



Wasit Health

Service Delivery Improvement Plan (SDIP)

First and Second Primary Health Care

Prepared by

Wasit Health Directorate

In cooperation with

GSP/Taqadum

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Wasit - Iraq



Wasit Health Directorate

Introduction

Primary health care is the first level of contact of individuals, family and society, and is a basic approach to the health and therapeutic system, which makes health care as close as possible to the places of living and working of individuals. It represents the first essential element of the process of the ongoing health care, and includes a set of basic services that provide cost-effective treatment for significant problems of the community members as well as disease prevention and improving the health behavior in an integrated acceptable socially manner with a focus on the involvement of individuals and communities. Primary health care is considered an integral part of the health system of the country, as it represents the core of that system and within the social and economic development of local society. The Service Delivery Improvement Plan (SDIP) is a comprehensive strategic action in cooperation with the USAID-funded Taqadum project. After collecting a number of special and proposed standards by the team to assess the primary health service, determine the level of performance of the Wasit Department of Health, determine the size of the gap and analyze the cause of the gap and study the possibility of reducing it in a systematic manner for the purpose of improving the service provided to residents of Wasit province, the access to health services must be based on the principles of fairness and impartiality, that everyone should get them according to his needs, without any discrimination and the location where the health services are to be provided and the employees must be chosen in a way that ensures optimum possible benefit and coverage, taking into account the special needs of the vulnerable when planning the health services. The obstacles to access these services might be physical, financial, behavioral, cultural or communicative. Diagnosing such obstacles and overcoming them are essential for primary health services.

The plan includes two steps:

- 1- determining the status quo of the medical and health service level for Kut's first and second sectors
- 2- Formulating a plan to address and bridge the gap in a well-considered manner in the form of immediate and long-term solutions.

Wasit province overview

Geographical reality

Wasit province is located in the central part of Iraq. The city of Kut is its center. It lies 172 km from the capital, Baghdad, and is bordered by the provinces of Diyala and Baghdad from the north and Maysan province from the south which is about 206 km away and the province of Dhi Qar, 204 km, and to the west is the province of Babylon, which is about 274 km, and to the west south is the province of Diwaniyah, about 192 km, and to its east are the international borders of Iraq with Iran, and so Wasit province has a strategic geographical location for its proximity to most of the central and southern provinces and the capital, Baghdad, where the average distance between the center of the province and these provinces is about 276 km, as well as its proximity to the best exchange outlets (border crossing) with Iran, (70) kilometers from the center of the province. Wasit province's area is (17,153) square kilometers thus representing a percentage of (3.9%) of the total area of Iraq. Wasit is considered as a prairie land with a transitional climate between the Mediterranean and the hot and dry desert climate. temperatures in July reach around 45 degrees and 10 degrees in January. Also the province contains important oil reservoirs and different minerals.

Wasit population was estimated in 2014 at 1193700, according to the Statistics Department of Wasit, with males 595222 and females 598478, and is expected to be 1200754 in 2015 according to Wasit Statistics department. The province includes 17 administrative units (6 districts) and 11 sub-districts including Kukt district which is the subject of the service improvement plan:

