil society organizations to operate through increasing the educational and awareness course to the citizens to enhance their health awareness of the documentary services provided by the health centers.
- 8- Continually coordinating with the local government to allocate land plots for building health centers at the sectors that need health centers to ensure access to health services by al the citizens.

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- 9- Coordinating with the Ministry of Higher education to provide medical and health staff required by the health institutions.

7. Conclusion

The Kirkuk Health Department has worked on the above plan in cooperation with USAID-funded Taqadum team/ Kirkuk office depending on the reality of the department as the population density under the jurisdiction of Kirkuk health Department-800000 inhabitants and the actual need is 50 health centers which require a large number of medical, health and nursing staffs in addition to large numbers of medical supplies and appliances.

8. appendixes

#	standard	description of standard	Unit of standard	Data required for measuring the standard	description	Measuring unit
1	Coverage of primary health centers	This standard clarifies whether the health center can accommodate the number of citizens and appropriate in terms of infrastructure to provide the health services and convenience and is represented as follows:	%	A- standard number of health centers (number of the center's district population-10000)	Number of health centers supposed to be available to cover the needs of population at the center's district	number
				B- total number of health centers	Number of active centers existing currently at the center's district	number
		1- one health center for every 10000	conformity of standard description	$100 \times \frac{B}{A}$ =indicator calculation		%
2	Staffs working at health center	This standard represents that the number of staff must be enough to provide the basic health services-	%	A- Standard number of staffs working at the health center (number of province's population) standard number is 10000	Minimum number of staff required for efficient delivery of the health services at center and meeting the needs of citizens benefitting from that center	
		1- 3 doctors for		B- Total	Actual number	

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		every 10000 inhabitants (2 males+ 1 female)			number of staff working at the health center	existing working at the center	and the			
		2- one x-ray doctor and one sonar doctor for each center								
		3- one dentist for every 10000 inhabitants								
		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/laboratory assistant for every 10000 inhabitants								

$$100 \times \frac{B}{A} = \text{indicator calculation}$$

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		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 and other appliance at the health center	The number of medical appliances and their quality are suitable for provide services to the health center visitors including the following:	%	A- standard number of health centers (at the sector depends on the number of centers)	Minimum number of appliances and equipment that must be available to provide the proper service at the health center.	
		1. medical appliances		B- number of active appliances at the health centers	Number of currently active appliances at the health centers	
		a- one cardiograph				
		b- one fixed x-ray machine				
		c- one sonar				$100 \times \frac{B}{A} =$ indicator calculation
		d- one dental chair				.
		e- 5 sterilization devices at each center				
		Conformity for standard description				
		4- one ambulance at each health center	%			

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4	Health services coverage	This standard represents the extent of the efficiency of health services provided and is represented by:				
		1- immunization service (measles vaccine)	%	a- percentage of vaccinated children(number of vaccine recipients/ children below one year *100)	Gap measuring: standard(national target)- indicator (percentage registered in the sector/department)	
				A-national target (90%)		
		2- preventive service for children below five:	%	A.number of visits registered at center/ sector on a monthly basis	Gap measuring: standard(national average of visits)- indicator (number of visits registered)	
		a- total number of visits		b- national average of visits		
		b- using IMCI guide(Integrated Management of Childhood Illness)		A percentage of children below five covered by IMCI(number of children covered/ total number of visitors)		gap measuring:B-A
				B-national target/national average (90%)		
		c- children below normal weight		A-percentage of children below normal weight registered/ total number of children at area/sector	gap measuring:B-A	
	b-national average of children below					

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		3- pregnant care		normal weight	gap measuring: B-A	
				A number of visits registered at the center/sector on a monthly basis		
		a- total number of visits		b-national average of visits		
		b- pregnant's first visit		a- percentage or number of visits registered at the center/sector		gap measuring: B-A
				b-national target or national average		
		c- pregnant's fourth visit		a- percentage or number of visits registered at the center/ sector		gap measuring: B-A
				b- national target or national average		
		4- dental health		A- percentage of treated patients/total number of dental unit visitors		gap measuring: B-A
b- National target (80%)						
5 referral service (number of referrals)	A. number of center's monthly referrals	gap measuring: B-A				
	B national average of referrals					