

Summary Report: Iraq Medical Facilities Database - Ministry of Health

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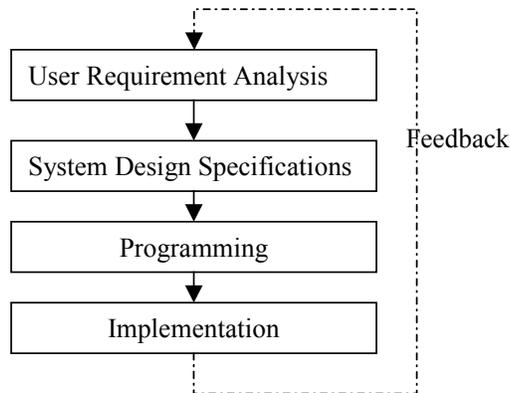
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Introduction

The purpose of this document is to describe the MOH Medical Facilities Database and to document the process of developing it. A working group consisting of the authors of this report was formed to develop the database. The approach used in developing the database can be described as following:



User requirements

An analysis of the users requirements was the first step in the process and the following questions were addressed.

Who are the users?

The main user of this database is the ***Department of Engineering, located inside the Planning Directorate of the MoH***. Other departments of the MoH would be encouraged to use the information available from the database. NGOs and other organizations would have access to the information subject to the approval of the MOH. The MoH is in the process of developing a MOH website on which summary statistics from the database are expected to be published.

What is the purpose of the Facilities Database?

The main purpose of the database is for the Department of Engineering to have:

- 1) Accurate and updated record of the existing inventory of buildings;
- 2) Information about the condition of these buildings;
- 3) Information concerning who is addressing the problems of the buildings and what is being done.

What information does the database contain? (Content)

The working group had a series of technical meetings to decide on what information could feasibly be collected about health facilities to satisfy the purposes of the department of engineering. The working group requested that the following information be collected:

INPUT (Data entry)

For each facility, data elements, which should be collected, were grouped under four headings as follows:

Basic information about the facility:

Facility name, detailed type of facility, ownership, size of facility, number of beds and types of services provided

Location:

Governorate, district, grid and address

Condition of the facility:

The condition of the facility is assessed according to 6 assessment categories containing 27 sub-categories.

Medical Gases	Oxygen
	NO
	Medical Air
	Suction Air
Sanitation	Sewage and Sanitary systems
	Septic Systems
	Public Restrooms
	Inpatient Toilets
	Sinks
	Food Services
	Ventilation
	Waste Disposal
	Exhaust Systems
Electrical	Public Power Source
	Generator
	Distribution
Mechanical	HVAC
	Plumbing
Communications	Telephone
	LAN
	Internal Communications

Other (existing situation)	Fire Protection
	Security
	Safety
	Structure
	Envelope
	Interior Finishes

In each of these subcategories the assessor have to answer two standard questions:

Q.1 How adequate size/ Capacity/design is?

The options for answering this question are: Adequate, Inadequate and Exceeds

Q.2 What condition is it in?

The options for answering this question are: Fully functional, Minor problems, Major problems, Completely non-functional.

Requirements for improving the condition and estimated cost:

In each of the subcategories mentioned above, the assessor is expected to provide a list of requirements to address problems identified with the condition and an estimated cost of providing these requirements.

There are no standard criteria engineers who are surveying facilities are using at the moment. The engineers are therefore asked to answer the “assessment” and “requirements” questions using their best judgment as professionals.

OUTPUT (Reports)

The data collected (as mentioned above) are then presented in a user-friendly manner in the form of reports. There are 6 standard reports, which present easy quick ready-made answers to the most common questions that the engineering department have. The last report is a feature, which allows the users to extract raw data files in an excel file.

The six types of reports are:

- Facility profile report
- Geographical distribution of services reports
- Overall assessment reports
- Assessment category summary reports
- Cost summary reports
- Interested agency reports

What should the database look like? (Form)

The database is designed to be a standalone database with no linkages to other databases for the present time. It is as simple and user friendly as possible to encourage users. In the future, this database could be converted to a more sophisticated database and should be integrated into an overall MOH Health Information System.