Kut district

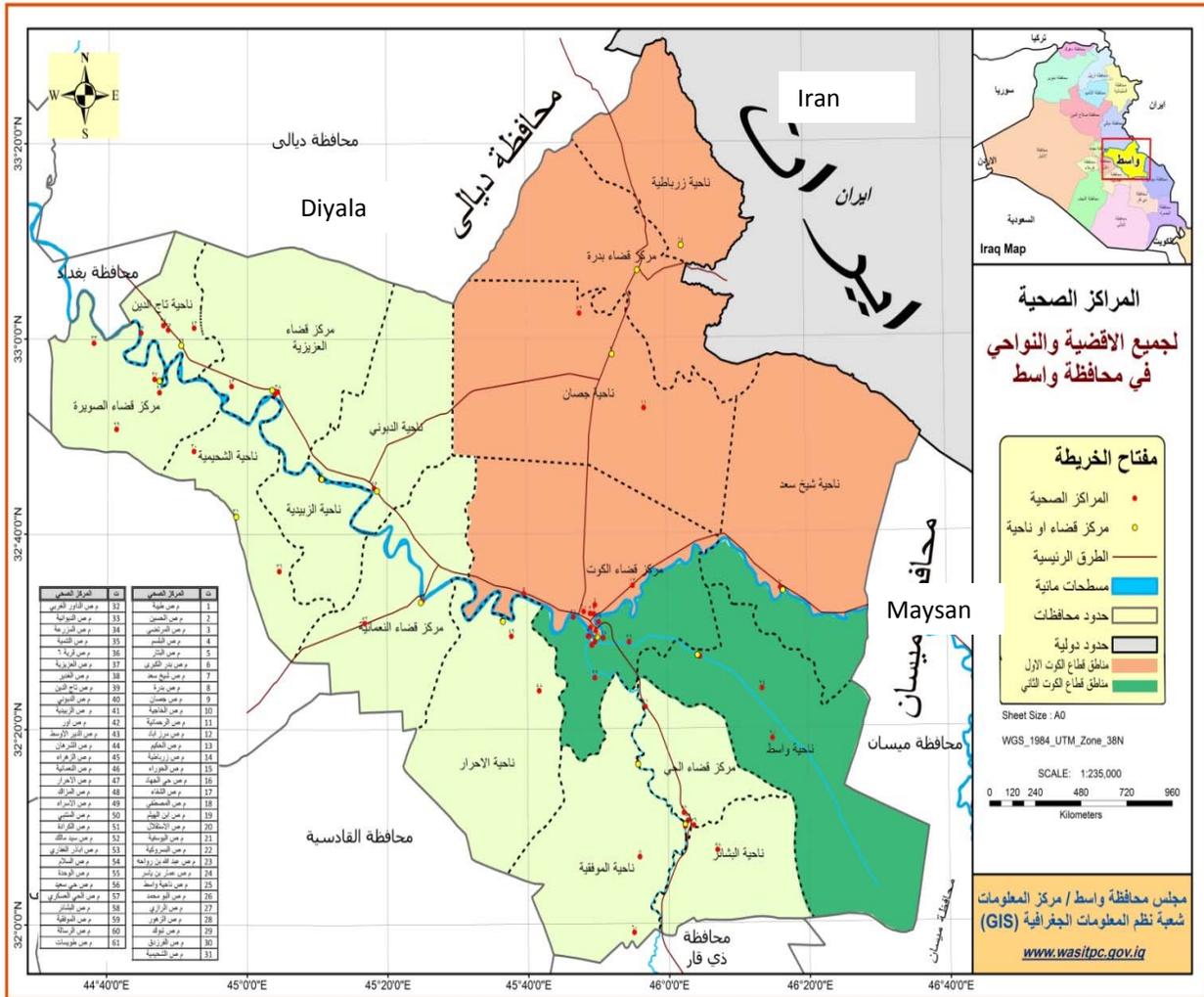
This district is situated in the center of Wasit province. Its population in 2014 was 409692 and is expected to rise to 455827 in 2015 according to Wasit Statistics Department. The Tigris runs through it and divides into two parts. The city's center is located in a peninsula surrounded by the Tigris to the east, west and south. One of the city's landmarks is the famous Kut Embankment which divides the city into two parts. The district also has many of the province's official departments and institutions. It also houses Kut Testiles factory, and an important airport which was previously a military air base, and also most of Wasit university's colleges. The city is famous for agriculture. The two sub-districts of Al-Dijela, with a population of 45207 in 2014 and expected to be 50298 in 2015, and Sheikh sa'd, with a population of 37587 in 2014 and expected to rise to 41819 in 2015. Dijela houses a major agricultural project and cow farm.

Kut district is divided into Kut's first and second sectors as follows:

- Kut first sector: It includes (9) main health centers and (6) sub-health centers covering the left side of the Tigris River, including the Badrah district and Mirzapad sub-district, which lies 90 km towards the Iranian border, as well as Sheikh Saad sub-district to the east.
- Kut second sector: - It covers the right side of the Tigris River and includes (9) main health centers and (4) sub-health centers including Wasit sub-district, which lies more than 50 km away



Map showing Kut's first and second sectors



1- Executive summary

The plan for improving the primary health care services/ first level in Wasit province for the years 2015-2017 was introduced by USAID-funded Taqadum project, analyzing the status quo and available capabilities. In addition to the development goals and then formulating the appropriate policies to achieve these goals on the ground, the mechanisms of analysis used in the review of the performance indicators of Wasit 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 quality and continuity of the service and response to 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 impactful elements in the development of community health, which reflects positively on the growth of community both health wise and economy wise, while the lack or badness of the service would negatively reflect on the public health of the community. The service management is based on vital elements that must be utilized efficiently and impactively to deliver high-quality and integrated service to the citizens. Among the impactful elements are the financial resources (investment and operational budget, and effective use of revenues generated), medical and health staffs and other professions (starting from the health directorate's management, and medical staff at the health centers) and the available resources of mechanisms and supplies. The financial resources are one of the significant elements but not the only element governing the provision of the service as the management of the resources is conducted through organized processes, pre-planning and investment of the resources in a way that would achieve the desired impact of reaching the objectives of the Department 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 faced by Kut first and second sectors which would contribute to the deterioration of quality of health service provided to citizens

Medical and health staffs: They are the backbone of primary health care service delivery at the health centers

Financial challenges: poor allocations since the budget is chapter-based not program-based.

Infrastructure: the infrastructure of the health centers buildings within district is very important, with some of the district's health centers requiring rehabilitation and maintenance.

3- work stages in preparing the service improvement plan

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

1. Using scientific method in the analysis of all elements contributing to creating the gap in the indicator of services provided to the citizens compared with the benchmark.
2. Identifying the priorities for the elements impacting the creation of the gap in the service through their power of influence.
3. Developing 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 Wasit Health Department has relied on the use of measurements that have been collected in Kut district within the primary health care services for Kut's first and second sectors with an emphasis on the most vulnerable aspects in order to develop impactful solutions to reduce the gap and improve the services provided to citizens through immediate and long-term solutions. The successful use of the model will lead to accurate results that would help determine the right, realistic and executable solutions to reduce the gap and improve the health service in Kut.

