Improving Health Care Services in Iraq

Strengthening the capacity of the Ministry of Health (MOH) and improving delivery of and access to health care services have emerged as priorities in Iraq. The country is struggling to improve the poor health status of its population created by years of decline in quality of health care services. Over the past 15 years, loss of qualified and experienced health care workers and lack of essential medical equipment have led to gaps in coverage, which are being addressed today through Training Model Primary Providers (TMPP), a U.S. Agency for International Development (USAID) health project led by RTI International.

RTI’s work in Iraq began in April 2003 under USAID’s Local Governance Program (LGP), which was initiated to establish and train over 700 local councils throughout the country. During LGP’s first year, RTI also helped implement locally selected priorities that worked to increase access to basic utilities and health care. Equipped with this extensive in-country experience, RTI began implementation of the 15-month TMPP in April 2005.

RTI leads the TMPP project along with partners IntraHealth International and International Health and Development Associates. The project offers professional training for Iraqi health care providers from 142 model primary health care clinics (PHCCs), including 21 Centers of Excellence, who will in turn assist the MOH in rolling out training of approximately 7,000 additional health care service providers throughout Iraq. The program also provides strategy and organizational assistance to the MOH to build institutional capacity through various activities.

**Approach**

**Developing Curricula, Testing, and Training**

In partnership with the MOH, RTI is both developing new and adapting existing curricula, and is implementing training for an essential cadre of physicians, nurses, center directors, and center teams. To date, a curriculum has been developed on integrated management of childhood illness (IMCI), problem-solving and team-building, interpersonal communication, referral, and infection prevention skills.

Through the project’s activities, 203 PHC health care providers and MOH trainers have received training. These providers will work with the PHCCs and the MOH to roll out additional training throughout Iraq. According to RTI’s Project Director, Yvonne Sidhom, “The trainings will build a cadre of qualified trainers at the MOH who will be able to continue training in the provinces for primary health care (PHC) providers. Thus far, trainees have represented 16 of the 18 provinces, and TMPP will reach all 18 provinces before the project’s end."

In addition to the training of PHC providers, training for health care center directors strengthens management skills and improves quality of services provided to the public. Instruction for these directors will help them to better identify health priority needs in their communities, to plan resources, to monitor staff performance, and to evaluate

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the quality of delivered services. By the end of the program, the center teams’ 5,000 staff will use team-building and problem-solving approaches learned through training by the MOH and RTI.

Monitoring and evaluation will play a substantial role in ensuring sustainability of the training and provision of high quality PHC services. RTI is working with the MOH to develop and improve upon information technology and health information systems infrastructure to accomplish this. The health management information system (HMIS) is focusing on three main components: (1) managing TMPP training-of-trainers programs, (2) monitoring the acquisition and retention of skills imparted by this training, and (3) monitoring the quality of care in PHCCs. The new HMIS design includes procedures to routinely measure the quality of care being provided by PHCCs, a database to track the progress of medical personnel being trained as trainers, and an additional database to measure the skills of the participants. This information will be used by instructors during training and by supervisors afterward to help determine what additional training is needed by each medical worker and which modules need to be improved. The monitoring process will continue as training is rolled out to additional service providers.

Support to the Ministry of Health's Strategic and Operational Leadership

The Ministry of Health’s integrated role in the implementation and learning process is key to building sustainable capacity in Iraq. RTI is helping to enhance and standardize a range of systems and policies to support the management of service delivery, financial management, and organizational development within the MOH through various project activities.

RTI completed an assessment for the organizational structure of the MOH and developed a recommendation for the restructuring of the donor coordination unit (DCU), to enhance donor and cross-sectoral coordination in primary health care. The plan for restructuring is expected to be approved around mid-2006, at which point an action plan will be developed.

Observational study tours for senior MOH staff are being arranged through TMPP to provide exposure to experiences in successful health sector reform practices in other countries. An initial study tour to Egypt was completed in October 2005 and was highly successful. A second tour to Morocco is being planned and includes work on the essential package of PHC services, decentralization of health management, and community mobilization activities.

TMPP also is collaborating with other projects and organizations to ensure the highest possible impact and efficiency. Through collaboration with the USAID-funded BASICS program, TMPP is working to integrate BASICS’ virtual leadership development program into TMPP’s management training program. Additional collaboration with the World Health Organization is in progress to refine and expand the essential package for PHC services through the development and operationalization of a new national PHC strategy.

Looking Ahead

By the end of TMPP, RTI will have equipped the MOH with the capacity to continue training trainers for the model primary health care clinics. The cadre of trainers at these clinics will carry on training health care providers throughout the country using RTI-developed curriculum. This program will be the vehicle for a professional exchange forum facilitating capacity building and adaptation of best practices by the MOH and will help to improve the public health services and the health status of the citizens of Iraq.

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