System Design Specifications

Data entry screens

There are 8 data-entry screens containing a form for basic facility information and a form for each assessment category.

Reports

There are 6 standard reports and a feature to import data into excel.

Language

The system has an Arabic interface. However all the data stored are in English

Data quality checks

The system uses a drop down selection wherever it was possible and therefore avoiding typing errors and facilitating the analysis of the data by standardizing the answers for the various questions. The system also permits the user to have one record for each facility and therefore avoids double counting. The system has other detailed features to assist in improving data quality.

Security checks

There are three levels of passwords in the system. There is a password to be able to access data-entry screens, another one to be allowed to update existing information in the database and a password to enable users to access reports.

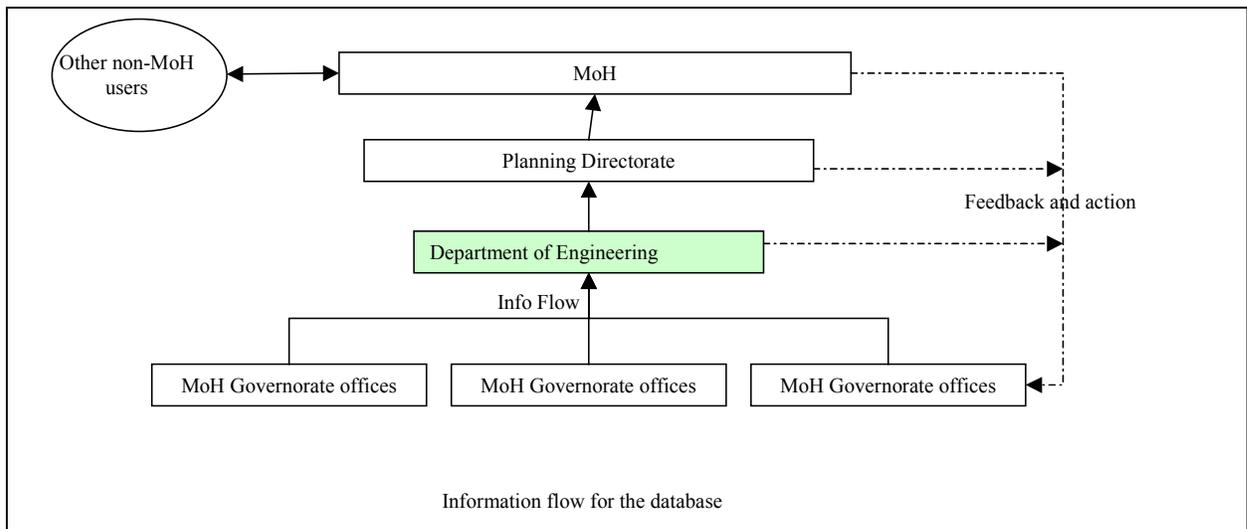
Programming

The Software selected for this database is Microsoft Access. The reasons for this are:

- ❑ The size of data storage required for this database can easily be accommodate by Access which has potential up to 2 gigabytes minus the space needed for system objects
- ❑ The ability to program user friendly interfaces
- ❑ The data could be imported to other software (such as Excel) when there is a need to do so

Implementation

Who will do what?



The main users from the Department of Engineering and Building Maintenance were trained on how to perform data entry tasks, trouble-shooting when problems occur, maintain the system to ensure data are entered accurately and in a timely fashion and update the system and make changes to it. The core group in the department is currently trained to become trainers for designated staff from Governorate offices. As clear from the graph data entry should take place at the Governorate level in the form of a monthly update of the condition and requirements of buildings as needed. Basic information about health facilities are expected to form the basis for other databases the MOH develops.

Progress to Date

The MOH conducted with technical assistance from Abt. Associates conducted a survey of health facilities and collected basic information to populate the database. Data from 90-95% of facilities would be available in the system by the end of February. The MOH will take full responsibility for maintaining the database after this date.