4- 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 Wasit has identified these elements and developed immediate and long-term solutions that impactively contribute to the reduction of the value of the gap. We will analyze 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.

5- progressive methodology

The SDIPH includes the following questions:

- 1- Where are we now? determining the indicator
- 2- Where do we want to be?
- 3- How can we 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 and practices of Kut's first and second sectors for primary health care in coordination with the Public 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 Wasit Health Department.

First: SWOT analysis for Wasit Health department

Developing the plan to develop the health work in our health institutions for the period 2015 until the end of 2017 by identifying the Department's message and means of achieving this message through the goals specified within a time period and identify those responsible for implementing these activities to reach the desired targets.

- **Strengths**

1. The presence of a high-level management system tracking all administrative controls throughout the health institutions.
2. The existence of the supervisory teams of the department to diagnose the breaching activities of all kinds.
3. The security situation is relatively good for Iraq.
4. Investing and managing the creative ideas in a good manner to achieve the goals in finding a health information technology and create a health information system that competes with global health information systems.
5. Material and moral support for all medical and health staffs and other professions that serve the health system in the province of Wasit.
6. Easy access to diagnostic and therapeutic services would lead to the strengthening of the health system.
7. a strategic plan is in place for the construction and rehabilitation of primary health care centers (primary and secondary centers).
8. The province's location in central Iraq, and its proximity to the capital in addition to its borders with other provinces and its outer borders.
9. Child Health Integrated Care Strategy (immunization. and care) in place.

10. Success in the fight against the transitional diseases in general, and dealing with the epidemic outbreaks in particular.

11. The existence of rapid response teams to deal with any epidemic or emergency health problem.

12. Improvement in synergies with the relevant departments and the authorities and civil society organizations and places of worship.

13. The implementation of some of surveys that have helped to provide the necessary information for health planning database.

14. Inclusion of hospitals in primary health care methodology (creation of or public health sections or units in each hospital).

- Weaknesses

1. Lack of all medical staff (Resident, gradation, practitioners and specialists).

2. The department's budget is chapter-based not program-based.

3. Poor incentive and wage and central assessment system.

4. Outdated regulations and legislation that are currently acted upon by the Ministry of Health. Most of them need to be reconsidered.

5. Scarcity of some health job titles such as (m. Laboratory, radiographer, chemical, bacteriological, Computer Programmer, statisticians, accountants, maintenance technician, drivers, Assistant Dentist, assistant pharmacist, optician and warehouse custodian).

6. The lack of infrastructure especially lands on which the health centers are built and the ownership of the land.

7. Coordination between primary and secondary health care is still weak, especially with regard to the referral system.

8. Lack of sufficient experience when importing medical devices.

9. Poor rehabilitation of staffs and poor programs for continuing medical education and nursing.

10. The electronic health information system is still not at the required level with respect to the collection and analysis of information and at the region level

11. The weakness of the training aspect for medical and health cadres and other professions, especially in the health centers.

12. Problems related to environmental sanitation, whose effects have reflected on the control of the transitional and non-transitional diseases, especially the school environment thus affecting the provision of school health and student health services.
13. The budget does not match the actual requirement to upgrade the infrastructure, equipment and capacity building.
14. The methodology of maintenance of service and medical equipment at health institutions are not at the required level.
15. Managerial and supervisory skills of the staffs are still not at the required level.
16. Health institutions managers are not familiar with the health information technology so that they can act upon them.
17. Weak relationship between health service providers and community members and poor communication among them.
18. Insufficient number of speciality tertiary centers in the province.
19. Infrastructure for hospitals and some other institutions are outdated and do not fit with the requirements of the current health situation.
20. Lack of private hospitals and health centers in the province (private sector).

- Opportunities

1. Stable security currently enjoyed by the province.
2. Support and high-level coordination by the province's Center and the provincial council for our Department's projects.
3. The existence of the Faculty of Medicine at the University of Wasit since about 10 years.
4. Opening of the School of Dental Medicine three years ago.
5. Medical Institute and nursing High School.
6. there is more than one central and local source of funding for projects from the ministry and local government.
7. the possibility of bringing in foreign labor.
8. Wasit province is considered as an environment ready for medical and health investment in more than one area (speciality hospitals for women and children, centers for hematology and oncology cancer, heart disease, arteries, centers for kidney surgery and transplant, a specialized center for the treatment of burns, a center for chest and Respiratory Diseases, one speciality center for pathogenesis of endocrine and diabetes, a specialized hospital for diets, specialized laboratories, medicines and medical supplies making and a specialist hospital for eye diseases).

- Threats

1. The spread of epidemics because of some poor services in the province and overlapping with the environmental and health aspects
2. Poor enforcement of legal procedures, issued by the Ministry of Environment against the breaching activities by the executive authorities.
3. Amount of fines imposed is disproportionate with the size of pollution taking place in some of the activities.
4. Bad landfilling of waste would subject the community to infection of diseases such as HIV, hepatitis B and C virus.
5. Lack of health and environmental awareness by various segments of society, including public institutions.
6. Public sector represented by service departments such as municipalities and is not complying with sewer determinants and environmental requirements.
7. Increasing challenges facing the province in maintaining a healthy environment
8. Poor services in the province and overlapping with the environmental and health aspects
9. Tribal customs and traditions in the province.

Second: Key Performance indicators analysis

The USAID-funded 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 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-Khachiya Center, Teeba health center and Hay Al-Jihad health



center, with the score cards of beng usedand 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

The service indicators have been supplied at the level of the provincial center including Kut first and second sectors. The performance indicators haven reviewed in comparison with the standards, weaknesses identified, gap value secpfied, and recommendations that would contribute in upgrading the performance of service delivery in Kut first and second sectors.

- a- Coverage of primary health centers indicator

Description of standard	indicator	gap
One health center for every 10000 inhabitants	%32	%68

• **Elements causing the gap and their 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 (1)
- 2) Financial Issues: additional funds need to be allocated to construct health centers. The impact of this element on the gap is high (3)
- 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 (3)
- 4) Supplies: no impact on the gap (0)
- 5) Capacity building: This impact of this element on the gap is low (1)
- 6) Technical obstacles: no impact on the gap (0)
- 7) Authorities: no impact on the gap (0)
- 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 (3)
- 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 (2)



- 10) Misuse of resources: no impact on the gap (0)
- 11) Maintenance and operation: the need to pay more attention to the maintenance of buildings. The impact of this element on the gap is low (1)
- 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 (2)
- 13) Logistic support: no impact on the gap (0)
- 14) Others (displacement): displacement as a result of security situation has led to increasing population density in regions that have seen flow of the displaced, thus increasing the gap. This element's impact on the gap is medium (2)

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

- 1- financial issues
- 2- infrastructure
- 3- coordination

#	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
1	coverage of primary health center one health center for every 10000 inhabit	Financial issues	Allocating funds from the investment, regional development and per-to-dollar budgets to meet the needs of residential neighborhoods and build health centers according to population percentage	
		infrastructure	Forming a committee from the engineering section to assess and identify the institutions that need to be rehabilitated or maintained, equipped with appliances and a time line for their rehabilitation and equippin	
		coordination	More coordination between the health department and departments of municipalities, urban planning and local government to allocate lands that are suitable for the health department at areas that need health services, on which helth center are built	



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b- Indicators for cadres working in the health center:

When examining the numbers of cadres working in the health centers, the of Kuk first and second sectors and comparing them to the national standard of the staffs supposed to be available at the health centers so that they can do their jobs according to standards approved by the Ministry of Health , it was established that there is a sharp shortage in staffs in addition to the poor distribution of cadres. Table 1 below shows the value of the indicator for health and administrative staffs and the amount of the gap for each of them.

Table 1 showing the value of the indicator for health and administrative staffs

Description of standard	Planned staffing	Actual indicator	Gap (deficit)	Percentage of deficit
3 doctors for every 10000 inhabitants (2 males + 1female)	160	63	97	%60
One x-ray and sonar doctor for each health center	53	0	53	%100
6 medical assistants for every 10000 inhabitants	312	331	19 -	%6 -
2 assistant pharmacists for every 10000 inhabitants	106	28	78	%73
One assistant dentist for every 10000 inhabitants	53	1	52	%98
One laboratory practitioner for each health center	53	14	39	%73
4 technicians/laboratory assistant for every 10000 inhabitants	212	160	52	%25
One optician for every 10000 inhabitants	53	6	47	%89
8 admin. assistants for each health center	424	63	371	%87
8 supporting and service staffs for each health center	424	48	376	%89



Elements causing the gap and their impact

1. Human Resources (health service providers): Have a high impact on the gap (3)
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 (2)
3. Infrastructure: Some health centers need to be expanded and rehabilitated. The impact on the gap is medium (2)
4. Supplies: The quantity of furniture and service and medical appliances needs to be increased. Also, service cars need to be available. The impact on the gap is medium (2)
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 travels inside and outside Iraq so that they can acquire new skills and ideas uplifting the health reality. The impact of this element on the gap is medium (2)
6. Technical obstacles: no impact on the gap (0)
7. Authorities: no impact on the gap (0)
8. Coordination: poor coordination between the Ministry of Health and Ministry of Higher Education to increase the number of medical colleges and undergraduate and post-graduate studies to plug the shortage in staffs especially the medical staffs. also, there is difficulty of obtaining official approvals to transfer the staffs between the provincial health departments The impact of this element on the gap is high (3)
9. Political interventions: the political interventions lead to poor distribution of medical, health and technical cadres and would affect the priorities in the distribution . The impact on the gap is high (3)
10. Misuse of resources: deficient distribution of medical and health staffs between the health centers because they are concentrated in the areas of Al-Suweira and Al-aziziya due to their proximity to the capital. The impact of this element on the gap is medium (3)
11. Maintenance and Operation: no impact on the gap (0)
12. Security conditions: multiplicity of tribal threats against the medical staffs and lack of their protection have led them to flee the province. The impact of this element on the gap is high (3)
13. Logistic support: attention must be paid to all the medical and health staffs by rewarding them and holding continuous meetings to keep communicating with them. The impact of this element on the gap is medium (2)
14. Other: no impact on the gap (0)

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

1-human resources 8- coordination- security conditions



#	standard	Order of basic elements(that have been assigned score 3” high impact” which contribute to reducing gap value according to priority	Immediate solutions	Long –term solutions
2	Staffs working at health centers	Human resources provided for the service	Transferring the staffs and distributing them according to the needs and population density of health centers.	Solving the pending issue between the Governorate’s center and the company bringing the foreign medical staffs into the country and increasing contracts.
		Political interventions	Putting an end to the political interventions by using applicable distribution guidelines approved by the Planning department	
		coordination	Increasing the size of coordination with the Ministry to include more than one authority like the Council of representatives and local government with the Ministry of Health to increase the ministerial distributions for the Department	Coordinating with the Ministry of Higher education and Commission of Institutes to increase seats allocated to the medical, health, nursing and administrative staffs to plug the shortage in staffs in five-year well-considered plans
		Security conditions	Providing a work environment safeguarding the safety of al health personnel and	Promulgating a local law by wasit provincial council committing the tribles to protect the



			protecting them through a health committee coordinating with the department, security committee and police command.	doctors and other medical professions according to guidelines
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B-Indicators for a set of standards of medical appliances and other equipment at the 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 delivers the service according to national standards. Looking at Table 2, we can determine the value of indicator for each appliance which gives an impression about the amount of deficiency in equipment and appliances and thus giving an impression about the quality of primary health care setor performance in Kut first and second sectors.

Table 2 shows the value of indicators for medical equipment and appliances at first and second primary health sectors of Kut

Description of standard (for medical appliances and other equipment at the health center)	indicator	Percentage of deficit
One cardiograph for each health center	37%	63%
one fixed x-ray machine for each health center	22%	78%
One sonar for each health center	22%	78%
One dental chair for each health center	71%	29%
Five sterilization devices for each health center	45%	55%
One ambulance for each health center	60%	40%

Analysis of elements impacting the gap

- 1) Human resources: Staffs working on these appliances need to be increased. The impact of this element on the gap is high (3)
- 2) Financial resources: the need to allocate amounts of money in the event of increasing the number of health centers for the desired goal, which requires an increase in medical and service equipment and ambulances and service cars. The impact of this element on the gap is high (3)
- 3) Infrastructure: Buildings need to be increased for the use and accommodation of the appliance. The impact of this element on the gap is low (1)
- 4) Supplies: a need to increase the number of devices accessory to such medical devices like voltage regulators, generators and fuel. The impact of this element on the gap is medium (2)
- 5) Capacity building: the need to prepare and groom medical, health, technical staffs that are trained on the devices through development courses inside and outside Iraq. The impact of this element on the gap is high (3)
- 6) Technical constraints: no impact on the gap (0)
- 7) Authorities: no impact on the gap (0)
- 8) Coordination: poor coordination with the local government for the provision of financial resource to plug the shortage and coordination with the Ministry for the same purpose. The impact of this element on the gap is medium (2)
- 9) Political interventions: no impact on the gap (0)
- 10) Misuse of resources: misuse and failure to observe appropriate power supply sometimes when operating the equipment especially X-ray equipment and sonar and dental chair, thus leading to breakdowns. The impact of this element on the gap is low (1)
- 11) Maintenance and Operation: Although there is a contract to supply the appliances including a warranty period for one year or more in sometimes, there is a shortage of technical staffs specialized in maintenance. The impact of this element on the gap is high (3)
- 12) Security conditions: no impact on the gap (0)
- 13) Logistic support: no impact on the gap (0)
- 14) other: no impact (0)

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

- 1- financial issues
- 2- capacity building
- 3- human resources
- 4- maintenance and operation



#	standard	Order of basic elements 9 which have been assigned score 3 “high impact” which contribute to reducing gap value according to priority	Immediate solutions	Long-term solutions
3	Medical appliances and other equipment at health center	Financial issues	Allocating funds to purchase and maintain appliances and equipment from the available resources in addition to coordination with the Council to purchase appliances from Wasit Support Fund and also the Governorate Center and international organizations	Allocating funds to purchase appliances, equipment, ambulances and service cars from the investment plan in addition to ensuring fund for their maintenance
		Capacity building	Enrolling medical and other medical professions in quick courses to work on the appliances and equipment, each according to his specialization	Introducing and granting scholarships to medical, health, nursing and technical staffs to be enrolled in long term development course inside and outside the county to gain experiences and skills and to develop them
		human resources	Increasing the quota of Wasit of doctors accepted at x-ray and sonar course from 5 to 10	Approaching the Ministry of Higher education to enrich the Ministry of Health with medical and health staffs to work on the appliances based on the specializations
		Maintenance and operation	Training the maintenance team from the department as per the contract	

They represent the standards of health center performance and efficiency in providing therapeutic and preventive health services. Table 3 below shows the indicators of health center performance efficiency.

Table 3 below shows the indicators of health service performance efficiency for primary health centers

set of health service efficiency standards			
service	indicator	gap	national target
immunization service (single measles vaccine)	%65	30%	95%
preventive services for children below five (IMCI)			
Total number of visits	83053		
Use of IMCI guide in treating children below five who had diarrhea	4250	0%	4250
Children below normal weight			
Pregnant care			
Total number of visits	21244		
Pregnant's first visit	6536	3867	10403
Pregnant's fourth visit	6648	3755	10403
dental care (number of visitors)	21244		
Referral service (number of referrals)	Non-appliacble		

Elements impacting the gap

- 1) Human resources: sharp shortage in specialized medical and health staffs working on health programs perfectly. This impact of this element on the gap is high (3)

- 2) Financial resources: insufficient funds to support the medical and health staffs during the implementation of health campaigns and other health programs.. The impact of this element on the gap is high (3)
- 3) Infrastructure: insufficient 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 (2)
- 4) Supplies: a need to provide supplies required for applying these programs like refrigerated vaccine containers, refrigerators and freezers. The impact of this element on the gap is low (1)
- 5) Capacity building: the need to train specialized medical and health staffs working on health programs. The impact of this element on the gap is high (3)
- 6) Technical constraints: no impact on the gap (0)
- 7) Authorities: no impact (0)
- 8) Coordination: insufficient coordination with the Health department, ministry and WHO to follow up on the application of field health programs and campaigns and provide requirements of program success in addition to providing vaccines from the transfers between the health department. The impact of this element on the gap is high (3)
- 9) Political interventions: no impact (0)
- 10) Misuse of resources: no impact (0)
- 11) Maintenance and Operation: no impact (0)
- 12) Security conditions: no impact (0)
- 13) Logistic support: insufficient financial support to the staffs of the primary health care programs and no-reimbursement of transport fares to dentists to fully implement the regular dental care program The impact of this element on the gap is low (1)
- 14) other (poor awareness of citizens): lack or insufficient health awareness of citizens about the nature of center's health programs, would negatively reflect on achieving the desired target. The impact on the gap is high (3)

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

- 1- human resources, 2-financial issues 5-capacity building 8-coordination, 14- other (poor awareness of citizens)

#	standard	Order of basic elements 9 which have been assigned score 3 "high impact" which contribute to reducing gap value according to	Immediate solutions	Long-term solutions



		priority		
4	Set of health service efficiency standards	Human resources	Lack of trained health staffs would expand the gap and minimize the coverage. The possibility to transfer a number of surplus medical, health, administrative and supporting staffs who are well-trained, from hospitals and health institutions to health centers	Coordinating with the Ministry of Higher education and technical Institutes Commission to increase seats to meet the actual needs of our health institutions of medical staffs within a five-year plan and grantin scholarships inside and outside Iraq
		Other (lack of citizen's awareness)	Community health awareness and mobilizaing community's potentials through audio and video programs and social media with citizens through field visits and support of civil society organizations operating in this field. information about health awareness and numerical density must be distributed	Establishing a channel for health education in cooperation with the local government

1- **qualitative standards** whose indicators have been calculated through field visits to three primary health centers which are Al-Khachiya Center, Teeba health center and Hay Al-Jihad health center, with the score cards being used and 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

Purpose of field visits to health centers

- ✚ identifying the reality of health services provided to the citizens
- ✚ identifying the problems and obstacles facing the citizens and staffs of health center
- ✚ identifying the reality of health centers by matching the international standards against the population density
- ✚ identifying the actual percentage of deficit existing at the health center

Teeba Health center belonging to Kut first sector

analysis of elements	Percentage of deficit
infrastructure	%66.6
Operating staffs	%66.6
appliances	%100
.(mmunization; number of children below one year who have received single measles vaccine for 2014 is 961 and the annual target is 1248	%33
Visits of children below five: annual target for children visits for 2014 is 5585, the monthly number is 465 and the annual number is 2866	%48
IMCI: number of children below five is 2866. the number of children having diarrhea and treated by using IMCI is 41	Not known and depends on children morbidity
IMCI: Children afflicted with respiratory diseases 2866	Not known and depends on children morbidity
Pregnant mother's first visit: the annual target for health center for 2014 is 1248, pregnant's first visit (690)	%44
Pregnant mother's fourth visit: the annual target for health center for 2014 is 1248, pregnant's first visit (498)	%60

Teeba Health center belonging to Kut first sector number of population of geographic area served by the health center is 32853 for 2014, and also the percentages of assessing the health center according to the qualitative assessment form and the above mentioned performance standards form

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 department's goals and objectives, derived from the mission and vision of Wasit health department. There should be an agreement on performance standards and targets, which fall under the name of SMART (specific, measurable, achievable, realistic and time bound).

Vision of Wasit Health Department

distinguished health service and uplifting it to the national standards according to an effective health system which raises the profile of the province on Iraq's health map

Message of Wasit Health Department

Providing preventive, curative and enhancement health services for the community members according to international quality standards within a comprehensive and integrated system in line with the needs of the community members in order to promote the health of the individual and society

The values on which base our services are provided are:

Equity and equality: all community members can access the service

Quality and excellence: to improve and ensure the care standards and organize the diagnostic, effective and clinical capabilities and curative and preventive health service to ensure trust and satisfaction of the community.

Effectiveness and efficiency: the distribution of human and financial resources and health facilities must be in accordance with the needs of the population and increasing effectiveness in return for a cost.

Visitors' rights: we highly consider the rights of the patients and their families and all the visitors

Teamwork: concerted efforts by all of our employees to ensure a consistent and integrated system to promote distinguished and high-quality results

Safety of patients: this is the core of health services

Continuity: to ensure sustainability of basic service delivery and efficiency for the health benefit and prosperity of coming generation.

Goals of Wasit Health Department

First goal

Uplifting the health reality during the next years

Objective goals:

- 1-1 curbing administrative corruption
- 1-2 developing and increasing the health centers
- 1-3 adopting an effective monitoring system
- 1-4 controlling the transitional diseases
- 1-5 developing the health services
- 1-6 providing medical and health staffs at all health institutions

Second goal

Reducing child and maternal mortality

Objective goals;

- 1-2 reducing morbidity and child mortality rates
- 2-2 reducing malnutrition diseases
- 3-2 reducing maternal mortality

3-5 How can we get there?

How do you get there, through several recommendations? the action plans will determine the right people to do the right thing at the right time and in the right manner. the wasit Health Department in collaboration with the USAID-funded Taqadum program has complete the gap analysis model developed by taqadum program to actively contribute to the gap analysis. Te importance of the gap analysis tmodle in the services provided to citizens lies in:

Recommendations

- Encouraging investment in Wasit province, through the establishment of medical centers.
- Training health and nursing staffs and advancing their scientific standard.
- Increasing the numbers of students admitted at medical colleges and colleges of nursing by the Ministry of Higher Education and medical institutes through coordination between local government and the Ministry of Higher education.
- Contracting with foreign medical and nursing staffs.

- Increasing acceptance in radiology and sonar courses for the purpose of reducing the gap from 5 doctord annually to 10 doctors annually through coordination between local government and the Ministry of Health.
- Increasing acceptance from medical institutes/ radiology department.
- Curbing political interference and adopting the distribution plan approved by the Planning and Resource Development Department in the ministry as they affect the distributed quantity and quality of medical staffs who are the backbone of the health institution.
- coordinating with the Ministry of Higher Education to increase the admittance in our province of graduates of colleges of human medicine being a province classified by the Department of Planning standards as an expelling province.
- Coordinating with the Ministry of Higher Education for the purpose of opening for post-graduate Studies Center in Wasit province.
- Increasing the size of health education for citizens, especially in crowded places and places of worship and to support the promotion of health in coordination with civil society organizations and places of worship.
- Adoption of professionalism, competence and integrity principles through the adoption of an effective monitoring system to provide preventive and curative services.
- Increasing the number of doctors by 30% by the end of 2015 through greater coordination with the local government and the Ministries of Health and Higher Education.
- Increasing coordination with the province to increase funds allocated for the construction of health centers provided that gap is fully bridged taking into consideration the province’s population growth proportion.

4-5 How can we guarantee success?

In order to ensure the success of improving the service delivery Plan (SDIP) through developing a monitoring and assessment process reviewing the results of programs, budgtes and systems of resource control and reporting and to carry out continuous supervision of standards and indicators for assessing the progress achieved to improve performance and its external factors at all levels of the primary health care and this allows the management to identify the actual and potential success and failure early enough to facilitate timely adjustments, a report will be submitted to the Health Director of Wasit, with the preparation of quarterly and annual progress and performance reports and the SDIPH implementation. the Director supervises them and sends reports to the Provincial Planning and Development Council (PPDC).

Conclusion:

Concerted efforts must be made to reduce the gap and uplift the health and medical service, especially the preventive service to reach a healthy and sound society, God Willing.

Appendixes

#	standard	Description of standard	Unit of standard	Data required for measuring the standard	description	Measuring unit
1	Coverage of primary health care centers.	This standards makes it clear whether the health center is enough for the number of citizens and appropriate in terms of infrastructure to provide health services and convenience, and is represented by:	%	a-standard number of health centers 9 number of center's district population/ 10000	Number of health centers supposed to be available to cover the population needs at the center's district	number
		1. One main health center for every 10000	Conformity of description of standard	B. Total number of health center	Number of cutently existing active centers at the center's district	number
				$100 \times \frac{B}{A} = \text{indicator calculator}$		%
2	Staffs working at the health center\	This standard represents that the number of employees is enough to provide basic health services	%	A. Standard number of staffs working at health center(province's population* standard number10000	Minimum number of staffs required to provide the health services at the ecnters efficiently, and meeting the needs of citizens benefitting from that center	
		1. three doctors for every 10000 9 2 males = one female)		B. Total number of staff working at	Actual existing number of center's employees	



	2. One x-ray and sonar doctor for each center		health center		
	3. One dentist for every 10000 inhabitants				
	4. One pharmacist for every 20000				
	5. One male nurse for every 10000				
	6. One female nurse for every 10000				
	7. Six medical assistants for every 10000				
	8. Two assistant pharmacists for every 10000				
	9. One assistant dentist for every 10000				
	10. One laboratory practitioner for each center				
	11. Four technicians/ laboratory assistants for every 10000				
	12. One optician for every 10000				
	13. Eight admin. assistants for each center				
	14. Eight supporting and service staffs				
	$100 \times \frac{B}{A} = \text{indicator calculation}$				



		for each center			
3	Medical appliance and other equipment at health center	The number of medical appliances and their quality are appropriate for providing services to the visitors of health center, including the following:	%	A- standard number of health centers (at sector: depending on the number of centers)	Minimum limit number of appliances or equipment that must be available to provide the appropriate service at the health center
		1. Medical appliances:		b- number of effective appliances at health centers	Number of currently effective appliances at health centers
		a- one cardiograph			
		b- one fixed x-ray machine			
		c- one sonar			
		d- one dental chair			
		e- five sterilization devices for each center			
			$100 \times \frac{B}{A} = \text{indicator calculation}$		
			Conformity of description of standard		
4	Coverage of health services	4 One ambulance for each health center	%		
		This standard represents the extent of 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 at sector/ department)
			B. (%90) † National target	
		2. Treatment of children below five:	A.- Number of registered visits at center/ sector monthly	Gap measuring: standard (national average of visits)- indicator (registered number of visits)
		a- total number of visits	B. National average of visits	
		b- those afflicted with diarrhea and treated using IMCi guide	a- percentage of treatment using IMCi (number of children treated with it/ total number of children afflicted with diarrhea and treated at the center)	Gap measuring: B-A
			B. National target/ national average	
		c- those afflicted with cute respiratory infections and treated using IMCi guide	a- percentage of treatment using IMCI (number of children treated with it/ total number of children having respiratory infections and treated at the center)	Gap measuring: B-A



			b- national target/ national average	
		d- Children below normal weight	A. Registered percentage of children below normal weight(number of thses children/total number of children at the area or sector)	Gap measuring: B-A
			B. National average of children below normal weight	
		: Pregnant care		
		a- total number of visits	A. Number of registered visits at the center/ sector monthly	Gap measuring: B-A
			B. National average of visits	
		b- pregnant's first visit	A. Percentage or registered number of visits at the center/ sector	Gap measuring: B-A
			B. National target or national average	
		c- pregnant's fourth visit	A. Percentage or registered number of visits at the center/ sector	Gap measuring: B-A
			B. National target or national average	
		3. School health (number of beneficiary	A. Number of beneficiary students (number	Gap measuring: B-A



		students)	of beneficiary students/ number of students in schools belonging to the center or sector	
			B. National target or national average	
		4. Dental health (number of visitors)	A. Number of service visitors at the center	Gap measuring: B-A
			B. National number of service visitors at the center	
		5. Chronic diseases (number of visitors)	A. Number of service visitors at the center	Gap measuring: B-A
			B. National number of service visitors at the center	
		6. Referral service (number of referrals)	A. Number of center's monthlyreferrals	Gap measuring: B-A
B. National average of referrals				
7. Available laboratory tests: a- (blood percentage test for preganants B- Hepatitis b+c test	A Percentage of pregnant whose blood has been tested or number of those intending to get married who had Hepatitis tested	Gap measuring: B-A		
	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 assessment	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 female) and six medical assistants for 10000)				
	2-x-ray and sonar unit:one x-ray and sonar doctor, one developer and 2 radiologists for each center				
	3-dental medicine unit: one dentist and one assistant dentist for every 10000				
	.4				



	pharmacy unit: one pharmacist for every 20000 and 2 assistant pharmacists for every 10000				
	5-nursing unit: one male nurse and one female nurse for every 10000 inhabitants				
	6-laboratory unit: one laboratory practitioner for each center and 4 technicians/ laboratory assistants for every 10000				
	7-administrative staff: 8 admini. assistants for each center				
	.8 Supporting and service staffs: 8 for each center				
appliances	1- one cardiograph				
	2- one fixed x-ray machine				
	3- one sonar				
	4-dental chair				
	1- sterilization device				
	6-availability of laboratory devices required for basic tests				
	7- all other equipment of refrigerators and air-conditioners and others are existing				
	8- one ambulance for each center				
Medicines and vaccines	A list of basic medicines and vaccines is available in good quantities and continuously				



	Long expiry date of medicines and vaccines				
	The space of the pharmacy room is appropriate and the medicines are sorted out in their cabinets.				
budget	Financial allocations for the center are sufficient				
laboratory	Area of laboratory				
	Available basic tests as per the Ministry's standards				